From silence to recognition: Swedish social services and the handling of honor-based violence

Från tystnad till erkännande: Den svenska socialtjänstens hantering av hedersbaserat våld

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ABSTRACT

Societal norms and values along with laws and regulations strongly influence social work, as do megatrends as globalisation and migration. International agreements on human rights with special focus on violence against women have drawn attention to domestic violence, including honor-based violence (HBV). The purpose of this paper is to identify the factors that affect social workers’ ability to work within the area of HBV and their experiences of their current work situation. Based on a qualitative approach using in-depth interviews with Swedish social workers, the study shows that HBV is not a new phenomenon in social work, but that unfamiliarity and a lack of legitimacy have made it difficult for social workers to deal with the issue. Inspired by recognition theory, a picture emerges of a profession with low mandates and low recognition that lacks resources regarding education, guidelines and a common view on how HBV should be identified and handled, both within the social workers’ own organisation and in other authorities. The dynamics of HBV and approaches to the issue require a present state and legislative support. Social workers also need support from researchers in the field to develop effective interventions in their practical social work with HBV.

KEYWORDS

Honor-based violence; professional misrecognition; qualitative research; social work

ABSTRAKT

Samhälleliga normer och värderingar utgör tillsammans med lagar och förordningar en stark påverkansfaktor på socialt arbete. Likaså påverkar megatrender såsom globalisering och migration det sociala arbetets innehåll. Internationella överenskommelser kring mänskliga rättigheter med särskilt fokus på våld mot kvinnor har synliggjort våld i hemmet, där även hedersbaserat våld (HBV) inkluderas. Syftet med denna studie är att identifiera de faktorer som påverkar socialarbetarnas förmåga att arbeta inom området HBV, samt att belysa erfarenheter av deras nuvarande arbetssituation. Baserat på en kvalitativ strategi där djupintervjuer med svenska socialarbetare ingår, visar studien att HBV inte är ett nytt fenomen i socialt arbete, men att okunnighet och brist på legitimitet har gjort det svårt för socialarbetare att hantera frågan. Med inspiration från erkännande-teori framträder en bild av ett yrke med låga mandat och lågt erkännande. Det saknas resurser avseende

KEYWORDS

hedersbaserat våld; professionellt icke-erkännande; kvalitativ forskning; socialt arbete

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utbildning, riktlinjer samt en gemensam syn på hur HBV ska identifieras och hanteras, såväl inom socialarbetarnas egen organisation som i samverkan med andra myndigheter. Dynamiken kring HBV fordrar ett gemensamt förhållningssätt från myndigheters sida, vilket kräver en närvarande stat som tillhandahåller ett lagstiftande stöd. Socialarbetare behöver också stöd från forskare för att utveckla effektiva insatser som är användbara i det praktiska sociala arbetet med HBV.

Introduction

This paper focuses on Swedish social workers and their struggle to manage a new – yet old – social problem, namely honour-based violence (HBV). Although Sweden is regarded as one of the world’s most equal countries, promoting gender equality and women’s fundamental rights has been a laborious process. Norms and values regarding family and parenting have affected how Swedish welfare services have acted, or failed to act, in support and protection of victims of domestic violence (Heimer et al., 2018). Therefore, until recently, violence within the family has been relatively invisible in social work. Social services, healthcare providers and the police had adopted an avoidance approach to domestic violence, and often welfare actors simply failed to act to stop violence and protect the victims. Further, domestic violence, and particularly HBV, has long been regarded as private matters to be resolved within the family (Chatzifotiou, 2010; Wikström & Ghazinour, 2010). The ambition to accept the traditions of minority cultures has led professionals to fear intervention, even when a custom contradicts current legislation (cf. Eshareturi et al., 2014; Gill, 2006). The lack of legislation and guiding regulations has rendered authorities’ efforts on HBV difficult and affected their legitimacy. Against this background, our intention is to deepen the knowledge of social services workers’ experiences of managing HBV related matters in their professional role.

Comprehensive social political reform has been under implementation in Sweden for the past twenty years. This reform is based on international agreements such as through the United Nations Universal Declaration of Human Rights (1948), the United Nations Convention on the Rights of the Child (1989) the United Nations Declaration on the Elimination of Violence against Women (1993) and the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (2011). Swedish social services have a key role to play in protecting and supporting victims of family-based violence. Since 2014, Swedish social workers have been required to include risk assessments and risk management regarding intimate partner violence and HBV (SOSFS, 2014:4). Several risk assessment instruments are used: the Spousal Assault Risk Assessment Guide-Version 3 (SARA-V3; Kropp & Hart, 2015) or FREDA (National Board of Health and Welfare, 2014) to assess risk for intimate partner violence, and PATRIARK (Kropp et al., 2013) to assess risk of HBV. The implementation of risk assessment instruments has been hampered by the fact that a number of higher education programmes in Sweden include no or very little instruction on family-based violence, including HBV. Social workers and other professionals further have particularly limited access to practice-based research. There is also a gap in research on young people exposed to honour-based violence, including forced marriage, both regarding individual and family-based interventions (SBU, 2019).

