

Stigma in forensic mental healthcare: An introduction to the special issue

Sarah Kilbane¹  and Jack Tomlin¹ 

International Journal of
Forensic Mental Health
1–5

© International Association for
Forensic Mental Health Services 2025



Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/14999013251366448
journals.sagepub.com/home/fmh



Abstract

Individuals with mental health needs, including those with dual diagnosis of substance use disorders, who encounter the criminal justice system often face multiple layers of stigma tied to their identities as ‘offenders’, people with mental illness, and substance ‘users’. Additional stigmas may stem from factors such as homelessness or belonging to marginalized ethnic or cultural groups. These labels can severely impact mental health, increase the likelihood of further involvement with the criminal justice system, impact on self-identity, and limit access to opportunities in education, housing, and employment. More broadly, these negative assumptions undermine a person's social citizenship and their capacity to lead a meaningful, prosocial life. As a result, reducing the stigma experienced by individuals with these intersecting identities is crucial. This special issue sought to collate contemporary research from around the world on the topic of forensic mental health stigma and make suggestions for moving the field forward.

Keywords

stigma, forensic mental health stigma

Stigma and its effects

Stigma refers to a characteristic that is “deeply discrediting,” reducing someone “from a whole and usual person to a tainted, discounted one” (Goffman, 1963: 3). It is tied to social power relations, whereby certain characteristics—often associated with less powerful groups—are judged negatively by those in positions of power. As described by Link and Phelan (2001), this process unfolds in several stages: a trait is recognized and labeled (e.g. mental illness, a criminal record, and disability); certain behaviors or attributes are then stereotypically linked to it; and those marked by the trait are symbolically, linguistically, and physically separated as “others.” This results in marginalization, status loss, dehumanization, and discrimination across multiple areas of life, such as housing, employment, and personal relationships.

Public or interpersonal stigma is perhaps the most commonly discussed type of stigma. This can materialize through knowledge (stereotypes), the endorsement of which can lead to attitudes (prejudice) and result in discriminatory behavior. However, stigma also occurs at the institutional or structural level. It creates division in programs and policies that have the potential to further disadvantage the group being stigmatized. Internalized or self-stigma can also be experienced by those who are labeled. When stigma is internalized, a person may act in ways which are consistent with stereotypes applied to them (e.g. Belisle et al., 2025), creating a cycle of

stigmatization and conforming to stereotypical expectations. Finally, people in caring or familial roles may find themselves stereotyped by association (Thornicroft et al., 2022). The spread of stigma is then far-reaching and incredibly damaging, reverberating throughout the stigmatized person's life.

For people with mental health needs and criminal justice involvement, the problems created by these layers of stigma can be acutely felt around recovery and reintegration. Recovery-oriented paradigms, such as the Good Lives Model (e.g. Barnao et al., 2016) and CHIME-S (e.g. Senneseth et al., 2022), are built on ideals of identity, empowerment, and agency over one's own care. However, a person who believes negative stereotypes which have been applied to them may be reluctant to engage in rehabilitative programs as a result, in part due to damaged self-esteem (e.g. Livingston, 2020; West et al., 2015) undermining motivation. Public stigma can also result in social rejection, loss of social status and discrimination (Rade et al., 2016), challenging the ability to build and maintain social connections, and thus reintegrate successfully. At the institutional level, stigmatic attitudes

¹School of Law and Criminology, University of Greenwich, London, UK

Corresponding author:

Sarah Kilbane, School of Law and Criminology, University of Greenwich,
London SE10 9LS, UK.
Email: s.kilbane@greenwich.ac.uk

held by correctional staff, when present, have been found to result in more coercive, restrictive, and punitive treatment (Oostermeijer et al., 2022). Breaking down such barriers to effective recovery is thus key. Before this can be accomplished, we must first consider what we know from existing empirical studies in this area.

Research into forensic mental health stigma

Historically, both mental health stigma and criminal-justice involvement stigma have received academic attention on their own. The examination of the combined effects of these multiple stigmas, however, is a recent area of exploration. Research in forensic settings has compared the experiences of stigma for forensic patients with those of individuals in general psychiatric services, created tools to measure stigma, and investigated shifts in attitudes following educational interventions. Primarily, research has investigated factors associated with stigmatizing attitudes across different groups, including current and future practitioners. Collectively, this body of work has shown that people in forensic services experience high levels of stigma, that this impacts on their hope and optimism for the future, but that educational and contact interventions can reduce public stigma—even if only marginally.

