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A Hidden Problem in an Excluded Population

Understanding Vulnerabilities to and Experiences of Sexual Violence among Young Migrants in Sweden

TANYA ANDERSSON NYSTEDT | AGENDA 2030 GRADUATE SCHOOL
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Tanya Andersson Nystedt

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DOCTORAL DISSERTATION

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Abstract:

Background: International migration has been on the rise over the past few decades and is expected to remain high. Young people make up a significant proportion of those migrating. It has long been known that young people are at greater risk of sexual violence and there is growing evidence that migrants too, are particularly vulnerable. There is a lack of evidence on young migrants' vulnerability to sexual violence. The overall aim of this thesis is to understand vulnerabilities to and experiences of sexual violence among young migrants in Sweden using a multi-method approach.
Methods: Paper I was a systematic review employing a critical interpretive synthesis methodology to understand the vulnerabilities to and experiences of sexual violence among young migrants in Europe. Paper II was a qualitative study using in-depth individual interviews to explore professionals' experiences of meetings with young migrants disclosing sexual violence. Data was analysed using qualitative content analysis. Paper III applied the intersectionality-based policy analysis framework to understand how Swedish national-level policies interacted to construct young migrants' vulnerabilities to sexual violence.
Results: The main finding of Paper I was the lack of studies exploring young migrants' vulnerabilities to sexual violence. Existing studies investigated different sub-groups of migrants and used different definitions of sexual violence making comparisons across studies difficult and hindering the generalisabity of results. Despite this, there is clear evidence that young migrants, both male and female, are vulnerable to sexual violence and that these vulnerabilities arise from each level of the socio-ecological model. Paper II found that professionals recognised young migrants' structural vulnerabilities and their association with experiences of sexual violence. They felt a great deal of responsibility to meet the many and varied needs that young migrants presented with, while at the same time experiencing a lack of clarity in how to respond to sexual violence, which can lead to moral distress. The findings from Paper III indicate that power as well as access to human rights and services are integral to understanding sexual violence in Swedish national-level policies. Meanwhile the policies constituting the migration regime work largely to restrict power and access and thereby contribute to their vulnerabilities to sexual violence.
Conclusion: There is a lack of evidence on the vulnerabilities to and experiences of sexual violence among young migrants in Sweden. What evidence there is points to a largely hidden problem affecting the lives of both male and female young migrants and that the sources of these vulnerabilities are largely structural. Additional research is required to understand prevalences of sexual violence as well as the vulnerabilities and experiences of sexual violence of different groups of young migrants.

Key words: Sexual violence, migrants, youth, vulnerability

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Tanya Andersson Nystedt

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"...if we really want an effective end to violence, we must remove the violence that lies at the root of all violence: structural violence, social injustice, exclusion of citizens..."

Saint Oscar Romero, 1979

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Abstract

Background: International migration has been on the rise over the past few decades and is expected to remain high. Young people make up a significant proportion of those migrating. It has long been known that young people are at greater risk of sexual violence and there is growing evidence that migrants too, are particularly vulnerable. There is a lack of evidence on young migrants' vulnerability to sexual violence. The overall aim of this thesis is to understand vulnerabilities to and experiences of sexual violence among young migrants in Sweden using a multi-method approach.

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Conclusion: There is a lack of evidence on the vulnerabilities to and experiences of sexual violence among young migrants in Sweden. What evidence there is points to a largely hidden problem affecting the lives of both male and female young migrants and that the sources of these vulnerabilities are largely structural. Additional research is required to understand prevalences of sexual violence as well as the vulnerabilities and experiences of sexual violence of different groups of young migrants.

List of Papers

Paper I

Andersson Nystedt, T., Herder, T., Agardh, A., and Asamoah, B.O. (2024) No evidence no problem? A critical interpretive synthesis of the vulnerabilities to and experiences of sexual violence among young migrants in Europe. Global Health Action, 17. doi: 10.1080/16549716.2024.2340114

Paper II

Andersson Nystedt, T., Svensson, P., Herder, T., Asamoah, B.O., Ouis, P., and Agardh, A. (2023) Coming across a hidden problem in an excluded population: professionals' experiences of young migrants' disclosures of sexual violence. Culture, Health and Sexuality, 25(1). 1-17. doi:10.1080/13691058.2023.2234431

Paper III

Andersson Nystedt, T., Herder, T. Agardh, A. and Asamoah, B.O. Included and excluded: an intersectionality-based policy analysis to understand young migrants' vulnerabilities to sexual violence in Sweden. (Manuscript).

Abbreviations

CIS	Critical Interpretive Synthesis
GBV	Gender-Based Violence
HiAP	Health in All Policies
IBPA	Intersectionality-Based Policy Analysis
IPV	Intimate Partner Violence
LGBTQI	Lesbian, Gay, Bisexual, Transexual, Queer, Intersex
MMAT	Mixed-Methods Appraisal Tool
NPSV	Non-Partner Sexual Violence
OECD	Organization for Economic Cooperation and Development
SDH	Social Determinants of Health
SGBV	Sexual- and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SV	Sexual Violence
UMC	Unaccompanied Migrant Children
VAW	Violence Against Women
WHO	World Health Organization

Preface

I started my career in public health in an international development context. In fact, most of my life has been spent in an international development context with both my parents working in the sector. I am a child of migrants, a Finish father and an Indian mother, and I was born in Sweden. I have also lived my life as a migrant though in my case it was often referred to as an expat. We moved from Europe when I was 5 years old. We lived in Asia, South America, and southern Africa. Mozambique became my adopted home and to where I have always returned. Spending the 1990's in Southern Africa at the height of the AIDS epidemic, before the advent of anti-retroviral treatment, had a long and lasting impact on my life course. I went to boarding school in Swaziland (now called Eswatini), Waterford Kamhlaba, one of the first multiracial schools in Africa started in clear and expressed opposition to the apartheid regime and with a strong focus on equality, human rights and justice. As part of the International Baccalaureate (IB) programme, I volunteered to teach HIV-education to primary school children through theatre and group discussions. The play we presented explored different social and cultural structures and systems that could lead to vulnerability to HIV, while the group discussions opened my eyes to the very different life experiences that these young Swazi children shared with us through the questions that they asked. I spent a lot of time thinking about how come I could be so 'lucky', to have been so sheltered, to have had so many opportunities and choices that these children, and many others around me, clearly did not.

Many years later I went on to work in the HIV and AIDS sector, professionally this time, again in southern Africa. I worked specifically on the gender and human rights aspects of the epidemic, something I would now include under the social determinants of health though I would not have called it that at the time. Instead, I would have called it the "enabling environment", the structures and norms that could either facilitate or impede health decisions and behaviours. It was also at this time I came into contact with the many forms of sexual violence and its role in the HIV epidemic.

These experiences evolved my thinking about 'luck' and my own privileged position, to thinking about equity and fairness, and about the role of power. How power can be structural, based on gender, ethnicity and/or capitalism but it is also contextual. It also shifted my focus to those who, through these structures are made invisible and the unheard and whose experiences are left out of the narrative. In the context of the AIDS epidemic in southern Africa it would be women and girls and LGBTQI populations. In the context in Sweden, I would argue that it is young migrants.

Introduction

Sexual violence constitutes a significant public health concern with potentially devastating consequences for individuals' mental, physical and social well-being (1) but also for their families, communities and societies more broadly (2). Sexual violence is most often conceived of as rape, which refers to physically forced or otherwise coerced penetration of the vulva or anus (3) but in actual fact it covers a wide-range of behaviours and varying degrees of force. The World Health Organization (WHO) defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting, including but not limited to home and work" (3). Sexual violence is a sensitive, often taboo subject and notoriously underreported both to the police and in surveys leading to highly variable estimates of prevalence. For example, DeVries et al. (4) estimated the global prevalence of intimate partner violence (IPV) to be 30% while Abrahams et al. (5) estimated the world-wide prevalence of non-partner sexual violence (NPSV) at 7.2% ranging between 21% in sub-Saharan Africa to 3.3% in South Asia.

Despite the difficulties in accessing reliable and comparable estimates of sexual violence, it is becoming increasingly clear that sexual violence is not evenly distributed in populations and some groups are at greater risk than others. One such group are migrants, and particularly asylum seekers and refugees (6, 7, 8). In a recent systematic review, the prevalence of sexual violence was found to be consistently higher among migrant populations compared to local populations (9). Migrants are vulnerable to sexual violence at all stages of migration (10, 11, 12) including after arrival in their host countries. The vast majority of research on sexual violence, including in migrant populations, has focused on women and girls. More recently male victims of sexual violence are increasingly coming into focus with studies reporting high prevalences for men and boys (9, 10, 13, 14, 15).

Young people make up a significant proportion of those migrating, either alone, with their families, friends, partners, or spouses. They may migrate for many different reasons including for work or education, to escape persecution or poverty, for love or simply to try to find a better life for themselves and their families. Being young has always been associated with a high risk of sexual violence (3) and there is reason to believe that young migrants are exposed to a double burden of vulnerability as a result of both their young age and migrant status (16, 17, 18, 19).

These concepts, sexual violence, migration and youth will be discussed in greater detail in the following sections.

Sexual Violence

Coercion is a central concept in the WHO definition of sexual violence and is integral to understanding it. Unlike physical violence, in most cases it is not the behaviour itself that constitutes a form of violence, rather it is the lack of consent freely given or the unwanted nature of the act that makes it violent. In addition to the sexual violence that takes place with the use of physical force, it covers sexual acts obtained through threats, blackmail or intimidation. It can also include more insidious forms of power without the use of overt threats such as sex in exchange for a bed to sleep for the homeless, or sex in exchange for good grades in school or for a promotion at work. Circumstances in which consent cannot be given are also considered forms of sexual violence, for example, if a sexual act occurs when asleep or intoxicated. Age is critical to consent. In Sweden children under 15 years are below the age of consent and therefore any sexual act involving an adult and a person under the age of 15 is considered sexual exploitation of a child. Age of consent varies between countries. In Europe it ranges between 14 and 16 years, with the exception of Malta where it is 18 years (20).

In addition to the many different behaviours constituting sexual violence, it is often investigated as a part of a composite term which can include other forms of violence. Two of the most common terms are gender-based violence (GBV) or sexual- and gender-based violence (SGBV) which include sexual violence amongst other forms of violence including physical violence, emotional and psychological violence and sometimes economic violence. Two other terms, violence against women (VAW) and intimate partner violence (IPV), can also include all these other forms of violence while simultaneously excluding the experiences of sexual violence of specific groups. VAW excludes the sexual violence experienced by men and boys while IPV excludes sexual violence not experienced within the context of a current or previous romantic relationship. Studies on GBV, SGBV, VAW or IPV may or may not disaggregate by types of violence. Non-partner sexual violence (NPSV) in contrast refers exclusively to sexual violence occurring outside the context of a romantic relationship. These varied and partially overlapping terms can hamper comparisons across studies while at the same time obscuring the experiences and effects of sexual violence specifically conflating it with other forms of violence(7). The use of these terms can also lead to the neglect of specific victim groups. In particular, the experiences of men and boys have been largely excluded both from research and sexual violence interventions.

Public Health Approach to Sexual Violence

Public health is concerned with achieving good and equitable health for the whole population of which sexual health is an integral part. Public health is primarily concerned with prevention of ill health or negative health outcomes through health promotion activities. A public health approach can act as a complement to the criminal justice approach to sexual violence which utilises the police and legal system to prosecute offenders. A criminal justice approach is most often concerned with addressing sexual violence after it has occurred whereas a public health approach can address sexual violence before it occurs (2).

Kathleen Basile (2) argues that there are three key reasons for sexual violence to be addressed as a public health problem; 1) the magnitude of the problem; 2) that many of the consequences of sexual violence are health-related; and 3) the focus on prevention inherent in public health responses and not simply on response.

The public health approach has also been used to shift attention from the victims of sexual violence to addressing perpetrators (21). However, as some groups seem to be at greater risk of experiencing sexual violence, it is critical to address the sources of these vulnerabilities, which is the concern of this thesis.

A final reason for taking a public health approach is that sexual violence is both a determinant of health and a health outcome. It is a determinant of health as it influences other health outcomes including physical health, mental health and sexual and reproductive health (3). It's role as a health outcome is discussed further in the section on the social determinants of health.

Disclosure of Sexual Violence

Non-disclosure rates of sexual violence are notoriously high (22). As illustrated in Figure 1 (3) using the ice-berg metaphor, the proportion of cases of sexual violence reported to the police is much lower than the proportion of cases reported in survey research. In its simplest form this could be in the form of a yes/no question asking about experiences of sexual violence to asking about experiences of specific behaviours constituting sexual violence. Regardless of the methodology used, there remains a substantial, unquantified proportion of sexual violence experienced but remaining un-reported and undisclosed (3).

Non-disclosure can occur for a variety of reasons including fear of being judged or blamed, lack of support for disclosure, worry about burdening others, the stigma around sex and particularly sexual violence, but also not defining the experience as sexual violence (22). Nonetheless, disclosures of sexual violence do take place (23) and can facilitate access to services to deal with the consequences of sexual violence. However, disclosures are not always a necessary pre-condition for accessing services. Health, and particularly SRHR services can be accessed without requiring disclosure, as can other support services.

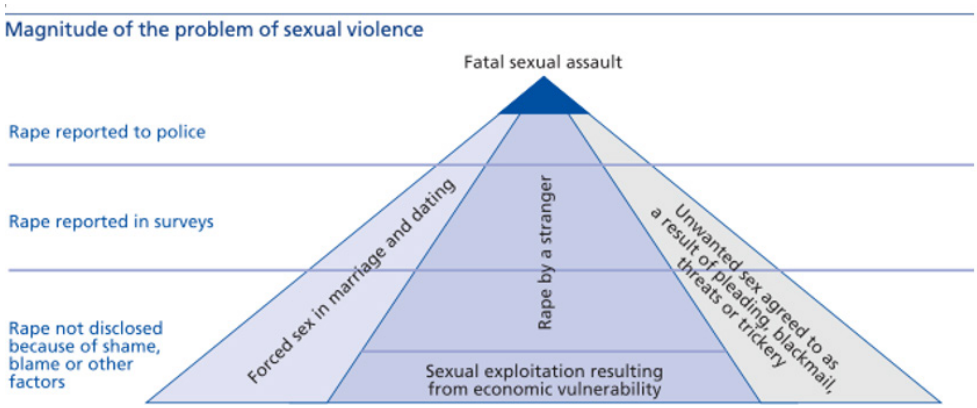


Figure 1. Illustration from the World Report on Violence and Health **(3)** modelling the magnitude of the problem of sexual violence and non-disclosure

Sexual Violence and Migration

A recent systematic review carried out by Tan & Kuschminder (9) found that not only are the rates of sexual violence victimisation higher among migrant groups than local populations, but that this difference was even larger for vulnerable migrant groups. They also found an emerging recognition of male migrants' experiences of sexual violence (9). Sexual violence that takes place in conflict settings and as a weapon of war has long been recognised (24) as well as its role as an impetus for migration. However, this review found the highest rates of sexual violence among undocumented migrants, asylum seekers and refugees in transit or after reaching their destination countries (9). (Please see the section on migration for a description of different definitions of migrants).