Violence and oppression in a patriarchal family system

An umbrella term used with regard to family-based violence is violence against women, given that this type of violence is not gender-neutral and relates to male domination over women (Gill, 2008). At the same time, research shows that women are more involved in perpetrating HBV than any other forms of domestic abuse (Bates, 2018). Abu Odeh, UN Special Rapporteur, presented one of the first definitions of honour crimes against women (UN, 1999):
Honour is defined in terms of women’s assigned sexual and familial roles as dictated by traditional family ideology. Thus, adultery, premarital relationships (which may or may not include sexual relations), rape and falling in love with an ‘inappropriate’ person may constitute violations of family honour.

HBV is multifaceted and legitimised within a patriarchal family system characterised by limited living space and strong control. HBV is ultimately about a lack of human rights and mainly affects girls and women because a man’s honour is seen to depend on women’s behaviour. Women’s sexuality is a family affair that concerns all relatives (UNFPA, 2000). Female genital mutilation or cutting is an accepted cultural practice within the framework of honour (Dickson, 2014). To control women’s sexuality and thus preserve the family’s reputation, boys and men in the family can be forced to monitor and control their sisters and mothers (Rexvid & Schlytter, 2012). Both girls and women as well as boys and men can violate the honorary norms and be perceived as norm-breakers if they choose the ‘wrong’ social life and/or unacceptable relations. Refusing to enter into a forced marriage or having the ‘wrong’ sexual orientation are considered serious offenses against the family’s honour (Bates, 2018). In order to restore the family’s honour and thus the relatives’ moral order, those who have broken the norm must be punished. The psychological violence someone who is norm-breaking may be exposed to includes being forced to live in isolation. This may involve limited opportunities to spend time outdoors, not being allowed to attend school, not being able to meet friends, or being an outcast who is shamed by the family (Dickson, 2014).

International reports show that HBV is common around the world. UNFPA (2000) estimates that around 5000 girls and women are murdered each year because of HBV. The WHO (2013) states that around 700 million of the world’s adult women were married as children, while UNICEF (2016) reports that 200 million women and girls alive today were genitally mutilated. The Swedish National Board of Health and Welfare (2016) estimates that there are about 40,000 victims of female genital mutilation in Sweden. About 20 women are murdered by their partners or former partners annually in Sweden, and around 15% of these deaths are suspected to be so-called honour killings (National Board of Health and Welfare, 2018). Swedish youth studies (n = 1063) have shown that 66% of girls and 35% of boys with foreign-born parents were expected to wait until marriage before having sex (Ghadimi & Gunnarsson, 2019). Jernberg and Landberg (2018) have shown that 110 of their sample of 4741 Swedish students could not decide whom to marry themselves. Those students were significantly more often exposed to various forms of child abuse than other students. A fifth of the students who were not allowed to choose their future partners had attempted suicide (Jernberg & Landberg, 2018).

The aim of the paper is to contribute to the knowledge of the obstacles and possibilities Swedish social services encounter regarding HBV. More specifically, our purpose is to identify the factors that affect social workers’ ability to work within the area of HBV and their experiences of their current work situation. Accordingly, our main ambition is to develop empirically generated and theoretically cultivated knowledge useful for both practitioners and academics in the field of social services.

**Theoretical background**

Although the empirical material is drawn from a local Swedish context, we argue that our findings and theoretical and practical contributions have broader relevance. Paying attention to Lyons’s (2006) insightful recommendation ‘that all social workers require at least a minimum exposure to ideas about the local-global dialectic, comparative welfare policies and inter-cultural relations’, we hope that our fine-tuned qualitative study on social workers’ experiences in a certain area of their work – HBV – partly fulfils Lyons’s advice. Social workers today work under conditions that are influenced by globalisation. Through migration, local and national populations have become increasingly multicultural, thus creating kinship relations transcending national borders (Lyons, 2006). Hence, the interventions and work of the local social worker do not stop at local or national
borders. HBV is an example of a problem that can no longer solely be dealt with within the borders of the nation-state.

Our findings are discussed in the light of previous research, well-established theories on working conditions (cf. Bakker et al., 2005; Karasek & Theorell, 1990), and Axel Honneth's recognition theory (cf. Honneth, 2000/2007).