Mezey et al. (2016) and Livingston et al. (2011) surveyed people in forensic and nonforensic psychiatric services in the United Kingdom and Canada, respectively. Both studies found that people in forensic services reported high levels of experienced and anticipated stigma, but that these did not differ in severity from those in nonforensic settings. They suggest this lack of difference may be due to lower levels of psychopathology and longer periods of inpatient care among their samples, with more intensive rehabilitation efforts as well. Other factors may also play a role; in a US sample of people with mental illness and convictions, West et al. (2015) found that racial self-concept was related to reduced self-esteem, in addition to mental illness and criminality self-stigmas.

Lammie et al. (2010) looked at forensic practitioner attitudes in Scotland. They found that staff attitudes toward patients were generally more positive than negative. However, many practitioners did hold pessimistic beliefs in relation to a patient's ability to recover, and were more likely to endorse statements concerning avoidance of patients. Other studies have considered the attitudes of nonforensic mental health practitioners. Through surveying general medical and mental health professionals in England, Rao et al. (2009) found more negative attitudes held for patients who had been in secure psychiatric care, and for patients with schizophrenia and substance use issues. Adjorlolo et al. (2018) surveyed mental health practitioners in Ghana, finding that beliefs around criminal blameworthiness predicted negative attitudes toward this client group. Of the forensic practitioners, male practitioners were

more likely to hold blaming attitudes, and younger staff were more fearful (Lammie et al., 2010). In the mixed sample, older male practitioners held more punitive attitudes toward patients (Adjorlolo et al., 2018). Experiences of care will therefore differ based on the demographic constitution of the workforce as well as individual attitudes, and a criminal past can further the stigma for this group among practitioners.

Several studies have explored students' attitudes toward forensic patients and whether these change over time. Griffiths et al. (2022) took a group of psychology students ($n = 123$) to a UK-based high-security hospital to meet people living inside, and to learn about the environment and treatments. The authors measured a number of attitudes at the start and end of the day and compared these to attitudes from students who did not attend ($n = 135$). The students who visited the hospital scored significantly lower on negative stereotypes and fear after the visit, and their scores on compassion and motivation to help increased. A US study of 358 criminal justice and social work students found that attitudes were influenced by gender, ethnicity, political affiliation, and knowing someone with a mental illness (Weaver et al., 2018). Both studies then suggest the importance that contact may play in attitude difference, although other individual factors cannot be ignored.

Despite these advances in knowledge, there is still much to learn in this area. How do under-researched health needs like traumatic brain injury affect attitudes? Does language use shape attitudes toward people in forensic settings, as has been shown in nonforensic contexts? More work is needed to understand stigma in different cultural contexts, perhaps accounting for religious and legal differences between jurisdictions. This special issue addresses some of these gaps by considering how stigma develops and exists in different frameworks for people with mental health problems and criminal justice involvement, but also how those involved in their care understand and experience stigmatic attitudes, and finally, how such stigma may be reduced using practically available methods.

The special issue

The studies included in this special issue incorporate a mix of qualitative and quantitative approaches to examine the attitudes of the general public, professionals in the field, and people who carry these stigmas with them. The studies in this issue explore perspectives from but not limited to the United Kingdom, Türkiye, Canada, Spain, and the United States, helping us to understand the current landscape of stigmatic attitudes toward people in forensic mental health services.

The special issue begins with an in-depth exploration of experiences of stigma for women who are incarcerated and living with a traumatic brain injury. In "Women in prison living with traumatic brain injury: self- and public stigma," Glorney et al. (2025) conducted semistructured interviews

with 13 women referred to a specialist brain injury services in English prisons. From these interviews, the authors found themes relating to both self and public stigma associated with brain injury, intersecting with existing stigmas around being women in prison, and the trauma associated with the initial cause of the injury. Participants also expressed a desire to be understood, leading the authors to highlight the importance of additional training for prison staff and more trauma-informed approaches, aiming to reduce barriers to disclosure, and to address self-stigma among this population as well.

Self-stigma is also a key component for Karaağac et al. (2025) in “A study on Internalized Stigma in People Being Treated in a Forensic Psychiatry Hospital: The Example of Türkiye.” The authors of this study interviewed 164 residents of a high-secure forensic hospital in Türkiye to determine which factors were predictive of higher internalized stigma scores. Findings showed that lower socio-economic status was predictive of internalized stigma, which may intensify existing stigma through a lack of educational and employment opportunities. Internalized stigma was also related to diagnosis, with patients diagnosed with schizophrenia experiencing greater stigma. Together these factors lead the authors to call for greater push to empower this group and to help them to be active participants in society.

