

Stigmatisation of Youth in Residential Care as Epistemic Violence

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1 Introduction

This article on “Stigmatisation of Youth in Residential Care as Epistemic Violence” examines recent forms of violence amongst youth in a residential care facility in Austria. It also points out violent practices of a caregiver against youth in said facility. The presented study results are embedded in a larger ethnographic study named “Shame Dynamics in Residential Care – an Ethnography of Child and Youth Care and Disability Services” that includes participant observation as well as qualitative interviews with youth and professionals. The study was conducted in two children and youth care facilities as well as one disability service facility in Austria. The participant observation in the facilities was organized looking at the expression of affects¹, with a focus on shame. Overall, the underlying study of this article examines the occasions, the modes of expression and the handling of shame in the context of aggression in interactions between youth and professionals in residential care.

Historically, care facilities for children and youth in Austria were mostly organised in the form of larger homes which structures were characterised by violence (e.g. Schreiber et al., 2010; Sieder, 2012; Bauer, Hoffmann & Kubek, 2013; Ralser et al., 2017; Elezović, et al., 2017). A blatant extent of violence in institutions has been identified particularly in the field of care for people with disabilities in Austria (Flieger & Schönwiese, 2015). Due to reforms and changing norms in society, violence in residential facilities decreased but continues to occur. Mazzone, Nocentini, and Menesin (2018) provide a current overview of international research on different forms of violence among children and youth in residential care. Their meta-analysis highlights the fear of children and youth to be assaulted by other children and youth within the facilities. This fear is rooted in the structures of residential care, which provide little space for children and youth to temporarily withdraw from potentially harmful group members. The meta-analysis shows that violence occurs mostly amongst children and youth in residential care. To a far smaller extent, children and youth act violently against professionals (see Smith et al., 2017; Alink et al., 2014). One of the few recent empirical studies that focuses on violence by professionals in residential care was published by Clark (2018). The author elaborates on punitive practices by professionals against children and youth in Germany, such as forcing them to work, depriving them of their freedom of movement and threatening them with expulsion from the facility. In Clark’s study, youth report psychological, but no physical violence by professionals.

However, physical violence against youth is still used by professionals in Germany, as Lorenz (2020) shows in her research on the concealment of violence by professionals in residential care. Her study focuses on an institution in Germany, which in 2009 reported itself to the

¹ The academic discourse on affects/emotions/feelings is inconsistent (Penz & Sauer 2020). I use a social theoretical concept of affect as an umbrella term for various affective states (ibid.). In passages that primarily refer to intrinsic aspects of affects, the term emotion is also used (e.g. emotional stress).

authorities for the long-term use of violence (including physical violence) against children and youth (ibid.).

Flieger and Schönwiese (2015) emphasize that disability services have not been reformed in the same way as child and youth care facilities. They assume that violence against people with disabilities continues in institutions for people with disabilities. Research on this topic, reforms and also acts of reparation towards those affected are largely pending (ibid.).

Against this background, this article argues □ on the basis of participant observation in a disability service facility for children and youth □ that different forms of violence occur amongst youth and that their stigmatization by caregivers can be understood as epistemic violence. The article further examines the role of shame and other affects in the context of stigmatisation and epistemic violence.

2 Affects and Shame in the context of social work

Affects have a fundamental influence on human experience and action (Neckel & Sutterlüty, 2005). This also includes practices that are understood as violence. Affects are therefore relevant for the research on interactions between professionals and addressees of pedagogical services. Interactions are of particular relevance for research in the field of social pedagogy addressing children and youth since the German term “Erziehung” (meaning both education and upbringing) cannot be framed as a linear activity of an adult raising children. More precisely “Erziehung” can be understood □ at least in the case of the material presented hereafter □ as a relational process between caregivers and youth (Seichter, 2014). Up until now, no ethnographic research on care facilities for youth in Austria that is oriented towards affect theory or shame has been conducted. However, as affects are implicitly guiding actions □ and shame in particular is an essential mechanism of social inequality (Neckel, 1991) □ the research approach presented in this paper contributes to the scientific discourse on residential care for youth as well as to the professionalisation and reform of residential care. Hence, the study adds to the field of child and youth care research, affect studies and to qualitative research on violence.

