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Rethinking Institutional Responses to Gender-Based Violence in Academia as Forms of Care in the Nordic Context

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Abstract: This article explores institutional responses to gender-based violence (GBV) in three Nordic higher education institutions (HEIs) through the concept of institutional care processes (Tronto 2013). The care framework provides insights into the challenges and opportunities in HEIs' efforts to address GBV. The article presents three detailed case studies conducted in 2022 on the implementation of anti-GBV policies and practices in HEIs in Finland, Iceland, and Sweden. By reframing institutional responses as forms of care, a gap in the care processes was identified. The care work was often driven by „driving-spirits" but lacked recognition, value, and structures for long-term capacity building. While HEIs fulfill their duty to care by identifying needs and assigning responsibility for meeting them, there was a lack of adequate working conditions in place to ensure sustainable care provision could be done.

Keywords: Gender Equality Policy, Higher Education, Sexual Harassment, University

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Rethinking Institutional Responses to Gender-Based Violence in Academia as Forms of Care in the Nordic Context

Introduction

Globally, experiences of gender-based violence (GBV) are widespread among women (World Health Organization 2018). This is also the case in the European Union (European Union Agency for Fundamental Rights (FRA) 2015; Latcheva 2017). GBV in higher education is a major problem in Europe (Bondestam/Lundqvist 2020; Humbert et al. 2022). The UniSAFE survey, the most extensive GBV survey in European universities thus far, showed that 62 percent of its 42,000 respondents in 46 European higher-education institutions (HEIs) had experienced some form of GBV at their place of work/study (Lipinsky et al. 2022). The Nordic region is no exception, despite very high levels of overall societal gender equality. Recent research in the region demonstrates that women are more affected by GBV, such as sexual harassment, at work than men (see, e.g., Attila et al. 2019; Jacobsen Jardim et al. 2022; Jónsdóttir et al. 2022; Svensson 2020). Less is known about the prevalence of GBV within Nordic HEIs. However, a recent Swedish nationwide survey on students and staff at all universities and colleges concluded that younger age groups, students, and women were most affected by sexual harassment in the Swedish higher-education context (Rudolfsson et al. 2022).

The Nordic region has for decades been highlighted in international comparisons as excelling in gender equality, and Nordic countries are described as women-friendly welfare states. The Nordic countries' continuous top rankings in the World Economic Forum's (2023) Global Gender Gap Index have contributed to a strong Nordic self-image as the most gender-equal region in the world (Kirkebø/Langford/Byrkjeflot 2021). Research has shown that this self-image may risk standing in the way of change and the prevention of GBV (Lundgren et al. 2023).

Efforts to prevent and respond to GBV within the Nordic region have received attention in research only relatively recently (Strid/Humbert/Hearn 2023; Strid et al. 2021a). There is a particular research gap concerning organisational perspectives on responses to GBV in higher education (Bondestam/Lundqvist 2020). To address this gap, we draw on data from research in UniSAFE, a project funded

via the European Union's "Horizon 2020" programme[1], which aimed at creating robust knowledge about GBV in universities and research organisations, and to translate this knowledge into tools and recommendations for raising awareness and reducing GBV. When referring to GBV, we draw on UniSAFE's conceptualisation of the term, which describes GBV as a continuum of violence, violations, and violent behaviours and attitudes based on sex and gender that intersects with other dimensions of inequalities (Strid et al. 2021b).[2] This broad definition of GBV also includes sexual harassment and discrimination (Strid et al. 2021a). As part of UniSAFE, 16 case studies were conducted in universities in 15 EU-27 and associated countries to improve understanding of how institutional responses to GBV are implemented. Institutional responses are widely understood as any HEI measure to address GBV according to one or more of the predefined seven elements in UniSAFE's "7P model": prevalence, prevention, protection, prosecution, provision of services, partnerships, and policies (Ranea-Triviño et al. 2022). A comprehensive analysis identified similarities across the 16 cases (Ranea-Triviño et al. 2022), including a strong reliance on informal structures and volunteerism in the implementation of institutional responses to GBV. This paper is based on the three case studies conducted in the Nordic countries that participated in UniSAFE: Finland, Iceland, and Sweden. In these as well as in the other case studies, gaps between GBV policies and their implementation are common.

In order to deepen our understanding of the challenges and opportunities inherent in implementing GBV policies, we examine institutional responses to GBV as forms of care work. More specifically, we want to test and apply Joan C. Tronto's (2013) expanded concept of care processes in the analysis of the post-adaptation phase of institutional responses to GBV in the higher-education context. We believe this can be a useful framework for exploring and countering the gaps identified. The aim for this paper is therefore to explore the work done in and around the implementation of institutional responses to GBV in these three Nordic HEIs through the conceptual lens of care.

While the term care was not used by the interviewees themselves, we identified the conceptual meaning of care in the interviewees' descriptions of their work and the HEIs' institutional responses to GBV. We are inspired by Stéphanie Gaudet et al.'s (2022) use of Tronto's (2013) care framework and want to take a closer look at the Nordic cases by rethinking the data using care as an analytical tool. Thus, in this paper, we examine Tronto's five phases of care (*caring about*, *caring for*, *care-giving*, *care-receiving* and *caring with*) in the implementation of

1 Grant agreement no. 101006261.
2 This concept of gender goes beyond a binary understanding of gender. GBV thus includes violence against gender minorities, including trans people and non-binary people.

institutional responses to GBV in three Nordic HEIs. Tronto's five phases are further defined below (section *Care and Caring in HEIs*).

When examining the process of implementation, multiple perspectives from different actors involved in the implementation process need to be addressed. Hence, we analyse how responses are understood by key stakeholders and actors, including administrative and academic staff, leadership representatives, trade unions, and student organisations. These stakeholders and actors were all involved in the implementation of the responses, either by being responsible for them, by implementing them, or by supporting or guiding staff or students who relied on the responses.