Method

This is a small-scale exploratory empirical study with a qualitative design. According to Patton (2015, p. 53), small qualitative studies can contribute important knowledge, especially if the sample, as in this case, consists of carefully selected information-rich cases, so-called purposeful sampling. We conducted interviews with social workers and asked them open questions. We used an inductive approach as we tried to understand the multiple interrelationships between patterns and dimensions that emerge from the data, and avoid making assumptions too early (Patton, 2015, p. 64). In order to develop a relevant interview guide and to have access to current issues, we involved an expert panel consisting of social workers and young women with experience of HBV.

Research context and participants

The study was conducted in a rural county in central Sweden and consists of 15 municipalities, most of which have 5000–15,000 inhabitants. The county has received a large number of migrants during the last decade, and the majority are from Arabia and the Horn of Africa. A total of fifteen social services in the county were asked to assist with the recruitment of social workers who are responsible for protecting and supporting victims of HBV. Seven social services agreed to participate; a total of eleven social workers were interviewed about their experiences of working with HBV. One of the respondents was a man and three were foreign born. In the result section, the participants are represented by parenthetical numbers. For a brief description of the participants, see Table 1. Informed consent was obtained in writing and orally, and participants’ anonymity and confidentiality were ensured. The study was ethically vetted by the Research Ethics Committee at Dalarna University, Sweden (dnr 4, 2-2016/227).

Data collection and analysis

The social workers were interviewed during the period May–Sep. 2016. The main question in the interview guide asked to ‘Please describe your experiences of work with honour-related violence and oppression’. Other questions were on working conditions, such as support from management,

| Table 1. Matrix of the respondents. |
|-------------------------------------|
| **Respondent** | **Agea** | **Years in professionb** | **Length of interview (minutes)** |
| 1 | Younger | Short term | 48 |
| 2 | Older | Long term | 70 |
| 3 | Older | Long term | 65 |
| 4 | Average | Medium term | 47 |
| 5 | Younger | Short term | 58 |
| 6 | Average | Medium term | 48 |
| 7 | Older | Short term | 58 |
| 8 | Average | Long term | 39 |
| 9 | Average | Medium term | 49 |
| 10 | Younger | Short term | 44 |
| 11 | Younger | Short term | 46 |

aYounger = 24–32 years; Average = 41–48 years; Older = 56–61 years.
bShort-term = 2–3 years; Medium-term = 7–10 years; Long-term = 23–25 years.
their level of knowledge in relation to the area of HBV, and interviewees’ experience of conducting risk assessments. All interviews were recorded and transcribed verbatim by the first author.

Findings are presented taking a qualitative latent content analysis approach (Graneheim et al., 2017; Graneheim & Lundman, 2004). Qualitative latent content analysis was chosen because its transparent structure follows a number of decision trails and procedural steps. Through a back-and-forth process, we continuously documented the analytical process and reaffirmed the purpose of our study, thereby creating a rigorous foundation, in accordance with Patton (2015, p. 523). After a first reading of the data, a number of condensed units of meaning describing the social workers’ experiences emerged, which were then developed into subthemes. In the final analytical step, the subthemes were further condensed into four main themes: (1) A long-standing problem; (2) Organisational neglect; (3) Knowledge and area of expertise; and (4) Lack of shared understanding. Credibility of the analysis was ensured by including quotations from participants’ and through regular discussions between the authors until consensus was reached.

Findings

Theme I: A long-standing problem

One respondent recalls events from her work with refugees for a number of years in the early 1990s in Sweden: ‘I have been in contact with women and young men who have been exposed to HBV. I encountered this the first time in 1992–1993, yes also in 1998’ (i.3). Another memory is from the early 1970s, when refugees from the Middle East came to Sweden, and how this affected relationships between men and women: ‘Female refugees were more likely to get involved in freedom movements, yes, women’s rights at all in Sweden. The men were really shocked and had severe depression, because they lost all power in the family, yes, there were threats and violence and many women were exposed’ (i.3). Several respondents expressed feelings of guilt about the dismissive attitude social services had to those subjected to HBV for many years. For the most part, an exposed woman was forced to find her own solution to her problems. One respondent describes how she met victims of HBV a few years ago: ‘You think about what you did to then ..., you didn’t do much ... they [the victims] came in and it was a crisis and they fled ... and yeah ... but did you file a police report, we asked’ (i.9). The same respondent states that it was previously impossible for a social worker to intervene in a family where there is HBV: ‘There was no awareness of it in the community in that way then’ (i.9). There were for example no policy programmes or legislation supporting measures when child marriage was suspected. The lack of guidelines and procedures for dealing with HBV could expose clients to additional risk, as there was no clear support for intervention in a family where HBV was present. Several respondents recalled situations in which social services failed in their commitment to support and protect victims of HBV. This could involve placing women and children in need of shelter in unsuitable housing or ignoring a risk of violence. One respondent believes that the failures must also be seen as a learning process and that social services actually can backtrack and start again: ‘when it becomes a failure or when the client says this does not work, then you have to open up and see new opportunities, what can we do instead?’ (i.11).

