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UN Committee on the Rights of the Child

Submission to the UN Committee on the Rights of the Child – Review of Sweden

This submission contains input from RFSL and RFSL Ungdom to the combined sixth and seventh reviewing reports on Sweden.

About RFSL, RFSL Ungdom and this submission

RFSL, the Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Rights, was founded in 1950. With approximately 8 000 members all over Sweden, RFSL is a strong voice for LGBTQI people in the country. RFSL works with human rights and aims to ensure that the same rights, opportunities and obligations apply to LGBTQI people as to everyone else in society.

RFSL Ungdom is a human rights organisation working for LGBTQI youth's right to self-determination. RFSL Ungdom is the independent youth organisation of RFSL. RFSL Ungdom has 2 600 members all over Sweden.

We welcome that the committee has included the perspective of LGBTQ youth to a great extent in the List of Issues, since Sweden still has a way to go to protect all children, regardless of their or their parents' sexual orientation, gender identity, or expression and sex characteristic.

In this submission, RFSL highlights the situation of trans and intersex children in Sweden, as well as children born in families composed of same-sex partners.

Introduction

In Sweden an [extensive survey](#) has recently been conducted of the living conditions of LGBTQ youth. It quotes: *It is less common among LGBTQ youth to feel satisfied with one's life in general and have a positive outlook on the future compared to young hetero cis people. Regarding these issues,*

the development among young LGBTQ people has been negative since 2012 and the difference between young LGBTQ people and young hetero cis people has increased.

General measures of implementation

4. In view of the incorporation of the Convention into national legislation as of 1 January 2020, please provide information on the measures taken or envisaged to:

(b) Ensure that the Convention and the Optional Protocols thereto prevail when provisions of domestic law conflict with them;

In Sweden's report the background of the Convention on the Rights of the Child is mentioned, what articles Sweden has ratified and what that means in Swedish law. In Sweden today, there is no concrete system for what measures need to be taken so that other Swedish laws don't clash with the Convention on the Rights of the Child. This is because it's very complex and that it is hard to take measures in every draft law that is discussed.

Sweden was one of the first countries to ratify the UN's Convention on the Rights of the Child in 1990. Since January 2020, it has been incorporated as law in Sweden too, which means that it has the same status as other laws in Sweden.

Yet it is broken; children who are lesbian, gay, bisexual, trans, queer and intersex (LGBTQI) face greater challenges in satisfying their rights according to the Convention on the Rights of the Child than other youth. In 2020, [MUCF](#) was commissioned by the Swedish government, to overlook LGBTQI children's living conditions in Sweden. They concluded that young LGBTQI-people, as a group, suffers from worse health than other young people and that above all applies to mental health. More examples from this report will be mentioned throughout this submission.

The Convention on the Rights of the Child's basic principles is guiding and mean that all children should have their rights satisfied, that the child's best interest should be guided in decisions pertaining to children, that the state has responsibility for children's lives and development and that children have the right to their opinion and should be listened to. Even so, the children's rights perspective is missing in otherwise high-functioning mechanisms in society. The result is that children are excluded from decision processes and lack the power to influence their own lives. It is unclear how the CRC relates to other Swedish legislation. It is desirable that this is clarified by the government or other authority.

The Swedish Agency for Youth and Civil Society's (MUCF) report [Jag är inte ensam, det finns andra som jag](#) (2022) is the first governmental report on young LGBTQI people's situation in twelve years. It shows that LGBTQI youth suffers from worse living conditions than other youth in the areas investigated: health and habits; education; work, finances, and housing; leisure time and community commitment and safety and exposure. The report also includes a sub-report about young LGBTQI people's exposure to conversion attempts. From this data we can conclude that Sweden is not complying with the Convention on the Rights of the Child's basic articles; not least article four, about the state's responsibility to do

their utmost to make sure that all children's rights are being satisfied. A shift in perspective is needed in Swedish children's rights policy to a view of children as rights-holding individuals.

In April 2022, the previous governing party, Socialdemokraterna, set up an inquiry into [Children's opportunities to complain and claim their rights under the Convention on the Rights of the Child](#), which is due to report by 23 August 2023. It shall examine the consequences of possible ratification of the Third Additional Protocol. If the investigator proposes ratification, he shall propose any constitutional proposals that are necessary for Sweden to fulfil its obligations under the protocol and that would make ratification possible.

Recommendation

Ratify and apply the third additional protocol of the Convention on the Rights of the Child, so that children can file a complaint to the United Nations Committee on the Rights of the Child.