Through the analysis of the five phases of care in the implementation of responses to GBV in our three cases, we identified two parallel persistent loops: one involving the first two phases of care, *caring about* and *caring for*, and one involving phases three and four, *care-giving* and *care-receiving*. We suggest that the separation of these two loops can be used to explain the failure to connect to the fifth and final phase, *caring with*, which might help to explain the gap between implementation and practice. Finally, we suggest that the persistence of the first loop is particularly relevant to understanding the specific challenges institutional responses to GBV encounter in the Nordic HEI context.

Before presenting our findings in detail, we first discuss GBV policy work in Nordic HEIs, the theoretical background and the methodology of our research.

GBV Policy Work in Nordic HEIs

Target-driven policy work on gender equality has been a feature in the Nordic countries for over 50 years. GBV, including sexual harassment, has been addressed as part of the HEIs gender-equality agendas since the 1990s (e.g., Fogelberg et al. 1999). Nordic HEIs are legally required to promote equal rights and opportunities for all, to investigate risks of discrimination, including sexual harassment, and to analyse, identify, address, and remedy such risks. Despite comprehensive policy frameworks, implementation remains a challenge (Callerstig 2022). According to recent comprehensive reviews in Sweden and Finland, there is great room for improvement in the implementation of gender-equality measures, and only few HEIs actually meet the legal requirements (Diskrimineringsombudsmannen 2022; Tanhua 2020). More research is needed on the implementation of GBV policy in higher education (O'Connor et al. 2021; Bondestam/Lundqvist 2020), as well as on the prevention of different forms of GBV, such as sexual harassment (Simonsson 2020; McDonald/Charlesworth/Graham 2015). GBV prevention in Nordic HEIs focuses primarily on policy, training, case ma-

nagement, and support structures (Bondestam/Lundqvist 2020), demoting perspectives on power and structural change to the margins of both gender and diversity work and theorising (Woods/Benschop/van den Brink 2022). Yet, higher education is permeated by hierarchical structures and relationships; therefore, studies considering organisational perspectives on power and GBV are needed (Phipps 2020).

Care and Caring in HEIs

One way to take power, organisational structures, and gender into account when studying the implementation of GBV policies in HEIs is to rethink the narrative of implementation by looking at it through the lens of care and caring. Care is a broad concept with multiple meanings. The term is often associated with domestic and reproductive work, tasks that are "necessary yet mostly dismissed labours of everyday maintenance of life" (Puig de la Bellacasa 2011, 100). However, as suggested by scholars such as Tronto (2013), care should be understood as practices that are part of the public sphere. Care is highly gendered, and there is a moral imperative on women to care more (O'Brien 2007). Andrew Smith and Linda McKie (2009) turn the attention to the care that exists in the workplace, arguing that care as a concept is fundamental to understanding an organisation's policies and practices as well as the social and power relations within it. They also note that a lot of the work that caring involves – for example, how the workplace deals with bullying – is not always identified as a form of care.

In the context of HEIs, care is often defined in relation to educational aspects of academic work (including teaching and supervision) and pastoral care (emotional and social support) (see, e.g., Gaudet et al. 2022; Dowie-Chin/Schroeder 2020; Mariskind 2014; Zembylas/Bozalekband/Shefer 2014). In HEIs, women are disproportionately encouraged to take on care work, in relation to colleagues, students, or themselves (Thornton 2013; Lynch 2010; Gill 2010). Care work is undervalued in terms of individual career advancement but highly valuable for HEIs and their members (Olarte-Sierra/Pérez-Bustos 2020; Acker 2012; Koster 2011; Lynch 2010). It can therefore be considered a form of academic housework (Heijstra/Steinþórsdóttir/Einarsdóttir 2017). Nonetheless, Shirley Koster (2011) points out that the issue does not lie with care work as such but instead with its institutional invisibility, including the lack of recognition and lack of support it receives.

Gaudet et al. (2022) show how women professors perform a variety of caring practices in the HEI context as part of their academic employment, including caring for students and for teaching as such. They conclude that these caring

practices are embedded in HEIs but remain undervalued and largely invisible in the context of the academic-prestige economy, which poses a challenge to gender-equality efforts in HEIs (Gaudet et al. 2022, 75). This analysis builds on Tronto's (2013) understanding of care as a process of five phases based on Berenice Fisher and Joan C. Tronto's (1990) previous model of four phases. The first phase is identifying a need for care (*caring about*), the second phase is taking responsibility for meeting those needs (*caring for*), the third phase is carrying out the work that is needed (*care-giving*), and the fourth phase is responding to the care given (*care-receiving*). The fifth phase (Tronto 2013) is ensuring that the execution of the previous steps is in line with overall democratic beliefs, such as equality (*caring with*).

In this article, we want to explore the work done in and around the implementation of institutional responses to GBV, using an expanded care perspective. We believe that Tronto's (2013) conceptual understanding, as outlined above, is useful for this. With this expanded perspective, we can include practices that would otherwise not necessarily be categorised as care work. Inspired by Gaudet et al.'s (2022) approach, we therefore use Tronto's (2013) model as a starting point for our analyses of institutional responses to GBV in HEIs performed by key stakeholders and actors as forms of care. This analysis moves beyond traditional approaches to care in HEIs because it is not limited to teaching-related activities and pastoral care. Instead, our focus is on care practices in the organisation that carries out these institutional responses to GBV and on all those involved in this work. However, like more traditional forms of care work, measures to prevent GBV often take the form of an ongoing and iterative process that in turn aims to sustain the wellbeing of others.

Methodology

This article examines institutional responses to GBV (the post-adaptation phase of policies against GBV) as understood by key stakeholders and actors at HEIs in three Nordic countries. We use an expanded care perspective as discussed above to enhance our understanding of how this work is performed and understood by those involved

Our primary data are three case studies of institutional responses to GBV in the three Nordic countries that participated in UniSAFE. We, the authors of this paper, were responsible for conducting the case studies ourselves: one of us in Finland, one in Iceland, and two of us in Sweden. The data was collected in spring 2022 through individual and focus-group interviews with key actors in-

volved in the implementation of the institutional responses, as well as students in their capacity of intended policy users. The aim of the UniSAFE case studies was originally to better understand the implementation of institutional measures by a multiplicity of actors, with a focus on the effects and consequences of the design and implementation of measures and responses.