To conclude this theme: little or no attention was paid to HBV in Swedish society a decade ago. Although social workers knew about the problem, they did not understand the difficult situations in which victims were. The failure to recognise HBV as a criminal act and a violation of human rights has had many consequences.

Theme II: organisational neglect

A common feature of the majority of stories is that the organisational context of social work, the social office, is characterised by a high workload and experienced lack of time. There is also a large turnover of staff, both among management and social workers. Most respondents had had
consultants from di
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ing companies as colleagues at social services. Knowledge disappears in step with staff turnover. All respondents said that written routines and guidelines are needed to address HBV. Written documentation shows whether management, including the local political leadership, gives social workers the mandate to deal with HBV. One respondent said that management is rather invisible and mostly distributes information regarding new regulations: ‘but giving us help on the spot and [management] assisting us … no, there is no room and we are expected to do a lot ourselves’ (i.3).

Respondents who described management as active and involved in building up HBV efforts, also described a common commitment in the workplace, involving everyone in building new knowledge. Formulated guidelines need to be constantly revised as new experience is gained in dealing with HBV. One respondent said: ‘these cases are becoming more common. We think that this may also have to be included [in guidelines], you must pay attention to the new experience and include it’ (i.1). The social workers who described having active management who support and legitimise the HBV measures also considered their staff turnover to be small.

A majority of respondents believed that routines and guidelines are better established in cases based in a Swedish context, i.e. family violence or partner violence, because these cases are both more common and more acceptable to work with than HBV. As one respondent described: ‘It feels like honour violence is like the next step’ (i.1). Another participant said: ‘Precisely in these cases regarding honour where we’ve not received much support through the implementation of action plans. But in work with ordinary family violence we have much, much more’ (i.6).

Several of the respondents talked about ongoing reorganisations in the social services, where the new organisational division of labour is less specialised than before. The idea is that social workers should not have specialist functions. Each individual social worker must therefore possess a range of both specific and extensive skills, and should for example be able to meet the needs of both children and adults. One respondent believed that staff turnover in the workplace could be due to management’s introduction of an organisation based on the removal of specialisation in children or adults. Another respondent felt that working with adults was enough: ‘We worked with financial assistance, addiction, remedial work, family-based violence, arrange housing, social psychiatry and all other adult matters that one could possibly have. It was quite comprehensive and it is, after all, just like it is everywhere else, there is no staff, it is turnover of managers’ (i.9).

To conclude this theme: staff turnover, and shortages of time, resources and knowledge lead to problems in establishing useful routines and guidelines in the area. It seems that several small municipalities had removed social workers’ possibilities to work in different specialist areas. This means that high demands are placed on the individual social worker to be able to handle a large number of different professional areas. There has been better implementation of measures against violence in the framework of a traditional Swedish family than measures against HBV in the social services.

**Theme III: knowledge and area of expertise**

The respondents described how their work with family-based violence, including HBV, often requires quick, yet carefully considerations. One respondent talked about tasks that must be performed despite lacking both routines and experience: ‘It feels a little uncertain and not really legally secure to make judgments on something you do not feel completely certain about’ (i.10). A majority of respondents believed that undergraduate programmes for social workers contain almost no instruction on domestic violence, including HBV. One respondent asked a question of her own during the interview: ‘You are from the social work study programme and you ask us how far we have come with working with HBV? All teachers know that there is still a lack of teaching on [the topic of] HBV’ (i.8).
Several respondents believed that they do not have the necessary competence to use a risk assessment instrument. Therefore, many respondents failed to assess risks using a risk assessment instrument. At any social office, external consultants are hired when a risk assessment needs to be conducted. One respondent said that there is sometimes disagreement on how to label the violence. This leads to discussions on which instrument to use: PATRIARK, used to assess the risks of HBV, or SARA:V3 or FREDa, which are used to assess the risk of domestic violence? Several respondents said that they initially try to avoid drawing hasty conclusions in a risk assessment process. They do not want buy into the premise of HBV. However, this open approach requires experience, knowledge and skills. One respondent told us: ‘It was so unclear and was impossible to identify whether it was honour violence or partner violence. But, these small factors make it possible to pick up what it is about’ (i.11). The same respondent was grateful that the manager had signed her up for risk assessment training about HBV, because that area of knowledge was not included in her undergraduate education: I wouldn’t have understood anything without that course, no, what would I have asked the victim?’ A majority of the interviewees described a lack of knowledge in the area of HBV, which also leads to difficulty finding family treatment or counsellors that can nurture and support people exposed to HBV. One of the interviewees said: ‘This is probably the first thing I think of … that it is so different from our traditional Swedish thinking about problems in a family’ (i.8). Several respondents said that there is a lack of researched and evaluated interventions to support victims of HBV. As one respondent described: ‘Sure, but our family therapists … this is something new and they don’t feel they can handle it. I think there must be a programme and there must be trained people working on it … // … we have to find a way to solve these things at an overarching level, where the state is involved’ (i.7).