Within the scope of affects, addressing the specifically social affect of shame has gained increasing importance in social work research. Dörr (2010, 2014) has further developed shame theory and explored its pedagogical relevance. Magyar-Haas (2011, 2012) has conducted research on shame and shaming in (social) pedagogical situations, Schoneville (2013) studied poverty and exclusion as a form of shaming and disrespect and Schröder (2013) researched shame-generating and shaming moments in the professional relationship as well as emotional work in residential care settings (2017). Knecht and Obermair (2020) recently added a study on the relationship between shame and poverty. The international volume *Shame, Mistakes and Reflective Practice in Social Work* edited by Frost, Sicora, Magyar-Haas and Schoneville (2020) is a further recent contribution in the field of shame research. The international volume explores a variety of theoretical approaches to understanding shame in the context of Social Work.

Due to my focus on the dynamics of shame in interactions, I draw from a broad definition of shame as introduced by the American sociologist Scheff (2014). Scheff especially focuses on the social-regulatory function of shame in social relations. In his definition, shame signals a threat to the social relationship through an assumed evaluation of the self by the other (ibid.). The anthropological basis for Scheff's theory of shame is that people are fundamentally dependent on social relationships and therefore try to avoid shame. Scheff also assumes that

shame is concealed in western societies because these societies stress individualism and devalue shame as personal weakness (ibid.). Therefore, Scheff coined the theory of the "low-visibility of shame" and argues, that shame is often concealed (ibid.). With reference to Scheff, Neckel has deduced that shame and shaming also serve the negotiation of social status attributions, for example through group-related devaluation and processes of social exclusion (Neckel, 1991).

In addition to shame theory in the context of the presented empirical data in this article, theorizing violence is crucial for the interpretation of the gathered field notes. Violence, like any term, is a social construct, but the term "violence" has a much stronger negative connotation and is much more morally charged than other terms (Hagemann-White, 2016). The moral implications of the term violence as well as the wide range of academic discourse around violence should be considered when using this term for interpreting data in a qualitative research project. As Hagemann-White points out, the identification and designation of practices as violence involves a strong moral judgement. If violence is condemned, it implies criticism of the perpetrators; if violence is presented more "neutrally", this suggests a justification of the phenomena and therefore reflects the point of view of perpetrators (ibid.).

Due to the strong moral judgement connected to discourses around violence as explained above, I present a field note and then closely follow up with an interpretation of the interaction presented through the field note after briefly outlining methodological aspects of my research. In a next step, I then discuss my empirical findings in the context of the broader social-theoretical discourse around stigmatisation and epistemic violence. Finally, I draw conclusions for possible changes and reforms of residential youth care in Austria.

3 Methodology

This article is empirically based on an ethnographic field note as well as on a qualitative interview looking at the expression of affect. The complete data set of the larger ethnographic study that underlies this article comprises 65 pages of field notes and autoethnographic documents, audio recordings and transcripts of eight semi-structured interviews with pedagogical staff, 15 interviews with youth as well as audio recordings of team meetings.²Besides the interactions between the study participants, the field notes also contain the documentation of my own behavior and affects during field work. Anthropology has developed an in-depth discourse on the importance of researchers' affects in the field and in data production (see, among others, Davies & Spencer, 2010; Oppermann, 2012; Stodulka, 2014; Stodulka et al., 2019). From the epistemological stance of constructivism, access to the feelings of field participants cannot be claimed since the perception of other people's feelings is always an act of one's own construction, in this case the researcher. It is also difficult to perceive mixed affective states in their complexity and to put them into terms. Therefore, the presented approach is understood as an approximation of the perceived expression of affects of the field participants by the researcher.