Our three cases are different but also share important similarities. The basic premise for participation in UniSAFE was that all cases should have some type of GBV measure in place. The Swedish and Finnish studies examined the implementation of policies on the prevention of discrimination, including sexual harassment, inappropriate behaviours, and retaliation. The Icelandic case examined a specific example of an institutional practice and response to GBV, including meetings and trainings on gender, sexual harassment, and violence in academia. With the help of key actors at each HEI, a call for participants was sent out by the researchers to other key actors involved in these GBV responses. Through snowballing recruitment, interviewees also invited other relevant actors to participate. Interviews were conducted with those who answered the call to participate in time, focusing on questions regarding actors, theory of change, and social and institutional barriers and opportunities.

In the Swedish case, twelve interviews and two focus groups were conducted with eleven women and three men. In the Finnish case, ten interviews and two focus groups were conducted with eight women and two men. In the Icelandic case, five interviews and one focus group were conducted with five women and three men. In total, the present study is based on 27 individual interviews and five focus groups with, in total, 32 people, of which 24 were women and eight were men. These key actors held positions such as gender equality officers, Human Resources (HR) staff, teaching and research staff, academic and administrative managers on different levels in the line management, union representatives for students and staff, as well as students in their role of intended policy users.

Our three case institutions differ significantly in terms of their size, focus, and scope in regard to education and research, their geographical locations in small or large cities, as well as their histories of engagement with GBV. For this paper, we conducted a combined analysis, i.e., despite the differences between the three cases, we did not link quotes to a specific case study. This allows each HEI to maintain a degree of confidentiality. It is of course important to consider organisational aspects, such as the history of engagement with GBV, size of institution, as well as its focus. This is a limitation of this study that we consider necessary for ethical reasons. Accordingly, our descriptions of contexts will not

be specific to any individual country or HEI. Given the purpose of the study of analysing institutional responses to GBV as forms of care in order to explore the challenges and opportunities inherent in this work, we consider it subordinate to be able to clearly link individual statements to a specific case study. Instead, it is the similarities in terms of policy context of Nordic gender equality that are important.

The fieldwork was conducted in the respective national languages (Finnish, Icelandic and Swedish). All interviews were audio-recorded and transcribed. A thematic analysis was performed, applying our framework of care guided by Tronto's (2013) five phases of care as a process, which generated two overarching themes representing in two loops of care. One involves the two first phases of identifying (*caring about*) and taking responsibility (*caring for*) for the needs of care in the institutional responses to GBV. The other involves the third and fourth phases of carrying the workload of actual *care-giving* and responding to the care given (*care-receiving*).

Rethinking Institutional Responses to GBV as Forms of Care

Questions about the challenges and opportunities inherent in the institutional responses to GBV, as reflected in the accounts and descriptions of key stakeholders and actors, were analysed as forms of care. Here, we present the results of these analyses under two main themes that we identified.

The Duty to Care

A common feature of all three cases is the context of the respective national policy on gender equality and anti-discrimination work, carried out in and alongside some form of gender mainstreaming. Through this national-policy context, we identify the first two phases of Tronto's (2013) definition of care. The three Nordic countries have adopted legislations that acknowledge that there are unmet caring needs in relation to GBV in organisations, including HEIs, which can be understood as Tronto's (2013) first step, *caring about*. Moreover, those legislations oblige organisations to take on the responsibility of meeting those caring needs, which can be understood as Tronto's (2013) second step, *caring for.* Thus, the HEIs are legally required to care about and care for GBV issues, for instance, by ensuring that employees and students do not become targets of harassment and that efficient measures are in place to provide support for those exposed to

GBV. According to Smith and Mckie (2009), the duty of care is often formalised through legislation, which shapes the forms of responsibilities and obligations that organisations have towards working against violence, including efforts against discrimination and harassment.

Thus, in line with gender mainstreaming principles, a responsibility to care about and for GBV issues lies with all HEI employees in this context. However, the formal and legal responsibility to implement measures against GBV lies primarily with line-management staff as part of their organisational positions. While work against GBV in organisations is officially led by leadership members, it is very much dependent on collegial involvement in both the formulation and implementation of policies, as reflected in a statement from our interview with a woman head of unit:

> "It is the Vice-Chancellor who, by definition, makes the decisions, of course. But it is a collegial decision at the bottom, as foundation for it."

Several of the interviewees similarly described that gender-equality work was a collegial effort that came from below rather than in the form of a top-down directive. In the case of the HEI with the longest tradition of GBV policies, the impact of gender-research academics was, for instance, mentioned positively as an early initiative and driving force to put sexual harassment on the HEI's agenda. However, leadership members still needed to be engaged in and supportive of these initiatives for them to gain ground in the institution. As one man head of unit stated:

> "If [the leadership] is not on board, nothing happens. The leadership must take the responsibility. They must be on board."

Many interviewees had noticed signs of positive change when it comes to keeping GBV issues on the agenda. A woman with long-term experience as a gender-equality practitioner had noticed a significant change over time in the way the top leadership approached the issue and that GBV issues received more general support:

> "In the leadership, they strongly want to promote and develop these issues and [...] you do not need to present so many arguments."

This general sense of support can be linked to the aforementioned context of national policy; there is a legal duty to care about and for GBV, that is to identify the needs and to take responsibility for meeting those needs regarding GBV in the HEIs. The moral qualities of attentiveness and responsibility, aligned to Tronto's (2013) first two phases of care, took the form of a sense of trust in the organisations, expressed by many interviewees across the cases. As reflected by a woman staff member who was actively engaged in voluntary work against GBV:

> "I can be quite grateful for our line management, that here there is very much an effort to implement and put actively in practice these guidelines against harassment."

Similarly, several interviewees representing trade unions, which hold a relatively strong position in the Nordic HEI context, were generally positive about their collaborations with HEI management on developing and implementing policies. A woman union representative involved in supporting members of staff in several GBV cases expressed a general agreement with the management when formulating policy:

> "We are always included. They always bring up, inform, or negotiate these sorts of documents, and they make sure that we have someone [involved]. And should we feel in any way unsure about it when we read it, it's no problem for us to bring it up with the management and have a review."