In terms of sexual violence in transit, substantial attention has been paid to the situation of female migrants' in refugee camps (25, 26, 27) but more recently, increasing attention has turned to migrants' experiences of sexual violence during their journeys (9, 28, 29). This risk of sexual violence during migrant journeys, and particularly among irregular, undocumented and asylum seeking migrants', is in part due to the increasingly restrictive migration policies instituted in many countries, including the United States (30) and Europe (9, 31). These policies limit many migrants' legal access to the countries in question using authorised transport routes. Instead, many migrants are forced to rely on an ad hoc mixture of different modes of transport including by foot, car, buses, trucks and small boats amongst others (32) exposing them to risky persons and situations including illegal border crossings, people smugglers, and gangs (28, 33). These journeys can take days, weeks, months or even year to complete extending the amount of time at risk and accumulating vulnerabilities (34).

Recently increasing attention has been paid to experiences of sexual violence of migrants in Europe (7, 8, 35, 36, 37, 38). In a seminal study conducted in 8 European countries, it was found that 58.3% of respondents reported having experienced sexual violence directly (23.3%) or indirectly (76.6%) (8). Another study found the migrants were vulnerable to sexual violence in Europe but found comparisons between populations to be challenging due to difficulties conducting research on migrant populations and in definitions of sexual violence (7).

Young Migrants and Sexual Violence

Young migrants face multiple burdens of sexual violence vulnerability, being young and migrant. However, not much attention has been given to this group in the international setting. One of the complications is defining youth as an age category. Some studies focus exclusively on children (aged under 18 years) while other studies utilise ages of consent or most commonly, focus exclusively on adult populations (aged 18 years and above). All of these different types of studies include young people as part of the sample but do not focus on them in particular, as a result of which the particular experiences of this group are being missed. There are, however, some studies that point to young migrants' vulnerabilities to sexual violence. For example, a systematic review of violence against children in migration found that prevalence of sexual violence ranged from 5% to 20% (16).

Sexual Violence in Sweden

There is limited data on sexual violence in Sweden as it is not included in the annual public health surveys. However, in 2017 the Public Health Agency in Sweden carried a National SRHR Survey targeting persons aged 16-84 years asking about different forms of sexual violence (39). This survey found relatively high rates of sexual violence and consistently higher rates among females than males in all categories of sexual violence investigated (see Table 1).

Table 1. Prevalences of sexual violence reported in the Swedish National SRHR Survey (2017) disagreggated by sex.

Sexual violence	Prevalence (total)	Prevalence (female)	Prevalence (male)
Sexual harassment	26%	42%	9%
Sexual assault	24%	39%	9%
Attempted rape	6%	11%	1%
Rape	4%	7%	1%
Sexual assaut through psychological pressure	14%	23%	5%
Sexual humiliation	6%	9%	3%

The response rate for this survey was low in general at 30.5%, but for migrants (here defined as persons born is Asia, Africa or Latin America) the response rate was catastrophic, between 12-13%.

Sexual violence data is also collected by the Swedish National Council for Crime Prevention which reports both officially reported sex offences as well as data from the Swedish Crime Survey. The Swedish Crime Survey reported a prevalence of experienced sexual offences at 4.7% (7.8% female and 1.2% male) (40) which is much lower than the prevalences reported in the National SRHR Survey. One of the reasons for this discrepancy could be that the Swedish Crime Survey contains a single question asking about experiences of sexual offence requiring the respondent to define this for themselves while the National SRHR Survey asks explicitly about experiences of specific behaviours constituting different types of sexual violence. Asking about experienced behaviour has long been found to produce more reliable and more comparable rates of sexual violence (41) as it removes the need for the respondent to apply their own definition of sexual violence to the experience. This has been found to be important particularly when investigating sexual violence among migrant populations (42).

Evidence-based knowledge about sexual violence among migrant groups in Sweden is scarce. Two studies (1 qualitative, 1 quantitative) focused specifically on intimate partner violence among Thai women living in Sweden (43, 44). One qualitative study among Syrian refugees focused on their general experiences (including sexual violence) during migration to Sweden (45), and another qualitative study focused on generalized violence among Somali-born women in Sweden (46). There were also 2 case studies focused on torture victims (some of whom were raped) registered with the Centre for Trauma Victims in Stockholm (KTC) (47, 48). None of the studies were designed specifically to capture the experiences of sexual violence among migrants.

In relation specifically to young migrants, the Public Health Agency of Sweden has carried out a survey in 2020 finding high prevalences (25%) of unwanted sexual acts among young migrants (aged 16-29 years) with slightly higher rates for young men (26%) than young women (21%) (49). It also found that persons awaiting decisions on their residency permits reported poor sexual health and lower fulfillment of their sexual rights than other groups (14, 49).

Migrants and Migration

International migration has been steadily increasing over the past five decades and in 2020 the total estimated number of international migrants was 281 million or approximately 3.6% of the global population (50). This trend is expected to continue due to conflicts, poverty, and now the effects of climate change and environmental

degradation (50). The estimates of how many young people make up these migrant flows vary depending on how the term "young person" is defined. In 2020, children (aged under 18 years) made up about 13% of all migrants while youth (aged 15-24 years) made up about 11% of all migrants in 2020 (51).

In 2015 there was a rapid increase in particularly irregular migration to Europe reaching approximately 1.04 million people up from just over 70,000 in 2013 (52). The European Union responded to this crisis largely by tightening border controls and developing increasingly restrictive migration policies. There has also been a move towards externalising EU migration policies with increased responsibilities for countries like Turkey, Morocco, Libya and Tunisia to prevent migrants from reaching European territory (32). European countries in general do not consider asylum applications submitted abroad nor are there any provisions or guidelines for migrants wanting to travel Europe to petition for asylum, transforming virtually all asylum seekers into de facto irregular (or illegal) migrants (53, 54). The vast majority of these migrants are never recognized as legitimate asylum seekers and less than 15% of applicants are granted refugee status (54).

Definitions of Migrants

There is no internationally agreed definition of the term migrant and different terms used to describe different groups of migrants can vary by reason for migrating or by migrant legal status.

An asylum seeker is a migrant seeking international protection escaping war, persecution and human rights violations in their home countries. A refugee is someone who has applied for asylum and has had their right to international protection legally recognized (55). Not all asylum seekers are granted refugee status, but all refugees have once been asylum seekers. Irregular migrants are migrants who enter a country without possessing the right to entry or stay and have not been granted refugee status (33). A related term is undocumented migrants which refers to migrants who find themselves in a country without the necessary permits and can originate from any other group of migrants. They may have had their residency permit or asylum applications finally denied, their temporary residency permits may have expired, or they no longer meet the requirements of their residence permits. Unaccompanied migrant children are migrants under the age of 18 years migrating without a parent or legal guardian (56). In addition to these groups of migrants, there are various other categories including labour migrants who migrate for work and international students who migrate for their education. There are also relationship migrants and spousal migrants who migrate for the purpose of uniting with a family member or romantic partner. In some contexts there are even broader categories such as second generation migrants which refers to the children of migrants and in some cases ethnic minorities are included in the migrant category (57). These

diverse and partially overlapping terms complicate comparisons between studies and impede generalisations of findings between different migrant groups.

In this thesis the term migrant has been used to denote any person with own migration experience.

Migration to Sweden

Migration to Sweden has followed the same trends as globally and in Europe, with a steady increase over the past several decades and a peak in 2015. In 2023 over 2 million people or 20% of the Swedish population were foreign born. In terms of young people, there are approximately 480,000 foreign-born young persons (aged between 11 and 29 years) in 2023 which corresponds to just under 5% of the population (58).

In 2015, Sweden received the largest number of international migrants per capita of any OECD country ever recorded (59). This corresponded to over 162,000 asylum seekers (see Figure 2) of which 35,000 were unaccompanied migrant children (as compared to approximately 7000 in 2014 and fewer than 1000 per year since 2018) (58).

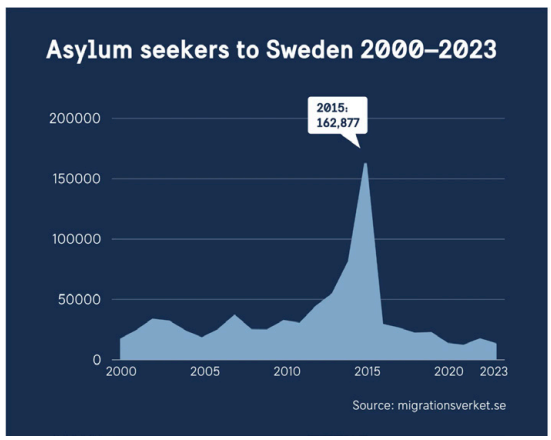


Figure 2. Number of asylum seekers to Sweden between 2000-2023 (60)

This influx of migrants in 2015 has been dubbed a migration "crisis" by media, governments institutions and researchers alike and resulted in a drastic shift in Swedish migration policy. Up until that point Sweden had one of the most generous migration policies in the EU, while in 2016 a new temporary law was introduced limiting migrants' possibilities for obtaining residency permits to EU minimum standards (Act 2016:752) (61). Under this law temporary residency permits replaced

permanent residency permits as the norm and stricter rules around family reunification were introduced. This law has since been made permanent.

One of the effects of the large influx of migrants to Sweden in 2015 was an over-burdening of the Swedish reception system resulting in prolonged asylum processes, sometimes taking several years (62). This delay had serious consequences, particularly for unaccompanied migrant children who many times turned 18 before a decision was made on their asylum claims. This means that they were processed as adults instead of as children, under this new, more restricted migration law. In response to the perception that many young people were denied residency in part due to long processing times, in 2017 a second temporary migration law was put in place called the Upper Secondary School Act (2017:353) (63). This law was meant to provide these young migrants, many of whom were unaccompanied migrant children, with a new opportunity to gain residency. Under the provisions of this law, young migrants aged under 25 years and in full-time upper secondary school education could apply for temporary residence permits valid until 6 months after graduation. If they are able to obtain employment sufficient to sustain themselves and any dependents before the end of this period, they would be eligible for permanent residency.

A final point about the migration regime, which refers to the "the system of laws, regulations, policies and institutions within each country" and which have "a profound effect on the lives of migrants" p.1470 (64), is that asylum seeking children have access to more rights and services than asylum seeking adults including access to social services, full access to healthcare services and education. Unaccompanied migrant children also have the right to secure accommodation in a "home-like" environment and access to a legal guardian. These rights are lost upon their 18th birthdays at which point rights are restricted to the level of asylum-seeking adults which includes the right to subsistence allowances from the Migration Authority and the right to health care which cannot be deferred. This also means that the costs associated with migrant children are higher than the costs for migrant adults and has made age determinations a critical component of Swedish migration policy (62).

Theoretical Models and Concepts

Most theories of sexual violence address perpetrators of sexual violence and are used primarily to explain sexual violence by men perpetrated against women using biological or psychological and social explanatory models (65). These theories have many strengths but unfortunately limited explanatory power to understand why some groups, in this case young migrants, are at greater risk of sexual violence victimisation. As such other theoretical models have been required. This thesis has employed a mix of theoretical models and concepts. This section will discuss the social determinants of health, the socio-ecological model, and intersectionality. It will also provide brief descriptions of salient concepts including health equity, vulnerability, social exclusion and the norm critical perspective.

The Social Determinants of Health

The social determinants of health (SDH) are "the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily lives" including economic and political systems and policies, and social norms, and are thought to be the source of unfair and avoidable differences in health (66). They were a response to the global dominance of individual-level behavioural explanations and narrow focus on access to healthcare services to understand health outcomes. The social determinants of health instead broaden this approach recognising the importance structural conditions for health (67). They are concerned with factors influencing the distribution of wealth, power and resources and thereby individuals' and groups' abilities to adapt to their environments. This difference in ability to adapt to the environment in turn translates into unequal distributions of health outcomes or health inequality.

Health in All Policies

The social determinants of health and the recognition of the importance of structural factors requires health to be understood and promoted through the application of policies outside of the health sector (68). This has led to the Health in All Policies (HiAP) approach launched at the 8th Global Conference on Health Promotion in 2013 held in Helsinki, Finland (69). It is a mechanism to promote healthy actions of

sectors not primarily concerned with health (70). The aim of this approach is to ensure that policies from other sectors promote health and well-being or at the very least are not harmful (71).

Ten principles have been developed for Health in All Policies that underline its linkages with the social determinants of health (72). These are:

1. The value of health and well-being to social and economic development but also health as a human right.
2. That health outcomes are the result of a wide range of factors, many of which are outside of the health sector.
3. That all government policies can have an impact on health, positive or negative.
4. That health impacts are not evenly distributed among population groups.
5. That health is central to achieving development policy goals.
6. That sustainable mechanisms and intersectoral collaboration are required to improve health.
7. That most population health problems require long-term policy and budgetary commitment.
8. That indicators of success will also be long-term and require monitoring.
9. That there is a need to consult with citizens and link policy changes to broader social and cultural changes.
10. The recognition of the potential for partnership between government at all levels but also science and academia, civil society, and the private sector to foster sustained change.

There are 4 types of strategies to achieve Health in All Policies . The first is health at the core in which health objectives are central to the policy (e.g. tobacco reduction policies and legislation). The second is called win-win in which policies identify actions which are mutually beneficial (e.g. provision of healthy school lunches). The third is cooperation where the focus is on the systematic cooperation between health and other sectors seeking to advance health and the other sector goals. Finally, there is damage limitation where the focus is to mitigate and limit potential negative health effects of policies.

The Socio-Ecological Model

The social determinants of health take a multi-level approach which can be illustrated through the application of the socio-ecological model, adapted from Heise (74) (see Figure 3).

In this thesis, sexual violence is considered both as a determinant of health, in that it has important implications for other health outcomes (physical, mental and sexual and reproductive health outcomes), and also as a health outcome resulting from an interplay of vulnerabilities at different levels. These will be discussed further below.

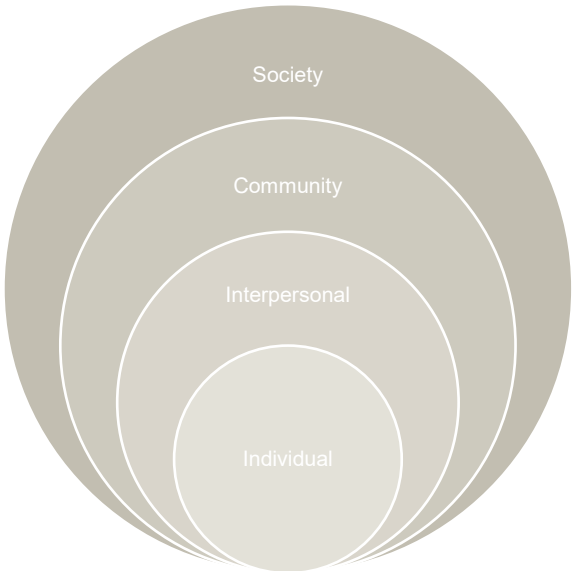


Figure 3. The socio-ecological model adapted from Heise (1998)

At the individual level, what Heise (74) refers to as the personal history, key risk factors for experiencing sexual violence are age and gender (3). Migrant status could also be considered an individual risk factor (7). Other factors include race or ethnicity, socio-economic status, education and employment (3). Previous experiences of sexual violence including having witnessed sexual violence also increase risk of experiencing sexual violence (74).