² To maintain anonymisation, the initially planned evaluation of the pedagogical concepts of the facilities was dismissed. Due to the size of the facility providers and the small number of residential care facilities in Austria, it wouldn't have been possible to maintain anonymisation, if the concepts of the facilities had been disclosed.

3.1 Participant Observation

Participant observation is the key method in ethnographic studies (Ricken & Reh, 2014). The primary advantage of participant observation is direct access to witnessing and simultaneously participating in interactions in the respective research fields. This method allows access to otherwise hidden dimensions of social action. Ethnography, especially the ethnography of affects, thus implies a tension between descriptions and attributions by the researcher, which should be reflected methodologically (ibid.). The presented ethnographic and interpretative work focuses on intersubjectively comprehensible expressions of affects. This leads to the question how an intersubjective ethnography of affects can capture the often-concealed affect of shame.

The collection and analysis of data for this study is conducted by analyzing and interpreting the observation of affects expressed by field participants, of the researcher's affects as well as drawing on the interpretation of the broader social context. The basis for the gathering, analysis and interpretation of data are physical and verbal expressions of affects (e.g. the intonation of expressed words) as well as linguistic conceptualisations (i.e. naming) of affects. The latter usually only takes place in retrospective, when reflecting on the experience, which has consequences for the qualitative interviews as I will discuss in the following section.

3.2 Semi-Structured Interviews

The semi-structured interviews with youth and professionals conducted as part of the study were primarily used as a complementary source of information for further interpreting the field notes. A total of 23 interviews (15 with youth and eight with caregivers) were transcribed and globally analysed using research-guided questions (Loch, 2014, 111). Individual passages were analysed following Grounded Theory Methodology according to Strauss and Corbin (1996) □ on the one hand for interpreting the interviews, and on the other hand for condensing the interpretations of the field notes.

All interviews were started off with the request that the interviewees talk about their work life (professionals) or life (youth) in the facility. In order to obtain the perspectives of the field participants on the interactions interpreted in the study, participants were asked to recount the interactions in the course of the interviews (Rosenthal & Loch, 2002). For interviews in a research study on shame, it is recommended to work with narrative question forms, because tabooed contents are more likely to be transported within narratives (ibid.).

When using narrative question forms for shame-related topics, three challenges emerged during my ethnographic work. Firstly, repeatedly comprehensive narratives did not emerge, because the field participants changed the topic, stated that they could not remember or gave brief answers that did not have a narrative character. Second, the interviewees stated, that they perceived some of my questions regarding concrete situations during my participant observations as incomprehensible. Third, as an interviewer I sometimes unintentionally switched to question forms that weren't narrative, partly out of nervousness, partly out of being mentally occupied with the topics mentioned by the youth, such as violence on behalf of caretakers. Something I kept in mind is that questions to those affected by violence should not be designed in a way that they must justify themselves to the interviewer (Kavemann, 2016).

Summing up the course of the interviews, I conclude that the essential factor for obtaining information in form of self-directed narratives is whether I, as a researcher, succeed in creating a trusting atmosphere for conversations.

3.3 Data Analysis and Interpretation

In Grounded Theory, comparing the properties of the constructed codes or concepts and categories is crucial. In order to code openly in the most productive way, I initially scanned the text word by word and singled out words and phrases that seemed essential for understanding the material (Strauss & Corbin, 1996, 53). Subsequently, I also applied axial coding to find structural similarities and contrasts in the data. During the coding process, I especially looked at three factors; observed affects of participants, the meaning of my own affects as a researcher and the wider social context of the expression of affects. I discussed my interpretations within interpretation sessions with pedagogical professionals from within the field as well as fellow scholars from within my area of research.

