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Does Inequality of Opportunity Contribute to Rising Crime in Sweden? Implications for Public Health: a Viewpoint

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Abstract

Sweden has experienced a sharp rise in violent crime, particularly firearm-related homicides concentrated in socially vulnerable urban areas. Public debate often attributes this trend to migration, yet structural inequalities, rather than immigration itself, may play a more decisive role. This viewpoint argues that widening disparities in opportunity, unequal access to education and employment, and gendered disadvantage foster conditions for gang involvement and violence, especially among young men. Exclusion from mainstream institutions drives reliance on gangs as alternative sources of belonging, status, and livelihood, perpetuating cycles of violence and marginalization. Beyond law enforcement, this escalation poses urgent public health challenges. Violence functions as a syndemic, compounding trauma, adverse physical and mental health outcomes, and social exclusion. Addressing this issue may therefore require a preventive, equity-focused public health approach that complement law enforcement and criminal justice by strengthening education, employment pathways, and inclusive community structures. Confronting the structural and social determinants of violence is essential to disrupt marginalization and build safer, healthier communities.

Take-home message: Rising firearm violence in Sweden is closely tied to structural inequalities. Complementing policing and criminal justice with preventive, equity-driven public health strategies that address social determinants may be key to reducing violence and breaking cycles of marginalization.

Keywords: inequality of opportunity, social determinants of health, public health, gun violence, social exclusion, Sweden

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INTRODUCTION

In recent years, Sweden has experienced a marked increase in violent crime, particularly gun-related homicides and organized gang activity concentrated in urban areas of social vulnerability

[1]. For instance, fatal shootings have more than doubled since the early 2010s, and Sweden now ranks among the highest countries in Europe for gun homicides, a startling shift from its historically low rates [2, 3]. Much of this violence is localized in "vulnerable areas" characterized by relative poverty, low education levels and entrenched unemployment [1,4]. Nevertheless, the debate over the increased violence has centred around immigration. However, a recent study by Sarnecki and colleagues [5] demonstrated that the proportion of immigrant populations was only minimally associated with elevated levels of reported violent crime. When assessed across municipalities, the overall relationship between immigrant population prevalence and violent crime rates was weak and statistically insignificant ($p > 0.05$). Additionally, the findings suggested that municipalities experiencing substantial increases in crime were more likely to display a higher number of crime-related factors than those with smaller increases. However, the authors emphasized the need for further research on the influence of migration in smaller towns, particularly in communities that have faced, or are currently facing, economic and social stagnation [5]. Nevertheless, while public debate often centres on migration or policing, a growing body of research suggests that deeper structural drivers, specifically inequality of opportunity and gendered disadvantage, might play a critical role [6]. This viewpoint aims to stimulate scholarly discussion regarding the extent to which inequality of opportunity may contribute to the recent increase in violent crime, particularly among young men. It first examines inequality of opportunity in Sweden and then considers the potential public health implications.

Inequality of opportunity in Sweden as an emerging concern

Sweden has long been regarded as one of the world's most egalitarian societies, with relatively low-income inequality and strong welfare institutions [1, 3]. Yet recent evidence suggests a widening inequality of opportunity, that is, unequal life chances stemming from circumstances beyond individual control, such as parental income, education, neighbourhood, or migration background, rather than from individual effort [7]. The theory of equality of opportunity [8, 9] distinguishes between circumstances and effort: in a fair society, outcomes should reflect individuals' efforts and choices, while circumstances, such as family background or place of birth, should not predetermine life chances. When outcomes are primarily shaped by circumstances, the merit system ideal erodes, leading to entrenched disadvantages across generations [8, 9]. A study carried out by Pareliussen et al. [10] reports that intergenerational social mobility in Sweden has declined, with early-life circumstances increasingly determining adult outcomes. Access to quality education, secure employment and housing remains unequally distributed, and segregation reinforces these disparities. Children from disadvantaged backgrounds, particularly those growing up in economically and socially marginalized neighborhoods, are significantly less likely than those from better-of backgrounds to complete higher education or secure stable employment [10]. This erosion of opportunity is especially visible in urban areas marked by concentrated relative poverty and weak institutional support, where upward mobility prospects are structurally limited [10]. It is argued that the lack in access to traditional mechanisms of socioeconomic integration, such as education, stable labour market entry, and civic participation, is the reason why many young people, especially young men, risk being excluded from mainstream society. Such exclusion heightens vulnerability to both economic precarity and involvement in crime, especially in contexts where gang structures provide an alternative sense of belonging and status.