Research tells us that stigma directed at different mental health diagnoses, personal characteristics, and offence-types varies in nature and degree (Tremblin & Beazley, 2022). In “Canadians’ Attitudes Toward Community Reintegration of those with a Mental Health Disorder who have Committed of a Sexual Offense,” Barry et al. (2025) qualitatively explored 262 Canadians’ views on individuals who’ve committed sex offences and have a mental health diagnosis. Using thematic analysis on open-ended survey responses, they found that views were diverse. Participants sometimes conflated mental illness and sexual offending, while others emphasized accountability. Depression was seen as less relevant to offending than schizophrenia, although views overall ranged from cautious support to punitive rejection.

Tomlin et al. (2025) also consider public attitudes in “Person-first, Recovery-Oriented Language and Public Attitudes Towards People in Forensic Mental Health Services.” In this article, the authors examined the attitudes of a population sample, $n = 668$, representative of the UK public. Using a randomized survey design with three different language conditions, the authors found that the term “person working towards recovery using forensic mental health services” was associated with more positive attitudes than the terms “mentally disordered offender” and “forensic mental health patient” when describing the same group of forensic mental health service users. These positive attitudes included more compassion and a greater willingness to accept the group in society, lending further evidence to the benefits of using language which is person-centered, and which emphasizes recovery.

Operationalizing stigma has proved a tricky business (Tremblin and Beazley, 2022). Several studies have sought to measure self and anticipated stigma in this population. However, many of these works have used pre-existing measures of stigma and sought to apply them to the forensic context. Vorstenbosch et al. (2025) take a different approach. In their paper “Conceptualising Professional Stigma Towards Forensic Mental Health Service Users: Results of a Qualitative Inquiry,” the authors describe a Delphi study with 98 experts, including experts by experience, conducted to develop a novel measure of stigmatizing attitudes held by staff working with patients in the community. They developed a new measure with 26 items that capture: stereotypes, prejudices, and discrimination, reflecting dangerousness, fear, recovery potential, and restrictions. This can be used to evaluate staff attitudes in the normal course of employment or before and after training and educational interventions.

Very little research has been conducted on how social workers make sense of the stigma directed toward the patients they work with. In “Social Workers’ Perceptions of the Stigmatization Process for Individuals with Mental Health Needs within the Criminal Justice System in Türkiye: An Intersectional Analysis,” Afyonoğlu et al. (2025) interviewed 18 social workers in Türkiye using a reflexive, intersectional analytic approach. They found that interviewees described stigma operating on different levels, supporting previous studies in this area (e.g. Thornicroft et al., 2022). The authors also report that social workers felt patients were additionally stigmatized by their gender, sexual orientation, class, and education levels. This work confirms that in Türkiye—with its own cultural and historical context—stigma manifests similarly to other studied countries, at least in the eyes of social workers.

Education and exposure both serve important roles in destigmatizing efforts (Corrigan and Watson, 2002), with systematic reviews showing their effectiveness in reducing negative attitudes (e.g. Oostermeijer et al., 2022). Doyle et al.’s (2025) work “Challenging forensic stigma: The efficacy of education and indirect contact interventions in addressing stigma towards forensic patients” falls nicely into this body of research, asking what kinds of educational and contact interventions work to reduce stigma? The Canadian team randomly assigned undergraduate students ($n = 698$) into four interventions: an education video challenging myths about forensic patients, a “contact” video with real forensic patients, a combination of both education and contact videos, and a control video of general psychology facts. Controlling for demographic factors, they found that respondents in the education and combined conditions had the least stigmatizing attitudes. Participants in the contact condition scored similarly to the control group. This work highlights the role of education in changing attitudes, alongside other systemic changes which are needed.

Finally, in “Potential Interventions for Policy Support Targeting Justice-involved People with Mental Illness,”

Hernandez and Eno Loudon (2025) sought to identify which factors would be associated with support for punitive and rehabilitative policies for justice-involved people with mental illness, and whether education and imagined contact could change levels of policy support. In the first study ($n = 281$), findings showed that fear of crime and mutability of mental illness predicted policy endorsement, with greater fear predicting support for punitive policies, and perceived mutability associated with support for rehabilitative policies. In the second study ($n = 359$), the authors find that imagined contact with an outgroup member had no effect on support for rehabilitative (over punitive) policy, but that education did. This work lays the grounding for both the creating and testing of future initiatives in this area.

