Chuka Nestor Emezue//

How and to what extent do victim service providers (VSP) co-construct stigma in their narratives of victimhood? In speaking with several VSPs – those who provide rehabilitative services for victims of trauma – my qualitative research study (ongoing as I write) on embodied stigma and narrated victimhood, has so far underscored the co-conception of 'victim stigma' between the VSP and the victim.

With this qualitative study, I was interested in micro-level narratives about male victims of sexual abuse and any illness behavior they perform that replicates the discursive-materialistic configurations of the larger society. In brief, the *discursive* involves the ongoing cultural conversations around stigma and the stigmatized. While the *materiality*, in this case, highlights the personification of victim stigma by the stigmatized.

A narrative inquiry approach

The third presence of a reliable audio recorder listening in on us – my interviewee and myself – informed a performed identity. In some cases, our interview happened over the phone with the occasional annoying tick-tick sound of a vigilant smartphone app in the background recording the awkward early stages of the interview, the enthusiastic but sidetracking core of their remarkably sad yet expectant stories, the punctuating laughs when humor was spontaneous, the cajoling, the avoided questions, and then – the ruminating but philosophical summing-up of an interview. As I thanked them – for expertise and time.

In the end, it did not matter that my key informants (victim service providers) were not great storytellers – a peculiarity which tracks back to the text and language positivism of hard science disciplines. This process yielded some '*great*' stories. First, I found that compared to larger master

narratives, an ongoing discursive-material duality established the concept of 'stigma' as a co-created dialectic social position. Therefore, social subgroups rallied around micro-level narratives of who qualifies to be stigmatized. My hypothesis?

Victim Service Providers were no different.

Anti-stigma interventions have grown in the mental health literature (Gronholm et al. 2017) even as confirmation of their effects remain unclear (Büchter and Messer, 2017). Yet, it is unclear how effective anti-stigma interventions co-construct dignity with victims, and how this affects illness behavior. Indeed, the conceptualization of stigma was more compelling than I thought.

What then is stigma? Etymologically, it derives from Grecian origins. S*tigmatos*, to mean "mark of infamy" – denoting a distasteful presence that is both literal and physically evident (Webb, 1883). In contemporary society, stigma remains idiosyncratic. Its proliferating effects cuts across society in multifactorial ways. For example, in a 2016 study, Drs. Nico Canoy and Mira Ofreneo elicited narratives from HIV-positive same gender loving men (SGLM) in the Philippines. The researchers utilized a discursive-materialist framework to uncover antagonistic negotiations of self-agency, religious agency and social agency with 20 HIV-positive men. These men occupied challenging social spaces that invariably conflicted with their spirituality in what was a moralist discursive space of Roman Catholicism linked to the materiality of stigmatization for sexual non-conformity and for being persons living with HIV (PLWHIV) in the unindustrialized economy of the Philippines (see Canoy and Ofreneo 2016).

The negative consequences of internalized stigma (i.e. reflecting stereotypes and public stigma) can traverse anything from a personal forfeiture of self-esteem to a dangerous aversion for using supportive services. To begin to understand stigma in clinical spaces, it was imperative to use a narrative framework with VSPs to triangulate rich records of expert experiences. I wanted to analyze the chronology of their narrations, the structure of their narration, the visual, auditory and textual intricacies of it. Simply put, what did VSPs choose to tell or leave out? How did they tell it? Why? Any answers to these questions would facilitate interpretative insight into how we (stigmatized or not) situate ourselves, critically, within the stories we narrate.

Importantly, I was interested in the way victim stigma was discoursed. The essential aspects of the co-construction of performative micro-narration of stigma status linked to the narrator's job roles and expert identity was too good an insight to miss. What materialized was a series of lively co-construction, between the narrator and myself. For the most part, I was as complicit in this co-construction as I was an instrument of narration (Riessman 2008).

When done well, the co-construction of victim stories told to me (the active listener) by them (key informants), balanced between the dualistic conditions of materiality and discourse. Focusing on materiality (or stigma embodied) vs. the discursive (stigma communicated by society, perceived and anticipated), I found, as suspected, that there are discipline-specific dialectics of what stigma really is, who embodies it, and what forces keep the stigmatization alive. To get at the crux of

stigma, I focused on narratives of experiences with male victims of sexual assault – stigmatized doubly because of the conflict between classic masculinity and disclosing vulnerability.