Interpersonal risk factors, also called microsystem factors, include factors such as male dominance in the family, financial control, and marital conflict (74), important particularly for intimate partner violence. Other factors of relevance to young migrants could include the lack of family or social networks, not knowing or having anyone to trust, and not having access to safe adults.

At the community level or exosystem level (74) factors such as living in poorer neighbourhoods or in more violent communities could increase risk. Social exclusion and experiences of discrimination based on race, ethnicity, or migrant status could also be important factors to understanding risk of sexual violence. At this level, factors such as gender norms, and particularly harmful masculinity norms, honour-related norms and heteronormativity can increase risk of sexual violence.

Lack of sanctions for violence also operate at this level increasing the risk of sexual violence (75).

Finally at the societal level or macro level (74), more structural level systems of power are at play, including patriarchy, but also the broader social, cultural and economic structures including the political landscape.

Vulnerabilities to sexual violence are the result of the interplay between factors at the different levels.

Intersectionality

Intersectionality as a concept was developed in part to address violence against "women of colour" as a process of recognising it as both social and systemic and not individual (76) and as such addresses structural sources of violence. It also highlighted that the violence that many women experience is influenced by other aspects of their identities beyond gender, including race/ethnicity and class (76). The concept of intersectionality is based on a number of principles (77) as described below.

- Intersecting categories refers to that all people have multiple intersecting identities or categories and that no one category can be assumed to have primacy in understanding a person's life or experiences. It also recognises that these identities or categories can change over time.
- Multilevel analysis is required, in that policy effects must be understood within and between micro-, meso- and macro-levels.
- Power: is a central concept in intersectionality and posits that: 1) power contains both structural and discursive elements, excluding particular knowledges or experiences; 2) that categories and identities (subject positions) are the result of processes and systems of power; and 3) that these two processes working together are what lead to experiences of privilege or penalty between or among groups.
- Reflexivity is one of the ways that the intersectionality attends to power, recognising the existence of diverse perspectives and multiple truths, with a focus on privileging voices most often excluded from policy processes.
- Time and space are also central concepts recognising that context is key to understanding privilege and disadvantage. Power is not universal, and the same person can experience marginalisation in one context yet have power in another.

- Diverse knowledges: emphasises that epistemologies (theories of knowledge) and power are central to intersectionality and particularly the relationship of power and knowledge production. In particular, the inclusion of voices of the marginalised can challenge the power expressed in the production of knowledge.
- Social justice involves interrogating and challenging unfair and unequal power relations at the source.
- Equity is concerned with fairness; that the goal of public policies should be to equalise outcomes between more and less advantaged groups. That the focus should be on the most vulnerable of those subject to unfair or unjust treatment.

Other Concepts and Perspectives

This section includes brief descriptions of some key concepts and perspectives applied or discussed in this thesis.

Health Equity

Equity is a central concept to both the social determinants of health and intersectionality and is concerned primarily with fairness. It is both an ethical principle and closely aligned with human rights principles and the equal rights and opportunities to be healthy (78). Healthy equity is most easily understood by defining health inequity which are the differences in health that are avoidable, unnecessary, unfair and unjust (79). Health inequity is thereby concerned with the distribution of power and resources but also of risk and vulnerabilities. It is distinct from health inequality which refer to measurable difference in health outcomes. Health inequalities are not necessarily unfair, for example, young people are expected to be healthier than elderly people.

Vulnerability

Vulnerability as a concept is well-established in the field of public health and denotes an individual's heightened risk of negative health outcomes (80). Vulnerability has increasingly been used to identify individuals or groups especially deserving of interventions or support (81). One shortcoming of the concept is that it has been used in a way that could indicate that vulnerability is something inherent in an individual or group and sometimes conflated with their perceived "riskiness" (81). By this, vulnerability has been understood at the individual level of the

socioecological model. This has led to critique of the concept as it can prompt a paternalistic approach to social problems, cementing unequal power structures through social control and punitive interventions addressing this "weakness" in the individual or group (82).

A related term is structural vulnerability which combines the concept of structural violence, or the indirect invisible forms of violence that are the result of inequitable or repressive power structures and systems, with the concept of vulnerability. This conception focuses attention away from the individual level to higher causal levels including social, political and economic structures (80).

This thesis uses the term vulnerabilities in plural to denote the interplay of multilevel factors that lead to individuals' or groups' risks of sexual violence.

Social Exclusion

Social exclusion is a contested term but generally refers to a state of disadvantage faced by some groups who are not able to participate fully in normal life and perceived as being removed from mainstream society (83). In terms of migration it has been investigated as it relates to labour market participation, access to housing and healthcare (53) and access to social welfare (84) amongst others. Social exclusions is also as a key social determinant of health (85).

Norm Critical Perspective

The Norm Critical Perspective was developed in Sweden in the early 2000s and has been applied in areas such as education and nursing (86). Social norms refer to the rules in place to guide social interactions, such as gender norms which guide the behaviours and roles of men and women and masculinity norms which inform the behaviours and expectations of men. A related term is normality which describes the average or usual characteristics of a population and is a statistically quantifiable term. What is normal can easily be conflated with what is right while that which is considered abnormal to be in need of correction (86). It can also facilitate the perception that social norms are neutral and natural when they are far from it and instead reflect different power structures (86). The norm critical perspective challenges the un-reflecting acceptance of what is considered normal and instead calls for the interrogation of the social norms in play. It encourages resistance to the categorisation into "us" and "them". It has been applied in particular to the field LBTQI rights.

Conceptual Framework

Figure 4 depicts the relationships between different aspects of sexual violence and how they are investigated in the three studies that make up this thesis.

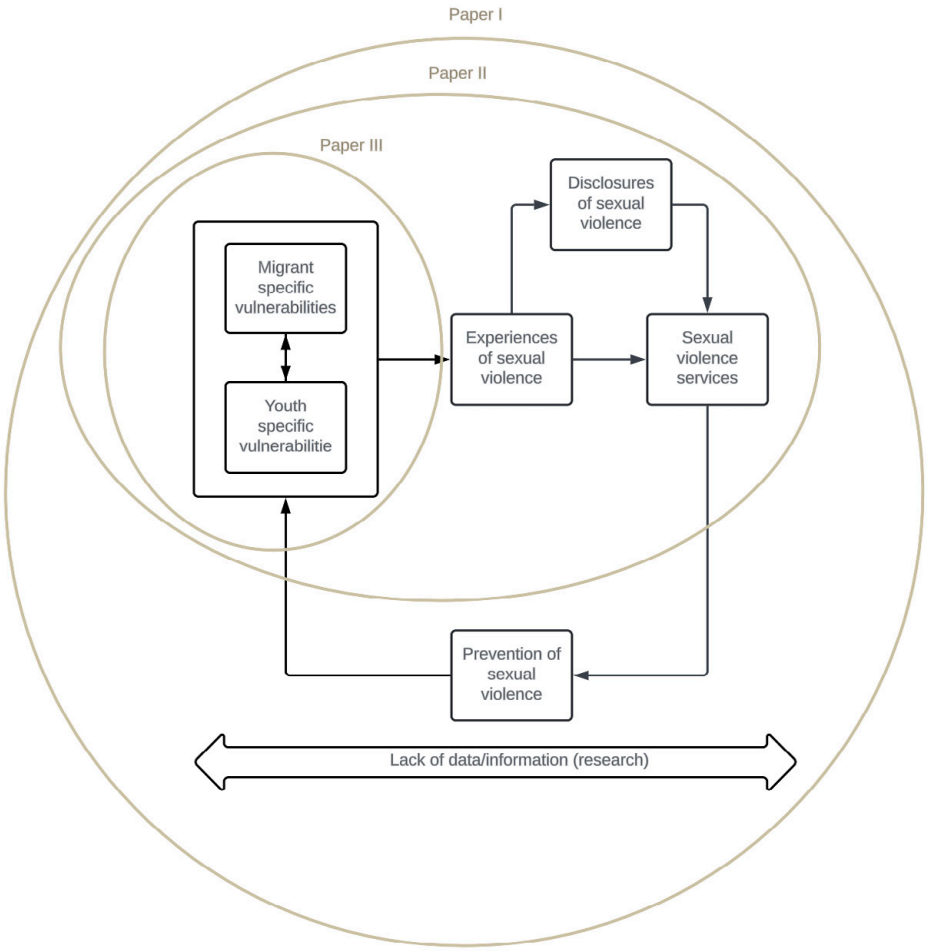


Figure 4. Model depicting the conceptual framework and placement of each paper in this thesis

In accordance with this framework there are different factors or vulnerabilities to sexual violence that young migrants can experience or be exposed to. Some of these vulnerabilities are associated specifically with their status as migrants while others are a result of their young age. Some are specific to the intersection of being both young and having a migration background. Some of these vulnerabilities, or a combination of vulnerabilities, can in turn lead to experiences of sexual violence. Some of these experiences of sexual violence may be disclosed, others may not. Services may be sought with or without disclosure. These services can include healthcare services but may also refer to social services, social or legal counselling, or even criminal justice services, amongst others. In some cases, these services can lead to a decrease in vulnerabilities to sexual violence in the future. Not directly linked to this model but impacting all aspects of it is the lack of data and information on sexual violence in general, but even more so on sexual violence among migrant populations.

Paper I includes all of these aspects of sexual violence. Paper II focuses on disclosures of experiences of sexual violence and service provision from the perspective of service providers. It also touches on the perceived vulnerabilities of young migrants. Paper III focuses exclusively on vulnerabilities to sexual violence faced by young migrants as a consequence of the Swedish policy environment.

Aim and Objectives

The overall aim of this thesis is to understand vulnerabilities to and experiences of sexual violence among young migrants in Sweden.

The specific objectives are:

- To understand the scientific evidence regarding the experiences of and vulnerabilities to sexual violence among young migrants in Europe; to critically synthesise existing evidence and identify emergent themes.
- To explore how professionals and services providers in Sweden experience meeting young migrants exposed to sexual violence.
- To understand how sexual violence is understood in the Swedish policy context and how this understanding interacts with other relevant policies to frame young migrants' vulnerability to sexual violence.

Methods

The aim of this thesis is to explore the experiences of and vulnerabilities to sexual violence among young migrants in Sweden through three studies applying three different methods (see Table 2).

Table 2. Overview of papers included in the thesis

Paper	Study Design	Data Source	Participants	Data Analysis
I	Systematic review	Peer reviewed studies	n/a	Critical interpretive synthesis
II	Qualitative	In-depth interviews	14 professionals and service providers	Qualitative content analysis
III	Policy analysis	Swedish national level policies	n/a	Intersectionality-based policy analysis

Paper I is a systematic review of studies conducted in Europe addressing young migrants' vulnerabilities to and experiences of sexual violence. It was clear early on in the research process that there is a lack of research on this topic and as such a critical interpretive synthesis (CIS) methodology which was considered particularly appropriate. It allows for the inclusion of qualitative, quantitative and mixed methods research as well as for a more iterative process, starting with a very general research question which is refined over the course of the review (87).

Paper II employed a qualitative in-depth interview study design to explore professionals' experiences of young migrants' disclosures of sexual violence. It was decided to focus on professionals and services providers as opposed to young migrants themselves again due to the lack of research. It was felt that understanding the perceptions and experiences of professionals working with young migrants could provide critical knowledge and information in regard to young migrants' situation in Sweden. This understanding was needed before approaching vulnerable and often marginalised groups, such as young migrants, to discuss the sensitive and often taboo topic of sexual violence. It was considered important even to enable identification of sub-groups of young migrants which could be relevant to future research in this area. Understanding the experiences of the professionals themselves is an important objective in and of itself.

Both Paper I and Paper II highlighted the importance of structural factors to understanding young migrants' vulnerability to sexual violence and in particular the

role of the migration regime. Therefore, Paper III was designed to explore this further through an intersectionality-based policy analysis to understand how sexual violence is understood in Swedish national-level policies and how this interacts with the migration regime to construct young migrants' vulnerabilities to sexual violence.

Paper I

The aim of this systematic review was to understand the vulnerabilities to and experiences of sexual violence among young migrants in Europe.

It has two objectives:

1. To understand the peer reviewed scientific knowledge on this topic;
2. To critically synthesise the evidence and identify emergent themes in the field.

The study was registered in PROSPERO (CRD42022380737).

Data Collection

The data collected were peer-reviewed studies on sexual violence and young migrants conducted in Europe and published since 1 January 2002. A twenty-year period was utilised due to the dearth of evidence on the topic and to increase the likelihood of identifying relevant studies. Three databases were searched: PubMed, Web of Science and CINAHL. The search terms used are listed in Table 3.

Table 3. Search terms to identify studies for inclusion in Paper I

Sexual violence	Sexual violence; sex offences (MeSH); sexual abuse; sex abuse; sexual trauma; sexual assault; sex crimes; sexual consent; rape
Migrants	Emigrants and immigrants (MeSH); transients and migrants (MeSH); migrants; refugees; asylum seekers
Young persons	Adolescent (MeSH); young adult (MeSH); youth; teenager; young person; girls; boys; children.

International students and expatriates were not included in the original search terms. However a later search was conducted using these terms and no additional studies were identified for inclusion.

Though only studies conducted in Europe were included in the review, it was not included as a search term to ensure that studies were not excluded for failing to specify a geographic focus in the title, abstract or key words. Although the critical

interpretive synthesis methodology allows for the inclusion of grey literature, this was not done in this review.

Search results were uploaded into Covidence for removal of duplicates, abstract and title screening, and full-text review. Abstract and title screening and full-text review were carried out by two authors independently. All disagreements were discussed and consensus reached before undertaking the next step of the analysis. See Figure 5 for the PRISMA Flow diagram of included studies.

Studies were considered eligible if they contained original data on sexual violence among young migrants conducted in Europe.