Although few studies in this area have been done, some have investigated gender disparities in opportunity and social outcomes in Sweden. A study by Hederos et al. [7] found that as much as 31% of income inequality among men could be attributed to circumstances beyond their control, compared with 25% among women. Moreover, when gender itself was included as a circumstance, it explained 13% of long-term income inequality, making it one of the most significant structural factors shaping opportunity distribution [7]. These findings complicate the common assumption that women uniformly face greater structural disadvantage. In terms of long-term income mobility and vulnerability to exclusion, young men, particularly from low-income or migrant backgrounds, are disproportionately at risk. Lower school performance, higher dropout rates and reduced access to employment opportunities exacerbate their precarious situation [7,11,12]. Therefore, without supportive institutional structures, many disengage from both education and the labour market, a

trend more prevalent among young men than among young women in socially vulnerable areas [7, 11, 12].

When outcomes are primarily shaped by circumstances, the merit system erodes, leading to entrenched disadvantages across generations [8,9]. For instance, a Swedish study attempting to answer to what extent existing income inequality was due to circumstances as opposed to effort found that several circumstances, especially both parental income and own IQ, were important for long-run income inequality. However, the authors concluded that variations in individual effort accounted for most of the inequality [12]. By contrast, a study carried out by Pareliussen et al. [10] reports that intergenerational social mobility in Sweden has declined, with early-life circumstances increasingly determining adult outcomes.

The link between structural inequality and crime is well established in criminological and sociological research [13]. For instance, the "strain theory" [14] and its later adaptations argue that when legitimate pathways to success are blocked, individuals may turn to illegitimate means to achieve status, income or recognition [15–18]. In Sweden, this dynamic is increasingly visible: rising gang violence and organized crime are concentrated in precisely those communities where social and economic opportunity is most constrained [1]. Areas marked by persistent relative poverty, high unemployment and school failure show a disproportionate correlation with violent crime and firearm-related homicides [4,19]. For young men facing systematic exclusion, criminal networks often provide more than just economic gain. They function as alternative institutions, pathways to social belonging, identity formation, and recognition [15–18]. Some argue that where mainstream avenues to social mobility are absent, gangs offer an alternative moral economy in which values such as loyalty, respect and resilience are rewarded [20]. This is in line with Connell and Messerschmidt's [21] theory of hegemonic masculinity, which highlights how marginalized men may adopt hypermasculine practices to reclaim power and dignity in contexts of exclusion. Within gang culture, violence and toughness are not simply instrumental but become symbolic performances of status in the absence of conventional success markers [21]. It is argued that inequality of opportunity can lead to crime through pathways such as relative deprivation (relative deprivation theory) [22], where a sense of unfair disadvantage fosters resentment and criminal behaviour; social disorganization (social organization theory) [23], where community heterogeneity breaks down social control; and social resistance, where individuals alienate themselves from societal institutions, leading to resistance via crime [24]. In addition, it has been suggested that the strain experienced by disadvantaged individuals (strain theory) because of a lack of upward mobility, especially if perceived as permanent or unfair, can drive them to engage in hostile behaviours including crime [25, 26]. For example, in another country, a recent ten-year study analysing official individual-level data demonstrated that, beyond the need to meet basic material requirements, relative deprivation in comparison with others significantly increased the likelihood of criminal behaviour. These findings highlight the role of structural inequalities in shaping pathways into crime [27].

Given the pathways described above, one can assume that in Sweden, gang involvement can be understood as a form of "rational adaptation" [28] to blocked opportunity: when education, employment and civic participation appear inaccessible or indifferent, alternative routes to meaning and livelihood emerge. For instance, while the abovementioned study identified high levels of inequality of opportunity among men in Sweden [7], it did not disaggregate results by migration status or neighbourhood. Nevertheless, it is reasonable to assume that disadvantaged men, particularly young men, experience even greater inequalities. This is because young men frequently encounter compounded challenges during the transition to adulthood, including barriers to education, entry into the labour market, and social integration, which can exacerbate existing inequalities of opportunity [6].