However, some expressed concerns on how and whether this manifested care about GBV issues actually led to concrete actions. Interviewees questioned whether support from the top meant change in practice, as reflected by a woman staff member actively engaged in work against GBV:

> "The HR department was on board, but what was more difficult was the obstacles you could feel from the top layer [of leadership]. It can be described as support [of actions] in words but not taking any action. As the Americans say: paying lip-service."

Similarly, some interviewees explained that having the right documents and policies in place could at times have contradictory effects, as this could be seen as sufficient in itself and thus would stand in the way of actual change. This discrepancy between support expressed in theory and support demonstrated in actions was reflected by many informants. The interviewees expressed a strong sense of trust in the commitment of the organisations; yet, at times, even the same interviewee also expressed concern about the lack of actual change in terms of *care-giving*, the third step in Tronto's care process.

Returning to Tronto's (2013) phases of care, we see that the first two phases of a presumed care process (*caring about* and *caring for*) are emphasised in our cases, since caring about GBV by identifying unmet needs and formally placing the responsibility within the organisation are legal requirements. However, it seems the two phases tend to loop back to each other. Thus, rather than moving on to the third phase of actual *care-giving* and support, as part of a smooth care process, the institutions seem to be stuck in a loop where identifying unmet needs becomes a way of showing that they actually care about these issues. This was often done through work/study-environment surveys. While these sur-

veys were highlighted as important, several informants mentioned frustration in regard to the organisations' reliance on them. When asked about a specific work-environment survey used at their organisation, a woman who served as a trade-union representative explained that:

> "Well, that's how it is with all surveys. It was too long. So people got tired. We've done it twice now and it doesn't show any major differences, but it's always good as a basis for discussion: 'What are we good at? What do we need to work more on?' So that's good, I think. But it was far too long."

This loop between the first (*caring about*) and second (*caring for*) phases of care became evident also in statements about pervasive GBV-survey fatigue and about the lack of actual change, adding to increasing work demands for those actually doing GBV-related work. This perception seemed to fuel the ambivalence expressed by several interviewees; they had trust and faith in the organisations' intentions, since caring needs were identified through legal requirements (*caring about*) and responsibility was delegated throughout the organisation (*caring for*), but in practice, they felt abandoned and not properly supported in the caring work they themselves performed (*care-giving*). We will explore this ambivalence related to care-giving next, as well as responses to that kind of care, that is *care-receiving*.

Carrying the Workload of *Care-Giving*

As discussed above, the first two phases of Tronto's (2013) care process seem, at least to some extent, fulfilled in all three cases. However, in the descriptions of the actual work against GBV that was carried out and the responses to this work, i.e. the third and fourth phases (*care-giving* and *care-receiving*), we could identify a lack of clarity about roles and responsibilities as well as frustration regarding how the relevant work was valued and how power hierarchies played out. In our cases, the work that we identified as *care-giving* included a wide range of practices, such as case management, disseminating information, organising training sessions and peer-group meetings, supporting victims and perpetrators, as well as informing and supporting managers, pushing for change in the organisations, and more. Since the interviewees also worked in different positions, these practices were illustrated from different perspectives in our data, such as those of employers, employees, and union representatives.

Although line managers seemed to generally agree with and appreciate their legal responsibilities, it appears that much of the actual care-giving work

was initiated or carried out by so-called driving spirits,[3] who were mainly women. This indicates a gendered institutionalised person-dependency in the care-giving part of the care processes. The person-dependency in our three cases took different forms. Sometimes, the work was described as being carried out to varying degrees outside of the regular job description or hours; sometimes as being carried out with great emotional commitment; sometimes as both. We also saw a trajectory of driving spirits in all three cases that meant that they would get, over time and to varying degrees, involved in formal HEI work and even administrative positions. In one case, many of the important early driving spirits of GBV work had become part of the HEI administration and management. The impact of the work of the driving spirits was in many cases seen as positive, and even essential, as reflected by a woman HR manager:

> "It is always the unforced, that people find it in themselves and that they want to help with these [GBV] matters. That is what drives these changes. […] [The GBV work] must be somehow [widespread], with some sprouts here and some sprouts there."

However, not all driving spirits in our cases felt that they were met with open arms. In one of our cases, we saw examples of how initiatives by engaged and well-informed staff members who volunteered to take part in the care processes did not always sit well with those with the institutionalised duty to care. Some academic staff interviewees involved in anti-GBV work reported that HR had tried to "own the issues" in a way that inhibited some suggested pro-active initiatives. As a result, these motivated academics were left feeling that their contributions and engagement were unwelcome.

There were both person- and position-based set-ups of the care-giving work in our cases. Both set-ups faced similar challenges regarding knowledge transfer. We saw this in two different forms. When driving spirits performed the care-giving, there were no clear structures that systematised or valued the competence involved or acquired in the process, nor was there a support system for the needs of the driving spirits themselves. However, when position-based care work was carried out, those outside those positions did not find opportunities to contribute their own relevant knowledge and competence. A woman who worked as a union representative emphasised the importance of institutional knowledge transfer in case management concerning sexual harassment. While she was not aware how such case-management knowledge was transferred to new managers, she hoped that the HR department would be involved. As she

3 "Driving spirits" and similar terms were used by interviewees in all three cases. This term roughly denotes a person who is passionate about a cause and works hard and with personal commitment for that purpose regardless of their formal position and whether they are paid or not.

explained, "the backup system should be in HR. If they don't have it, then we're screwed".

Positions were also important in terms of academic hierarchies spilling over into issues of work against GBV. In one of our cases, those with the highest academic degrees were sometimes perceived to use their academic positions to generate legitimacy and power over administrative staff and their care-giving. One woman gender-equality officer stated that power differences created challenges to raise gender-equality issues around academics. She elaborated:

> "Certain groups in the academic hierarchy have more space to speak up, so it is really a norm who gets to sit at the top of some kind of norm pyramid here [at the HEI] and who gets to speak out, who speaks out, and who speaks out very critically against this [work], so [the academics] both take and get that space."

