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Stigmatisation and discrimination of people who experience gambling harms: qualitative analysis

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GambleAware is a wholly independent charity and has a framework agreement with the Gambling Commission to deliver the National Strategy to Reduce Gambling Harms within the context of arrangements based on voluntary donations from the gambling industry. GambleAware commissions research and evaluation to build knowledge of what works in prevention and reduction of gambling harms that is independent of industry, government and the regulator. The authors alone are responsible for the views expressed in this article, which do not necessarily represent the views, decisions, or policies of the institutions with which they are affiliated.

Executive summary

This report sheds light on the multiple ways that people experiencing gambling-related harms in Great Britain are stigmatised and discriminated against. This report forms part of a programme of research, 'Researching Stigmatisation and Discrimination of People who Experience Gambling Harms in Great Britain', funded by GambleAware and undertaken by research partners University of Wolverhampton and The National Centre for Social Research (NatCen). The programme has included a Rapid Evidence Assessment (REA), a quantitative analysis of survey data, a thematic analysis of online gambling support forum posts, a discourse analysis, a lived experience of gambling harms panel, and this qualitative analysis of interview data on gambling harms and stigma.

Research Aims

This qualitative report sets out to explore the following broad research questions:

- How are people who experience gambling harms stigmatised and discriminated against in society, and what is their lived experience of stigmatisation?
- Which communities or population groups are disproportionately impacted by stigmatisation and why?
- What are the drivers of stigmatisation of these communities?
- What are the barriers to accessing gambling treatment driven by stigmatisation, and enablers for increasing accessibility to treatment and support?
- How does gambling-related stigma affect those who have multiple disadvantage?
- How does stigmatisation related to gambling interact with other experiences of stigmatisation (e.g., related to drug use, alcohol use, ethnicity or sexuality)?
- How does secondary experience of gambling harms by 'affected others'[1] impact the stigmatisation of people with personal experience of gambling harms?
- What are the services, interventions, information campaigns, and policies necessary to challenge stigmatisation, including stigmatisation in research and the media, and to reduce gambling harms for stigmatised communities?

Methods

This study involved in-depth semi-structured qualitative interviews with 59 respondents, including 35 people who have lived experience of gambling harms, conducted remotely by telephone or video call between October 2023 and March 2024, and 24 interviews with relevant stakeholders, conducted between October 2023 and February 2024. Stakeholders included family and friends of people who experience gambling harm (sometimes termed 'affected others'), policy makers, relevant public service providers, campaigners and people from relevant support organisations and charities, and people who work in the gambling industry.

Participants were recruited through a mix of social media advertising, approaching relevant gatekeepers and stakeholders, and physical advertisements in the form of posters at universities. With permission, all interviews

[1] The term 'affected other' is a commonly used term across the gambling harms support sector but goes against general guidance on non-stigmatising language (GambleAware, 2024. How to Reduce stigma of gambling harms through language. Available at: how-to-reduce-the-stigma-of-gambling-harms-through-language-1.pdf). This term has been used as there is currently no better agreed alternative, but we recognise the limitations of this approach.

were recorded and transcribed verbatim to support detailed analysis. Interview data were managed and analysed using the Framework approach developed by NatCen.[2] In this approach, data were organised using matrices that enabled thematic analysis both within and between cases. Separate inductive analyses were conducted for the lived experience and stakeholder data. Analysis explored the full range of experiences and views, interrogating data to identify similarities and differences between participants and seek to explain patterns and findings.

Key findings

This report sheds light on multiple ways that people experiencing gambling-related harms in Great Britain are stigmatised, socially excluded and discriminated against. These processes include self-stigma (sometimes termed internalised stigma, where those experiencing harm attribute negative stereotypes to themselves), and experiences of stigma and discrimination from others (ranging from hearing judgmental views to being socially ostracised or treated differently at work). These findings have implications for those working in education, research, treatment and support services for gambling harms, and those involved in stigma-reduction efforts. They also have implications for wider society (e.g., the media) and language/ framing which should be used to talk about those experiencing gambling harms, given that discourses around gambling harms can contribute to the creation and maintenance of stigma and subsequent discrimination.