Conclusion

The international body of research collected in this special issue has added to the existing literature around the topic of forensic mental health stigma. It has provided additional evidence for the impact stigma can have on self-identity, effective care, and public attitudes, while also underscoring that targeted educational and contact-based interventions can positively shift perceptions. The findings also shed light on under-explored areas such as the effects of language, the combined effects of specific diagnoses and crime characteristics, and the perspectives of professionals working in forensic mental health.

Further, this special issue highlights that stigma is not a single issue, but instead a complicated phenomenon that operates on multiple levels, affecting not only people with mental health issues and criminal justice involvement, but also the professionals and support networks around them, creating systemic barriers to meaningful recovery and social inclusion. This special issue provides a foundation for future efforts aimed at reducing stigma and fostering more inclusive, just, and compassionate systems of care. However, the studies included here have also shown that much work remains to be done in building to effective recovery and reintegration by ensuring that all people are recognized for their humanity, potential, and right to belong.

ORCID iDs

Sarah Kilbane  <https://orcid.org/0000-0003-4752-5755>

Jack Tomlin  <https://orcid.org/0000-0002-7610-7918>

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

References

- Adjorlolo, S., Abdul-Nasiru, I., Chan, H. C., & Bambi, L. E. (2018). Mental health professionals' attitudes toward offenders with mental illness (insanity acquittees) in Ghana. *International Journal of Offender Therapy and Comparative Criminology*, 62(3), 629–654. <https://doi.org/10.1177/0306624X16666802>
- Afyonoglu, M., Güre, M., Akbaş, G., & Uğurlu, Z. (2025). Social workers' perceptions of the stigmatization process for individuals with mental health needs within the Criminal Justice System in Türkiye: An Intersectional analysis. *International Journal of Forensic Mental Health*. <https://doi.org/10.1177/14999013251346499>
- Barnao, M., Ward, T., & Robertson, P. (2016). The good lives model: A new paradigm for forensic mental health. *Psychiatry, Psychology and Law*, 23(2), 288–301. <https://doi.org/10.1080/13218719.2015.1054923>
- Barry, B., Coish, M., Fields, D., McPhee, P., Monaghan, J., & Ternes, M. (2025). Canadians' attitudes toward community reintegration of those with a mental health disorder who have committed of a sexual offense. *International Journal of Forensic Mental Health*. <https://doi.org/10.1177/14999013251366447>
- Belisle, L. A., Marshall, E. A., & Butler, M. M. (2025). What about language? A mixed methods examination of the impact of person-centered language on students' perceptions of individuals who commit sex offenses. *Sexual Abuse*, 37(5), 503–528. <https://doi.org/10.1177/10790632241283464>
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, 1(1), 16.
- Doyle, E., Healey, L., Seto, M., & Forth, A. (2025). Challenging forensic stigma: The efficacy of education and indirect contact interventions in addressing stigma towards forensic patients. *International Journal of Forensic Mental Health*. <https://doi.org/10.1177/14999013241301093>
- Glorney, E., Burgess, C., & Jablonska, A. (2025). Women living with a traumatic brain injury in prison; self- and public stigma. *International Journal of Forensic Mental Health*. <https://doi.org/10.1177/14999013251356625>
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ, USA: Prentice-Hall.
- Griffiths, M., Tapp, J., Robertson, E., & Moore, E. (2022). Entering the world of lock and key: The impact of an educational visit to a high secure forensic hospital on psychology students' attitudes towards the patients within. *The Journal of Forensic Psychiatry & Psychology*, 33(5), 660–672. <https://doi.org/10.1080/14789949.2022.2103016>
- Hernandez, B. A., & Eno Loudon, J. (2025). Potential interventions for policy support targeting justice-involved people with mental illness. *International Journal of Forensic Mental Health*. <https://doi.org/10.1177/14999013251372626>
- Karaağac, H., Adam, D., & Kara, T. (2025). A study on internalized stigma in people being treated in a forensic psychiatric hospital: the example of Türkiye. *International Journal of Forensic Mental Health*. <https://doi.org/10.1177/14999013251346500>
- Lammie, C., Harrison, T. E., Macmahon, K., & Knifton, L. (2010). Practitioner attitudes towards patients in forensic mental health