As we can see, this also touches upon Tronto's (2013) fourth phase of care of responsiveness, *care-receiving*. The care given, for expample in training sessions or via in-person support to victims, was received and valued differently by our interviewees. They also described receiving different responses to their own work, ranging from agreement to disagreement and even resistance. We also saw a number of clear connections between receptivity to the care-giving work and power relations and structures. Some interviewees witnessed how gender-equality issues were prioritised and faced less resistance in more feminised academic environments than in male-dominated ones. One interviewee also raised the issue of social-class differences as particularly prevalent in her HEI, stating that class hierarchies shaped who was listened to and believed when reporting cases of sexual harassment and that this was something they tried to deal with via specific training initiatives.

Furthermore, as expressed by those who were involved in the care-giving work, this work was prioritised and valued differently depending on whether the care-giver was in a position of legal responsibility or not. Several of those in a position of formal legal responsibility to care as part of their manager job described how they enacted this responsibility during their work time and as part of their job description, although to a varied extent and with varied intensity and interest. Some interviewees talked about how these issues were prioritised, as expressed by a woman manager:

> "All the necessary resources are allocated to this issue [GBV]. We would rather postpone other actions. This is just much more important; everything [within the HEI] will be overturned if this [GBV] gets to fester."

However, several of the interviewed managers instead reported that they struggled with their overall workload and that engaging with GBV issues was often a problem of allocating their time and priorities accordingly.

When HEIs relied on the work of people whose job descriptions did not explicitly entail work against GBV or when working hours were not proportionate to the GBV tasks outlined, the experience of being overloaded was more present. Some interviewees even described how some tasks had to be carried out voluntarily, in their own time, leaving the GBV-care work largely dependent on the goodwill and energy of these driving spirits. As reflected in several statements, the care-giving work was perceived as requiring a high level of personal and emotionally demanding commitment. This commitment did not seem to be recognised within the organisations, even for those in positions designated to perform GBV-care work. Some interviewees argued that it was not sustainable for this care work to be carried out like this, by individual driving spirits, due to its demanding character. One of our interviewees, a man who worked in a supporting position, responded to a question about the support he himself got from his HEI:

> "If you have questions, there is [support]. But it's very person-dependent, so if I were to be completely objective and answer that question, I would say no, we don't really have that [...] I am quite left alone after that, because there is really no one to talk to. I have no support in my questions. I can have very heavy things and a lot of things that affect me and things like that. You should maybe have co-workers to whom to talk about how you're feeling and stuff."

This interviewee clearly highlights a sense of loneliness in the difficult and demanding issues involved in GBV care-giving. Because of the emotionally demanding character of this work and the risk of ending up dealing with many challenges all alone, one interviewed equality officer had worked particularly hard in trying to consolidate this care-giving into the organisation. This consolidating took place in a similar way in all three cases. Nevertheless, several interviewees still expressed that they had received insufficient support in carrying the workload of the GBV care-giving.

Specifically, academic staff engaged in GBV care work reported that their engagement had come to be at a disadvantage in their academic careers, since this work was not accounted for as part of their academic tasks, did not count as merit, and was not compensated for. One of the interviewees, a man who worked as an academic staff member and a driving spirit in anti-GBV work, expressed that the lack of institutional recognition also seemed to have negatively affected an initiative to combat GBV in which he was involved:

> "I haven't done anything [recently with the initiative]. Perhaps the problem is that admin is not valued. Or, you know, everything along this line should be done on your own time. So, I think it's just a bit difficult to keep [bottom-up initiatives] running like this. Unless it is then included in less teaching or management work. [The HEI] measures research and tries to measure the teaching, but not the admin."

As becomes evident here, this care work did not seem to be explicitly recognised or valued in the organisation. The absence of explicit "teaching discounts" makes it resemble other types of academic housework: caring work that is neither valued nor renders any academic qualifications, work that is extremely important for the functioning of the university but is still undervalued. This can be interpreted as a lack of responsiveness, the fourth phase in the care process, by the institution regarding the care given. We see how this lack of recognition of the care-giving work creates a loop between phases three and four, which we will discuss further in our conclusion below.

Concluding Discussion

With this article, we have explored work in and around the implementation of institutional responses to GBV in three Nordic HEIs by using an expanded concept of care. This approach allowed us to better understand the challenges and opportunities inherent in GBV work while contributing to research on implementation of GBV measures in HEIs (Bondestam/Lundquist 2020; O'Connor et al. 2021; Phipps 2020).

We argue that an expanded concept of care as a tool for analysing institutional responses to GBV provides an important theoretical contribution in this issue. This approach helped us to reach a deeper understanding of the challenges encountered in the implementation of institutional responses to GBV. We have identified how work against GBV in our cases contains the first four phases of the care process as described by Tronto (2013): the need for care is identified (not least by national legislation and institutional-policy documents), responsibility is allocated for meeting the needs (through the delegated work-environment responsibility within line management as well as by equality officers), care is given (by actors in both formal and informal positions), and care is received (by actors in both formal and informal position). However, by using Tronto's (2013) concepts of care, we could identify a gap in the process itself, where the first two phases (*caring about* and *caring for*) loop back to each other. Rather than moving on to the third phase of the actual *care-giving*, the HEIs tend to bounce back to the first phase of identifying unmet care needs (e.g., by laun-

ching additional surveys). This is in line with previous research on the challenges of the implementation of equality measures (Callerstig 2022; Diskrimineringsombudsmannen 2022; Tanhua 2020).