During the analysis and interpretation of the data, I discovered narrative structures of the expression of shame in the context of aggression. On the basis of these structures, I formed ascending theses for each of the thematic complexes of the study, I constructed. Those are "Shame dynamics in-between the emotional burden of caregivers and their pedagogical scope of action", "Shame dynamics in the pedagogical handling of violent behaviour from the perspective of male youth", "Educational shaming by caregivers as pedagogical means of sanctioning girls" and "Suicidal behaviour as a cause of shame and guilt among facility members". In this article, I will only introduce results of the first thematic complex called "Shame dynamics in-between the emotional burden of caregivers and their pedagogical scope of action".

3.4 Ethical Issues

The policy of the ethnographic study that underlies the presented material was to be as transparent as possible; hence, I disclosed my research focus to all field participants. In doing so, I tried to use appropriate and understandable language for the field participants. In the disability services facility, I worked with a drawing visualizing my research approach. I also repeated my explanations to individual children and youth at their request.

All field participants mentioned in this study provided informed consent. I emphasized that participation in the study was voluntary, all participants were required to sign a consent form, and even after signing, they could withdraw from the study at any time. Some youth in the visited facilities made it explicit from the beginning that they did not want to participate, and occasionally someone withdrew from the study during the research. A clear ethical limitation is implied in the consent of participants having a legal guardian who was able to decide for them – whether it is to participate or not to participate. This circumstance must be considered from a children's rights perspective.

4 Results

The following revised field note and interview excerpts were gathered during the field work in the facility "Jackdaw", a disability service facility that calls itself a "home". The facility is located in a rural area of Austria and has a segregated school attached as well as a large garden with animals, sports and play facilities. Of the 14 accommodated children and youth between six and 15 years of age and four caregivers who work at the facility, I was able to work with a group of six children and youth, supervised by two long-term employees. The

qualifications of the observed caregivers are non-academic; both caregivers are over 40 years old and have completed, as was common in Austria at the time of their education, a specialized training for working with people with disabilities.

4.1 Fieldnote “Almost no tolerance”

After a trip to the park, we stop before the facility. Caretaker Hannes says that we first bring the scooters and the bike back to the shed. The youth Vanessa, Tom and Gerome (all 13 years old), who are accommodated in the facility, walk ahead with their scooters and the bike, while Hannes and I walk slowly behind them. Hannes tells me that the children simply have no patience and zero tolerance. He reformulates. To say zero would be wrong. Almost no tolerance. As soon as something did not go the way the children wanted, they would “snap”. Meanwhile, Vanessa, Tom, and Gerome turned the corner of the house to a large shed where the bikes, scooters, and other play equipment are stored.

I suddenly hear a loud noise. As we turn the corner of the house into the driveway of the shed, Tom is standing next to a pile of wood. Three or four feet away, Gerome and Vanessa are standing in front of the shed's gate, facing Tom. Tom's gaze is fixed on Vanessa and Gerome, who in turn are looking at Tom. Vanessa still holds her bike and Gerome his scooter. Tom's scooter lies on the ground, in his raised hand he holds a log. When he sees us, he quickly lowers his hand with the log. Hannes calls out to Tom in a calm, steady voice "Now I'm curious!".

Vanessa and Gerome shout, with indignation in their voices, that Tom wanted to hit them. Tom now drops the log and quickly walks away from the gateway, past us. Hannes approaches Vanessa and Gerome, while I remain where I am.

When walking past me, Tom turns to me and shouts loudly "I hate you, Sara!". I am perplexed and just look at Tom. He walks so far away from the shed and around the house that neither I nor any of the others can see him. Hannes, Vanessa and Gerome are moving the play equipment into the shed. I take a few steps backwards to get Tom back in my field of vision. He has stopped in front of the house with his head down and is looking over at me from a distance, with an expression of hurt on his face. When our eyes meet, he takes a few steps further into the corner so that he is once again out of my sight. As I have the impression that Tom is ashamed and wants to be left alone, I turn around again, away from Tom, towards Vanessa, Gerome and Hannes.

We now walk together from the shed back to the house, and Tom, who is still standing in front of the house, comes into our field of view again. Hannes tells us to go ahead, which we do. When I turn around again at the house, I see Tom and Hannes walking calmly next to each other and talking to each other.