Non-discrimination

11. (b) *Eliminate, in practice, discrimination against children in marginalized and disadvantaged situations, including children in disadvantaged socioeconomic situations, children in alternative care, asylum-seeking, refugee and migrant children, Roma and Sami children, children of African descent and lesbian, gay, bisexual, transgender and intersex children;*

Sweden's report has a sub-heading for every group mentioned in item 11 b), which is positive. Regarding LGBTQI youth, the focus is only on the school environment. Still, a bigger survey intended to follow up on the development and situation of young LGBTQI people in Sweden today is mentioned. That the non-discrimination work towards LGBTQI people solely focuses on discrimination at school is problematic as young LGBTQI people are discriminated against in far more places than school.

Sweden has the world's oldest gender recognition law. It was ground breaking when it was established in 1972, but now it is outdated. The law requires trans people to undergo mandatory gender-affirming health care to get legal gender recognition. People under the age of 18 cannot get their gender recognized whatsoever. This goes against the Principle 31 of the reviewed [Yogyakarta Principles](#), that "States should ensure a quick, transparent, and accessible mechanism that legally recognizes and affirms each person's self-defined gender identity and to ensure that no eligibility criteria, such as medical or psychological interventions, shall be a prerequisite to change one's name, legal sex or gender". [A law proposal](#) that would ensure this right to everyone from 12 years of age was first introduced in 2014, but the proposal was stalled for years, leaving LGBTQI trans youth and children behind.

In July 2022, the government announced it had submitted a different, updated draft of the [legal gender recognition law](#) to the Legislative Council, the biggest difference being taking back previous proposals on self-determination and changing the age limit to 16 years. Civil society in Sweden and abroad firmly criticized the draft, which despite years of consultations

with civil society organizations, failed to establish a model solely based on self-determination. The future of the new legal gender recognition act still hangs in the balance since it's unclear which position the current Swedish government will take in regard to the latest proposed draft and if they will make proposing a bill to the parliament a priority.

It is impossible for non-binary youth in Sweden to have their gender legally recognized since a gender-neutral gender marker is yet to be legislated by the State. The possibility of changing between the two available legal genders is also today limited to trans people with a binary identity. If adopted, the proposal from July would make it possible for non-binary people to change legal gender, but only between male and female.

In 2010, the [Council of Europe established](#) that: *Member states should take appropriate measures to guarantee the full legal recognition of a person's gender reassignment in all areas of life, in particular by making possible the change of name and gender in official documents in a quick, transparent and accessible way and that no abusive requirements are made.* In [2015](#) it was clarified that legal gender recognition should be based on self-determination, that the opportunity to change legal gender should be accessible regardless of age and that no requirements of medical treatment or diagnosis should be made.

Council of Europe has in its follow-up of the recommendations, [clarified](#) that member states *should review explicit or implicit age restrictions that may obstruct that principle in order to ensure children's access to legal recognition, health and security.*

[The United Nations Independent Expert on sexual orientation and gender identity](#) (IE SOGI) has recently confirmed, in his thematic report on the right to health for persons affected by discrimination and violence based on sexual orientation and gender identity, that legal gender recognition is essential to the achievement of the Sustainable Development Goal 3 on good health and wellbeing. The Independent Expert also recommends all nations to provide recognition of gender identity based on self-identification through all relevant means.

Recommendation

Take necessary measures to adopt legislation that develops quick, transparent and accessible procedures based solely on self-determination, for changing the legal gender marker. This must include persons under 18 years of age as well.

Civil Rights and Freedoms

Statelessness and nationality

15. (b) *The policy regarding the citizenship of children born abroad to a Swedish parent and of children taken abroad to join in hostilities.*

39. *Please provide data, disaggregated as described in paragraph 34 above, on the following:*

(a) Stateless children;

Surrogacy is not mentioned in *Sweden's combined sixth and seventh periodic report*. RFSL is concerned about this as many children who have been conceived through surrogacy in other countries do not have their parent filiation recognized, when they come to Sweden. There is a gap in the Swedish law that makes children conceived through surrogacy not fully recognized by law, and therefore are left without any legal caregivers. Sweden's report does not address this, which is extremely worrisome, as these children lack legal parents and guardians during the investigation of legal parenthood. Item 39 is not mentioned in the report at all.