Drivers of stigma and discrimination related to gambling harms

- This study identified several factors which influenced stigma and discrimination related to gambling harms. This included the stereotyping of people who gamble, negative perceptions of people who experience gambling harm (from those with lived experience, 'affected others', and wider society) and individual responsibility narratives.
- There was an identified stereotype around people who gamble which contributed to stigma. Participants emphasised that society viewed a "stereotypical gambler" as male, middle-aged or older, being of a low socio-economic class, unemployed or low income, receiving welfare payments, being a "smoker" and / or "drinker", or having a "grubby" appearance, which were viewed as negative attributes. Although participants did not make the connection explicitly, this implies that the characteristics listed (e.g. being unemployed) are also stigmatised and it is partly the association of gambling with these traits that leads to those who experience gambling harms being stigmatised.
- Similarly to stereotyping, people with lived experience of gambling harms described their perception that those in their social circles and in wider society viewed people who experience gambling harms as "silly", "stupid", "weak" or "irresponsible", leading to them viewing or treating people experiencing gambling harms negatively. Some participants believed that these perceptions were primarily due to the loss of money that could result from gambling and the fact that losing money – particularly if already financially disadvantaged - was seen as a personal failing.
- Stakeholder interviews revealed distinct patterns in stigmatising attitudes, with different perceptions about responsibility for gambling harms, and different stereotypes about people who experience gambling harms, across stakeholder groups. Gambling industry workers were more overtly stigmatising in how they spoke about, and perceived individuals affected by gambling harm than other stakeholders. This phenomenon may be attributed to various factors, including internalisation of workplace culture, exposure to individuals with gambling-related issues, and perceptions of responsibility. Further research could be conducted to explore this in more depth.

[2] Ritchie, J., Lewis, J., Nicholls, C.M. & Ormston, R. (2013). *Qualitative research practice: A guide for social science students and researchers*. London: Sage.

Experiences of stigma and discrimination related to gambling harms

- Participants with lived experience talked about themselves and their relationship to gambling in various ways which demonstrated the presence of **self-stigma**. This included the belief that their experience of gambling harms was a reflection on their character (for example that they were a “bad”, “weak”, “stupid”, “naïve”, “irresponsible”, “dirty”, or “selfish” person) and challenges with self-esteem, including feelings of shame and humiliation connected to experiencing financial harms.
- Participants with lived experience also described various examples of **experienced stigma and discrimination**, including from friends and family. This included examples of others ‘losing respect’ for them after coming to view them differently due to the gambling harms they had experienced and, in some cases, social ostracisation. There were also reported experiences of stigma and discrimination in institutional settings, including in workplaces and the criminal justice system.
- Participants with lived experience of gambling harm also spoke in detail about their experiences of **anticipated stigma**, describing being “nervous” or “scared” of telling people about their experience of gambling harms, often citing the fear of being judged by others and viewed less favourably due to negative stereotypes about people who experience gambling harms. This was sometimes linked to previous experiences of stigma or discrimination.
- The ways in which people with lived experience of gambling harm experienced stigma or discrimination were influenced by other life experiences or aspects of their identity, including their gender, religion, socio-economic status, cultural background and age. This resulted in unique experiences of stigmatisation and discrimination for different groups.

Impacts of stigma and discrimination on mental health, employment, relationships

- Participants described impacts of stigma and discrimination on their **mental health**, which included depression, stress, a lack of self-esteem and reduced confidence.
- Stigma and discrimination also impacted **employment**, for example through judgment and reduced trust from colleagues, and reduced opportunities at work (e.g., for promotions).
- There was also a significant impact on **relationships** due to decreased trust from others and those with lived experience feeling resentment towards family and friends due to their stigmatising views. In some cases, this led to the breakdown of relationships.