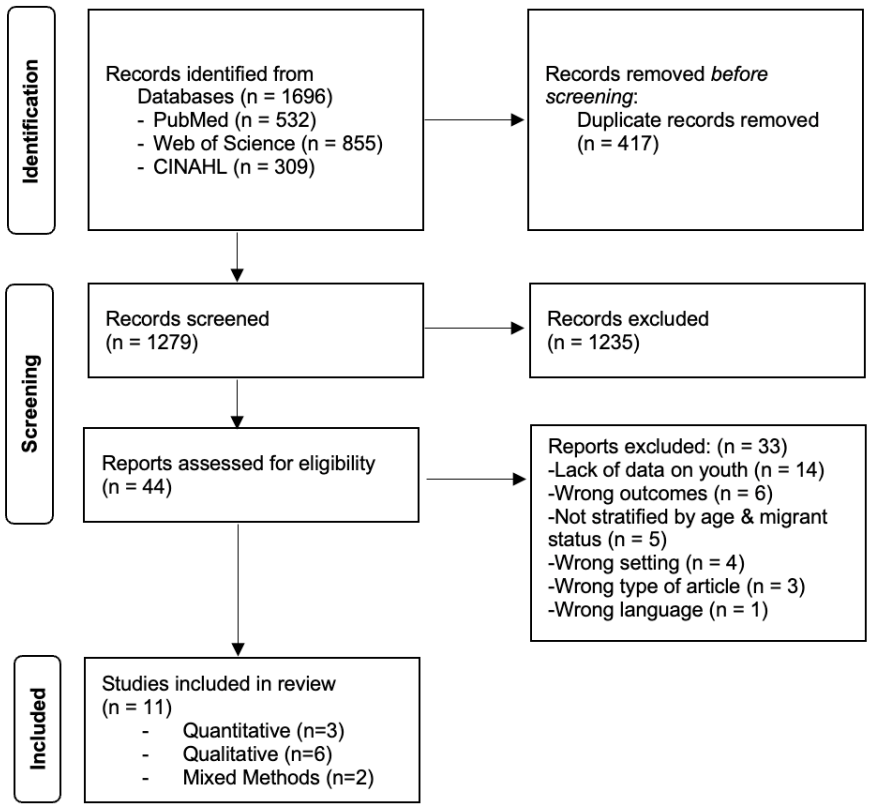


Figure 5: PRISMA Flow Diagram of indetification of studies for inclusion in Paper I.

The original age range for this review was 15-30 years, as in Paper II. However, when undertaking the full-text review, this age range did not correspond to the age ranges in the available studies. As such it was adjusted to 11-30 years.

Measures

Mixed Methods Appraisal Tool (MMAT)

Quality of the included studies were assessed using the Mixed Methods Appraisal Tool (88). This tool was developed to appraise the quality of empirical studies including quantitative, qualitative and mixed methods studies for systematic reviews.

Table 4. Mixed Methods Appraisal Tool Checklist for assessing quality of included studies in Paper I.

Category of study design	**Methodological quality criteria**	**Responses**		
		Yes	**No**	**Can't Tell**
Screening questions (all studies	Are there clear research questions?			
	Do the collected data allow the research question to be addressed?			
	Further appraisal may not be appropriate if the answer is no or can't tell to one or both screening questions			
Qualitative	Is the qualitative approach appropriate to answer the research question?			
	Are the qualitative data collection methods adequate to address the research question?			
	Are the findings adequately derived from the data?			
	Is the interpretation of results sufficiently substantiated by data?			
	Is there coherence between qualitative data sources, collection, analysis and interpretation?			
Quantitative descriptive	Is the samplig strategy relevant to address the research question?			
	Is the sample representative of the target population?			
	Are the measurements appropriate?			
	Is the risk of nonresponse bias low?			
	Is the statistical analysis approriate to answer the research question?			
Mixed methods	Is there an adequate rationale for using a mixed methods design to address the research question?			
	Are the different components of the study effectively integrated to answer the research question?			
	Are the outputs of the integration of qualitative and quantitative components adequately addressed?			
	Are divergences and inconsistencies between quantiative and qualitative results adequately addressed?			
	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?			

The MMAT is made up of a checklist with three possible responses: “yes”, “no” and “can’t tell”. The first part contains 2 screening questions applied to all studies (see Table 4). Responding “no” or “can’t tell” to one or both of these questions indicates that the paper is not an empirical study and thereby cannot be appraised using the MMAT, nor could it be included in the review. After the screening sections an appropriate study category is selected. The available categories are qualitative, quantitative randomised controlled trials, quantitative non-randomised studies, quantitative descriptive and mixed methods studies. Each category contains methodological quality criteria for the relevant study design on which each study is assessed. Please see Table 4 for the MMAT criteria used for the studies included in the systematic review. Calculating an overall score is discouraged using this method. Instead, the ratings should be used to better inform the quality of the included studies.

Data Extraction Template

A data extraction template was used in Covidence made up of: 1) names of authors; 2) publication year; 3) study location; 4) study aim; 5) study design; 6) study population; 7) recruitment method; 8) sample demographics; 9) definition/operationalisation of sexual violence; 10) relevant findings. Findings were considered relevant if they pertained to young migrants (aged 11-30 years).

Data Analysis

Quality Appraisal

The first step was to analyse the quality of the studies included in the review. Each study was analysed individually using the MMAT. The screening questions were applied followed by the criteria appropriate to the study design of the paper in question (qualitative, quantitative descriptive or mixed methods).

Critical Interpretive Synthesis

Each study was first understood in relation to itself. Concepts and relevant findings were identified and entered into the data extraction template. Once this was complete the data extraction templates were collated into a single Excel table (Excel version 16.80). Identified concepts were then translated into each other across studies and findings were synthesised. Emerging themes were identified through an iterative process moving back and forth between synthesised concepts and findings.

Paper II

This study aimed to explore how professionals and services providers experience meeting young migrants disclosing experiences of sexual violence. The objectives were:

1. To explore how professionals understand sexual violence experience by young migrants;
2. To explore how they perceive their professional roles and responsibilities in relation to the young migrants they meet;
3. To explore how they experience young migrants' disclosures of sexual violence;
4. To explore what strategies they use to navigate these encounters.

Data Collection

This qualitative content analysis study employed semi-structured in-depth interviews with professionals and service providers to gain a deeper understanding of their experiences of disclosures of sexual violence by young migrants.

Study Setting: The study was conducted in two large cities in the south of Sweden (Malmö and Gothenburg) with large migrant populations and an active civil society sector catering to them.

Recruitment: Maximum variation sampling was employed to reach participants in diverse occupations and sectors meeting young migrants in the course of their work.

Initial recruitment of informants was carried out through discussions with two key informants, one from the public sector and one from civil society, both working closely with organisations providing services to young migrants in Malmö. Both individuals and organisations were identified, including different health care services, social services, civil society organisations, schools, care homes, and the police. Emails were sent out and followed-up with reminders. Participants were eligible for inclusion if they had received disclosures of sexual violence by young migrants (aged between 15-30 years) in the course of their work.

A second stage of recruitment employed snowball sampling, identifying potential participants through existing contacts. This method resulted in the inclusion of the two participants from Gothenburg. A total of 14 participants were included which was deemed to meet the information power required for the intended analysis (89).

Data were collected through in-depth interviews of between 35 to 90 minutes in duration, either in person, by video meeting or telephone at the discretion of the participant. All interviews were carried out in Swedish except for one which was

carried out in English. All interviews were recorded with participants' consent and transcribed verbatim.

Measures

Interviews were conducted using a semi-structured interview guide covering four thematic areas: 1) participants' experiences of disclosure of sexual violence by a young migrant; 2) their reflections on what it is like to work in a context where disclosures of sexual violence by young migrants take place; 3) their perceptions of how their organisations work with young migrants and sexual violence; and 4) how they understand sexual violence. An example of the types of questions included can be found below in Table 5.

Table 5. Thematic areas and examples of probing questions in Paper II

Meeting young migrants disclosing sexual violence • How did you come to know of his/her experience of sexual violence? • Can you describe your relationship to him/her? • How do you perceive your role in the meeting with the young migrant?
Working in a context where disclosures of sexual violence by young migrants take place • What responsibility do you feel that you have in the meeting with a young migrant who has been exposed to sexual violence? • How do you talk to your colleagues about young migrants exposed to sexual violence? • What are your views about the possibility that young migrants may be over-represented among victims of sexual violence?
Organizational factors • How does your organization work with young migrants? • How do you perceive the support from your organization in terms of dealing with young migrants having experienced sexual violene? • What support would you like to see from your organization?
Understanding of sexual violence • What does sexual violence mean to you? • What behaviours are included/not included?

Data Analysis

Data was analysed using qualitative content analysis (90, 91) methodology and facilitated by the use of Excel version 16.66.1 and NVivo release 1.6.2.

Each transcribed interview was one unit of analysis. The first step involved identification of meaning units. Meaning units are sections of text relating to the same central idea. These meaning units were then translated into English and condensed, a process involving shortening them without losing their essence. These condensed meaning units were then coded inductively. A code can be understood as the label of the meaning unit. Please see Table 6 for an example of this process.

By moving between inductive and deductive processes, codes were then re-contextualised into categories at the manifest level, and categories into themes at the latent level. Development of codes and subsequently categories were discussed between at least two co-authors. At this stage, pre-understanding was reintegrated into the analysis. An overarching theme was identified through a process of going back and forth between codes, categories and themes. Consensus on preliminary results was reached after discussion between all co-authors.

Table 6. Example of the analytical process in Paper II

Meaning unit	Condensed meaning unit	Code	Category	Theme	Overarching theme
Often one is in a vulnerable situation as a migrant or new arrival regardless of where one is in the country. I meet people that get exploited in order to have some place to stay, a bed in exchange for sex, and this happens to both men and women.	Migrants are vulnerable regardless of where they are in the country. They get exploited for a place to stay, a bed for sex. Men and women.	Male and female migrants sexually exploited for a place to stay	Differing perceptions of young migrants' vulnerability to sexual violence	Linking structural marginalisation and vulnerability to sexual violence	Coming across the hidden problem of sexual violence in an excluded population

Paper III

This study is an intersectionality-based policy analysis aiming to understand how the Swedish national-level policy environment constructs young migrants' vulnerabilities to sexual violence. It has two objectives:

1. To understand how sexual violence is understood in Swedish national-level policies and how young migrants are represented in the same;
2. To examine how the different policies in the migration regime impact vulnerabilities to sexual violence as understood in the Swedish national-level policies.

Data Collection

Sexual violence is addressed in a number of Swedish national level policies but not in any migration policy. The first step was to identify national-level policies addressing sexual violence. The second step was to identify policies in the migration regime that could influence young migrants' vulnerabilities to sexual violence. A search was carried out of relevant databases including the Swedish Public Health Agency, the Government Offices of Sweden website and the Migration Authority website. Additional relevant documents were identified through other policy documents and sites. Only current policy documents were included in the analysis. Past policies and supporting documentation for policy development were not included, for example, evaluations and reports feeding into policy development or propositions that later became laws. A total of 56 policy documents were initially identified. Upon initial screening 20 were excluded leaving 36 policies for full-text review. After the full-text review a further 22 documents were excluded leaving 14 policy documents in the analysis, 6 on sexual violence and 8 migration-related policies (see Figure 6).

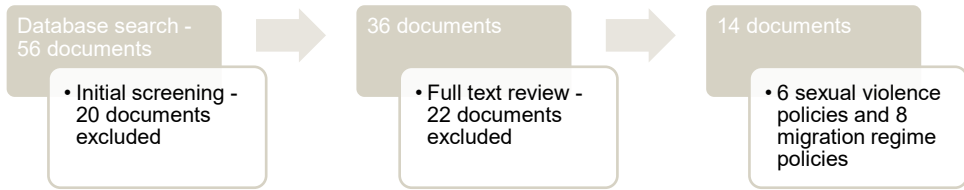


Figure 6. Flow-chart illustrating document review inclusion and exclusion process for the Paper III policy review

Measures

Paper III applied the intersectionality-based policy analysis framework (IBPA) (77, 92) made up of 8 guiding principles and 12 questions (see Figure 7) designed to be used in concert.

The guiding principles are intersecting categories, multilevel analysis, power, reflexivity, time and space, diverse knowledges, social justice and equity. Please see section on Intersectionality for a more detailed explanations of these principles.

The intersectionality-based policy analysis framework is characterised by flexibility and simplicity allowing for the application of all or some of the twelve questions as relevant to the analysis being undertaken. It can be applied to a single policy or to a set of policies. They can be used to analyse existing policies or for the development of new policies. The first five questions are descriptive and meant to establish the

context and background of the policy followed by seven transformative questions intended to reduce inequities and promote social justice (see Figure 7).

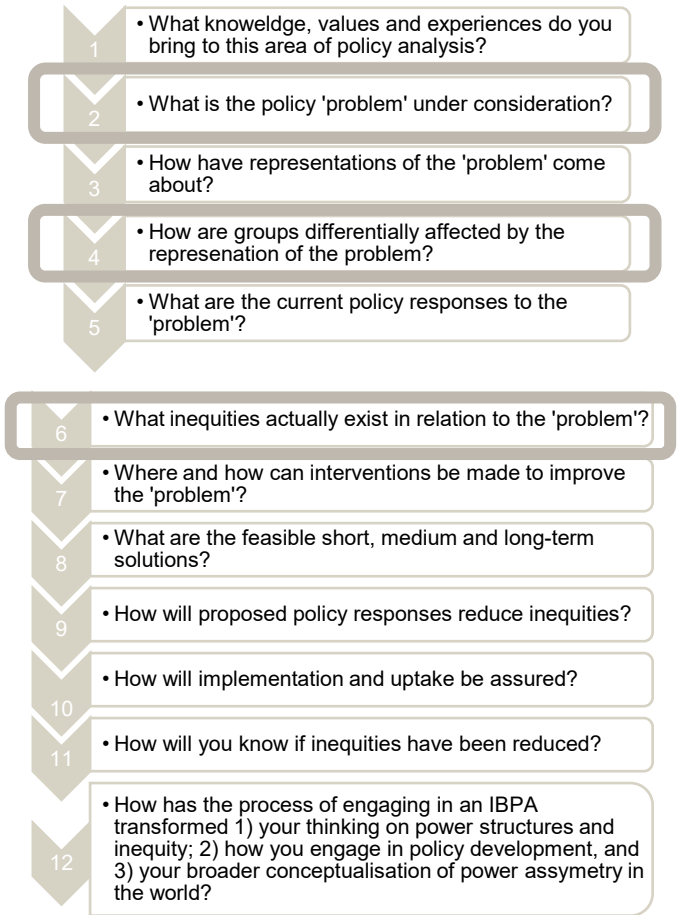


Figure 7. Descriptive (Q1-5) and transformative (Q6-12) questions of the IPBA. The circled questions are included in the analysis of Paper III.

Analysis

The questions selected as especially relevant for the analysis of Paper III were:

1) What is the policy 'problem' under consideration? In this analysis this was understood as how sexual violence is constructed in the policies addressing it.
2) How are groups differentially affected by this representation of the problem? This question was interpreted as an examination of how young

migrants are affected by this construction of sexual violence in the policies addressing it

3) What inequities actually exist in relation to the problem? This question was interpreted as an examination of the implications of the migration policies for young migrants' vulnerabilities to sexual violence as constructed in the policies addressing sexual violence.