Children born through surrogate pregnancies abroad are still being discriminated against in Sweden. When Swedish parents choose to have a child through surrogacy abroad, the child may completely lack legal parents during the investigation of legal parenthood. This puts the child in a position of legal uncertainty that can last for more than a year. The vantage point in Swedish law is that a foreign judgment cannot be implemented in Sweden without explicit support in the law. Where an agreement has been made about a surrogate pregnancy abroad, the consequence may be, legally, that the parents are recognized as legal parents in the child's native country (where the agreement has been made) but not in Sweden. Here the surrogate and her partner, if she's married, are considered legal parents. Before Swedish parenthood is established in a complicated legal, bureaucratic process, the child doesn't have the same rights as other children, since children's rights are based on the parents' citizenship. This means that Sweden doesn't live up to article 7 in the Convention on the Rights of the Child, i.e., that children should be registered immediately after birth and from birth have the right to a name, citizenship and, as far as possible, have the right to know who their parents are and receive their care.

[The Swedish Supreme](#) Court has stated that this situation needs to be improved, but despite this the Swedish government has done nothing.

Recommendation

That Swedish legislation is adjusted to fulfill Sweden's conventional duties regarding the Convention on the Rights of the Child. Regulations should be adjusted to suit the development of family life so that they fulfill the child's right to private and family life and are in agreement with the principle of the child's best interest.

Abuse and neglect

18. Please provide information on the measures taken to:

(b) Expand the legal definition of violence to include neglect and psychological violence;

(c) Ensure that children under 15 years of age who experience abuse or neglect, including from their parent or caregiver, receive adequate support;

The term conversion attempt isn't mentioned in *Sweden's combined sixth and seventh periodic report*. It is mentioned that violence against children is illegal in Sweden but that it still occurs only too often. It's also mentioned that the government has started an investigation addressing the many forms of violence that children and youth of different ages can be

exposed to today, for example, violence in close relationships, sexual violence, violence between children, and honour-related violence and oppression. Psychological violence isn't mentioned. That neither conversion attempts nor psychological violence is mentioned is worrisome to LGBTIQ people's safety and rights and is something that Sweden needs to consider.

A [conversion attempt](#) is when someone, through force or coercion, is asked to change their sexual orientation, gender identity, or gender expression. Conversion attempts may constitute, for example, threats, violence, sexual abuse, being given in marriage or sent out of the country to be disciplined. They may also constitute various forms of "therapy".

According to a report from [MUCF](#) - the Swedish Agency for Youth and Civil Society - 18 percent of young LGBTIQ people in Sweden have experienced that someone has tried to influence their sexual orientation, gender identity, or gender expression. 5 percent have been subject to more serious attempts at conversion.

Conversion attempts can lead to physical as well as psychological harm. Stories of conversions from clients who have visited one of RFSL's counsellors attest to coercion to stop someone from being open about their sexual orientation or gender identity or being shut out from the community. There are also attempts at "curing," for example, through the person being forced to see a psychiatrist, doctor, or religious leader. Offering someone conversion therapy is the most elaborate form of conversion attempt. Many of those subjected to conversion attempts suffer from anxiety, fear, and feelings of shame. [CAT CO](#) (Convention against Torture) states in art 1, that *the term 'torture' means any act by which severe pain or suffering, whether physical or mental [...]*, followed by *"Each State Party shall ensure that all acts of torture are offences under its criminal law. The same shall apply to an attempt to commit torture and to an act by any person which constitutes complicity or participation in torture."* In art 4. Conversion therapy is thus a way of torture according to CAT CO, which means there should be a legislate against conversion therapy.

The different kinds of acts people subjected to conversion attempts have to withstand are often, not illegal in Sweden today. In 2022, the Swedish government tasked an investigation with surveying the criminal-law protection against conversion attempts. In a [report from 2020](#), the UN Independent Expert on sexual orientation and gender identity equates conversion therapy with torture and recommends working towards an international ban on conversion therapy. That it is legal to subject children to conversion attempts breaches the Convention on the Rights of the Child article 19, where it says that a state should *take all appropriate legal measures, administrative, social and educational measures to protect the child against all forms of physical or psychological violence, harm or abuse, maltreatment or neglect, violence or exploitation...*

Recommendation

To reform Swedish legislation in a way that will lead to the complete prohibition of any practice that could sever as so-called "conversion therapy" attempt against LGBTIQ children, youth and adults. Further to criminalize acts performed to sever as a so-called "conversion therapy" method.