The development of increased gang violence carries profound implications for both criminology and public health. As gangs institutionalize themselves in marginalized neighbourhoods, they perpetuate cycles of violence, trauma and social fragmentation. Beyond the immediate consequences of shootings and homicides, these environments impose chronic stress, erode trust in institutions and exacerbate health inequities within already vulnerable communities. Therefore, this viewpoint argues that rising crime in Sweden should not be seen merely as a law

enforcement or migration issue, but also as a symptom of structural failures in ensuring equal opportunities.

DISCUSSION AND CONCLUSION

Public health implications of crime rooted in inequality of opportunity

As discussed, the rise of violent crime in Sweden has profound implications not only for safety and law enforcement but also for public health. Sweden has one of the highest rates of gun violence in Europe, with shootings and bombings occurring at a frequency previously unseen in the Nordic context [29, 30]. The immediate health effects are visible in the rising demand for trauma and emergency services, which places a heavy strain on hospitals and first responders [1,31]. Yet the deeper consequences are long-lasting, cumulative and far-reaching, reshaping the health of individuals, families and communities. For instance, it has been found elsewhere that communities exposed to persistent violence suffer a heavy psychosocial toll; and that stress, anxiety, depression and post-traumatic stress are disproportionately due to constant exposure to fear and insecurity [32]. Studies from the US report that, for young men, who are disproportionately both the victims and the perpetrators of violence, the health consequences are especially acute. These include premature mortality, mental illness, and substance misuse which can be markedly higher in these populations, creating cycles in which ill health and marginalization reinforce each other [32]. Violence therefore behaves much like a contagious disease: exposure increases the likelihood of further victimization and perpetration, transmitting harm across peer groups, families and generations.

The normalization of violence also erodes trust in health and social institutions. Residents of vulnerable neighbourhoods often avoid medical appointments, preventive services or mental health care because of fear of surveillance, stigma or institutional mistrust. This withdrawal from essential services aggravates existing health disparities [32]. The consequences spill outward: schools struggle to manage the effects of trauma on learning and behaviour, local businesses contend with instability, and entire neighbourhoods experience reduced social mobility. Thus, cycles of stress-related illness, and intergenerational disadvantage are perpetuated. In this sense, violence operates as part of a syndemic—interacting with relative poverty, segregation and inequality to magnify the overall burden of disease and ill health [33, 34].

Structural inequality compounds these harms, functioning as a determinant of health in its own right [33, 34]. Unequal access to quality education, stable employment, safe housing and preventive health care produces cumulative disadvantages that shorten life expectancy and worsen long-term health outcomes [10]. For young men in marginalized areas, these structural exclusions narrow legitimate pathways to health, dignity and belonging, making criminal networks appear as alternative structures of recognition. In this sense, crime and health disparities are inseparable outcomes of the same systemic inequalities [35].

Addressing these challenges requires public health strategies that are preventive, inclusive and rooted in equity. Early childhood education and targeted academic support in underperforming schools are essential to reducing educational inequality and fostering healthier developmental outcomes. Equally important are employment pathways that link skills training to meaningful labour market entry, helping young men avoid cycles of exclusion that increase vulnerability to both violence and ill health. Community-based mental health services, particularly trauma-informed care for children and adolescents, are critical in buffering the psychological toll of violence. In parallel, mentorship and leadership initiatives that promote inclusive and non-violent forms of masculinity can reduce the risks associated with gang affiliation and provide alternative forms of identity and belonging. Finally, reducing spatial segregation through equitable housing and integrated urban planning can alleviate the health consequences of concentrated disadvantage, fostering safer and healthier environments.

There are promising indications that coordinated action is possible. For example, the Next Generation Sweden provides part-time jobs and training opportunities for at-risk youth, demonstrating how public–private collaboration can rebuild opportunities, strengthen resilience and reduce both social exclusion and health vulnerabilities [36]. Similar lessons can be drawn internationally. Scotland's Violence Reduction Unit (VRU), for example, in 2005 pioneered a public health approach that treated violence as a preventable disease, leading to dramatic reductions in