Part 1, the first step of the analysis was to read each policy document and gain an understanding of it in isolation. Part 1 involved the application of questions 1 and 2 of the intersectionality-based policy analysis framework to the policies addressing sexual violence. Question 1 involves developing an understanding of how sexual violence is constructed in these policies, including how it is defined and what the policy responses (proposed interventions) imply about how it is understood. Question 2 involved identifying what groups are considered particularly vulnerable to sexual violence in these policies, with a particular focus on what they say about migrants and youth, and how that vulnerability is understood.

Part 2 involved applying question 3 to the migration-relevant policies and identifying their implications and effects on the lives of young migrants. This was then analysed in the context of the findings from the policies addressing sexual violence carried out in Part 1.

Ethical Considerations

Ethical approval was sought and granted by the Swedish Ethical Review Authority for Paper II (drn. 2021:03510). Papers I and III did not involve the collection of personal data and as such was not required to undergo an ethical review process. However as with all research, and particularly research targeting vulnerable groups, there are important ethical considerations.

Ethical Consideration in Qualitative Research (Paper II)

Though this study did not investigate personal experiences of sexual violence, but rather experiences of disclosures of sexual violence by young migrants, the questions were still considered to be of a sensitive nature. As a researcher one is unaware of the respondents' own experiences, including experiences of sexual violence, and as a result cannot know what feelings may emerge as a result of the questions. Therefore contact information to organisations providing services to help deal with negative emotions resulting from the interview was provided as well as the possibility to contact the research team to talk through any negative feelings arising as a consequence of the interviews.

Confidentiality was also considered to be paramount in conducting the interviews. Many of the participants had received disclosures of sexual violence as a result of trust that had been built up between themselves and the young migrant. This was a trust that all participants took very seriously. All responses provided by participants were delivered in such a way that any individual young migrant would not be able to be identified. Confidentiality of the participants was also critical. Since not all interviews took place in a location determined by the researcher, it was important to make sure that they took place in a location where privacy could be ensured. This was stressed in the process of scheduling the interview. Most in-person interviews took place in venues belonging to the research team. Those that took place in the offices/venues belonging to the participant took place in closed rooms where they could not be overheard. This was considered especially important for interviews that took place by telephone or video meeting, to ensure that participants were located somewhere they felt comfortable and could speak freely. This was confirmed before the interview commenced.

A comprehensive information letter was sent to all participants in the days leading up to the interview. The letter contained detailed information including the aim and the purpose of the study how it would be conducted. Participants were informed that the interview would cover sexual violence which can be a sensitive topic and that contact information to support services were provided during the interview. They were also given information about how their data would be stored including anonymisation of transcripts and presentation of results in such a way that individuals cannot be identified. Voluntary participation was also stressed as well as the right to withdraw at any point without needing to explain why. Contact information to the principal investigator was also included as was the letter of consent. All participants had contact information to the interviewer.

Before the start of the interview the main points from the information letter were gone through and an opportunity to ask questions was provided. Once all questions were responded to, the consent form was read through. Due to the sensitive nature of the study consent was given orally and recorded.

Names were not included at any point in the interview process due to the sensitive nature of the questions. For the consent recordings the date and location of the interview was used in lieu of names. For the interviews and transcripts, a numerical code was used. The key connecting the numerical code to individual participants was kept separately from interview transcripts and consent recordings.

All data from the study were stored under lock and key on encrypted USB drives in the data safe in the research group offices. Interview audio recordings, transcripts and consent files were all kept on separate encrypted USB drives. Only members of the research team had access to the files.

Conducting Research on Vulnerable Groups (Young Migrants)

None of the papers included in the thesis collected data directly from young migrants. However, there are still ethical issues involved in the analysis and presentation of findings, key amongst them to ensure that they do not in any way contribute to the further stigmatisation of any vulnerable groups. For example, in Paper II, although not all respondents highlighted the agency shown by young migrants, those working most closely with them did. A decision was made to include this in the presentation of findings which served to counterbalance the potential portrayal of young migrants as passive beneficiaries of services or even worse, victims in need of "saving".

In addition, it is important that vulnerabilities explored be understood in their structural context and not portrayed as an inherent trait of young migrants.

Main Results

The State of the Evidence in Europe (Paper I)

Overview of Included Studies

There is a dearth of evidence investigating sexual violence among young migrants. Only 11 studies were identified for inclusion in the systematic review. Just over half (6 studies) were qualitative, 2 were mixed methods and 3 were quantitative (see Table 7).

The quality of the included studies was generally high. Generalisability may be questionable however, as they often investigated very specific sub-groups of young migrants, had very variable sample sizes (ranging from 19 to 1773), and very skewed gender balances.

Of the 11 included studies, 10 focused on asylum seekers, refugees or irregular migrants and 4 of these specifically on unaccompanied migrant children. Thus, there is very little evidence on sexual violence experienced by young migrants not belonging to these groups. The one study that investigated young migrants more broadly found that vulnerabilities to sexual violence varied by legal status, by sexual orientation and gender identity, as well as region of origin (14). Only one focused expressly on young persons, four of the studies focused exclusively on children (up to age 18 years) and the rest included young persons in a broader sample of adults (aged over 18 years). All of the studies used different definitions of sexual violence and consequently different ways of measuring it. These differences made comparisons across studies difficult.

Table 7: Summary table of studies included in Paper I

Included studies	Country	Type of study	Age group*	Migrant group	Location of violence
Baroudi et al. 2021	Sweden	Quantitative	16-29 years	Born outside Sweden	Not specified
Belanteri et al. 2020	Greece	Quantitative	11-30 years (an older)	Migrants and asylum seekers	All stages of migration
Chynoweth et al. 2020	Italy (and others)	Qualitative	15-24 years (and older	Asylum seekers and refugees	Europe
Digidiki & Bhabha 2018	Greece	Qualitative	<18 years	Unaccompanied migrant children	Europe
Jimenez-Lasserrotte et al. 2020	Spain	Qualitative	18-30 years (and older)	Irregular migrants	Pre-migration and in transit
Keygnaert et al. 2015	Belgium, Greece, Hungary, Ireland, the Netherlands, Portugal	Mixed methods	12-29 years (and older)	Asylum seekers and refugees	Europe
Keygnaert et al. 2012	Beligum and the Netherlands	Qualitative	<18 -29 years (and older)	Asylum seekers and refugees	Europe
Lay & Papadopoulos 2009	UK	Mixed methods	<18 years	Underaged asylum seeking minors	Europe
Longobardi et al. 2017	Italy	Quantitative	16-17 years	Unaccompanied migrant minors	Pre-migration and in transit
Lopez-Domene et al. 2019	Spain	Qualitative	18-30 years	Irregular migrants	Pre-migration and in transit
Thomas et al. 2004	UK	Qualitative	12-18 years	Underaged asylum seeking minors	Pre-migration and in transit

Factors Increasing Vulnerabilities to Sexual Violence

The vulnerability factors included in the systematic review pertain to asylum seekers, refugees, unaccompanied migrant children and female irregular migrants and are presented in relation to the different levels of the socio-ecological model (Figure 8).

At the societal level the included studies report on the importance of migration polices for young migrants' access to different legal and social rights. It also includes the lengthy bureaucratic processes that applying for asylum or other residency permits, increasing the amount of time young migrants spend in these vulnerable situations (14, 17, 35). Some of these factors are considered in greater depth in relation to Sweden specifically in Paper III.

At the community level lack of security in migrant facilities was raised as well as a lack of appropriate and secure accommodation for young migrants (17, 93).

Economic deprivation was also considered a key factor (33, 94, 95) which could then be compounded by needing to send money home to support families or pay back loans.

At the relationship level lack of trustworthy adults was seen as a key explanatory factor to understand the vulnerabilities of young migrants to sexual violence, as were as cultural stigma around sexual violence and having gender norms encouraging female passivity (93).

At the individual level a lack of knowledge about sexual violence (35, 93, 96) and about their rights (93) was considered to be particularly important for young migrants' vulnerability. Feelings of loneliness and isolation could lead young migrants to trust people whom they should not (93). Forced passivity was also considered a critical factor where young people were not included in or sometimes even informed of decisions affecting their lives. They could find themselves in situations where their own goals and aspirations were put on hold while waiting for resolutions to different migration-related processes. This enforced lack of agency combined with previous experiences of having been let down by authorities could lead to a lack of trust in the official process causing young migrants to look for other means for achieving their goals which could include engaging with smugglers, traffickers or criminal gangs (17).

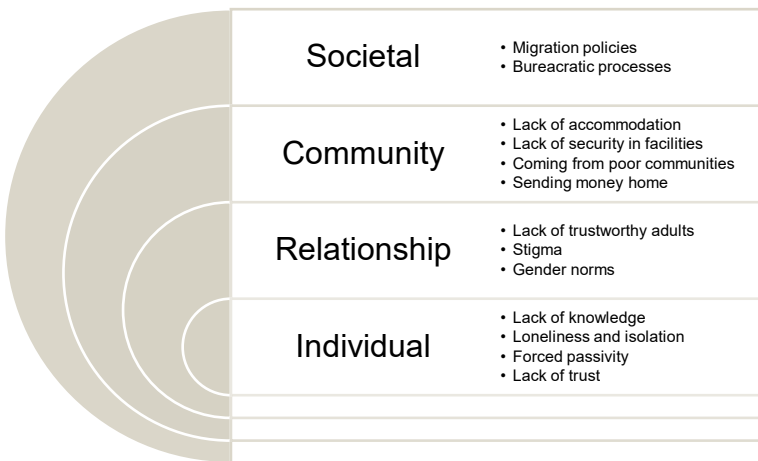


Figure 8. Factors associated with young migrants' vulnerabilities to sexual violence presented at the different levesl of the socio-ecological model (Paper I).

Young Migrants' Experiences of Sexual Violence

The included studies indicated that sexual violence takes place at all stages of migration. Only 1 study focused on sexual violence that took place at any stage of migration, 5 studies focused on sexual violence that took place in Europe, 4 focused exclusively on violence that took place before arrival in Europe and 1 did not specify where the sexual violence took place. A few studies reported prevalences but due to the different study populations comparisons should be interpreted with caution. For example, the study including the broadest group of migrants as well as the broader definition of sexual violence reported a 25.2% prevalence of any type of sexual violence among migrants aged 16-29 years with a slightly higher prevalence among young male migrants (26.2%) than young female migrants (20.7%) (14). That young male migrants are vulnerable to sexual violence was confirmed by the studies included in the review. Other groups of young migrants identified as particularly vulnerable and reporting highest exposures to sexual violence were non-binary persons (44.8%), those awaiting decisions on the residency permits (39.9%), sexual minorities (36.8%), and those born in South Asia (30.8%) (14).

There are indications that being young increases the risk of exposure to sexual violence with higher odds of both being exposed and knowing someone who has been exposed to sexual violence (both non-significant) for migrants aged under 30 years as compared to older migrants (8). Another study found that over 60% of asylum-seeking survivors of sexual violence seeking healthcare services were under 30 years old.

Very few studies reported prevalences of rape and those that did vary widely, between 6.5% to 58.5% (see Table 8).

Table 8. Prevalences of rape reported in studies included in Paper I

Study	Study population	Prevalence of rape
Baroudi et al. 2021	Migrants aged 16-29 years	6.5% (586 female; 1060 male)*
Lay & Papadopoulos 2009	Unaccompanied migrant children	8% (50 female; 2 male)*
Longobardi et al. 2017	Unaccompanied migrant children	26.3% (1 female; 18 male)*
Thomas et al. 2004	Unaccompanied migrant children	30% (58.5% female; 15% male)

* These studies have very skewed sex distributions and do not disaggregate prevalence of rape by sex

Other forms of sexual violence reported in the included studies range from non-contact sexual harassment (93) all the way to multiple perpetrator (gang) rape (35, 97) and being raped in front of one's family members (97). It also includes being forced into different forms of transactional sex (33, 35, 98). Between 14% (97) to 73% (93) reported repeated exposure over a period of weeks, months or years.

Consequences of Sexual Violence

Very few studies investigated consequences of sexual violence. The consequences that were included varied widely in terms of severity. One study investigated emotional-psychological distress which can lead to social isolation and to socioeconomic consequences due to an impaired ability to engage in education or employment (35). Sexual and reproductive health outcomes were also investigated including unwanted pregnancies and abortions (33, 35) as well as infertility from unsafe abortions (35). In a few instances fatal outcomes were reported either through suicide or as a direct result of the sexual violence experienced (35).

Perpetrators of Sexual Violence

Very few studies investigated the perpetrators of sexual violence and very few conclusions can be drawn. In some cases the perpetrators were individuals in positions of authority including the young migrants' carers (93) or persons assigned for their protection (35). In one study on mostly female unaccompanied migrant children residing in receptions centres most of the perpetrators were male, most from an ethnic minority, and in some cases residing in the same reception centre (93). In another study a large number of perpetrators were unknown to their victims (35). Of note, however, are the high rates of multiple perpetrator sexual violence (gang rape) (35, 93, 97).

Disclosures of Sexual Violence

Non-disclosure rates for sexual violence were high in the included studies ranging from 33.3% (93) to 63.6% (14). Young migrants reported many different reasons for non-disclosure including not having anyone to disclose to (93) or not seeing any point in disclosing (17, 93). Other factors included being afraid of negative consequences of disclosures including fear of being blamed or not being believed but also fear of perpetrator retaliation (93).

Non-disclosure of sexual violence by young men and boys, particularly in the case of same-sex sexual violence, was attributed to additional factors such as self-blame, for having somehow attracted the perpetrator, and a fear of having been "turned gay" or of no longer being a man (96). Non-disclosure of sexual violence among this group can also be high as stigma may extend to the whole family and result in their ostracism from the community (96).

Sexual Violence Services

Several different types of services were called for by the studies included in the systematic review:

1. Access to general physical and mental health care services for all young migrants exposed to sexual violence regardless of legal status (15)
2. SRHR and emergency services particularly for newly arrived irregular migrants (95);
3. Trauma trained personnel for working in migrant camps (17).
4. Provision of sexual violence services outside of the women's healthcare services where they are traditionally located to enable access for migrant young men and boys (96).

Prevention of Sexual Violence

A key barrier to the prevention of sexual violence is the lack of evidence on sexual violence among young migrants (17). This lack of evidence can lead to a perception that there is no problem and hence a lack of services and resources to address it (17) or alternatively inefficient resource allocation to inappropriate services that do not reach the target populations with services they require.

Prevention was not focused on in the included studies, but a few factors were identified:

- Provision of information on sexual violence (35, 93)
- Promotion of trustworthy relationships and enhance social networks (35)
- Facilitation of access to safe and trustworthy services (35)
- Increasing access to rights through legislative frameworks (15)

Professionals' Perceptions and Experiences (Paper II)

Paper II was based on in-depth interviews with 14 participants from the public and private sectors who had received disclosures of sexual violence from young migrants in the course of their work.