To conclude this theme: there is a lack of knowledge in several areas concerning HBV. One reason is that social workers are not trained in the area of domestic violence, including HBV. It is also evident that traditional family therapy offered by social services has limited capacity for treating families in which violence occurs. There is a lack of researched and evaluated interventions to support victims of HBV and their families.

**Theme IV: lack of shared understanding**

One of the respondents said that she recently listened to a debate stating that HBV is equally prevalent among those with a Swedish background. However, this is not the case, the respondent said, and went on to ask if she were racist because she felt that HBV is a different phenomenon that does not occur to the same extent among ethnic Swedes. The same respondent said: ‘There are many Swedish criminal cases where the man had abused and beaten his wife … he was drunk. Violence occurred in an apartment … but such things have nothing to do with honour’ (i.3). Another respondent said that the biggest challenge handling HBV is to clearly distinguish domestic violence from HBV: ‘Somewhere you have to be able to say that this is a problem that cannot be confused with domestic violence. This is the first step you must take. Standing up and saying this is another problem …’ (i.5).

The same respondent described how difficult it is to interact with other authorities without a consensus on what is regarded as HBV. This respondent described a case where a police officer asked her: ‘Well, is this really honour? It is a woman who has been beaten and who has two children, what is so special about this?’ The respondent then replied: ‘The special thing is that her husband’s four brothers are pursuing her’ (i.5). Such diverging views, even within their own organisation, led several respondents to express their uncertainty about addressing HBV. The respondents conveyed their fear of discriminating against and categorising people who are already vulnerable. As one respondent put it: ‘ … people are afraid to call it honour … they can call it anything, but not honour. Then it will be quite difficult to come up with measures that are just aimed at HBV’ (i.5). Several respondents expressed a desire to share responsibility with other internal authorities when it comes to handling domestic violence and HBV: ‘We cannot sit here alone with the
knowledge of how to protect the children. The idea is that the knowledge must be transferred even to the school administration so they know what to do ...// ... many more municipal administrations must be involved ...// ... well, that is a challenge for the future’ (i.5). Better cooperation with the police should facilitate this work, since both authorities are given great responsibility in conducting risk and safety planning for the victims of violence.

To conclude this theme: there are advantages to social services and other authorities having a common view on how HBV should be identified and handled. A lack of consensus within the social workers’ own organisation may prevent them from intervening by protecting the victims of violence because of a fear of categorising people and treating them unfairly.

Discussion

This section follows the same themed structure as the findings section. First, social workers’ knowledge and experience of HBV are not recognised, something which causes frustration. Before 2014, Swedish social workers for example had no legal right to intervene and protect those exposed to HBV or who were forced into marriage. In this case, the knowledge and voices of social workers are not recognised in their own organisations or in the official political debate. Perhaps this misrecognition and subordinate status contribute to the public doubting social workers’ abilities and skills. Further, there are conflicting claims to social workers’ professional practice. They must deal with the tension between safeguarding minorities and not subjecting them to cultural disrespect, while at the same time intervening in this context to protect those exposed to HBV under the applicable laws and regulations.

According to the social workers who participated in this study, they have limited resources, such as a lack of time and support from management; there is also a lack of knowledge and inadequate scientific support. As a consequence, social workers and their management seem to have taken an insensitive approach to HBV and therefore misjudged the victims’ situations. In contrast to their passive approach, however, social workers have benefited greatly from the struggle of Swedish nonprofit user organisations in the area of HBV. This is in line with Honneth’s arguments that social movements that drive a collective struggle at the same time guarantee a society’s progress (Heidegren, 2009). This also involves recognising the right to protection and equal participation of those exposed to HBV, as well as mandating social workers to handle complex problem areas, despite ideological contradictions.

Second, as highlighted in Theme II, the organisational resources and working conditions are important factors determining how confidently and with what degree of acceptance social workers can approach HBV issues. Social workers face complex cases within different areas of expertise, a high overall workload, time-famine, high staff turnover, insecurity, a lack of guidelines and policies, and often inadequate support from management. We argue that this can be understood as a form of organisational neglect, which is a driver for misrecognition, thereby leading to a lack of professional legitimacy for social workers.