Despite the legal responsibility to care for the needs involved in combating GBV, it was clear to us that this ambition was not matched by working conditions that would enable the appropriate care-giving work to be carried out in a sustainable way, neither from an individual nor from an organisational perspective. The work done was mostly at the hands of driving spirits and did not seem to earn enough recognition and value within HEIs. Conditions prevailed that both risk staff burn-outs and weaken capacity building within the organisations; knowledge and skills tend to be tied to the individuals performing the work, rather than ensuring that they are systematically transferred and used in the organisations. Thus, institutional responsiveness (phase 4) to the outcomes of the care given seemed to be largely missing. The interviewees' responses regarding workloads, time, support, and recognition were largely not met by institutional ears. In this way, we can see that phases 3 and 4 of the care process also seemed to loop back to each other, but more in the form of individual parallel loops where experiences of and responses to the care provided seemed more or less tied to individuals or groups of people rather than incorporated into an institutionalised care process together with phases 1 and 2. In other words, individuals or groups working on care-giving, for example through case management or counselling, mostly reflected on their own or within their group on how the care was received. This seemed to form a loop between phases 3 and 4. And, because the care work was often not recognised, there was no systematic way of drawing on the lessons and knowledge from phases 3 and 4 when (new) needs were identified (phase 1) and when responsibilities were allocated to meet those needs (phase 2). We suggest that the persistence of the first loop identified is a feature that is particularly intensified in the Nordic context through the strong self-image of exceptionalism in regard to gender issues (Kirkebø/Langford/Byrkjeflot 2021). There seems to be more focus on showing and foregrounding visible measures rather than on responding to the care demands of those in need and those providing care, thus ensuring that the whole chain of institutional responses is coherent.

Using the care framework, the gendered character of care work stands out, especially the work done in the third phase of actual care-giving. In line with previous research (Dowie-Chin/Schroeder 2020; Thornton 2013; Gill 2010; Lynch 2010), women were more likely than men to take on or to be allocated GBV care work. Tronto (2013) argues that some people, especially men, are given "free passes out of caring" because they instead protect and produce. Comparing care-giving in

HEIs to academic housework (Heijstra/Steinþórsdóttir/Einarsdóttir 2017) is therefore interesting, given, among other things, that this work does not provide any academic credits or even deductions from other work tasks. Tronto and others (Koster 2011; Olarte-Sierra/Pérez-Bustos 2020) emphasise that care practices are often understood as something other than productive work. Gaudet et al. (2022) point out how much care work indeed "happens" in academia, despite the pervasive organisational culture characterised by a strong emphasis on performance and alleged gender neutrality. Such tendencies in our cases led us to identify anti-GBV care work as a variant of academic housework.

This was especially the case in the loop of phases 3 and 4, where those involved did not seem to have a mandate to influence decision-making on the allocation of resources to address their own working conditions or the conditions of the people they helped. Their work did not appear to bring them into the loop of phases 1 and 2 where decisions on recognition and resources are made. Tronto (2013) stresses the importance of involving those who are competent in decision-making, and since competence and responsiveness are the moral qualities assigned to the third and fourth steps of *care-giving* and *care-receiving*, it seems reasonable that those performing this work would also be fully involved in the first two phases of the care process to ensure that the results of the evaluation of the care-giving work carried out fertilise new decisions, thus making the whole process sustainable and coherent.

In this context, it becomes important to elevate the issue of caring about GBV in HEIs to a broader issue of democracy in line with Tronto's (2013) fifth phase of care, that is caring with a democratic commitment to justice, equality, and freedom for all. The care framework helped us to see an absence of this fifth phase, which Tronto connects to the moral qualities of plurality, communication, trust, respect, and solidarity. Tronto (2013) argues that care needs to be a vital part of any discussion of how to democratise societies. The broader question of GBV and how we can eradicate it thus essentially concerns these democratic values. For the democratisation of caring practices to be realised, Tronto (2013) believes institutions need to recognise and meet the need for the care. Determining needs for care is a project that is less acknowledged and more ambiguous than, for example the duty to care. Identifying care needs can be achieved, to some extent, at the studied HEIs through surveys, but the difficulties with fulfilling the care-giving and care-receiving raise questions of how HEIs understand the needs and also what needs are seen as legitimate. Specifying the need for care is an ongoing and complicated process, but creating a space for everyone to participate in that discussion is an essential part of democratic caring practices. Our findings indicate that better support and recognition of staff's

care work would be an important step to show that HEIs recognise the need for care in line with democratic principles. Looking back at the discussed first four phases in our cases, we would argue that a conceptual move towards a care perspective that includes the fifth phase when studying and discussing institutional responses to GBV would offer a pathway in a preferred democratic direction of more precise and equitable GBV responses. We conclude that a theoretical perspective that allows the institutional work against GBV to emerge as care can be very useful in providing more nuances to the understanding of the challenges in this work and we believe that it can be a valuable tool both within and outside HEIs to move this work forward in a democratic fashion.

In order to take a first step towards a more democratic approach that contains the potential of utilising knowledge from past experiences and from those who have been affected, we argue for institutional responses to GBV to be seen as a care process. This could be a necessary step away from surveys and calls for formal reporting in their current form as the only legitimate responses to GBV. It could also lead to an increase in the recognised value of the care-giving work that takes place and the knowledge that it generates. We would argue that this enhanced, victim-centred approach (Strid et al. 2023), if allowed to properly influence the duty to care, has great potential to lead to positive change.

References

Acker, Sandra (2012): Chairing and caring. Gendered dimensions of leadership in academe. In: Gender and Education 4 (24), 411–428. doi: 10.1080/09540253.2011.628927

Attila, Henna/Pietiläinen, Marjut/Keski-Petäjä, Miina/Hokka, Päivi/Nieminen, Markku (2019): Gender Equality Barometer. Publications of the Ministry of Social Affairs and Health 12/2018. http://urn.fi/URN:ISBN:978-952-00-4012-3

Bondestam, Fredrik/Lundqvist, Maja (2020): Sexual Harassment in Higher Education. A Systematic Review. In: European Journal of Higher Education 4 (10), 397–419. doi: 10.1080/21568235.2020.1729833

Callerstig, Anne-Charlott (2022): Implementing Gender Mainstreaming in a Discourse of Academic Excellence. In: Jenkins, Fiona/Hoenig, Barbara/Weber, Susanne Maria/Wolffram, Andrea (Ed.): Inequalities and the Paradigm of Excellence in Academia. New York: Routledge. doi: 10.4324/9780429198625-4

Diskrimineringsombudsmannen (2022): Undersök, åtgärda och utbilda. En analys av universitets och högskolors arbete med aktiva åtgärder för att motverka diskriminering av studenter. Rapport 2022:5. Solna: Diskrimineringsombudsmannen.