Still outside the house, Tom runs up to me, hugs me and says "I like you. Sorry." I say "Apology accepted." and let the hug pass. Together with the other kids, Tom now runs past me into the house, laughing. Inside the house he hugs me again and says "I like you." Again, I do not actively hug him back and say "I like you, too."

Following up on what happened at the shed, regarding the conflict between Tom, Gerome and Vanessa, I ask Hannes what he said to Tom after he had slammed the scooter into the shed door. Hannes says "Nothing really" and then adds “Tom knew exactly what was going on”.

4.2 Interpretation of “Almost no tolerance”

At the beginning of the field note, two groups are constituted; on the one hand the youth and on the other hand the researcher and the caregiver, who both walk behind them. This distinction is also established in the conversation □ and then transformed at the end of the field note. The caregiver refers to the children and youth in the facility as "the children", who simply have no patience and almost no tolerance. This representation of the children and youth can have different functions. Firstly, the caregiver's portrayal of the "children" as having "almost no tolerance" could mean that he assumes that the "children" have limited skills when it comes to relationships. Since this perception of the caregiver is communicated to the researcher in a one-on-one conversation, it can be read as the caregiver revealing how narrow his scope of action for the pedagogical work with the children and youth is, due to their limited capacity in terms of relationships (Diehm, 2000). Secondly, the representation of the children and youth can also point to the fact that their behaviour represents an emotional burden for the caregiver.

Sociologists Sonja Fückler and Christian von Scheve argue that denying people recognition and respect shames them, because feelings of inferiority and inadequacy are created this way (Fückler & von Scheve, 2013). Thus, when the caregiver describes the children and youth as having “no patience” and “almost no tolerance”, this can also provide potential shaming occasions for the caregiver personally. Third, the caregiver's assessment that "the children" have no patience, almost no tolerance, and snap is symbolically negative. As negative classifications, they are thus part of the devaluation of the children and youth he is responsible for. Although the caregiver relativizes his devaluation, interestingly he does not do so with regard to its function of representing "the children" as a homogeneous group. Rather, he relativizes the extent of the deficit that he attributes to the homogeneous group he has constructed. This general devaluation of children and youth in residential care does not take into account structural or economic aspects and factors of (socio-)pedagogical professionalism. Therefore, the general devaluation of the "children" can have the function of reducing complexity and also relieving the caregiver from an emotional burden of having to deal with aggression and conflict on a daily basis. In contrast to this, the other caregiver I was able to work with in this facility, Erika, did not express any devaluations of the children, but mentioned, for example, that she liked working with Tom.

In the situation in which the caregiver sees the youth in the driveway of the shed, he addresses Tom with the phrase "Now I'm curious!". Since the caregiver could not see how the situation came about, his reaction points to the fact that this is a recurring scenario in which he clearly attributes responsibility to Tom. By addressing Tom admonishingly and Tom reacting to the admonition, a clear relationship of perpetrator (Tom) □ victims (Gerome and Vanessa) is suggested. Tom raising a log in the direction of Vanessa and Gerome can be understood as a threat of physical violence. Threats are not only potentially frightening, but also tend to be shameful, since "feeling threatened", together with the arising fear, produces a loss of sovereignty and thereby undermines the socially valid norms of autonomy and individuality (Fückler & von Scheve, 2013, 199). Fückler and von Scheve argue that violence is a social act and always based on relationships (ibid.). Regarding the presented field note, it is unclear what preceded to Tom raising the log. In any case, Hannes' address to Tom "Now I'm curious!" implies that Tom has already done something wrong, but can still give in. Thus, this reminder can also induce guilt (about doing something wrong) and shame (about being suddenly exposed and negatively evaluated as a person). The admonition, however, also implies that Tom can now make a choice. In this respect "Now I'm curious!" also has the

character of an invitation, in addition to the accusation. For even if "Now I'm curious!" implies that Tom might not choose the "right" reaction, it shows a space in which Tom can still behave "correctly". Hannes' reaction gives room to Tom to still make up for what he has done.

