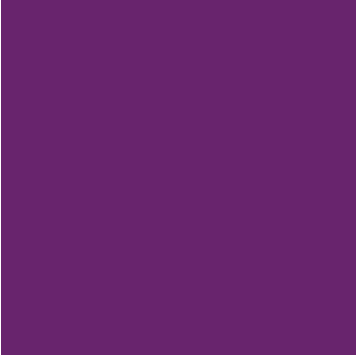# Durham University
Department of Sociology

Combatting and Responding to Stigma, Trauma, Substances, and Domestic Violence & Abuse: Practice Briefing

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Michelle Addison (Durham University) michelle.addison@durham.ac.uk
William McGovern (Northumbria University) william.mcgovern@northumbria.ac.uk
Hayley Alderson (Newcastle University) hayley.alderson@newcastle.ac.uk

This briefing note highlights a number of critical insights about stigma related to trauma, substance use and domestic violence & abuse, and makes key recommendations to challenge stigma across health and social care, and criminal justice settings.

A recent good practice accelerator event focused on combatting stigma, coordinated by **Dr Will McGovern**, **Dr Michelle Addison,** and **Dr Hayley Alderson**, and in partnership with **Newcastle City Council**. The regional event attracted over 350 international participants which included public health, social care and criminal justice professionals, as well as volunteers and those supporting individuals and families with substance related and DVA concerns.

The event showcased international, national and regional research that revealed the causes and consequences of stigma related harms and impacts on the most vulnerable in areas of trauma, substance use and domestic violence. The importance of combatting stigma related harms was underscored by the mandate to reduce social and health inequalities, drug related deaths, and domestic violence incidents.

The **NHS-Addictions Provider Alliance** recognises that Stigma Kills, and as **Addison, McGovern and McGovern (2022)** report, this is entirely preventable and unjust. Research from **Addison, Lhussier and Bambra (2023**) also highlights that stigma should be treated as a social determinant of health that widens inequalities.

Whilst stigma is an enduring concern it was foregrounded in the UK Drug Policy Commission (2010) where it was identified as a key problem area to tackle in future policy and practice development. Stigma is a key priority in Smith's recent **Director of Public Health report 2022** for Newcastle upon Tyne which states that policy and practice should mitigate inequalities to ensure health improvement is free from stigma or assumption.

Stigma was also re-emphasised in **Dame Carol Black's Review of drugs (2021)**. Stigma is everyone's business: policymakers and practitioners are key and are tasked with reducing the impact of social harm on vulnerabilised populations. The need to combat stigma is urgent as harms become increasingly amplified through the UK 'Cost of Living' crisis.

> **"Stigma enables discrimination that ultimately denies people social acceptance. It limits opportunities to thrive in life and fuels inequalities."**
>
> **The Anti-Stigma Network**

Key Outcomes of the Event

1. Research papers* from our event highlighted the various ways that **stigma is harmful** to marginalised and minoritised communities via stress, identity threat, shame, depression, isolation, maladaptive coping, avoidance of healthcare, decreased treatment & retention, and engagement in risky strategies.

2. Professor Carla Treloar (University of New South Wales, Australia) discussed the success of **'Stigma Indicators'** for monitoring progress towards stigma reduction targets in Australia.

3. **The Office for Health Improvement and Disparities** announced the **project ADDER stigma indicator programme**, adapting Treloar's Australian model for the UK. Currently 9 out of 13 ADDER sites are involved in piloting the 2-year programme testing stigma indicators with a view to creating a suite of media intervention tools and an evaluation report. This work is being driven from the North East and led by Middlesbrough Council.

4. **Developing an Anti-Stigma Strategy at work** was identified as important for policy makers, professionals working across health & social care, and criminal justice. Inclusion of those with lived experience of stigma was deemed essential in these discussions, particularly in relation to service needs and solutions. Respectful language and dignified interactions were identified as areas to be improved as part of a strengths-based practice and person-centred approach. Ensuring positive imagery is used in communication to prevent stereotypes and consider adopting an active-bystander approach to challenge stigma were also suggested.

5. **Key Challenges** implementing an Anti-Stigma Strategy included: countering the stigmatising influences of the media; making a time and budgetary commitment to training that will upskill the workforce with a view to improve practice; silo working and lack of multi-agency engagement; embedded personal perceptions that are resistant to change; risk adversity which prevents choice and effective action being taken; Institutional hierarchies; and competing priorities.

> "Stigma is a complex, multi-dimensional concept that reflects a perceived deviance from social norms."
>
> **Professor Carla Treloar, UNSW**

Recommendations

What can everyone do?

- Join the **anti-stigma network**: antistigmanetwork.org.uk
- Reflect on how stigma might impact upon the people you help and support
- Consider if you have any embedded personal views that might result in stigmatisation
- Use respectful language and treat people with dignity
- Be trauma-informed, person-centred and professionally curious in your work
- Speak out against stigma if you see it happening

What can I do if I've got strategic responsibilities?

- Consider stigma a key priority focus for every service involved in combatting substance use, domestic violence and abuse, and trauma work.
- Have discussions within teams about an **Anti-Stigma Strategy** in your workplace.
- Implement and invest in a basic training pledge that includes practical ways to raise awareness and challenge stigma.

UKDPC (2010) Getting serious about stigma: the problem with stigmatising drug users, available at: Policy report - Getting serious about stigma_ the problem with stigmatising drug users.pdf (ukdpc.org.uk)
*Skafida V, Morrison F & Devaney J (2022) Prevalence and Social Inequality in Experiences of Domestic Abuse Among Mothers of Young Children: A Study Using National Survey Data from Scotland. Journal of Interpersonal Violence, 37 (11-12), pp. NP9811-NP9838.

Durham University
University
Department of Sociology

Contact

Dr Michelle Addison, Associate Professor, Durham University: michelle.addison@durham.ac.uk

Dr William McGovern, Associate Professor, Northumbria University: William.Mcgovern@northumbria.ac.uk

Dr Hayley Alderson, Senior Research Fellow, Newcastle University: hayley.alderson@newcastle.ac.uk