Stigma and discrimination in treatment and support

- Overall, participants who had received treatment and support felt they had a positive experience and felt that support (both from friends and family as well as support services) helped to reduce feelings of self-stigma (for example through meeting others with similar experiences which reduced feelings of shame about their own experiences).
- Participants who were dissatisfied or had negative experiences of support services highlighted instances of experiencing stigma from other people receiving support (e.g., in the context of group therapy) or their experience being impacted by internal feelings of embarrassment and shame.
- It was clear that various types of stigma and discrimination influenced the treatment and support options that participants chose (or were able) to access. For example, some participants chose to use self-exclusion tools instead of accessing formal support because they could do this discreetly and were less likely to face stigma from others.

Reducing stigma and discrimination related to gambling harm

- Participants with lived experience of gambling harm and stakeholders from a variety of groups emphasised that stigma and discrimination related to gambling harms causes further harm and felt there was a need for it to be addressed.
- Participants felt it was important for those with lived experience to be involved in interventions to tackle stigma and discrimination, including in decisions about their design, implementation and target audiences.
- Participants with lived experience of gambling harm and stakeholders had mixed views on narratives which should be promoted about people with experience of gambling harms. One perspective was that gambling harm should be portrayed as an 'illness', 'addiction' or 'disorder' that can be 'overcome'. Participants who had this opinion felt that viewing gambling harms through a medical lens would stop individuals being blamed for their experiences, as blame would instead be placed on the illness / addiction / disorder itself. This view of gambling harms as a 'disease' aligns with the disease model of addiction, whereby gambling addiction or disorder is presented as an illness requiring medical intervention. This conception is widespread across policy, treatment and research but has been argued to reinforce a power dynamic between those 'helping' and others 'requiring help' or treatment. [3] [4] This model can present people experiencing gambling harms as victims or people 'suffering' from disease which may be experienced as stigmatising, since this narrative framing minimizes the agency of the individual.
- In contrast, other participants felt that narratives should emphasise that many people are impacted by gambling harms and that those currently experiencing gambling harms are not alone.
- Several types of interventions to tackle stigma and discrimination were identified:
    - One suggestion was **education interventions** to increase awareness of gambling harms, the gambling industry and promote the use of non-stigmatising language.
    - Participants also felt it was important for stories about people experiencing and recovering from gambling harms to be shared through the **media**, including through news articles, media interviews and documentaries. Participants felt this could reduce negative stereotyping about people who experience gambling harms through showing that gambling harms can impact a wide range of people.
    - Additionally, participants highlighted the value of those with a public profile (e.g., celebrities) sharing their experiences of gambling harms for stories to gain traction.

Areas for further research

While this study provides useful insights into the experiences of those experiencing stigma and discrimination related to gambling harm and the views of relevant stakeholders, there are areas that merit further investigation. In particular, for groups experiencing parallel stigma (e.g., related to drug / alcohol use or socio-economic status), focused research with more diverse samples would be beneficial to explore in further depth how experiences of various types of stigma interact with and influence one another. Given that young people in Great Britain are known to be at particular risk of experiencing gambling harms,[5] further research should also be conducted with young people and young adults to understand their potentially unique experiences of stigma and discrimination related to gambling harm. Stakeholder interviews revealed distinct patterns in stigmatising attitudes, with gambling industry workers demonstrating more pronounced stigmatising beliefs and attitudes

[3] Lund, A.J. (2020). "Help is the sunny side of control": The Medical Model of Gambling and Social Context Evidence in Canadian Personal Bankruptcy Law. *Osgoode Hall Law Journal,* 56(3): 489-528.
[4] Wiens, T. K., & Walker, L. J. (2015). The chronic disease concept of addiction: Helpful or harmful? *Addiction Research & Theory*, *23*(4), 309-321.
[5] Young People and Gambling 2023 - Headline statistics (gamblingcommission.gov.uk)

towards individuals affected by gambling harm than those from other sectors. Further qualitative research with those working in the gambling industry should be conducted to explore this in more depth.