Evidence shows that male victims underreport, minimize, and internalize trauma from abuse. This poses implications for their psychological, psychosocial, and biophysical health. Of note, stigma is not the exclusive preserve of male victims. However, male victim narratives contend with master narratives of public stigma from friends, family, popular media, and even – service providers. Our gender canons, ever so punitive of weakness and fragility in men, these men contend with symbolic, theoretical and rational explanations of who qualifies as an "ideal victim", in such a way that this external stimulus reinforces internalized gendered labels of hyper-masculine standards. The response to this societal stimuli becomes stigma.

We know from critical masculinity studies that normative gender canons pedestalize masculinity as an indestructible and trauma-resistant gender position. As a result, victimized men 'save face' by coping through victim disembodiment, stigma embodiment, and the *othering* of victimhood. Sometimes coping strategies co-occur with risky sexual behavior, substance dependency, and PTSD.

Are there any positives of stigma? The answer is not straightforward. In some cases, stigma possesses the inherent ability to act as a prophylactic self-defense mechanism against contagious diseases for the unstigmatized (Smith et al. 2016). Still, in the health promotion literature, stigma remains misunderstood (Smith, et al. 2016). Functioning as a veritable barrier to the demand and supply of care. It is vital that we are able to operationalize stigma, beyond thinking of it as – a miasmatic badge of ridicule, deviancy or charity – which we try to explain, though inexpressible, even as we side with the unstigmatized (dominant group), thereby conferring on us some level of protection and risk.

Notwithstanding, the effects of stigma may not go in the direction we typically expect. For example, with VSPs, an understated professional stigma may taint the utility of the work they do. The same "occupational taint" accrues to other vocations, including sex workers, domestic workers, firefighters, and correctional officers who face physical (literal and figurative) social taint from working with stigmatized clients; such that the work they do can be considered "physically and socially dirty" (Tracy and Scott 2006, p. 17).

Further, there is also the concern for unstigmatized scholars who study stigma, "Scholars who do not belong to stigmatized groups may fail to understand the lived experiences of those who do belong to stigmatized groups, and may favor their a priori concepts and fail to adjust their scholarship to those insights" (Smith et al. 2016). My research on gender-based violence can occupy a variant of "occupational taint," as well as call into question my capacity to thoroughly study stigma. When I ride in the backseat of an Uber, the usual tête-à-tête with the driver (male) allows for the mutual allotment of identity, a co-constructed parsing out of what grand social membership the driver and I belong. In that space, we oblige a confirmation of our assumptions even as we "impute" a virtual social identity (Goffman 2, pg. 3). The conversation begins thus: "so –

what do you do?" "Nothing much, um, I work with men who abuse women." Silence and hesitancy follow. Other times? Authentic curiosity. However, a "social taint" occupies this space, where I (a black immigrant male in a Ph.D. nursing program) appear to chaperone *bad* and *good* masculinity places me in the position of "dirty job", or so I posit. I get a feeling that when discussing stigma with laypeople, it is likely VSPs experience a similar variant of professional stigma. I could be entirely wrong and would know after the study is completed.

For now, my study is still ongoing. This seminal piece should be considered an actively reflective by-product of an iterative narrative inquiry on how we co-construct stigma narratives in healthcare. It is likely I will share other findings in the near future, confirming and disconfirming hypotheses. Overall, the contribution of this study will inform health provider approaches in reaching and caring for victimized groups, and in caring for themselves, without re-stigmatizing or reproducing the same stigma from master narratives, especially where different variants of stigmatization organize at the nexus of identities.

[Of note, while I use the arguable term 'victim,' I have found there are subjective, interdisciplinary and value-based divergences in nomenclature].

Work Cited

Canoy, Nico A., and Mira A. Ofreneo. "Struggling to care: A discursive-material analysis of negotiating agency among HIV-positive MSM." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, vol. 21, no. 6, 2016, pp. 575-594.

Dougherty, Debbie S., et al. "A Photovoice study of food (in)security, unemployment, and the discursive-material dialectic." *Communication Monographs*, vol. 85, no. 4, 2018, pp. 443-466.

Gronholm, Petra C., et al. "Interventions to reduce discrimination and stigma: the state of the art." *Social Psychiatry and Psychiatric Epidemiology*, vol. 52, no. 3, 2017, pp. 249-258.

Riessman, Catherine K. *Narrative Methods for the Human Sciences*. SAGE, 2008.

Smith, Rachel A., et al. "Stigma and Health/Risk Communication." *Oxford Research Encyclopedia of Communication*, 2016.

Webb, Anne C. *A Manual of Etymology: Containing Latin & Greek Derivatives: with a Key, Giving the Prefix, Root, and Suffix*. 1883.

Image: Nighthawks, by Edward Hopper (1942). Public Domain. Just because it's a favorite.