Harmful practices

20 (a) *Prevent the unnecessary medical or surgical treatment of intersex children and provide adequate counselling, support and access to effective remedies for children subjected to such treatment during childhood, including the statute of limitations for raising a claim against such treatment;*

It says in Sweden's report regarding item 20 a) that *the Swedish National Board of Health and Welfare has been tasked by the government to produce knowledge support to healthcare professions about care and treatment in intersexual conditions. This is to strengthen the child's rights and contribute to being more restrictive regarding surgical interventions.* RFSL is of the opinion that this is not enough.

Necessary measures must be taken to prohibit unmotivated surgical interventions and other medical interventions on intersex children before they reach an age where they can consent.

In some cases, Sweden still performs [sex “normalizing” surgeries](#) on children born with atypical sex characteristics. The largest group subjected to this harmful treatment today in Sweden are children who are assigned a female legal gender, born with 46, XX-karyotype and “masculinized” external genitalia, for example, children born with CAH. There is no data on how many children are subjected to this every year, which is in itself very problematic.

Already in 2013 [the Report of the Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment](#), Juan E. Méndez, called upon all states to repeal any law allowing intrusive and irreversible treatments, including forced genital-normalizing surgery when enforced or administered without the free and informed consent of the person concerned.

[A report](#) from the Swedish Social Board for Health and Welfare about medical care for children born with intersex traits showed that surgeries are often carried out very early in the child's life (3-12 months), long before the child is old enough to give their consent. The different Swedish medical teams working with intersex children also have different views and praxis on when and if surgeries should take place, resulting in unequal care depending on where in the country you are born. The view of the parents, and the parents' ability to provide emotional support for the child if genital surgery is not performed, are strictly non-medical factors considered when making the decision about surgery. Since 2020 the recommendation from the Swedish Social Board for Health and Welfare is that genital surgery only in exceptional cases should be given to children with CAH before the child can consent to treatment. To what degree this recommendation is followed and how many children fulfil the exception criteria is today unclear.

There are also other conditions, such as hypospadias to different degrees, where surgery can be performed before the child can consent. The balance between medical necessity and normative ideas about the genitals' appearance or function is unclear and recommendations from the Swedish Social Board for Health and Welfare are missing.

In 2017 [The Swedish National Council on Medical Ethics](#) published a comment on medical care for intersex children, where they emphasize that early surgical interventions should only be done when they are medically motivated, and that surgeries with the sole purpose to

“normalize” a child’s genitalia should not be performed until the child is old enough to consent and be part of the decision. The comment highlights that it’s very important to protect the child’s right to bodily integrity.

Despite this, these practices continue and there is no prohibition of subjecting children to these medically unnecessary treatments. Sex “normalizing” surgeries on intersex children are harmful and statutes examples of cruel, inhumane and degrading treatment.

Recommendation

Take necessary steps to adopt legislative provisions that explicitly prohibit the performance of unnecessary surgical or other medical procedures on intersex children before they reach an age when they can consent, and to train medical and psychological professionals on the rights of intersex persons.

Health, including mental health and health services

24 (a) *Ensure prompt and efficient access to high-quality health services for children in disadvantaged or marginalized situations, including children in alternative care, children living in poverty, asylum-seeking and refugee children and children who do not identify with the gender given to them at birth;*

(f) Address the high incidence of depression, mental illness and self-harm, and the causes thereof, in particular among girls, asylum-seeking children, children with disabilities and lesbian, gay, bisexual, transgender and intersex children.

In Sweden’s report it is underscored how worrisome it is that the mental ill-health in children is so high and that SKR (Sveriges kommuner och regioner) and BUP (Barn- och ungdomspsykiatri) need to take action. The Swedish Agency for Youth and Civil Society and the Public Health Agency of Sweden were tasked with investigating mental ill-health with extra focus on LGBTQI youth and concluded that young LGBTQI people have worse health than young hetero-cis people, both mentally and physically. It is unclear how this information is to be used. Regarding high-quality care, Sweden’s report claims that it is the law to provide equal quality care to all citizens, regardless of if they live in the country or not. This is not the case, especially for young trans people. Healthcare for LGBTQI people, among other things, includes a great deal of discrimination, and the queues to gender-affirming care are too long.

Health among LGBTQI youth

In June 2022, the Swedish Agency for Youth and Civil Society (MUCF) published its report [‘I’m not alone, there are others like me’](#) on the living conditions of young LGBTQI people. The report found that: *Young LGBTQI people have worse health than young hetero cis people. That is true both mentally and physically, but the difference is greatest concerning mental health. Only a third of young LGBTQ people state that they have good mental health.* The report also made clear that it currently is *more common with diagnosed depression, suicidal thoughts and suicide attempts among young LGBTQ people than among young hetero cis people.* About every fifth young LGBTQ person (16-25 years) has sometimes contemplated taking their life, and suicidal thoughts are about four times more common among young LGBTQ people than among young hetero-cis people.