- settings. *Journal of Psychiatric and Mental Health Nursing*, 17(8), 706–714. <https://doi.org/10.1111/j.1365-2850.2010.01585.x>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27(1), 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>
- Livingston, J. D. (2020). *Structural stigma in health-care contexts for people with mental health and substance use issues*. A literature review. Ottawa, Canada: Mental Health Commission of Canada.
- Livingston, J. D., Rossiter, K. R., & Verdun-Jones, S. N. (2011). 'Forensic' labelling: An empirical assessment of its effects on self-stigma for people with severe mental illness. *Psychiatry Research*, 188(1), 115–122. <https://doi.org/10.1016/j.psychres.2011.01.018>
- Mezey, G., Youngman, H., Kretschmar, I., & White, S. (2016). Stigma and discrimination in mentally disordered offender patients—a comparison with a non-forensic population. *The Journal of Forensic Psychiatry & Psychology*, 27(4), 517–529. <https://doi.org/10.1080/14789949.2016.1172658>
- Oostermeijer, S., Morgan, A., Ross, A., Grimmond, T., & Reavley, N. (2022). Stigmatising attitudes of probation, parole and custodial officers towards people with mental health issues: A systematic literature review and meta-analysis. *Legal and Criminological Psychology*, 28, 165–199. <https://doi.org/10.1111/lcrp.12227>
- Rade, C., Desmarais, S., & Mitchell, R. (2016). A meta-analysis of public attitudes toward ex-offenders'. *Criminal Justice and Behavior*, 43(9), 1260–1280. <https://doi.org/10.1177/0093854816655837>
- Rao, H., Mahadevappa, H., Pillay, P., Sessay, M., Abraham, A., & Luty, J. (2009). A study of stigmatized attitudes towards people with mental health problems among health professionals. *Journal of Psychiatric and Mental Health Nursing*, 16(3), 279–284. <https://doi.org/10.1111/j.1365-2850.2008.01369.x>
- Senneseth, M., Pollak, C., Urheim, R., Logan, C., & Palmstierna, T. (2022). Personal recovery and its challenges in forensic mental health: Systematic review and thematic synthesis of the qualitative literature. *BJPsych Open*, 8(1), e17. <https://doi.org/10.1192/bjo.2021.1068>
- Thornicroft, G., Sunkel, C., Aliev, A. A., Baker, S., Brohan, E., El Chamay, R., Davies, K., Demissie, M., Duncan, J., Fekadu, W., Gronholm, P. C., Guerrero, Z., Gurung, D., Habtamu, K., Hanlon, C., Heim, E., Henderson, C., Hijazi, Z., & Hoffman, C., ... P. Winkler (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet*, 400(10361), 1438–1480. [https://doi.org/10.1016/S0140-6736\(22\)01470-2](https://doi.org/10.1016/S0140-6736(22)01470-2)
- Tomlin, J., Mitisheva, A., Cornetchi, N., & Kilbane, S. (2025). Person-first, recovery-oriented language and public attitudes towards people in Forensic Mental Health Services. *International Journal of Forensic Mental Health*. <https://doi.org/10.1177/14999013251338856>
- Tremblin, R. C., & Beazley, P. (2022). A systematic review of offender mental health stigma: Commonality, psychometric measures and differential diagnosis. *Psychology, Crime & Law*, 30(2), 125–149. <https://doi.org/10.1080/1068316X.2022.2072842>
- Vorstenbosch, E., Escuder-Romeva, G., Haro, J., & Bulten, E. (2025). Conceptualizing professional stigma towards forensic mental health service users: results of a qualitative inquiry. *International Journal of Forensic Mental Health*. <https://doi.org/10.1177/14999013251314894>
- Weaver, C., Lee, J., Choi, H., Johnson, W. W., & Clements, C. (2018). Offenders living with mental illness: How are they perceived by future professionals? *Journal of Social Work*, 19(1), 83–101. <https://doi.org/10.1177/1468017318757383>
- West, M. L., Vayshenker, B., Rotter, M., & Yanos, P. T. (2015). The influence of mental illness and criminality self-stigmas and racial self-concept on outcomes in a forensic psychiatric sample. *Psychiatric Rehabilitation Journal*, 38(2), 150–157. <https://doi.org/10.1037/prj0000133>