Contents

1. Introduction

1.1 Background

Background to the research

This report forms part of a programme of research, 'Researching Stigmatisation and Discrimination of People who Experience Gambling Harms in Great Britain', funded by GambleAware and undertaken by research partners University of Wolverhampton and The National Centre for Social Research (NatCen). The programme includes a Rapid Evidence Assessment (REA), quantitative analysis of survey data on gambling harms and stigma, a thematic analysis of online gambling support forum posts, a discourse analysis, and qualitative interviews with people with lived experience of gambling harm and relevant stakeholders with personal and/or professional contact with people with lived experience of gambling harms. A lived experience panel met at regular intervals throughout the project and provided advice on research design and interpretation. This report is one in a series of reports documenting our findings, including a synthesis report. In the latter, we summarise key literature reviewed as part of a rapid evidence assessment, and synthesise the findings across all work packages, along with their implications.

Brief background to the literature and conceptualisations of stigma

Gambling is a widespread and increasingly normalised activity, in which almost half of the adult population of Great Britain participates.[6] This report is concerned with people's experiences of gambling harm, which can be defined as the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society.[7] While some people report experiencing no harms in relation to gambling, others experience various levels and types of gambling harm.[8] Given that those experiencing gambling harms are more likely to have poor physical and mental health outcomes and live in areas with higher levels of deprivation,[9] gambling harms are increasingly being prioritised as a public health concern.[10]

This report explores experiences of stigma and discrimination in relation to experiences of gambling harms. The literature on stigmatisation of gambling harm is nascent, particularly when looking at Great Britain. There is, however, compelling evidence to demonstrate that people experiencing gambling harms in Great Britain do encounter stigma,[11] and that stigma (particularly self-stigma) is inversely related to help-seeking (as it is in individuals experiencing mental health related stigma),[12] with over 10% of people experiencing gambling harms identifying stigma as a barrier to help-seeking.[13] Moreover, stigma is considered a harm in and of itself in that it can create emotional and psychological distress among those who experience gambling harms and can exacerbate other gambling harms, such as damage to relationships.[14] As shall be explored in this report,

[6] Gambling Commission. (2024). Statistics on gambling participation - Year 1 (2023), Wave 1. London: Gambling Commission.

[7] Wardle, H., Reith, G., Best, D., McDaid, D., & Platt, S. (2018). Measuring gambling-related harms: A framework for action. London: Gambling Commission.

[8] Gabellini, E., Lucchini, F., & Gattoni, M. E. (2023). Prevalence of Problem Gambling: A Meta-analysis of Recent Empirical Research (2016–2022). *Journal of Gambling Studies*, *39*(3), 1027-1057.

[9] Office for Health Improvement and Disparities. (2023). Gambling-related harms evidence review: summary. London: Public Health England.

[10] Johnstone, P. & Regan, M. (2020). Gambling harm is everybody's business: A public health approach and call to action. *Public Health, 184,* 63-66.

[11] Pliakas, T., Stangl, A. & Siapka, M. (2022). Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain: A scoping review of the literature. London: GambleAware.

[12] Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown J.S.L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11-27.

[13] Dinos, S., Windle, K., Crowley, J., & Khambhaita, P. (2020). *Treatment Needs and Gap Analysis in Great Britain: Synthesis of Findings from a Programme of Studies*. London: NatCen Social Research.