youth violence and homicides [37]. Likewise, World Health Organization (WHO)-supported initiatives in Latin America and sub-Saharan Africa have demonstrated the effectiveness of integrated strategies that combine law enforcement, community engagement and public health interventions [38]. Ultimately, Sweden's rising crime rate cannot be understood in isolation from the broader social and gendered inequalities of opportunity that shape life chances. For young men from marginalized backgrounds, limited access to education, employment and civic participation results not only in heightened exposure to violence but also in poorer health trajectories across the life course. The consequences extend far beyond issues of law and order: they undermine mental health, reduce life expectancy, and weaken the social trust that has historically underpinned Swedish society. From this perspective, violence (including gang violence) must be recognized as a public health epidemic, as emphasized by the WHO and the US Centers for Disease Control and Prevention, both of which frame violence as a leading cause of premature death, disability and health inequities worldwide [39, 40]. Like other epidemics, violence spreads across communities and inflicts measurable harm on population health. It demands preventive interventions comparable to those mobilized against infectious diseases. To confront such an epidemic, criminologists, the police, and the justice system cannot act in isolation. Meaningful progress requires collaboration with public health professionals, epidemiologists, educators and community organizations. Only through cross-sector partnerships that integrate law enforcement with health promotion and social policy can violence be reduced, health outcomes for young men and their communities improved, and the cohesion of society as a whole safeguarded.

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References

1. Khoshnood A. The increase of firearm-related violence in Sweden. Forensic Sci Res. 2017;2(3):158–60. doi:10.1080/20961790.2017.1314896.
2. Brottsförebyggande rådet (BRÅ). Brottsutveckling till och med 2024. Stockholm: BRÅ; 2025. p.1–40.
3. Selin KH, Krusselman K, Suonpää K, Shannon D. Trends in firearm homicide in 23 European countries: is Sweden an outlier? Nord J Criminol. 2024;25(1):1–24. doi:10.18261/njc.25.14.
4. Brottsförebyggande rådet (BRÅ). Var inträffar skjutningar? En statistisk analys av geografisk koncentration och områdesskillnader. Stockholm: BRÅ; 2025. p.1–32.
5. Sarnecki J, Beckley AL, Wikman S, Westfelt L, Lilja M, Mondani H, et al. Changes in immigrant population prevalence and high violent crime rates in Swedish municipalities. Int Migr Integr. 2025; 26:1223–43. doi:10.1007/s12134-024-01221-1.
6. Bayas A, Grau N. Inequality of opportunity in juvenile crime and education. Int J Educ Dev. 2023; 103:102901. doi:10.1016/j.ijedudev.2023.102901.
7. Hederos K, Jäntti M, Lindahl L. Gender and inequality of opportunity in Sweden. Soc Choice Welf. 2017; 49:605–35. doi:10.1007/s00355-017-1076-2.
8. Roemer J. Equality of opportunity. Cambridge, MA: Harvard University Press; 1998.
9. Peragine V, Biagi F, Palmisano F. Equality of opportunity: theory, measurement and policy implications (EUR 29957 EN). Luxembourg: Publications Office of the European Union; 2019. https://doi.org/10.2760/640390.
10. Pareliussen J, Andre C, Bourrouse H, Koen V. Income, wealth and equal opportunities in Sweden. OECD Econ Dep Work Pap. 2017; 1394:1–34. doi:10.1787/e900be20-en.
11. Björklund A, Lindahl L, Lindquist MJ. What more than parental income, education and occupation? An exploration of what Swedish siblings get from their parents. BE J Econ Anal Policy. 2010;10(1):1935–1682. doi:10.2202/1935-1682.2449.
12. Björklund A, Jäntti M, Roemer JE. Equality of opportunity and the distribution of long-run income in Sweden. Soc Choice Welf. 2012;39(2–3):675–96.