As the caretaker Hannes and I turn to Vanessa and Gerome, they shout that Tom wanted to hit them. Hereby, the two youth directly follow Hannes' implicit attribution of guilt to Tom. Tom's supposed intention to hit resonates with the moral predisposition to even consider certain actions. In this respect the acclamation of the caregiver implicitly aims at the level of being (morally responsible) as well as the level of doing (hitting). Scheff's (2000) concept of shame aims at including the smallest endangerments of social relations as causes of shame. Against the background of this broad view of shame, he also assumes a close relationship between guilt and shame (Scheff, 2014). The clear assignment of guilt to Tom by Vanessa and Gerome can, together with the admonition by the caregiver, become an occasion of guilt and also shame. This is the case, because Tom's actions are evaluated negatively, but at the same time □ and this hits the moral level of being □ bad intentions are attributed to him.

Tom then lowers the log he was holding up in the direction of Gerome and Vanessa and leaves the situation. Since feeling ashamed is accompanied by a tendency to conceal oneself or the subject of shame, leaving a situation is seen as one of the clearest expressions of shame (Seidler, 1995).

While guilt results from the power of having done something wrong, shame is associated with the feeling of being powerless. As Tom walks away, he shouts at me "I hate you, Sara". The philosophers Demmerling and Landweer argue that hate □ in this respect hate is similar to shame □ is also rooted in experiences of being powerless. From their perspective, hate serves to overcome powerlessness. "The powerless person experiences himself as capable of acting in hate" (Demmerling & Landweer, 2007, 297, transl. by author). The caregiver shapes the situation of Tom's leaving in such a way that he does not confront the boy (this could cause further shame), but leaves Tom alone for the time being. The fact that I, as the researcher, do not now follow the caretaker, in a participatory observational manner, but rather Tom, has the potential to disrupt the "being left alone" of Tom. However, Tom re-establishes the situation of being withdrawn from the gaze of others by stepping out of my field of vision. Meanwhile, Hannes is in the shed with Gerome and Vanessa to stow away the scooters and bicycle. Possibly a conversation about the situation also takes place there, however I, the researcher, am out of earshot.

Only on the way back from the shed, after Tom had been alone for a few minutes, Hannes turns to Tom. Hannes makes sure that Tom and he speak privately by asking the other youth and me, the researcher, to keep walking. Since Tom had previously withdrawn from our gaze, this can be understood as the caretaker giving attention to Tom, through which closeness is established. At the same time, a transformation of the one-on-one conversation from the beginning of the field note takes place. Instead of me, Tom now walks next to the caregiver in a confidential conversation. Understood in this way, the threat and the expression of shame on Tom's part are now followed by closeness and attention on the part of the caregiver. The fact that Tom apologizes to me, the researcher, after the conversation is also accompanied by the establishment of physical closeness. All in all, the apology is only expressed to the researcher, not to Gerome and Vanessa.

In response to my question in the interview at the end of my field work about what the caregiver discussed with Tom, the caregiver says "nothing really". He might have given this short answer due to the question form. The fact that he had discussed "nothing really" may further indicate that the level of speaking, which is what I am inquiring about, was not relevant in the one-on-one conversation, but rather the physical level (walking side by side). Also, "nothing really" may mean that the caretaker did not put Tom down. "Nothing really" may also indicate that Hannes is using pedagogical practices which he either does not reflect on or does not want to make explicit since it was a private conversation.

The caregiver's postscript that Tom knows exactly what is was going on suggests that Hannes assumes a recurring experience with Tom and a shared reading of the situation. Recurring, stable patterns of interaction are seen as the basis of relationships (Böhle et al., 2012). The caregiver's statement can thus be understood as a reference to the fact that a relationship exists between Tom and the caregiver, which here takes the form of walking side by side and a one-on-one conversation of uncertain content. Since the level of interaction between myself and Tom clearly shifted after the one-on-one conversation, Tom's apology to the researcher can be seen as a result of this conversation. However, an apology to the threatened youth does not follow and cannot be observed later on during the field work either. The level of social behavior among the youth thus remains de-thematised, at least during the fieldwork.

In accordance with the general devaluation of the children and youth derived at the beginning of the interpretation, according to which they are only capable of limited relationships, the caregiver works within a limited pedagogical scope of action, in which social conflicts are only partially dealt with. The social constraints of the children and youth perceived by the caregiver, which forms the basis of their general devaluation, hence become apparent by his restricted pedagogical practices.

5 Discussion of stigmatization as epistemic violence

The presented field note "Almost no tolerance" shows structural similarities with another fieldnote from the larger study, called "No solidarity". In both interactions the caregivers implicitly express an emotional burden in their work, which is also caused by youth aggression. Another structural similarity of the two fieldnotes is that both caregivers express a negative generalisation of the addressees. These negative generalisations are in both cases accompanied by limited pedagogical scopes of action. This poses question on the social function of negative generalizations of supposedly homogenous groups. Goffman defines stigma as an anticipated or actual characteristic, in each case to be seen in a system of relations, through which an "usual person" is diminished to a "tained, discounted one" (Goffman, 1963, 3). With "usual persons" who are diminished, Goffman refers to the fact that stigmatization is not about the stigmatized characteristics per se, but about relations, about the respective social or milieu-specific contexts and ideas of normality that are applied to people and which they do not fulfil. Goffman refers to people to whom a stigma does not apply as "normals" (ibid., 5). He emphasises that the "normals" particularly use stigmas that they believe are not applicable to themselves, to stigmatize others (ibid., 6).

As I already mentioned, the caregiver Hannes constructs his addressees as "the children", i.e. as a homogeneous group, on the basis of perceived deficits (no patience, almost no tolerance). In the other fieldnote "No solidarity", another caretaker constructs "the youth" as a homogeneous group on the basis of perceived deficits as well □ aggressiveness, lack of appropriate handling of valuables, lack of cooperation. In this respect, it can be said that the caregivers here, with the general devaluation of the youth, also construct themselves as being

normal. The stigmatisation of the youth, which draws on a broad framework of social order, thus serves to enhance the position of the caretakers. In this respect, such a distinction can also be understood as a strategy of caretakers to protect themselves from criticism or attribution of responsibility and hence also from potential occasions of shame. By using stigmatisation, the caretakers fall back on widespread patterns of social orders that allow to individualize problems at work focusing solely on their addressees as having a deficit. The actions and also the working conditions of the caretakers themselves are thus removed from the center of attention.

Elezović, Lippitz and Loch have outlined the potential for violence through stigmatisation with regard to child and youth welfare (2017, 71). The authors show that negative attributions that were constructed as scientific facts historically served to justify sexualised violence against children in institutions (*ibid.*, 69). Similarly, the sociologist Mayrhofer uses a historical study of documents on the children's home "Wilhelminenberg" (Vienna, Austria) as well as the psychiatric hospital of the city of Vienna called "Baumgartner Höhe" to conclude that stigmatising frameworks or ideologies of inequality enable structural conditions for violence and neglect (Mayrhofer, 2019). In the following, the argument is developed that stigmatisation can be described as an enabling condition for violence, but at the same time can also be understood as violence in itself.