[14] Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J. & Rockloff, M. (2016). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. BMC Public Health, *16*(80), 1-23.

gambling stigma can also co-occur and interact with other experienced stigmas (such as stigma related to mental health challenges or drug use).[15]

Concepts of stigma and discrimination

Concepts relating to stigma have been defined, elaborated and refined in the academic and community literature over many decades. Sociologist Erving Goffman defined **stigma** as an "*attribute that is deeply discrediting*" or "*discreditable*" (p.3-4), to be considered in the context of relationships.[16] A later definition with the addition of **discrimination** emphasised that the stigma, or 'mark', is not a fixed attribute but is imposed by others.[17] The following working definitions have been used in this research study:

- **Experienced stigma** is defined as people's reported experience of stigmatisation by others.[18] The concept of **enacted stigma** is closely related and describes people acting on stigmatising views to the detriment of the stigmatised person, e.g., by excluding or distancing from people who experience gambling harms.[19] Enacted stigma can be defined as "*a behavioural manifestation of stigma*" (p.471),[20] and it denotes **discrimination** driven by stigma.
- **Self-stigma,** or **internalised stigma,** describes "*the belief that negative stereotypes about people who struggle with gambling are true and apply to [oneself]*" (p.50).[21] Deriving from perceived public stigma, self-stigma affects people's subjective identity, and their feelings of self-worth and self-esteem.[22]
- **Perceived stigma** is described as the belief that others might hold negative stereotyped views of a certain condition or behaviour.[23] [24]
- **Anticipated stigma** is a fear of being judged or of receiving negative reactions in the future.[25]

Researchers vary in whether/how they differentiate between **discrimination** and **stigmatisation**. Measures of stigmatisation are often conceptualised as capturing experiences of both stigmatisation and discrimination, with relatively little differentiation between the constructs.[26] As such, our findings about experiences of perceived, experienced and self-stigma can also be thought of as broadly indicative of both stigmatisation and discrimination. There is some variability in how researchers and policymakers have operationalized discrimination. Within the 2010 Equality Act, 'discrimination' in the legal sense refers treating someone 'less favourably' than you would treat others because they possess one or more 'protected characteristics'.[27] In other words, it denotes negative treatment based on specific characteristics – such as age, gender, disability, or religion. This can be perpetrated by any business, service provider or association, while a more specific form of

[15] Collard, S., Davies, S. & Fannin, M. (2022). Women's experiences of gambling and gambling harm: A Rapid Evidence Assessment. Bristol: University of Bristol.
[16] Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Prentice-Hall.
[17] Link, B. G. & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, *27*(1), 363-385. http://www.jstor.org/stable/2678626
[18] Donaldson, P., Langham, E., Best, T. & Browne, M. (2015). Validation of the gambling perceived stigma scale (GPSS) and the gambling experienced stigma scale (GESS). *Journal of Gambling Issues*, 31, 162-199.
[19] Miller, H. E. & Thomas, S. L. (2018). The problem with "responsible gambling": Impact of government and industry discourses on feelings of felt and enacted stigma in people who experience problems with gambling. *Addiction Research and Theory*, *26*(2), 85-94.
[20] Horch, J. D. & Hodgins, D. C. (2015). Self-stigma coping and treatment-seeking in problem gambling. *International Gambling Studies*, *15*(3), 470-488.
[21] Pliakas, T., Stangl, A. & Siapka, M. (2022). *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain: A Scoping Review of the Literature*. GambleAware. Available at: https://www.begambleaware.org/sites/default/files/2022-07/GambleAware%20Stigma%20Final.pdf [Accessed 30/05/2024]
[22] Hing, N., Nuske, E., Gainsbury, S. M. & Russell, A. M. T. (2016). Perceived stigma and self-stigma of problem gambling: Perspectives of people with gambling problems. *International Gambling Studies*, *16*(1), 31-48.
[23] Donaldson, P., Langham, E., Best, T. & Browne, M. (2015). Validation of the gambling perceived stigma scale (GPSS) and the gambling experienced stigma scale (GESS). *Journal of Gambling Issues*, *2015*(31), 162-199.
[24] Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. Annual Review of Sociology, *27*(1), 363-385.
[25] Suomi, A., O'Dwyer, C., Sbisa, A., Metcalf, O., Couineau, A.-L., O'Donnell, M. & Cowlishaw, S. (2023). Recognition and responses to intimate partner violence (IPV) in gambler's help services: A qualitative study. *Australian Journal of Social Issues*.
[26] Brohan, E., Slade, M., Clement, S. & Thornicroft, G. (2010). Experiences of mental illness stigma, prejudice and discrimination: A review of measures. *BMC Health Services Research*, *10*(1), 80-80.
[27] Discrimination: Your Rights (2023).