The pattern identified in Theme II is what Karasek and Theorell (1990) defined as an unsustainable, high-strain work situation. As pointed out by Karasek and Theorell (1990) in their well-known ‘Job Demand-Control-Support model’, individual job-related strain is an outcome of occupations characterised by high demands, low control and low social support. High demands include time pressure, a high workload, complex tasks, unpredictability, but also work role conflict or ambiguity, and emotionally demanding interactions with clients. Examples of low control are lacking the right skills and the possibility to control work tasks and the work situation. Low social support is for example a lack of help, encouragement, respect and recognition from managers and co-workers. Most of these dimensions are addressed by the social workers in this study, who described their work situations in general and their work on HBV more specifically. The studied social workers demonstrate how a lack of organisational guidelines, social support and recognition from management of their specific concerns in relation to HBV result in individualised responsibility.
Besides high job demands, they also highlighted their lack of necessary knowledge and that their occupational role is changing from that of a specialist to that of a generalist. Thus, the analysis shows that social workers lack the organisational resources such as adequate time, knowledge, expertise and managerial support, as well as the possibility to control their own work situations. Job resources are important in achieving goals, reducing demands and stimulating personal growth and learning. In their ‘Job Demands-Resources model’, Bakker et al. (2005) address a lack of resources as a causal factor that tend to turn job demands, which are not necessarily negative, into drivers for stress and decreased wellbeing. The support of management and co-workers is vital, as are the organisational climate, role clarity, participation in decision-making, and performance feedback. Experiencing that the organisation and management fail to provide the necessary resources can be understood as a form of individual and professional misrecognition, which in turn is a driver for feelings of disrespect and occupational status loss.

Third, our study shows that there is a lack of useful developed methods and interventions in the area of HBV. One reason is that there is no tradition in the academic discipline of social work, in Sweden, to publish research on intervention and effect studies. There is also inadequate experience in using risk assessments and safety planning. One reason for this is probably that many Swedish universities have had an avoidant or a passive attitude to incorporating knowledge of family violence into human service professions (UKÄ, 2015). Our study shows that social services’ handling of HBV is complex and associated with significant difficulties. Although our participants described their experiences of managing HBV, the actual investigative work involved is fraught with challenges. In a study of police management of HBV, Belfrage et al. (2012) found that few other crimes are as complicated to investigate and understand, since large parts of an extended family or clan may be involved either as perpetrators or planners of crimes against an individual. Sometimes the police and social services need to embark on transnational investigations involving many authorities and sometimes even multiple countries. Social services and the police therefore need to take different factors into consideration, or adopt different attitudes, depending on whether they work on HBV or intimate partner violence.

The interviews in this study were conducted in 2016. Only two years later, a regulation came into force: the Higher Education Ordinance was changed (the Swedish Code of Statues, 2017:857) to require higher education institutions to offer instruction on violence against women, including HBV, in a number of professional study programmes. Perhaps one of the study’s respondents shows signs of what Honneth calls ‘moral injury’, which arises from withheld recognition (Honneth, 2000/2007, p. 134), when she wonders why representatives from the social work study programme ask questions about their work with HBV. She pointed out that we both know that there is inadequate teaching in the field (see Theme III).

In the Swedish context, the state plays an important role as a regulatory legislative body in the field of social work. In the light of Honneth’s (2000/2007, p. 132) argument on recognition based on legal rights, our results show that social workers have long lacked the foundation of legal support, and thus the legal awareness that could contribute to greater security in their professional practice. Legislation based on human rights, such as prohibitions on child and forced marriages and female genital mutilation, has contributed to giving professionals the mandate and acceptance to intervene. In other words, as Garrett (2010) argues, ‘there is a case for embedding the politics of recognition into social work education and practice’.

Fourth, both social work and the contexts in which social work is carried out consist of ensembles of power relations and ideologies (Webb, 2010). These circumstances are particularly evident in Theme IV, where our analysis shows that HBV brings about its specific dilemmas and complexities that feed into a lack of common understanding among social workers as well as in relation to other collaborative partners, policy makers, scholars in the field and politicians. The lack of a shared understanding and of collaboration with involved actors such as the police results in ideological tension that creates uncertainty among social workers regarding which work procedures to use as well as a fear of discriminating against, categorising and stigmatising individuals and families with migrant backgrounds who already
are vulnerable. Social workers accordingly try not to misrecognise specific ethnic groups’ results as part of a tendency to avoid addressing and revealing HBV issues. Alas, tiptoeing around the matter can result in neglecting to deal with it as an HBV issue and may therefore lead to misrecognition of the victims. In other words, social workers are strikingly aware of the contested terrain and the dilemma of whether HBV is to be understood as emerging from as specific cultural context.