Dowie-Chin, Tianna/Schroeder, Stephanie (2020): Critical, Calculated, Neoliberal. Differing Conceptions of Care in Higher Education. In: Teaching in Higher Education 7 (27), 1–15. doi: 10.1080/13562517.2020.1749588

European Union Agency for Fundamental Rights (FRA) (2015): Violence against Women. An EU-wide survey. Main Results. Luxembourg: Publications Office of the European Union.

Fisher, Berenice/Tronto, Joan C. (1990): Toward a Feminist Theory of Caring. In: Abel, Emily K./Nelson, Margaret K. (Ed.): Circles of Care. Work and Identity in Women's Lives. Albany: SUNY Press, 35–62.

Fogelberg, Paul/Hearn, Jeffrey/Husu, Liisa/Mankkinen, Teija (1999): Hard Work in the Academy. Research and Interventions on Gender Inequalities in Higher Education. Helsinki: Helsinki University Press.

Gaudet, Stéphanie/Marchand, Isabelle/Bujaki, Merridee/Bourgeault, Ivy Lynn (2022): Women and Gender Equity in Academia through the Conceptual Lens of Care. In: Journal of Gender Studies 31 (1), 74–86. doi: 10.1080/09589236.2021.1944848

Gill, Rosalind (2010): Breaking the Silence. The Hidden Injuries of Neo-Liberal Academia. In: Ryan-Flood, Róisín/Gill, Rosalind (Ed.): Secrecy and Silence in the Research Process. Feminist Reflections. London: Routledge, 228–244.

Heijstra, Thamar Melanie/Steinþórsdóttir, Finnborg Salome/Einarsdóttir, Þorgerður (as Heijstra, Thamar Melanie/Steinthorsdóttir, Finnborg Salome/Einarsdóttir, Thorgerdur) (2017): Academic Career Making and the Double-Edged Role of Academic Housework. In: Gender and Education 6 (29), 764–780. doi: 10.1080/09540253.2016.1171825

Humbert, Anne Laure/Ovesen, Nicole/Simonsson, Angelica/Strid, Sofia/Hearn, Jeff/Huck, Averil/Andreska, Zuzana/Linková, Marcela/Pilinkaitė Sotirovič, Vilana/Blažytė, Giedrė/Pereira, Bruna (2022): UniSAFE D6.1. Report on the Multi-Level Analysis and Integrated Dataset. doi: 10.5281/zenodo.7540229

Jacobsen Jardim, Patricia Sofia/Gaustad, Jon-Vidar/Jørun Langøien, Lars/Næss, Gunn Eva (2022): Omfang av seksuell trakassering i Norge. En hurtigoversikt. Oslo: Folkehelseinstituttet.

Jónsdóttir, Svava Dögg/Hauksdóttir, Arna/Aspelund, Thor/Jakobsdóttir, Jóhanna/Rúnarsdóttir, Harpa/Guðmundsdóttir, Berglind Ósk/Tómasson, Gunnar/Valdimarsdóttir, Unnur Anna/Halldórsdóttir, Þórhildur/Þórðardóttir,Edda Björk (as Jonsdottir, Svava Dogg/Hauksdottir, Arna/Aspelund, Thor/Jakobsdottir, Johanna/Runarsdottir, Harpa/Gudmundsdottir, Berglind/Tomasson, Gunnar/Valdimarsdottir, Unnur Anna/Halldorsdottir, Thorhildur/Thordardottir, Edda Bjork) (2022): Risk Factors for Workplace Sexual Harassment and Violence Among a National Cohort of Women in Iceland. A Cross-Sectional

Study. In: The Lancet Public Health 7 (9), e763–e774. doi: 10.1016/S2468-2667(22)00201-8

Koster, Shirley (2011): The Self-Managed Heart. Teaching Gender and Doing Emotional Labour in a Higher Education Institution. In: Pedagogy, Culture & Society 1 (19), 61–77. doi: 10.1080/14681366.2011.548988

Kirkebø, Tori Loven/Langford, Malmcolm/Byrkjeflot, Haldor (2021): Creating Gender Exceptionalism. The Role of Global Indexes. In: Larsen, Eirinn/Moss, Sigrun Marie/Skjelsbæk, Inger (Ed.): Gender Equality and Nation Branding in the Nordic Region. Routledge (Routledge Studies in Gender and Global Politics), 191–206. doi: 10.4324/9781003017134-10

Latcheva, Rossalina (2017): Sexual Harassment in the European Union. A Pervasive but Still Hidden Form of Gender-Based Violence. In: Journal of Interpersonal Violence 12 (32), 1821–1852. doi: 10.1177/0886260517698948

Lipinsky, Anke/Schredl, Claudia/Baumann, Horst/Humbert, Anne Laure/Tanwar, Jagriti (2022): Gender-Based Violence and Its Consequences in European Academia. Summary Results from the UniSAFE Survey. Report, November 2022. UniSAFE project no.101006261.