The findings were presented through an overarching theme "coming across the hidden problem of sexual violence in an excluded population" reflecting that the problem of sexual violence is a largely unrecognised issue ("the hidden problem") and to a large extent the result of the social exclusion that young migrants are subjected to (the excluded population). It also reflects that sexual violence is rarely, if ever, the point of the meeting in which it is disclosed (hence "coming across)".

This overarching theme is supported by 3 themes and 8 categories (see Figure 9).

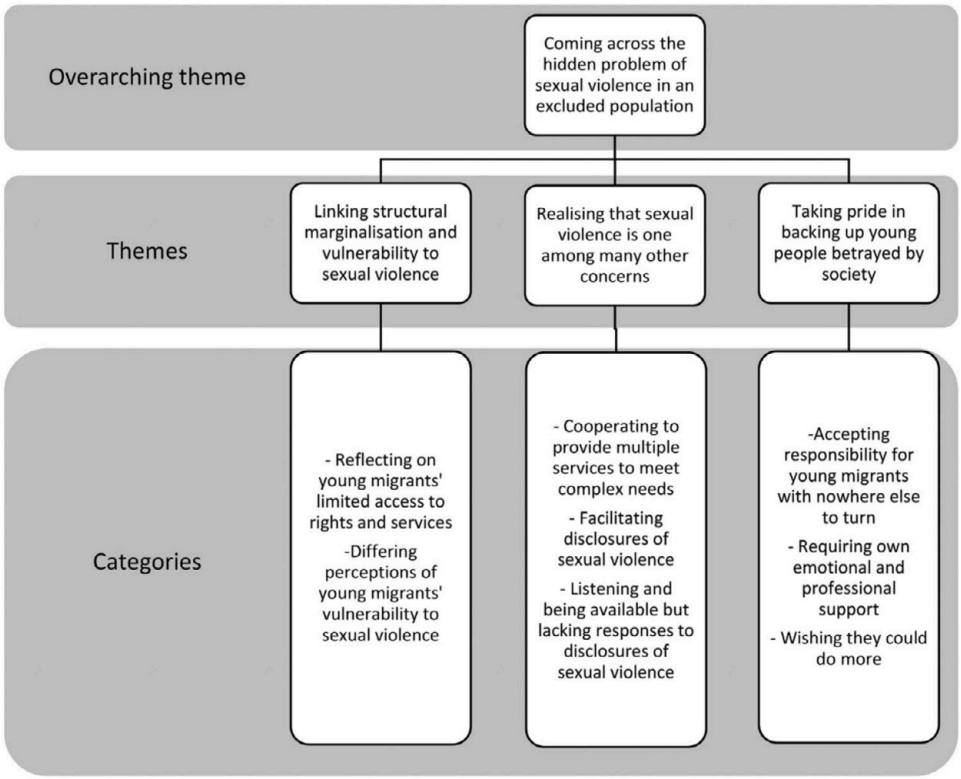


Figure 9 Analytical model illustrating professionals' experiences of meeting young migrants exposed to sexual violence (Paper II).

Linking Structural Marginalisation and Vulnerability to Sexual Violence

Participants perceived young migrants to be vulnerable to sexual violence as a consequence of the many laws and policies that affect them, limiting their access to human rights and to various services, primarily social services and healthcare services.

> "Lacking basic rights opens up the possibility of being exploited. It is actually quite obvious; they have to meet their basic needs in some way. It also makes having any form of risk assessment difficult. You might have to sleep somewhere where you are not safe or at an unsafe person's place. Or to make money. You end up in a very risky environment" Participant 14, female, social worker.

Many participants discussed the critical role played by civil society in providing services to young migrants lacking access to public sector services. Homelessness,

lack of a right to work or lack of access to employment and dependency were seen as aggravating young migrants' vulnerabilities to sexual violence.

Different patterns of disclosures could be discerned through these interviews with young female migrants being more likely to turn to healthcare services with experiences of intimate partner violence (IPV) or sexual violence perpetrated by a family member or acquaintance whereas young male migrants and LGBTQI migrants were more likely to disclose non-partner sexual violence and survival sex (sex in exchange for basic needs) to civil society organisations.

Realising that Sexual Violence is One among Many Other Concerns

Participants reflected on the many and varied needs that many of the young migrants they meet have and the complex vulnerabilities that they face, which can include experiences of sexual violence as one among many other problems.

> "One doesn't meet to discuss sexual violence; one meets to discuss another need, for example, accommodation, that they want help to find some other accommodation because they are being sexually exploited where they are. So often one is talking about something else, but sexual violence comes up during the conversation." Participant 5, female, lawyer.

In this context participants highlighted the importance of cooperation between organisations to provide multiple services. For civil society organisations a key role is to provide guidance and facilitate access to public sector institutions due to the many legal and policy barriers young migrants face.

When describing the meetings in which disclosures take place, all participants spoke of the importance of building trust and different strategies to achieve it, such as taking time, being clear about what they can and cannot do, meeting several times, listening to the young person and letting them take the lead in the meeting. When referring specifically to facilitating disclosures of sexual violence, many participants talked about the importance of being able to put sexual violence into words, to ask about it directly and to indicate comfort with discussing difficult issues. Several participants also reflected on the lack of clarity about how to respond to disclosures of sexual violence, where to refer young migrants who have been victimised, whether to report it to the police or not, and a sense of powerlessness at being unable to address the underlying sources of vulnerabilities.

Taking Pride in Backing up Young People Betrayed by Society"

This theme reflects that many participants felt a great deal or responsibility to provide support to young migrants facing many different and interconnected needs and in many cases feeling that they are unable to do enough. Participants reflected

on the importance of support to deal with the emotional effects of these meetings but also for the professional anchoring of their responses.

> "My level of responsibility felt is great as the trust placed in me is great. We are their family, community and only network in Sweden […] I feel like I am perceived as being omnipotent. For some of them I am their last resort." Participant 2, female, coordinator.

Several participants, from both the public and private sectors, felt that young migrants' vulnerabilities to sexual violence is the result of a betrayal by the Swedish social welfare state.

> "It [sexual violence] is also structural; there is something violent in betraying children and young people in the way we have in the welfare state. Not that the Migration Agency or social workers are abusive, but the structures that put people in situations where they can be exploited, that is the problem." Participant 4, female, counsellor.

The Swedish Policy Environment (Paper III)

The literature review identified 14 policy documents included in the intersectionality-based policy analysis (see Table 9). The 6 policies addressing sexual violence were the National Strategy Against Men's Violence Against Women and Honour-Related Violence and Oppression (99) (henceforth the VAW Strategy); the National Strategy for Sexual and Reproductive Health and Rights (SRHR) – Good, Fair and Equal Sexual and Reproductive Health throughout the Population (100) (henceforth the SRHR Strategy); The National SRHR Action Plan (2023-2033) (101) (henceforth the SRHR Action Plan); the Action Plan for Equal Rights and Opportunities for LGBTQI People (2020-2023) (102) (henceforth the LGBTQI Action Plan); the National Action Plan against Prostitution and Trafficking in Human Beings (103) (henceforth the Prostitution and Human Trafficking Action Plan); and the Criminal Code, Chapter 6 - Sexual Offences (104).

The 8 migration-related policies were: the Asylum Seeker Reception Act (105); the Social Services Act (106); the Guardian for Unaccompanied Migrant Children Act (107); the Aliens Act (108); the Aliens Ordinance (109); the Healthcare for Asylum Seekers Act (110); the Healthcare for Foreigners Residing in Sweden without Necessary Permits Act (111); and the Upper Secondary School Act (111).

Table 9. Summary of Policy Documents included in Paper 3

Policy Document	Responsible Institution	Purpose
Policy documents addressing sexual violence		
The VAW Strategy	Swedish Gender Equality Agency	Developed as part of the Gender Equality Policy (SKR 2016/17:10). 4 main goals: 1) prevention of violence against women; 2) improved identification of violence and protection of victims; 3) more effective law enforcement response; 4) improved knowledge and methods.
The SRHR Strategy	Public Health Agency of Sweden	Overarching goal: Good and equitable SRHR in the entire population. Sub-goals: 1) sexuality and sexual health - the freedom to decide if when and how they want to be sexually active and to choose their own sexual partners with consent; 2) Reproduction and reproductive health - choose if, when, how many and in what way they want to have children; 3) Empowerment, integrity and identity - strengthen empowerment and bodily integrity. Freedom from discrimination, harassment, violence (including sexual) and oppression; 4) Equal and equitable relationships - right to choose if, when and with whom they want to have a relationship or live with. Also the right to choose to enter into or terminate a marriage.
The SRHR Action Plan	Public Health Agency of Sweden	6 priority areas: 1) further develop SRHR as a part of public health; 2) strengthen SRHR promotion and prevention; 3) improve SRHR knowledge in the population; 4) promote equitable access to care, support and treatment services; 5) increase coordination within the SRHR sector; 6) strengthen knowledge generation and monitoring of SRHR.
The LGBTQI Action Plan	Ministry of Employment	8 focus areas: 1) violence, discrimination and other violations; 2) young LGBTQI persons; 3) healthcare and social services; 4) private and family life; 5) culture; 6) civil society; 7) working life; and 8) elderly LGBTQI persons.
The Prostitution and Human Trafficking Action Plan	Ministry of Health and Social Affairs	8 focus areas: 1) improved coordination; 2) strengthen prevention; 3) improve detection; 4) changes to the criminal code; 5) improved support and protection; 6) improve criminal justice response; 7) develop knowledge and capacity; 8) international coordination.
The Criminal Code (Chapter 6)	Ministry of Justice	Outlines criminalised sexual violence and possible consequences of the same.
Migration Regime Policies		
The Asylum Seeker Reception Act (1994:137)	Migration Authority	Describes the support that can be provided for asylum seekers or persons in need of protection who do not have the right to access social services. The support that can be provided is accommodation within the Migration Authority facilities or an accommodation allowance, daily substance allowance and an extra allowance (emergency money) for particular necessities.

The Social Services Act (2001:453)	Municipalities	Promote financial and social security, equality in living conditions and social participation. Municipalities do this though providing financial support to those unable to sustain themselves as well as addressing particularly vulnerable groups including: children and young people, victims of crimes, the elderly, people with disabilities, people with substance abuse disorders, and people caring for relatives.
The Guardian for Unaccompanied Migrant Children Act (2005:429)	Migration Authority and Municipalities	Specifies that unaccompanied migrant children under the age of 18 years should be provided with a legal guardian.
The Aliens Act (2005:716)	Migration Authority	Outlines the different ways and under which conditions foreign-born persons can have right to residency and work in Sweden.
The Aliens Ordinance (2006:97)	Migration Authority	Outlines more details on visa and residency permits as well as rules about the use of coercive measures including rejections and deportations.
The Healthcare for Asylum Seekers Act (2008:344)	Regions	Provides asylum seekers with the right to healthcare, including dental care, which cannot be deferred, maternity care, abortion care and contraceptive counselling.
The Healthcare for Foreigners Residing in Sweden without Necessary Permits Act (SFS 2013:407)	Regions	Provides undocumented migrants with the right to healthcare, including dental care, which cannot be deferred, maternity care, abortion care and contraceptive counselling.
The Upper Secondary School Act (2017:353)	Migration Authority	A temporary law in place until 20 December 2023 and is of particular relevance to young migrants as it allows for temporary residence permits for migrants who have not yet turned 25 years and are enrolled in full-time upper secondary education and valid up to 6 months after graduation.

How is Sexual Violence Understood in Swedish National Policies?

Swedish policies addressing sexual violence identify power, norms and access to human rights as central to understanding vulnerabilities to sexual violence. Table 10 summarises the different approaches and understandings of sexual violence in the different policies. All policies addressing sexual violence with the exception of the criminal code highlight the lack of evidence about sexual violence, not only in terms of the magnitude of the problem, but also a lack evidence-based interventions to address it.

Table 10. Summary of approaches to understanding sexual violence in Swedish national-level policies.

Strategies	Approach	Sexual violence is due to
The VAW Strategy	Sex and gender-based perspective	Power imbalance due to patriarchy and masculinity norms
The SRHR Strategy and the SRHR Action Plan	Social determinants of health	Interactions between structural, relational and individual factors that determine access to power and resources
LGBTQI Action Plan	Norm critical perspective	Harmful norms including masculinity norms and heteronormativity
Prostitution and Human Trafficking Action Plan	Intersectional perspective	Intersecting power structures associated with gender, sexuality, ethnicity and socio-economic status
Criminal Code	Criminalised sexual offences	Key concepts are power and consent.

How are Young Migrants Presented in Policies Addressing Sexual Violence?

The criminal code chapter 6 on sexual offences does not include any mention of vulnerable groups with the exception of children where the age of consent for sexual activity is 15 years and for selling sex is 18 years. Sexual activity with a person under the age of 15 years or purchasing sex from a person under the age of 18 years is considered sexual exploitation of a child.

The VAW Strategy, as the name implies, focuses particularly on women and girls as targets of violence and in particular foreign-born women and young women and girls although these are treated as separate categories. The strategy acknowledges that men and boys and LGBTQI persons can be victims of sexual violence however they are largely invisible in the strategy. This in turn can lead to such persons being neglected in interventions addressing sexual violence, including victim identification and service provision. This gap can be particularly problematic for addressing sexual violence among young migrants, as there is evidence that young migrant men and boys (10, 13, 14, 97, 98, 112) and young LGBTQI migrants (14) are vulnerable to sexual violence.

The SRHR Strategy and Action Plan, the LGBTQI Action Plan and the Prostitution and Human Trafficking Action Plan all recognise migrants and young people as being particularly vulnerable to sexual violence and acknowledge an intersectional perspective recognising diversity of categories and vulnerabilities. Although all the policies recognise the role of structural determinants in vulnerabilities to sexual violence, these are not addressed in the policies.

What Inequities Actually Exist in Relation to Sexual Violence among Young Migrants?

The Swedish migration policies do not address sexual violence directly. However, they contain many provisions that can impact vulnerabilities to sexual violence through access to human rights and services.

Legal status is a key factor determining young migrants access to rights and services and in extension their vulnerabilities to sexual violence (31). Since 2016 temporary residency permits have become the norm in Sweden (61). Permanent residency permits are required to have full rights of access to healthcare services and social services, including financial support.

Children, regardless of their legal status, have full access to health and social services until they turn 18. As a result, young migrants who have not been granted permanent residency permits experience an abrupt decrease in rights upon their 18th birthdays. Access to social services can be lost entirely while access to full healthcare services becomes restricted to access to healthcare that cannot be deferred. In the case of unaccompanied migrant children, it can also include losing access to secure, family-like accommodation and their legal guardian (provided by the municipality). This difference in access to rights and services, and thereby costs, between migrant children and adults has made age determinations of young migrants lacking identification documents a contentious issue. In Sweden thousands of young migrants have undergone medical age determinations, despite their contested validity and reliability, at the risk of "imposing adulthood on minors" (62) and a resulting abrupt loss of rights and services.