The moral dilemmas and conflicts in the area of professional ethics are often discussed in studies focusing on those who address HBV professionally. Conflicts surrounding professional ethics may include that professionals do not dare arrange protection for HBV victims, because contact with authorities is often deemed as contravening the norms of a culture of honour, and may increase the risk of violence (Alizadeh et al., 2011). Research has further found that professionals may be affected by race anxiety when working on family-based violence against women from minority cultures (Burman et al., 2004). Risking an accusation of racism may cause professionals to avoid arranging protection for HBV victims (Aplin, 2018). These challenges must first be acknowledged and then discussed with committed management. An overview of Finnish efforts against HBV has highlighted the importance of involving political decision makers and judicial authorities in discussing the connections between cultural perceptions and violence openly, and without labelling (Lidman & Tuuli Hong, 2018). Further, if measures against HBV are to be successful, professionals need to have access to professional supervision, guidelines based on the profound experience of HBV, and specific training for welfare staff (cf. Alizadeh et al., 2011).

**Conclusion**

The HBV problem cannot be reduced to only the dyadic relation between the social worker and the victim since too individualistic approaches ‘lack the capacity to eradicate and combat structurally generated (mis)recognition’ (Garrett, 2010). The dynamics of HBV and approaches to it requires a present state and legislative support. This is one of the main findings of this study and can be considered as extremely valuable because social workers must deal with the tension between safeguarding minorities and not subjecting them to cultural disrespect. At the same time, they must intervene in this context and have access to applicable laws and regulations to protect those exposed to HBV.

Further, there is a need for collaborative action aiming at achieving both broader, transformative social and cultural justice, and sound interventions that are effective in practical social work with HBV victims (cf. Webb, 2010). At the time of this study, there was as yet no Swedish legislation requiring higher education institutions to teach on violence against women (SFS, 2017:857). Today, instruction on HBV is a mandatory component of several welfare study programmes and this probably increases consensus and results in a shared ambition to find solutions that benefit the vulnerable.

In this study, the focus has been on social workers as professionals and their demanding working conditions. Although organisations and management are unsuccessful in supporting social workers in their work with HBV, this is not necessarily a result of management’s neglect, but rather the consequence of a demanding work situation and limited resources. Finally, coming to terms with HBV does not only benefit those affected. It is crucial if society is to succeed in its efforts to create good opportunities for integration and establishment – and thus eliminate a major ill-health factor for many children and young people.

**Disclosure statement**

No potential conflict of interest was reported by the author(s).

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Standing working life she was always ready to make. I want to thank Ann for her lucidity, commitment, and the valuable contributions to understanding working life she was always ready to make.

Ann Bergman has been involved in several national and international research projects in the field of critical working life studies. Currently she is doing research on the digitalisation of work, working conditions, work–life boundaries and the future of work. In memoriam: Ann Bergman, 1963–2020: The recent departure of co-author Ann Bergman has left us devastated, and she is sorely missed. Already early in the collaboration with Ann it became clear that a cross-disciplinary approach should be taken to studying social workers’ working conditions and possibilities to perform quality work. I want to thank Ann for her lucidity, commitment, and the valuable contributions to understanding working life she was always ready to make.

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References

Alizadeh, V., Törnkvist, L., & Hylander, I. (2011). Counselling teenage girls on problems related to the ‘protection of family honour’ from the perspective of school nurses and counsellors. Health and Social Care in the Community, 19(5), 476–484. https://doi.org/10.1111/j.1365-2524.2011.00993.x

Aplin, R. L. (2018). Honour based abuse: The response by professionals to vulnerable adult investigations. Journal of Aggression, Conflict and Peace Research, 10(4), 239–250. https://doi.org/10.1108/JACPR-09-2017-0320

Bakker, A. B., Demerouti, E., & Euwema, M. C. (2005). Job resources buffer the impact of job demands on burnout. Journal of Occupational Health Psychology, 10(2), 170. https://doi.org/10.1037/1076-8998.10.2.170

Bates, L. (2018). Females perpetrating honour-based abuse: Controllers, collaborators or coerced? Journal of Aggression, Conflict and Peace Research, 10(4), 293–303. https://doi.org/10.1108/JACPR-01-2018-0341

Belfrage, H., Strand, S., Ekman, L., & Hasselborg, A.K. (2012). Assessing risk of patriarchal violence with honour as a motive: Six years’ experience using the PATRIARCH checklist. International Journal of Police Science. https://doi.org/10.1350/ijps.2012.14.1.250

Burman, N., Småales, S., & Chandler, K. (2004). Culture as a barrier to service provision and delivery: Domestic violence services for minoritized women. Critical Social Policy, 24(3), 332–357. https://doi.org/10.1177/0261018304044363

Chatzifotiou, S. (2010). Violence against women and institutional responses: The case of Greece. European Journal of Social Work, 6(3), 241–256. https://doi.org/10.1080/1369145032000164555

Council of Europe. (2011). Convention on preventing and combating violence against women and domestic violence. https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/210

Dickson, P. (2014). Understanding victims of honour-based violence. Community Practitioner, 87(7), 30–33.