discrimination involving the violation of human rights can be perpetrated uniquely by agents of the state (e.g. healthcare providers, police, and state housing providers).[28] Under this definition, behaviours that fall outside of this remit, but are still unfavourable to people from stigmatised groups, have been referred to as 'enacted' or 'experienced' stigmatisation'.[29] Some have argued that processes involved in stigmatisation, i.e. stereotyping and labelling, are, by definition, discriminatory, making discrimination an intrinsic element of stigmatisation.[30] In this work, we take a similarly broad definition of discrimination, using the term to denote any experiences of a person being treated as though they are of lesser entitlement, capability, worth, reliability or trustworthiness, or as though they have fewer rights. Our findings about experienced stigma can be thought of as indicative of both stigmatisation and discrimination.

1.2 Research aims

The overall aims of the programme of research were to:

- Establish how people who experience gambling harms are stigmatised by service and healthcare providers, civil society and the third sector, their community and families, popular media and political discourse, and the gambling industry.
- Establish which communities are disproportionately impacted by stigmatisation and why, including how stigma affects individuals with intersecting marginalised characteristics such as substance use issues, mental health conditions, minority status, and homelessness.
- Explore the services, interventions, information campaigns and policies that are most effective in challenging stigmatisation and reducing associated harms.

Specific research questions were developed to guide the qualitative strand of this research, including:

- How are people who experience gambling harms stigmatised and discriminated against in society, and what is their lived experience of stigmatisation?
- Which communities or population groups are disproportionately impacted by stigmatisation and why?
- What are the drivers of stigmatisation of these communities?
- What are the barriers to gambling treatment driven by stigmatisation, and enablers for increasing accessibility to treatment and support?
- How does gambling-related stigma affect those who have intersecting marginalised characteristics?
- How does stigmatisation related to gambling interact with other experiences of stigmatisation (e.g., related to drug use, alcohol use, ethnicity or sexuality)?
- How does secondary experience of gambling harms by 'affected others' impact the stigmatisation of people with personal experience of gambling harms?
- What are the services, interventions, information campaigns, and policies effective in challenging stigmatisation, including stigmatisation in research and the media, and to reduce gambling harms for stigmatised communities?

[28] Hepple, B. (2010). The new single equality act in Britain. *The Equal Rights Review*, 5(1), 11-24.
[29] Pliakas, T., Stangl, A. & Siapka, M. (2022). Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain. GambleAware. Available at https://www.gambleaware.org/our-research/publication-library/publication-library/building-knowledge-of-stigma-related-to-gambling-and-gambling-harms-in-great-britain-a-scoping-review-of-the-literature/ [Accessed 30th May 2024]
[30] Andersen, M. M., Varga, S. & Folker, A. P. (2022). On the definition of stigma. *Journal of Evaluation in Clinical Practice*, 28(5), 847-853.

1.3 Report summary

This report is divided into the following chapters:

- **Chapter 2** details the methods used in this strand of the research programme;
- **Chapter 3** explores the drivers of stigma and discrimination;
- **Chapter 4** details experiences of stigmatisation and discrimination related to gambling harms;
- **Chapter 5** explores intersectional experiences of stigma and discrimination related to gambling harms;
- **Chapter 6** details the impacts of stigma and discrimination related to gambling harms on participants with lived experience;
- **Chapter 7** explores treatment and support for gambling harms in the context of stigma and discrimination, including barriers to accessing support;
- **Chapter 8** discusses ways to combat stigma and discrimination including narratives which could be promoted about people with experience of gambling harms;
- **Chapter 9** summarises findings and provides recommendations for combatting stigma and discrimination related to gambling harms.