Of particular relevance to young migrants is the Upper Secondary School Act (111) allowing temporary residence permits for young persons aged under 25 and enrolled in full-time upper secondary education. These temporary residence permits are valid for 6 months after graduation. Permanent residency can be granted if the young migrant finds permanent employment capable of sustaining them within this period. Young migrants granted residency under this law are not eligible for financial support under the Migration Authority or under the Social Services Act. They are eligible for the student grant provided to all students attending upper secondary school as well as a supplementary allowance providing a very limited income to cover all their financial needs, including accommodation.

In terms of employment, asylum seekers and unaccompanied migrant children over the age of 16 years have the right to work if they possess identification documents and their asylum application is being processed in Sweden. However, only the unskilled labour-market is open to them. These jobs are hard to get for young migrants due to language requirements as well as high general unemployment rates and high youth unemployment rates in Sweden (113).

Young migrants can also gain temporary residence on the basis of a romantic relationship. There is evidence that they may be more hesitant to leave a violent relationship at the risk that they will lose their right to residency as a result (114). They are also more likely to be granted residency upon the termination of the romantic relationship if they are employed and able to support themselves and their dependents. This means that those who are most dependent on their partners, who in the case of intimate partner violence are also their perpetrators, are the least likely to be granted residency permits and the most likely to remain in a vulnerable situation.

The role of the police in the detention and deportation of migrants can have many repercussions of relevance to young migrants' vulnerabilities to sexual violence. Firstly, the fear of detention and deportation can lead to fear of and a lack of trust in the police, particularly for young migrants with insecure legal statuses such as undocumented migrants. This fear can contribute to young migrants who have experienced sexual violence or other forms of criminalised violence being less likely to report it the police (115). This fear can also be an additional barrier to access social services as providers are required to share any information about individuals with the police if requested. Lastly, in regards to detention, the conditions in the reception and detention centres have been raised as directly contributing factors to young migrants' risk of sexual violence (8, 11, 35, 93).

Discussion

General Discussion

The overall aim of this thesis was to understand the vulnerabilities to and experiences of sexual violence among young migrants in Sweden. This was explored using a systematic literature review, a qualitative interview study and an intersectionality-based policy analysis.

This thesis has found that young migrants, male and female (and non-binary), are vulnerable to and experience sexual violence but that there is much that we still do not know. This discussion is structured around the conceptual framework.

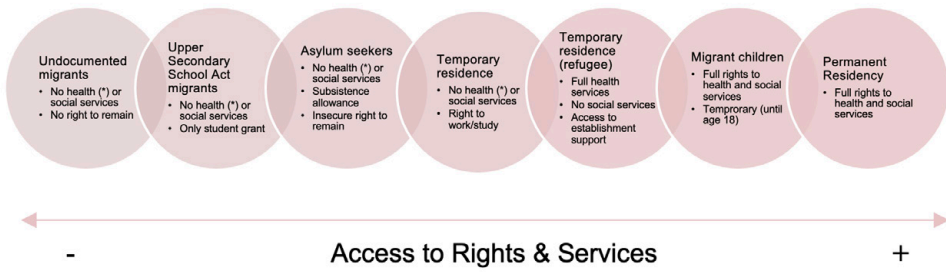
Young Migrants' Vulnerabilities to Sexual Violence

All three papers explored young migrants' vulnerabilities to sexual violence. Paper I contributed to the finding that young migrants are vulnerable to sexual violence at all stages of migration (10, 11) including after arrival in their host countries. It also found that young migrants' vulnerabilities to sexual violence originated from all levels of the socioecological model and in line with previous research, that structural factors can play a critical role (11, 31). This was confirmed by Paper II in the theme "linking structural marginalisation and vulnerabilities to sexual violence" in which respondents described how certain groups of young migrants are not able to access social welfare institutions and have to rely on civil society organisations for support to access basic needs. This has been discussed previously by van den Ameele et al. (116) in regards to transmigrants in Morocco and Ouis (117) in regard to young migrants in Sweden.

Paper III delved more deeply into the national-level policy sources of these structural vulnerabilities. Power is a key factor for understanding vulnerabilities to sexual violence according Swedish policies addressing sexual violence. There is power at the individual level, the power of the perpetrator over the victim, whether it be physical, psychological, emotional or even instrumental. This individual power is underpinned by more structural forms of power including patriarchy, harmful masculinity norms and heteronormativity. Playing this understanding of sexual violence one can see how migration policies operating to restrict young migrants' power thereby contribute to their vulnerability. Certain migration policies even

restrict young migrants' power to decide where and how to live or limit their ability to be self-sufficient, particularly in the case of undocumented migrants who lack access to the legal labour market as well as to social welfare services (53). The link between power and migrants' vulnerabilities to sexual violence has been found in a previous systematic review on migrants' experiences of sexual and gender-based violence (9).

The policies addressing sexual violence identify certain groups as particularly vulnerable, including young people and migrants. By and large however these are treated as separate categories. Intracategorical variability and intersecting categories are largely neglected, e.g. young migrants (with the exception of unaccompanied migrant children). It seems to be presumed that these vulnerabilities are captured under either the youth category or the migrant category. This assumption does not seem to hold up under scrutiny and this intersection of age and migrant status may be particularly important to understanding vulnerabilities to sexual violence among young migrants. Figure 10 is an illustration of the effect of different legal statuses on access to rights and services.



(*) No health services = access only to healthservices that cannot be deferred.

Figure 10. Migrant access to rights and services by legal status

Age is a critical factor to understanding migrant access to rights and services for migrants. Migrant children have almost the same access to rights and services as migrants with permanent residency and citizens. It is, however, temporary and is lost upon turning 18 years. At 18 years a young migrant can then transition into any of the other categories. They may become undocumented if it occurs upon the final rejection of their asylum application. They may become regular asylum seekers, be granted refugee status, or have gained residence through the Upper Secondary School Act (until December 2023) or even gain permanent residency. This highlights that movement between these categories is not linear but also that changes in access to rights and services can be abrupt and accompany the change in legal status and/or the legal transition from child to adult either upon the 18th birthday, or

in the case of some young migrants, upon re-aging to 18 years (118). This contrasts with the gradual biological and social process of transitioning from childhood to adulthood. Time is not only important to young migrants' vulnerabilities to sexual violence in terms of their ageing, but even in terms of how long they spend in insecure situations. Extended periods of insecurity can lead to social isolation and exclusion of young migrants to feelings of loss of hope and shame (62, 119) and vulnerabilities to sexual violence. In fact, this combination of exclusion and vulnerabilities experienced by young migrants is the basis of the complex vulnerabilities that they face beyond differences in legal status (120). Even after achieving residency and access to the same rights and services as Swedish young people, young migrants face different challenges than their local counterparts. They tend to live in segregated neighbourhoods, to experience discrimination, have lower socio-economic status, poorer mental health and higher level of substance misuse and in the case of unaccompanied migrant children, they also lack parental support (121).

Paper III found that Swedish policies addressing sexual violence also tend to give primacy to gender as a category for understanding sexual violence. Men are primarily seen as perpetrators while women and girls are mostly perceived as victims. Though this approach might be appropriate for patterns of sexual violence in the general population, it is less so for sexual violence among young migrants which tends to be more "gender-balanced" in that both young male and young female migrants are vulnerable (8, 9, 10, 13). This is supported by findings in Paper I and Paper II. That men and boys as well as LGBTQI persons can be victims of sexual violence is acknowledged in these policies addressing sexual violence, but it presumed to be a result of the same structures and norms as underlie gender inequality (patriarchy and masculinity norms). Though these undoubtedly play a role in young migrants' vulnerabilities, neglecting the additional structural exclusions and vulnerabilities faced by young migrants risks missing a critical piece of the puzzle.

Young Migrants' Experiences of Sexual Violence

Clearly young migrants are vulnerable to sexual violence, however, not all who experience vulnerabilities go on to experience sexual violence. Only Paper I directly investigated young migrants' experiences of sexual violence and reported some prevalences though these were not comparable due to different definitions of sexual violence and different groups of young migrants being investigated. There are some indications, however, that certain sub-groups of young migrants may be more likely to experience sexual violence than others, for example undocumented migrants, asylum seekers and unaccompanied migrant children (9) and this was supported by findings in this thesis. Paper I included one study (14) that identified sexual

orientation and gender identity, legal status and region of origin as factors associated with higher prevalences of sexual violence.

In Paper II it was found that the sexual violence experienced by the young migrants was often one among many other problems and in many cases not even the biggest or most urgent problem being faced. Instead it was the context that they young migrant found themselves in that resulted in the sexual violence and that needed to be addressed. This is in line with Jahanmahan and colleagues' (120) conceptions of young migrants' complex vulnerabilities.

Paper II also indicated that different sub-groups of young migrants may be more likely to experience different types of sexual violence however further research is required to elucidate patterns and sources of vulnerabilities.

Young Migrants' Disclosures of Sexual Violence

It is well established that non-disclosure rates of sexual violence are often high (3, 22) and this is supported by findings from both Paper I and Paper II. Paper I found relatively high non-disclosure rates among young migrants reporting experiences of sexual violence. Many of the reasons provided for the non-disclosure is related to fear (fear of being blamed, fear of perpetrator retaliation) or a lack of trust, (e.g. not having anyone to disclose to or not thinking that disclosing would make any difference). This is in line with the findings form Paper II in which professionals and service providers shared a number of strategies used to build trust and thereby facilitate disclosures of sexual violence. Key among these was treating young migrants with respect which included listening to what they had to say, letting them take the lead in the conversation, and being transparent – i.e. being clear about what support they could provide and what they could not. Being able to put experiences of sexual violence into words and thereby showing a degree of comfort in talking about sensitive topics was also thought to be particularly important. They also found that most disclosures of sexual violence arose in the context of seeking support for something else, that the need for disclosing the sexual violence was never the point of the meeting. This supports the idea that disclosure is in many cases not necessary for accessing services and that the services required may be others than those to deal with the direct consequences of the sexual violence.

Services Addressing Sexual Violence among Young Migrants

The findings of this thesis support previous research that points to migration policies being particularly important for young migrants' access to services. This has been found in relation to access to SRHR services in Sweden (122) and has been linked to vulnerability to sexual violence in Israel (123) and Europe (123).

The studies included in the review in Paper I took a very narrow approach to sexual violence services addressing primarily different healthcare services, including mental health care services, to address the consequences of sexual violence. The consequences of sexual violence were wide-ranging in the studies, from emotional and psychological distress to fatal outcomes (35). This is in line with previous research (7) which has suggested that these consequences are important not only for the individual victims of violence but for their families and communities more broadly (3). These sometimes very profound consequences further underline the critical importance of access to services for victims of sexual violence regardless of their legal status.

Papers II and III take a broader approach including services that can contribute to the prevention of sexual violence, including social services and support for meeting young migrants' basic needs. The focus of Paper III was on the policy barriers to public sectors services that many young migrants face, and in particular as a consequence of their residency status. This was supported by the findings in Paper II which went one step further and looked at the consequences of these policies including the important role that civil society organisations play to cater for the many and varied needs faced by many young migrants. The services provided ranged from healthcare services, counselling, integration support, legal advice, police services but also included access to basic needs such as food, clothing and accommodation. The need for cooperation between organisations, and sometimes even specific individuals, to provide complimentary services to young migrants was found. This importance of specific individuals, of contacting the "right" person to gain access to specific services and the resultant lack of predictability about what services are available has been documented in previous research on young migrants in Sweden (12).

Another important factor discussed in Paper II was the effect of young migrants' marginalisation and resultant vulnerable position is the effect on professionals providing services to them. A combination of many young migrants' very marginalised position in society as well as their lack of options for meeting their many and varied needs contributed to many of the professionals' sense of responsibility for these young people and a need for creating individual solutions to meet the specific needs of the young migrant in question. This flexibility is both a strength in terms of delivering services that the young migrants needs while at the same time increasing both the power and autonomy of the professional to make the "right" decisions for the young migrant. This can lead to ethical dilemmas and moral distress which refers to the dissonance between two competing right courses of action, or the dissonance between what is possible and what is right, and this is in line with previous research on professionals providing services to young migrants in Sweden (12, 124). It has also contributed to the importance of emotional and professional supervision and support (both internal and external) reported by professionals in Paper II for responding to young migrants' needs.

Several respondents in Paper II also mentioned barriers young migrants may face in accessing services even when they have the legal right to them. One example was a denial of access to social services due to discrimination or racism. Another example included the difficulty to access employment even when the right to work exists, something that has been identified as a problem by the Swedish Refugee Law Centre (113).

An important point about access to services is that it does not always require disclosure, especially in relation to broader social services and support services. Even in the case of healthcare services including sexual and reproductive health services (such as testing for sexually transmitted infections or abortion services) and mental healthcare services can be sought without disclosing the violence that lies at the root of the problem. This was supported by Belanteri and colleagues (15) who advocated for access to mental health services for young migrants without disclosure so that trust can be built up first. In addition, respondents in Paper II suspected that there were many cases of sexual violence experienced among their patients or clients who were young migrants that were never disclosed when seeking support.

Prevention of Sexual Violence among Young Migrants

The public health approach to prevention of sexual violence involves primary, secondary and tertiary prevention and then mostly addressing perpetrators of sexual violence (21) or on preventing acts of sexual violence as they occur (125). This thesis does not focus on perpetrators of sexual violence (with the exception of a short section in Paper I). Rather the focus is on decreasing young migrants' vulnerabilities to sexual violence and thereby preventing it, however, the types of prevention are still relevant. Primary prevention, for instance, refers to preventing sexual violence before it occurs (21). In line with Freccero et al. (112) study, this thesis argues for prevention interventions at all levels of the socio-ecological model. In fact, addressing the vulnerability factors discussed in this thesis would contribute to the prevention of sexual violence. At the societal level this would involve addressing patriarchal structures, harmful masculinity norms and heteronormativity but also poverty. For young migrants it would be especially important to address the impact of different residency permits on access to rights and services (31). At the community level fostering access to safe and appropriate services, free from discrimination and racism, enabling access to safe accommodations as well as preventing economic insecurity and dependency could play a role. At the relationship level providing access to a safe adult who can act as support and mentor to the young person could be beneficial. At the individual level provision of information on sexual violence, on rights, and on where and how to access services could also be important.

Secondary prevention is addressed in the section on access to services after sexual violence has occurred to prevent re-occurrence. This again includes the same kinds of factors as discussed under primary prevention but include additional aspects such as support services for young migrants living with the perpetrator, or dependent on the perpetrator either financially or for residency. These support services could include women's shelters and the equivalent for young men and boys experiencing violence.

Tertiary prevention is prevention that addresses what McMahon (21) calls "hardcore" offenders and includes the criminal justice response to sexual violence and which would theoretically result in the temporary removal of the perpetrator from society. Strengthening the criminal justice response to deal with sexual violence is a focus of all of the policies addressing sexual violence included in Paper III. It is also one of the aspects that is considered particularly problematic in the context of young migrants as the police are also in charge of the detention and deporting migrants leading to mistrust and thereby underreporting of violent crimes including sexual violence (115). The number of successful sexual violence prosecutions is also notoriously low and may be even more so in the case of young migrants who might have been victimised further back in time or in another country both of which are barriers to investigating the offences (115).