The report also found that it is common for them to be bullied, threatened and assaulted; and that many feel unsafe at school and refrain from leisure activities out of fear of bullying.

Access/trust in healthcare

The interviewees have mixed experiences of reception in healthcare. There are positive examples where caregivers have had an open and impartial reception or quickly have adapted after finding out that the youth is an LGBTQI person. At the same time, many describe flaws in the reception. There are examples where it has had negative consequences for the individual, such as that the youth has chosen to terminate the care contact or counselling or that the youth abstain from receiving care and support.

Gender affirming care

The Swedish Agency for Youth and Civil Society concludes in [its report](#) that the insufficient access to common care concerning mental health to specialized care concerning gender dysphoria is demanding for the individual youth. Long waiting times to get access to gender affirming care and a lack of knowledge outside specialist care contributes to mental ill-health in young trans people. Young trans people feel forced to seek treatment through other means, for example through financing parts of the care themselves with private caregivers in Sweden or abroad. There are also examples of young trans people using medicines without prescription because of the long waiting times.

The waiting times for [trans-specific healthcare](#) have continued to increase. There is roughly a 1-3 year wait period for a first appointment at the gender clinics for both minors and adults. The clinics lack resources and are understaffed. Some clinics cannot provide full services due to a lack of staff members with specific medical competence.

The previous decision from the National Board for Health and Welfare (Socialstyrelsen) to classify gender-affirming care as so-called “national specialized health care” has resulted in prolonged waiting times for patients. The aim is to make this care more equal and to connect it better to research. It includes reducing the trans-specific gender clinics from seven to three. The process of appointing the three clinics while maintaining capacity has proven difficult and has constantly been pushed into the future.

Early 2022 The Swedish National Board of Health and Welfare published [new guidelines](#) on hormone treatment for those under 18, calling for “restraint” when it comes to the provision of hormone blockers and cross-hormones to trans children. The recommendation is to only give minors access to hormone blockers and cross-hormones within clinical studies or, in the absence of such studies, only in exceptional cases. There are no such ongoing studies in Sweden. Civil society firmly condemned the regressive move and the lack of clarity and transparency of the new guidelines.

Access to hormone treatment for youth may be needed to lessen suffering or create a period of reflection in an assessment process. Therefore, youth with gender dysphoria and an established need for care need to gain access to puberty blockers and gender affirming hormone treatment. A precondition is of course adequate information to the care recipient and their family and regular follow-up.

More resources to the assessment teams are needed to shorten the waiting time for a first visit and between different care appointments. It would give the assessment teams better preconditions to do their job, improve the health of care recipients and strengthen the quality of the care. This means increased resources to the teams. How the financing of care can reach a more reasonable level in comparison to the needs should be part of the Swedish National Board of Health and Welfare's considerations connected to national highly specialized care.

[The United Nations Independent Expert on sexual orientation and gender identity](#) (IE SOGI) has recently stated that *acquiring gender characteristics congruent with the self-identified gender identity generally improves health, well-being, and quality of life. Conversely, not being able to live according to one's self-identified gender identity is likely to exacerbate other forms of ill health and erode dignity.*

Recommendation

That Sweden ensure prompt and efficient access to high-quality health services for all LGBTQI-children, including children who do not identify with the gender given to them at birth

Education, leisure and cultural activities

27. Please provide information about the following:

(d) The content of human rights education and sexual and reproductive health education and whether they include material on non-discrimination, sexual orientation and gender identity;

44. Please provide data, disaggregated as described in paragraph 34 above, on the following:

(b) Cases of bullying, harassment and sexual abuse in schools.

In Sweden's combined sixth and seventh periodic report, schools' democratic and non-discriminatory mission is mentioned. Students should learn about democracy and human rights and about sex and relationships. The overriding democracy mission and education about sex and reproductive health contains principles about non-discrimination and individual rights, including issues about sexual orientation and counteracting limiting gender norms. It also says that schools should act actively if there's an offense, even if it's online. The children's ombudsman has, however, reported that there aren't that many children who have learned about their human rights. Item 44 regarding bullying, harassment, and sexual abuse in school is not in Sweden's report, which is very worrisome.