Eshareturi, C., Lyle, C., & Morgan, A. (2014). Policy responses to honor-based violence: A cultural or national problem? Journal of Aggression, Maltreatment & Trauma, 23(4), 369–382. https://doi.org/10.1080/10926771.2014.892048

Garrett, P. M. (2010). Recognizing the limitations of the political theory of recognition: Axel Honneth, Nancy Fraser and social work. British Journal of Social Work, 40(5), 1517–1533. https://doi.org/10.1093/bjsw/bcp044

Ghadimi, M., & Gunnarsson, S. (2019). UNG 18 – En kartläggning av hedersrelaterat våld och förtryck bland unga i Uppsala. TRIS – tjäders rätt i samhället. www.tris.se.

Gill, A. (2006). Patriarchal violence in the name of honour. International Journal of Criminal Justice Science, 1(1), 1–12.

Gill, A. (2008). ‘Crimes of honour’ and violence against women in the UK. International Journal of Comparative and Applied Criminal Justice, 32(2), 243–263. https://doi.org/10.1080/01924036.2008.9678788

Granheim, U. H., Lindgren, B.-M., & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. Nurse Education Today, 56, 29–34. https://doi.org/10.1016/j.nedt.2017.06.002

Granheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. Nurse Education Today, 24(2), 105–112. https://doi.org/10.1016/j.nedt.2003.10.001

Heidegren, C.-G. (2009). Erkännande. Liber AB.

Heimer, M., Näsman, E., & Palme, J. (2018). Vulnerable children’s rights to participation, protection, and provision: The process of defining the problem in Swedish child and family welfare. Child & Family Social Work, 23(2), 316–323. https://doi.org/10.1111/cfs.12424

Honneth, A. (2007). Disrespect. The Normative foundation of critical theory. English translation. Polity Press. (Original work published 2000). www.polity.co.uk.
Det är mitt liv – om sambandet mellan barnmisshandel och att inte få välja sin framtidiga partner. Stiftelsen Allmänna Barnhuset/Länsstyrelsen Östergötland.

Karasek, R., & Theorell, T. (1990). Healthy work: Stress, productivity, and the Reconstruction of working life. Basic books.

Kropp, P. R., Belfrage, H., & Hart, S. D. (2013). Bedömning av risk för heders-relaterat våld (PATRIARK). Användarmanual. Kropp, P. R., & Hart, S. D. (2015). The Spousal Assault risk assessment guide version 3 (SARA-V3). ProActive ReSolutions Inc.

Lyons, K. (2006). Globalization and social work: International and local implications. British Journal of Social Work, 36(3), 365–380. https://doi.org/10.1093/bjsw/bcl007

National Board of Health and Welfare. (2014). Manual för FREDA – Standardiserade bedömningsmetoder för socialtjänstens arbete mot våld i nära relationer.

National Board of Health and Welfare. (2016). Kvinnlig könsstyrning – ett stöd för hälso- och sjukvårdens arbete. https://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/20282/2016-6-59.pdf

National Board of Health and Welfare. (2018). Dödsfallsutredningar 2016–2017

Patton, M. Q. (2015). Qualitative research & evaluation methods. Integrating theory and practice (4th ed.). SAGE.

SBU. (2019). Swedish agency for health technology assessment and assessment of social services. Nr. ut201902. Dnr. SBU 2018/545: https://www.sbu.se/en/publications/responses-from-the-sbu-enquiry-service/interventions-against-honour-based-violence-and-control/

UN. (1948). United Nations. The United Nations universal declaration of human rights. https://www.un.org/en/universal-declaration-human-rights/index.html

UN. (1993). United Nations. Declaration on the elimination of violence against women. https://www.ohchr.org/EN/ProfessionalInterest/Pages/ViolenceAgainstWomen.aspx

UN. (1999, March 10). United Nations economic and social council, violence against women in the family. E/CN.4/1999/68, p. 7. https://documents-dds-ny.un.org/doc/UNDOC/GEN/G99/113/54/pdf/G9911354.pdf?OpenElement

UNFPA. (2000). The state of world population 2000. Lives together, worlds apart. United Nation population fund. Executive Director: Nafs Sadik. https://unfpa.org/sites/default/files/pub-pdf/swp2000_eng.pdf

UNICEF. (2016). Female genital mutilation/cutting: A global concern. https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

UNICEF. (2016). Female genital mutilation/cutting: A global concern. https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

World Health Organization. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence.