



**Exploring the impact of stigma
on health and wellbeing:
Insights from mothers with
lived experience accessing
recovery services**

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Stigma

People who use drugs are stigmatised, and are also stigmatised for (to name a few):

- Mental health challenges
- Receiving benefits
- Being open to social services

Mothers who use drugs are not only being stigmatised for their drug use but also for their mothering (e.g. whether they are “good” or “bad” mothers)



Public Stigma

Women who use drugs are still subjected to public stigma regardless of where they are on their recovery journey, with women similarly stigmatised when using drugs and during recovery.

Family members can also be subjected to public stigma

- Research shows that families of people who use drugs are often blamed for their family member's use, with this resulting in social exclusion.



Self-Stigma



Self-stigma can lead to feelings of shame and self-loathing

Anticipated stigma - The individual believes that they will be judged and stigmatised

The impact of this can result in:

- poor mental health
- Reluctance to access treatment
- Isolation from family and friends

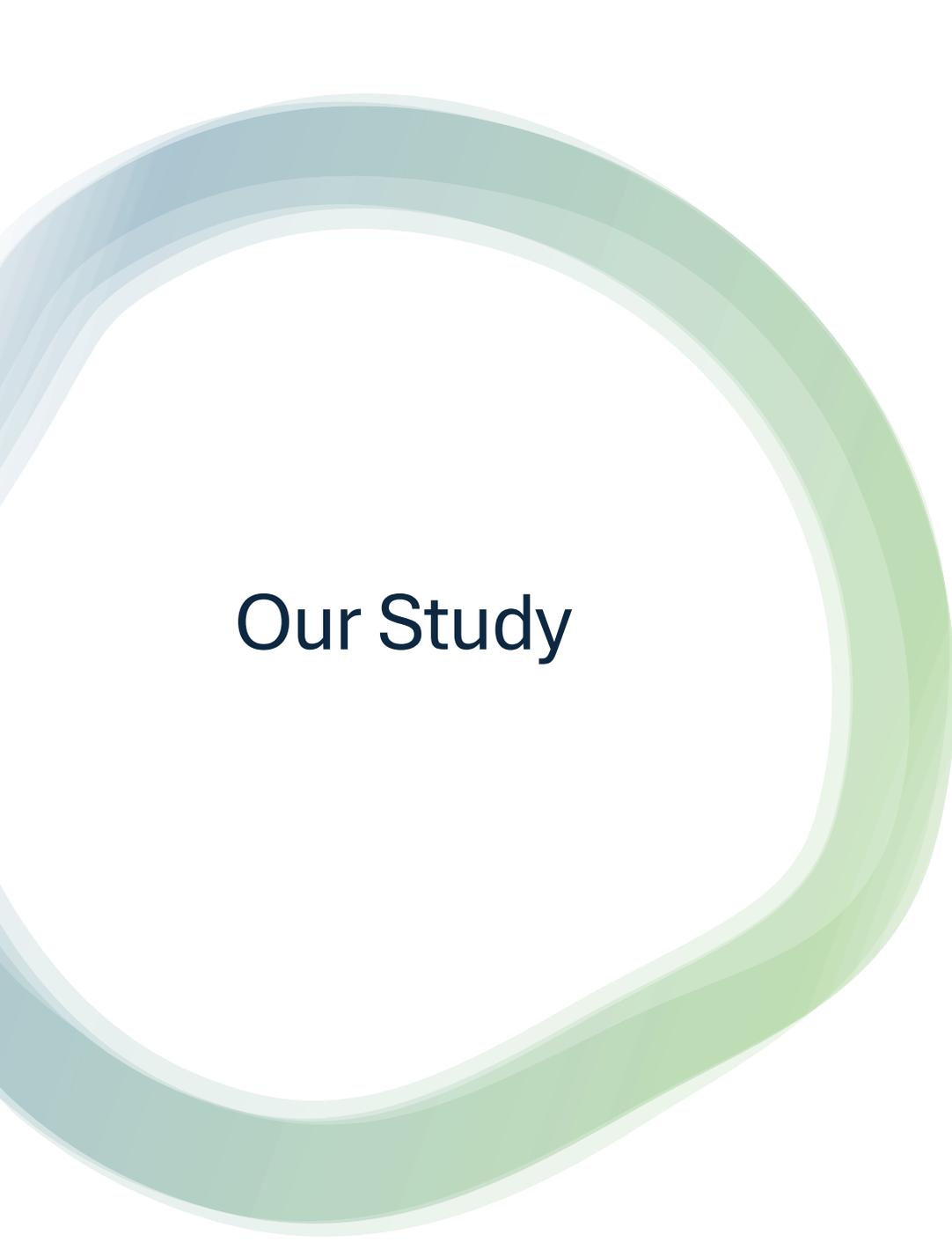
Structural Stigma



Research reveals that women who have used drugs can experience judgement from health staff in maternity settings

- Staff blamed women when they failed to turn up to appointments or failed to adhere to treatment

Women experience the stigmatising label of being a “lying drug addict” leading them to constantly feel they have to prove themselves



Our Study

Participants:

13 females (two focus groups) in varying stages of recovery

Results

Three key themes were identified

1. The enduring nature of stigma
2. Gender disparity and the need for mothers and women-only spaces
3. Stigma as a barrier to services and wellbeing

The Enduring Nature of Stigma

Stigma still experienced after they stopped using drugs

Mothers felt they had to seek help secretly and in isolation due to feeling shame and shamed

Despite actively taking steps toward recovery and improving their situation to look after their children, mothers still experienced structural stigma in hospital settings

“There’s stigma in the hospitals as well, d’you know, like the staff sniggering, like other parents [...] hearing nurses like sort of speak down corridors [...] like when you’re not coming in, or you’re given your methadone, or your kids are withdrawing on the special baby unit, and, having to answer to society, like why is your kids still in hospital [...] Feeling like you just want the ground to swallow you up and just not having the answers and not wanting to post that you’ve gave birth, ‘cos you know that people are going to be like, “oh, why is she still in?”

Even where mothers recognised child removal to be the best decision, they still were perceived as a “bad mother” for not trying “hard enough” to maintain custody of their children.

“People [say] “Why did you just give up on your children?” Well actually, I didn’t, you know? And that’s the stigma that I get. Like, “why did you just give them to their dad?” Like, you know? I lost my children... But then in my instance, I gave my children up because I knew I couldn’t look after them properly. I couldn’t provide the stability, the routine, the structure and... You know, they’d never... They were never short of love. You know? But it was just because I couldn’t adult and I couldn’t parent, because my drug use was off the scale, so I did the kindest thing for them, which meant give them to the father and me run away, so I feel a lot of stigma around that”.



Gender disparity and the need for women/mothers only spaces

Shared agreement that women and mothers in recovery were judged more harshly by professionals and others in recovery compared to men

- They felt fathers were able to access services more easily with less negative consequences

The use of negative language such as the term “neglect” when describing their parenting affected their willingness to engage with services

“You’re given the same words and the same language if you’re a mother who’s struggling with addiction, as a perpetrator that has purposely harmed their own children. It’s the same language, it’s the same way it’s described and it’s not the same. So that’s stigma there”.

Mothers massively benefited from peer-support with other mothers

- Provided identification, inspiration and encouragement



Stigma as a barrier

Previous experiences of stigma prevented mothers from seeking professional support due to fear of it happening again

- This also meant mothers avoided certain social situations

Felt some services work against as opposed to with and for them

Mothers in recovery felt they had to present in a certain way to protect themselves from further stigma and negative consequences, downplaying their own needs

“I went to the doctor’s when he was a month old, ‘cos he had really bad reflux and I have carpal tunnel in me hands now, ‘cos he’s so heavy, so I’ve got bad wrists and I’ve had to go to the doctor’s and was terrified. And I made sure I smelled nice, I done my hair... I put a bit of makeup on because I was absolutely petrified and then I was like, ‘don’t cry, don’t cry, don’t cry...’ which is ridiculous. But it’s just the way I feel because I don’t want to miss anything [because I live on my own, so obviously I’m that part of the childhood], you know what I mean, but it’s still in the back of my mind every time I go to the doctor’s”.



Recommendations

- A need for practitioners to develop a strong therapeutic alliance with people in recovery, and to promote anti-stigma approaches in their practice to combat stigma from colleagues
- Practice to be trauma-informed and to be in collaboration with people who use drugs
- For practitioners to understand how the role of “mother” is a stigmatised identity for mothers who use drugs
- For practitioners to analyse their own stigmatising behaviour (intentional or unintentional)
- Services to consider creating women and mother only spaces and recovery groups