In order for children and youth to practice their rights, they need more knowledge. According to the [children's ombudsman](#) only half of all children have heard about the Convention on the Rights of the Child. It is shameful that every other child doesn't know about the Convention on the Rights of the Child. Measures need to be taken so that all children learn about the convention and other relevant laws that strengthen children's rights. The school has a responsibility to give children a basic understanding of society's functions. In order for children to more easily be able to claim their rights and be active citizens of society, schools need to equip youth with tools and knowledge about this in particular. School is so much more than a space for learning; it's a meeting space where thoughts and

ideas are exchanged, therefore schools need to encourage democratic participation among children, in and outside school, regardless of age.

The Swedish Agency for Youth and Civil Society's report [*Jag är inte ensam, det finns andra som jag*](#) states that LGBTQI children's safety is lower than among other children. It is concluded that young LGBTQI people are more exposed than other youth to violations, bullying and exclusion at school. Students are subjected by other students, but also by teachers and other school staff. Cis boys are more exposed to violations than cis girls. Children who are trans and intersex are more exposed than other LGBTQI people. *The interviewees talk about teachers who are passive when violations happen, belittle violations or treat LGBTQI people's rights as a matter of opinion*, the report says. That an authority so clearly criticises school conditions shows the need for a review of Swedish school's teaching about LGBTQI and LGBTQI children's psychosocial working environment and exposure to violence, harassment, violations and discrimination. Opportunities for children in an easy way, without involving caregivers or other adults, to report discrimination and receive legal restitution must be secured.

Sweden has three authorities that individuals can turn to in cases of discrimination in schools. These are: Skolinspektionen (the Swedish Schools Inspectorate), Barn- och elevombudet (the Child and School Student Representative) and Diskrimineringsombudsmannen (the Equality Ombudsman). This makes it unclear to children and young people where to turn if discrimination occurs in the school environment. It is not uncommon for children who are victims of discrimination to be passed between these authorities. This results in reduced opportunities for redress in cases of discrimination in the school environment.

Recommendations

That Sweden reviews Swedish school's LGBTQI education and reviews LGBTQI children's psychosocial working environment and their exposure to violence, harassment, violations, and discrimination along with children's opportunity to demand legal restitution in cases of discrimination.

Improve the coordination of the reception of children's reports of discrimination in the school environment, to strengthen children's access to redress in cases of discrimination at school.

Asylum-seeking, refugee and migrant children

29. Please provide information on the following:

- (a) Any assessments of the impact of the Act on temporary restrictions on the possibility of obtaining a residence permit in Sweden on children's rights, in particular to development, health and education;
- e) Measures taken to expedite the processing of asylum applications and ensure that all asylum-seeking children are individually assessed and promptly provided with basic necessities and access to health care and education;

45. Please provide data, disaggregated as described in paragraph 34 above, further disaggregated by accompanied or unaccompanied status, on the following:

(a) Asylum-seeking and refugee children, as well as the average processing time for asylum applications;

In Sweden's combined sixth and seventh periodic report it says that the Migration Agency should consider the Aliens Act and the best interest of the child, which is one of the pillars of the Convention on the Rights of the Child. It is described what measures the Migration Agency uses and how the process should be carried out and what are the principles. But the report does not address the issue of what should happen when the Migration Agency does not follow the principle of the child's best interest and what the consequences are when asylum cases breach Swedish and international law.

[RFSL](#) has shown in extensive legal research that examined over two thousand individual asylum decisions and court rulings that the Swedish Migration Agency's and the Migration Courts' assessments and rejection motivations in SOGIESC asylum cases are contrary to Swedish and international law. The requirements in the credibility assessments are contrary to the Swedish Aliens Act, the Migration Agency's own legal position, case law from the European Court of Justice and the UNHCR Guidelines no. 9. This leads to systematic rejections and deportations of protection-entitled lesbian and gay, bisexual, transgender and intersex asylum seekers, including unaccompanied children, to countries where they risk persecution, torture and the death penalty. This is also contrary to the absolute prohibition against non-refoulment and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. It should also be noted that children in the asylum process are subjected to the exact high and unlawful requirements and burden of proof within the credibility assessment as adults. This is contrary to the right of children to an assessment according [to the rules that apply to children](#). The consequences of Sweden's assessments of LGBTQI asylum-seeking children are that Sweden fails to live up to articles 22, 37, 6 and 19 in the Convention on the Rights of the Child.

Recommendation

That the Swedish State ensures that the assessments of SOGIESC asylum claims are in accordance with Swedish and international law and that children's rights in the asylum process are ensured and protected.