The discourse on violence in the social sciences is quite broad and there is a dispute about using a narrow concept of violence (i.e., more subtle forms of violence are not visible) and a broad concept of violence (i.e., non-violence is not possible and all forms of "Erziehung" are inherently violent) (Bourdieu & Passeron, 1973, 13). Relevant to the discourse of Social Work is especially the concept of epistemic violence, which is located on the level of knowledge. Political scientist Brunner (2020) argues for a broad understanding of violence in which violence is understood as relational and processual. The author points out that narrow concepts of violence hide deeper causes of violence. As already pointed out earlier, violence is a social construct that is generated when, for example, scientists define social practices or relations as violent. With the concept of epistemic violence, Brunner (2018) refers to the violence of both knowledge and science. The connection that scientific knowledge is in itself violent and perpetuates other forms of violence has been illustrated by Ralser and Sieder (2014) for the history of welfare institutions in Austria. As the authors illustrate, psychiatry and the historical discipline "Heilpädagogik" (a mix of psychiatry and pedagogy) showed a strong interest in establishing themselves as gatekeepers that used epistemic violence to draw the line between normality and deviation and hence distinguished between valuable and inferior life. As professions that categorise, diagnose, intervene in, and even end life, they were responsible for the occurrence of structural violence both in children and youth welfare and welfare policies. Epistemic violence thus legitimised and provoked structural violence in welfare facilities. In addition to that, these forms of scientific knowledge also allowed professionals to exert psychological, physical and sexual violence on the children and youth (*ibid.*).

As already mentioned, Brunner's understanding of epistemic violence goes beyond problematising scientific knowledge addressed by Ralser and Sieder. Brunner points out that everyday knowledge is a dimension of epistemic violence. She defines epistemic violence as the dimension of violent social relations that is inherent in knowledge itself, in its genesis, formation, organization and efficacy (Brunner in Brunner, 2018). Drawing on my research findings above, I argue that the stigmatisation of youth by caregivers is fed by broader patterns of social order and can be understood as epistemic violence. Since stigmatisation

expresses a reductionist view of the addressees and is passed on as an offer of interpretation, these forms of everyday knowledge can be understood as epistemic violence. From a sociological perspective, this knowledge also has the function of enhancing the position of the professionals by devaluing the youth. Stigmatisation can also be understood as violence in the form of epistemic violence, even if it is an inner attitude that is not expressed to third parties or the stigmatised addressees themselves. Stigmatisation is an important topic for processes of professionalisation in institutions for two reasons □ firstly, because stigmatisation is epistemic violence in itself and secondly, because other forms of violence can follow from a stigmatising view of addressees.

6 Conclusion

As Clark (2021) summarizes, there are “tremendous problems regarding the quality of life” of youth in residential care in Europe in general. The above-mentioned study results point out that stigmatization and epistemic violence on part of caregivers towards youth is amongst the realm of those problems. Due to the number of field participants in the presented material, my results are not representative in relation to the entire field of residential care in Austria. The quality of the elaborated results does not lie in the large scope of the study, but in the details of the results. With these empirical results at hand, challenges for the field of residential care can be identified.

Stigmatisation and epistemic violence should be tackled on the level of caretakers training and further education and reforms within institutions. Social Work, which sees itself as an intervention against discrimination (Heite, 2010), is a complex undertaking in which professionals need to continuously remain aware of social mechanisms like stigmatisation and epistemic violence that produce social orders. Nevertheless, stigmatisation and epistemic violence by caretakers are unlikely to be resolved by solely working on the level of training and further education of professionals as well as reforms within institutions (such as lowering the sizes of groups or changing employment policies). This is, because socially widespread patterns of evaluation and thus devaluation are inert in any pedagogical practice.

Of course, a contentious and political social work can contribute to those long-term social changes through public relations work, self-criticism and coming to terms with its own history. But all those measures will come too slow for the addressees of residential care, who are sometimes in urgent need for alternative forms of care. Therefore, I plead for a broad strategy that aims at the level of caretakers training and further education, reforms within institutions as well as the offering of alternative forms of care and – last but not least – intercepting the reasons for residential care. In the latter respect, the general fight against poverty, the expansion of social benefits for parents, especially single parents and parents with disabilities, the expansion of health insurance benefits in relation to psychological health care and the expansion of offers of protection against violence are to be mentioned. In addition to intensifying early help, reforms aimed at expanding support services for parents with disabilities (e.g. More, 2021) as well as expanding family foster care (e.g. SOS-Kinderdorf 2021) and adoption would also help to reduce the need for residential care.

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