Tertiary prevention could arguably also include healthcare services and social services for victims of particularly heinous sexual violence. Healthcare services would address the physical and mental health consequences of sexual violence as well as the SRHR consequences. Social services might also be required if the mental health consequences lead to a decreased ability to operate in society leading to dropping out of school or losing their employment (35). Together these services could support young migrants' victims of sexual violence to heal and return to a normal life in society hopefully without violence.

A major challenge to the prevention of sexual violence is the lack of knowledge and research, and thereby evidence on sexual violence among young migrants. This is discussed in greater detail in the next section.

The Hidden Problem: Lack of Research on Sexual Violence Among Young Migrants

One of the key findings in this thesis was the lack of evidence about sexual violence among young migrants in Europe. Paper I found that over a 20-year period only 11 studies were identified investigating this issue. Of these 11, only 1 targeted young persons in particular while the rest either focused exclusively on children (aged under 18 years) or included young persons in a broader sample of adults (aged over 18 years). This confirms previous research on sexual and gender-based violence among migrant children (16) and adults (9, 31).

The generalisability of the existing research to other groups of migrants or to other contexts is also questionable. The studies that have been carried out target very specific sub-populations of young migrants such as asylum seekers and refugees or unaccompanied migrant children. Sometimes the sample is even more specific, for example, unaccompanied migrant children residing in care homes in a city in Northern Italy (98) or originating from a specific geographic region such as the Lay & Papadopoulos (93) study investigating young migrants originating from the horn of Africa. This high degree of specificity results in a lack of evidence about sexual violence among young migrants falling outside of these groups or categories. Generalisability of the existing research is further impacted methodological issues including that many of the studies included relatively small sample sizes ranging from 8 to 254 persons aged between 11-30 years, with the exception of the Baroudi et al. (14) study which had a relatively large sample of 1773 respondents.

All of the policies addressing sexual violence included in the Paper III raised the lack of data and evidence on sexual violence to be a major barrier to addressing the issue – we lack an accurate understanding of the magnitude of the problem (in general and in specific sub-populations) and of what interventions work and in which contexts. This is compounded in the case of young migrants where there is a lower participation of young migrants in public health surveys (126) and particularly in SRH surveys (14). In addition, Sweden does not collect information on race or ethnicity in public health surveys (127) despite that they are important social determinants of health (128). This means that we have a blind spot in terms of the effect of ethnicity and/or race on vulnerabilities to sexual violence in Sweden, which could be particularly important to understand in the case of young migrants. Lastly, many groups of young migrants are not represented in official statistics or population-based surveys at all, such as undocumented migrants and asylum seekers. Others may only be more difficult to reach, such as migrants living in more ad hoc accommodations, or due to language and cultural barriers. This means that the experiences of young migrants are largely absent from the limited data available on sexual violence in Sweden.

Digidiki and Bhabha (17) highlight the danger inherent in this lack of knowledge and evidence about young migrants and sexual violence stating “the institutional inability to acknowledge the phenomenon and the resulting false perception that a lack of evidence implies it non-existence”. If this is not addressed, sexual violence among young migrants is likely to remain the “hidden problem” that it is today.

Methodological Considerations

The primary strength of this thesis is that it uses a multi-method approach consisting of three different study designs, a systematic review, a qualitative study and a policy

analysis, as well as different analytical approaches, to explore the vulnerabilities to and experiences of sexual violence among young migrants in Sweden. Each study has built on the findings of the study before it.

Systematic Review (Paper I)

A systematic review methodology is used to understand the breadth and depth of existing research and can be descriptive, testing or extending (129). An extending review is aimed to go beyond summarising existing findings to developing new, higher order constructs and lends itself to theory building (112. One such approach, is the Critical Interpretive Synthesis (CIS) (87), which was employed in this study. The CIS can include both qualitative, quantitative and mixed methods studies which was considered a major strength for this paper as there is a lack of research addressing young migrants' experiences of and vulnerabilities to sexual violence. Another strength of the CIS is that it employs flexible approach starting with an open research question that can be refined over the process of the review. This flexibility can also be a weakness as it raises questions about the trustworthiness of the results (130). To address this potential short-coming it is particularly important to ensure both systematicity and transparency (130). Systematicity refers to "soundness of execution" while transparency refers to the quality and detail of the documentation process.

For this paper systematicity and transparency were addressed through a number of steps. The first was the development of a systematic review protocol which was registered with PROSPERO (nr. CRD42022380737). This was the starting point of the study, but in-line with the CIS methodology it was refined in an iterative process over the course of the study in response to the data available. One of the key changes was to the inclusion criteria extending the age range from a lower limit of 15 years to 11 years reflecting the age ranges in the available studies. This was updated in the PROSPERO record. Though the CIS methodology allows for the inclusion of grey literature, it was decided to only include peer-reviewed studies to address the academic evidence on the subject. Though peer review does have its shortcomings, it is also one way to ensure a certain degree of quality of the included research as studies are subjected to scrutiny by experts in the field to limit the dissemination of unsupported claims, unwarranted interpretations or personal opinions (131).

The literature search was carried out with support from a librarian at the Medical Faculty both to identify relevant databases and formulate appropriate search terms. The detailed search strategy was documented and included as an appendix to the final published article to enhance replicability. The geographic focus on Europe was not included in the search terms to ensure that no studies were mistakenly excluded. Instead, studies carried out in Europe were identified during the abstract and full-text screening. This geographic focus was decided based on the importance of structural factors to migrants' vulnerabilities to and experiences of sexual violence

and this has been well documented (31). It was clear that there was not nearly enough research from Sweden and though the European region does have variations in these structural conditions, it was considered to be more comparable than including studies from other regions such as the Americas, Asia or Africa. The European region also has a Common European Asylum System and a common EU legal migration policy.

The inclusive definitions of both sexual violence and migrants allowing for a broader inclusion of studies in this review is a strength. However, studies focusing on human trafficking were not included as it is yet another concept lacking an agreed definition and could add another layer of uncertainty to the results. Trafficking can encompass various forms of violence, including sexual violence and it may or may not involve cross-border migration. On the other hand, the included studies may contain data from trafficked individuals.

Once the database search was carried out and results were uploaded into Covidence two authors conducted both the abstract review and full-text reviews separately and disagreements were discussed and consensus reached. It was through this process that the inclusion and exclusion criteria were refined. The search strategy results were documented in accordance with the PRISMA guidelines.

Quality assessments of the included studies were carried out using the MMAT. One of the strengths of the MMAT is that allows for assessment of quantitative, qualitative and mixed methods studies using the same tool and have been found to be both reliable and efficient (132). The questions included in the framework are supported by a more detailed description of the how they should be interpreted and applied to the studies being assessed. One potential shortcoming of the MMAT is that it discourages scoring, however, as all of the included studies were found to be of high quality in this review this was not perceived to be a problem. It should be noted that the MMAT was applied with regard to the quality of the study for answering the research question posed by the authors of the particular study. This does not necessarily mean that the quality of the study as it pertains to the research questions under investigation in the systematic review was as high, given that many studies did not target young migrants in particular and some did not include sexual violence as the primary outcome.

The data extraction template was discussed and approved by three authors. All relevant data were extracted. For several studies, particularly those which include young migrants as part of a larger sample of migrants, only data pertaining specifically to young migrants were extracted. This means that other findings that could potentially be relevant to young migrants were excluded. This decision was taken to ensure the validity of the findings but means that other findings relevant to adult migrants may also apply to young migrants. This will need to be investigated in future research. Replicability was enhanced through detailed descriptions of both

methods and results. All authors provided input in the form of detailed comments into the final manuscript and consensus was reached.

International students and expatriates were not included in the search terms. A separate search was carried out using these terms and no additional studies were identified for inclusion.

Qualitative Study (Paper II)

Qualitative studies are appropriate to gain a deeper understanding of a phenomenon or experience (133). A strength of this study is that it employed maximum variation sampling targeting professionals from the public sector and civil society providing a range of different services and included participants of different ages, genders and ethnic backgrounds. This ensured that a breadth of experience and perspectives were captured. Initial participants and organisations that could have experiences of receiving disclosures of sexual violence by young migrants were identified using two key informants, one from the public sector and one from civil society. The first round of participant recruitment went relatively easily with participants expressing interest and finding the topic to be of importance. In a second stage however it was more difficult with persons approached for interviews feeling that they either had nothing to offer (they had no experiences of disclosure) or that it (sexual violence among young migrants) was not a big issue. This could be evidence of the concept of the "hidden" problem, that only those who are aware of the problem and come in contact with it are aware of its existence. Maximum variation sampling was complemented with snowball sampling which resulted in the inclusion of the participants from Gothenburg amongst others.

The study utilised individual in-depth interviews as they are deemed appropriate for discussing sensitive topics (134). Dependability was enhanced through the use of a semi-structured interview guide developed based on the aims of the study and existing research and tested through a pilot interview. This interview was subsequently included in the analysis as it produced rich data and did not result in any changes to the interview guide. Interviews were conducted in person, using video meeting software or over the telephone at the discretion of the participant. This approach facilitated participation by compensating for geographic and time constraints and these different methods have been found to be of comparable quality (135, 136). Though this study used information power (89) to determine sample size, it was felt that saturation was achieved within the 14 interviews conducted despite the broad sampling.

Another strength of the study was that all data collected were used in the analysis. The analysis performed was a qualitative content analysis (90, 91). It is a systematic approach to analysing data emphasising variation and deals with both latent and manifest content (133). The analysis process involved discussions between all co-

authors and the final results were reached by consensus accomplished through feedback, a process which contributed to dependability.

Credibility was increased through conducting member checks to review initial findings with three randomly selected participants, two from civil society and one from the public sector. Transferability of the results to other similar settings (urban setting, with a large migrant population and a vibrant civil society catering to them) was deemed to be good. The detailed description of both study methodology and analysis should contribute to this (133).

A potential limitation to this study relates to the interview context. On the one hand one could presume a power differential between interviewer and interviewee, but as participants were sharing experiences in their roles as professionals and experts in their own field any effect this might have had was minimised. Another factor could be that the researcher is visibly not a member of the majority population in Sweden, something which could have influenced participants responses. However, several respondents had migrant backgrounds and both cities included in this study have large migrant populations which should minimise any effect this might have had. In Malmö over one-third of the population are born in another country while in Gothenburg approximately one-quarter of the population is born in another country(137). This proportion is even higher if second generation migrants are included. No patterns of responses could be identified that could be attributed to participant or researcher ethnicity.

Intersectionality-Based Policy Analysis (Paper III)

Paper III applied an intersectionality-based policy analysis framework (77, 92). A key strength of this approach is the focus on intersectionality, on intersecting power structures that co-construct and constrain and individuals' possibilities in life. Another strength is the integration of power, equity and social justice in the analysis which was one of the principle reasons for selecting this approach for this study.

A key feature of the intersectionality-based policy analysis framework is its flexibility – it allows for the application of all questions or a selection of question. It can also be applied to understanding a single policy or to a set of policies and their effect on a health outcome or determinant of health. A strength of Paper III is the novel application of the framework to understand young migrants' structural vulnerabilities to sexual violence in Sweden. It is also the first study that we are aware of that looks at the interaction between policies to understand the construction of vulnerabilities to sexual violence.

One potential limitation of the study relates to the selection of policies. In contrast to other systematic literature searches there is no database collecting relevant policies. Instead, relevant policies and websites were identified through previous research and through internet searches. This may mean that relevant policies may

have been omitted from the analysis. However, all key policies of relevance to migrants' access to rights and services have been included and any potentially missed policy would only to have a limited effect on a very specific sub-group of migrants, or to a specific service and should not impact the findings of this study.

Paper III does not take a historical perspective. Instead, the migration regime and sexual violence policies are taken as they are understood currently and not how they have been developed and adapted. There have been substantial changes implemented especially to the migration regime over the past several years, with increasingly restrictive policies curtailing migrants' access to rights and services and this trend looks to continue (138). This was considered important but beyond the scope of this study.

Lastly, the focus of Paper III is on national-level policies but many critical services are the responsibility of the regional and municipal levels and their policies and instruments. This means, for example, that in certain municipalities young migrants' may be able to access more rights than in others and especially in cases where national-level policies contain certain contradictions (84). For example, social services are the responsibility of the municipalities and though the Social Services Act is only relevant for persons with permanent residency permits, it also says that Municipalities are responsible for the welfare of all their residents (potentially including migrants lacking permanent residency). However, national level policies are still the guiding framework for work at the lower levels and there are indications that municipalities are taking an increasingly narrow approach to eligibility to services.

Implications for Future Research

One of the key findings of this thesis is the need for more research in general addressing young migrants' vulnerabilities to and experiences of sexual violence both in Sweden and in Europe.

Key among them would the implementation of larger quantitative surveys (at national level) to understand prevalences of sexual violence as well as the distribution of risk factors and protective factors of different sub-groups of young migrants. For this study sampling would be critical in order to access harder-to-reach groups of young migrants including undocumented migrants and asylum seekers. This survey could also include questions about perpetrators of sexual violence to provide information about what kinds of people commit sexual violence against young migrants.

This thesis calls for more qualitative research to understand the experiences of young migrants themselves in terms of their vulnerabilities to sexual violence. This

could include the experiences of young male migrants arriving as unaccompanied migrant children, and it could include LGBTQI young migrants, as well as the experiences of specific groups of young female migrants, such as the South-East Asian girls and young women working in the massage and nail salons in Swedish cities.

Paper III highlights the need for a historical perspective on the migration regime to understanding the processes involved in the changing access to rights and services experienced by young migrants in Sweden, and what effect this has had on their vulnerabilities to sexual violence.

Conclusion

There is a lack of evidence on the vulnerabilities to and experiences of sexual violence among young migrants in Sweden and in Europe. It remains the hidden problem. Addressing this lack of evidence requires progress in how sexual violence is understood and operationalised as well as broader, population-based studies reaching different sub-groups of young migrants.

Young migrants, male and female, are vulnerable to sexual violence at all stages of migration, including after their arrival to their host countries. These vulnerabilities are intersectional and multi-level, and structural vulnerabilities are of particular importance. Preventing sexual violence and mitigating vulnerability factors requires responses and interventions at all levels of the socioecological model with a particular focus on the migration regime which operationalize the exclusions from rights and services that young migrants face.

Unfortunately, the current political climate is going in the opposite direction, with increasingly restrictive migration policies both at the national and European levels, and overt actions to limit migration, especially of asylum seekers, refugees and other "low skilled" migrants. This puts additional pressure on professionals particularly from civil society to try to meet the needs of these increasingly excluded young people, but also in the public sector who are facing decisions of not providing help to young migrants when it is needed. These professionals require support to manage the ethical dilemmas they face in their work but also more formal connections between organisations and providers to make access to services more predictable.

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