13. Crammond BR, Carey G. What do we mean by 'structure' when we talk about structural influences on the social determinants of health inequalities? Soc Theory Health. 2017; 15:84–98. doi:10.1057/s41285-016-0020-3.
14. Jang SJ, Agnew R. Strain theories and crime. In: Wright JD, editor. International Encyclopedia of Social & Behavioral Sciences. Oxford: Elsevier; 2015. p.495–500. ISBN:9780080970868.
15. Van Gemert F, Peterson D, Lien I-L. Street gangs, migration and ethnicity. Cullompton: Willan Publishing; 2008.
16. Petersen KE. Young ethnic minority men and their movement into gang-related street communities: a question of preventing feelings of social alienation. Soc Work Soc. 2019;17(1):1–14. http://nbn-resolving.de/urn:nbn:de:hbz:464-sws-1812
17. Gormally S. "It's not being racist, but…": a youth gang and the creation of belonging based on "othering." Boyhood Stud. 2020;12(2):70–88. doi:10.3167/bhs.2019.120205.
18. Gerdellaj A. From the playground to the streets: children and youths' recruitment into criminal gangs in Sweden: a scoping review. Gothenburg: University of Gothenburg; 2024. p.1–78.
19. Lindgren S. Income inequality and crime: evidence from Sweden. Gothenburg: University of Gothenburg, School of Business, Economics and Law; 2019. p.1–58. http://hdl.handle.net/2077/60835
20. Anderson E. Code of the street: decency, violence, and the moral life of the inner city. New York: W. W. Norton & Company; 1999.
21. Connell RW, Messerschmidt JW. Hegemonic masculinity: rethinking the concept. Gend Soc. 2005;19(6):829–59. doi:10.1177/0891243205278639.
22. Kawachi I, Kennedy BP, Wilkinson RG. Crime: social disorganization and relative deprivation. Soc Sci Med. 1999;48(6):719–31. doi:10.1016/s0277-9536(98)00400-6.
23. Shaw CR, McKay HD. Juvenile delinquency and urban areas. Chicago: University of Chicago Press; 1942.
24. Itskovich E, Factor R. Economic inequality and crime: the role of social resistance. J Crim Justice. 2023; 86:101065. doi:10.1016/j.jcrimjus.2023.102065.
25. Merton RK. Social theory and social structure. New York: Free Press; 1968.
26. Barker R, Bonell C, Melendez-Torres GJ. 'In it from the beginning': how do young men and boys explain their entry into criminal gangs? Youth Justice. 2025;0(0). doi:10.1177/14732254251333697.
27. Itskovich E. Economic inequality, relative deprivation, and crime: an individual-level examination. Justice Q. 2024;42(4):637–58. doi:10.1080/07418825.2024.2435859.
28. Agnew R. Foundation for a general strain theory of crime and delinquency. Criminology. 1992;30(1):47–87. Available from: http://web.b.ebscohost.com/ehost/detail/detail?vid=25&sid=ff0e22b2-18df-49fa-b810-07798352a5bc%40sessionmgr198&hid=118&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=9203301138
29. Euronews. Sweden's homicide rate linked to gang warfare is one of the highest in Europe. Euronews. 2024 Oct 15. https://www.euronews.com/my-europe/2024/10/15/swedens-homicide-rate-linked-to-gang-warfare-is-one-of-the-highest-in-europe (accessed 15 July 2025)
30. The Lancet Regional Health-Europe. Sweden's economic inequality gap is widening and worrying. Lancet Reg Health Eur. 2023;26:100610. doi:10.1016/j.lanepe.2023.100610.
31. Khoshnood AM. Increasing rates of firearm violence in Sweden: a challenge for the emergency care. Eur J Emerg Med. 2022;29(2):95–6. doi:10.1097/MEJ.0000000000000903.
32. Kang D, Swaroop M. Community-based approach to trauma and violence: guns, germs, and bystanders. JAMA Surg. 2015;154(3):196–7. doi:10.1001/jamasurg.2018.4616.
33. Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Geneva: World Health Organization; 2010. p.1–79.

34. Egede LE, Walker RJ, Williams JS. Addressing structural inequalities, structural racism, and social determinants of health: a vision for the future. J Gen Intern Med. 2024;39(3):487–91. doi:10.1007/s11606-023-08426-7.
35. Macassa G, McGrath C. Common problems and common solutions? Teaching at the intersection between public health and criminology: a public health perspective. Ann Glob Health. 2024;90(1):12. doi:10.5334/aogh.4375.
36. Financial Times. Swedish companies join forces to steer children away from gang crime. Financial Times. 2025 Mar 17. Available from: https://www.ft.com/content/7fdd45e7-4a0f-4205-b994-a4f52bceb1f5 (accessed 24 Augusto 2025).
37. Deuchar R. The Scottish Violence Reduction Unit: a public health approach to violence prevention. Criminol Crim Justice. 2020;20(4):441–57.
38. World Health Organization (WHO). Global status report on violence prevention. Geneva: WHO; 2014.
39. World Health Organization (WHO). World report on violence and health. Geneva: WHO; 2002.
40. Centers for Disease Control and Prevention (CDC). Violence prevention: public health approach. Atlanta: CDC; 2022.