Lundgren, Silje/Eldén, Åsa/Calvo, Dolores/Bjarnegård, Elin (2023): Sextortion. Linking Sexual Violence and Corruption. In: Lundqvist, Maja/Simonsson, Angelica/Widegren, Kajsa (Ed.): Re-imagining Sexual Harassment. Perspectives from the Nordic Region. Bristol: Bristol University Press, Policy Press, 129–152. doi: 10.51952/9781447366546.ch010

Lynch, Kathleen (2010): Carelessness. A Hidden Doxa of Higher Education. In: Arts and Humanities in Higher Education 9 (1), 54–67. doi: 10.1177/1474022209350104

Mariskind, Clare (2014): Teachers' Care in Higher Education. Contesting Gendered Constructions. In: Gender and Education 3 (26), 306–320. doi: 10.1080/09540253.2014.901736

McDonald, Paula/Charlesworth, Sara/Graham, Tina (2015): Developing a Framework of Effective Prevention and Response Strategies in Workplace Sexual Harassment. In: Asia Pacific Journal of Human Resources 1 (53), 41–58. doi: 10.1111/1744-7941.12046

O'Brien, Maeve (2007): Mothers' Emotional Care Work in Education and its Moral Imperative. In: Gender and Education 2 (19), 159–177. doi: 10.1080/09540250601165938

O'Connor, Pat/Hodgins, Margaret/Woods, Dorian R./Wallwaey, Elisa/Palmen, Rachel/Brink, Marieke Van Den/Schmidt, Evanthia Kalpazidou (2021): Organisational Characteristics That Facilitate Gender-Based Violence and Harassment in Higher Education? In: Administrative Sciences 4 (11). doi: 10.3390/admsci11040138

Olarte-Sierra, María Fernanda/Pérez-Bustos, Tania (2020): Careful Speculations. Toward a Caring Science of Forensic Genetics in Colombia. In: Feminist Studies 1 (46), 158–177. doi: 10.1353/fem.2020.0003

Phipps, Alison (2020): Reckoning up. Sexual Harassment and Violence in the Neoliberal University. In: Gender and Education 2 (32), 227–243. doi: 10.1080/09540253.2018.1482413

Puig de la Bellacasa, Maria (2011): Matters of Care in Technoscience. Assembling Neglected Things. In: Social Studies of Science 1 (41), 85–106. doi: 10.1177/0306312710380301

Ranea-Triviño, Beatriz/Pajares, Lorena/Bustelo, María/Jaquetto Pereira, Bruna Cristina. (2022): UniSAFE D5.2. Report on Case Studies on the Effects and Consequences of Institutional Responses to Gender-based Violence along the 7Ps in Research Performing Organisations. Zenodo. doi: 10.5281/zenodo.7585857

Rudolfsson, Lisa/Dahlman-Wright, Karin/Löfgren, Lotta/Toropova, Anna/Björklund, Christina (2022): Enkätstudie om genusbaserad utsatthet och sexuella trakasserier i svensk högskolesektor. Karolinska Institutet, Kungliga Tekniska Högskolan, Malmö Universitet, Göteborgs Universitet.

Simonsson, Angelica (2020): Förebyggande arbete mot sexuella trakasserier i svenskt och nordiskt arbetsliv. En forskningsöversikt (Rapport 2020:1). Göteborg: Nationella sekretariatet för genusforskning, Göteborgs Universitet.

Smith, Andrew/McKie, Linda (2009): Researching "Care" in and Around the Workplace. In: Sociological Research Online 4 (14), 1–7. doi: 10.5153/sro.1978

Strid, Sofia/Bondestam, Fredrik/Humbert, Anne Laure/Tzanakou, Charoula/Mergaert, Lut (2023): UniSAFE D6.2 Assessment framework to take stock, measure progresses, and identify strengths and weakness in organisational responses to gender-based violence along the 7Ps. Zenodo. doi: 10.5281/zenodo.10199913

Strid, Sofia/Humbert, Anne Laure/Hearn, Jeff (2023): The Violently Gender-Equal Nordic Welfare States. In: Lundqvist, Maja/Simonsson, Angelica/Widegren, Kajsa (Ed.): Re-Imagining Sexual Harassment. Perspectives from the Nordic Region. Bristol: Policy Press/Bristol University Press, 48–66.

Strid, Sofia/Humbert, Anne Laure/Hearn, Jeff/Balkmar, Dag (2021a): States of Violence. Exploring Welfare State Regimes as Violence Regimes by Developing a Violence Regimes Index. In: Journal of European Social Policy 3 (31), 321–336. doi: 10.1177/09589287211002370

Strid, Sofia/ Humbert, Anne Laure/ Hearn, Jeff/ Bondestam, Fredrik/ Husu, Liisa (2021b). UniSAFE D3.1 Theoretical and conceptual framework (Version v1). Zenodo. doi: 10.5281/zenodo.7333232

Svensson, Malin (2020): Sexually Harassed at Work. An Overview of the Research in the Nordic Countries. TemaNord. Copenhagen: Nordic Council of Ministers. doi: 10.6027/temanord2020-521

Tanhua, Inkeri (2020): Selvitys korkeakoulujen tasa-arvon ja yhdenvertaisuuden edistämisestä. Opetus- ja kulttuuriministeriö, Helsinki, Opetus- ja kulttuuriministeriön julkaisuja 2020.

Thornton, Margaret (2013): The Mirage of Merit. In: Australian Feminist Studies 76 (28), 127–143. doi: 10.1080/08164649.2013.789584

Tronto, Joan C. (2013): Caring Democracy. Markets, Equality, and Justice. New York: New York University Press.

UniSAFE (2021–2024). Gender-based violence and institutional responses: Building a knowledge base and operational tools to make universities and research organisations safe. Grant agreement ID: 101006261. doi: 10.3030/101006261

World Economic Forum (2023): Global Gender Gap Report 2023. Cologne/Geneva: World Economic Forum.

World Health Organization (2018): Violence Against Women Prevalence Estimates. Global, Regional and National Prevalence Estimates for Intimate Partner Violence Against Women and Global and Regional Prevalence Estimates for Non-partner Sexual Violence Against Women. Geneva: World Health Organization.

Woods, Dorian R./Benschop, Yvonne/van den Brink, Marieke (2022): What is Intersectional Equality? A Definition and Goal of Equality for Organizations. In: Gender, Work & Organization 1 (29), 92–109. doi: 10.1111/gwao.12760

Zembylas, Michalinos/Bozalekband, Vivienne/Shefer, Tammy (2014): Tronto's Notion of *Privileged Irresponsibility* and the Reconceptualisation of Care. Implications for Critical Pedagogies of Emotion in Higher Education. In: Gender and Education 3 (26), 200–214. doi: 10.1080/09540253.2014.901718