2. Methodology

2.1 Methodology overview

This study involved in-depth qualitative interviews with 35 people who have lived experience of gambling harms, (conducted between October 2023 and March 2024) and 24 interviews with relevant stakeholders (conducted between October 2023 and February 2024). Interviews were conducted remotely by telephone or video call. Stakeholders included family and friends of people who experience gambling harm, policymakers, relevant public service providers, campaigners and people from relevant support organisations and charities, and people who work in the gambling industry. Topic guides for the interviews with both people with lived experience and stakeholders were developed in collaboration with the lived experience panel. The topic guides were used to outline key topics for discussion during the fieldwork and were in place to ensure that the approach and discussion were consistent across interviews, whilst remaining open and participant led.

Lived experience panel

A lived experience panel of people who self-identified as having directly experienced gambling harms was recruited via a call for participation, circulated by GambleAware as well as being advertised via the networks of the research team. The panel consisted of six participants, with diverse demographic characteristics (4 males and 2 females; 3 from white, 2 from South Asian, and 1 from multiple ethnic groups, with ages ranging from 30s to 50s). The panel were convened for remote meetings at times convenient to them, in small groups of 2-6 people, at 6 time points across the course of the 18-month research programme. After an initial meeting where the over-arching research aims and objectives were discussed, a further meeting focused on the qualitative interview topic guides. Here, panel members were asked to comment on draft questions and propose any additional questions, as well being invited to feed back on the sampling strategy, to determine whether the choice of stakeholder groups made sense from their perspective, as being groups with whom they would interact, and whose attitudes and behaviours are particularly important to understand in order to gain a comprehensive understanding of stigmatisation of people who experience gambling harms.

2.2 Interviews with people who have experienced gambling harms

Participants were selected purposively,[31] with the aim of achieving range and diversity of key characteristics. Participants were sampled in line with a set of primary sampling criteria, which are displayed in Table 1 below. These characteristics were monitored throughout the recruitment process to ensure that interviews included a wide range of people with relevant experiences. In addition, all participants were screened using the Gambling Experienced Stigma Scale (GESS)[32] to ensure that they had experienced some level of stigma or discrimination related to gambling. We also monitored some secondary characteristics which included types of gambling engaged in, ethnicity, PGSI score,[33] sexual orientation, and health conditions.

[31] Purposive sampling involves selecting participants 'on purpose' based on characteristics needed for the sample (in this case age, gender, experiences of stigma or discrimination related to gambling harm, and gambling status).
[32] Donaldson, P., Langham, E., Best, T. & Browne, M. (2015). Validation of the Gambling Perceived Stigma Scale (GPSS) and the Gambling Experienced Stigma Scale (GESS). *Journal of Gambling Issues, 38*, 333-351.
[33] PGSI is an index of 'problem gambling' which gives a score from 0-27, where a higher score is indicative of more problematic gambling behaviours (0 indicates no risk/non-problem gambling; ≤2 indicates low risk; 3-7 indicates moderate risk; ≥8 indicates high risk). This measure is widely used and is included in the Health Survey for England, the Scottish Health Survey, and the Welsh Problem Gambling Survey.

Table 1: Sample of people who have experienced gambling harms

Criteria	Primary criteria	Achieved number
Age	18-24	2
	25-39	9
	40-54	19
	55+	5
Gender	Male	24
	Female	11
Gambling status	Currently gambling	7
	Not currently gambling	28

The research team adopted a three-fold approach to recruiting people who have experience of gambling harm:

- Digital advertising on the social media platform Facebook;
- Approaching **relevant gatekeepers** by email, to explain the study and ask if they could help disseminate information about taking part. Gatekeeper organisations included a wide range of support organisations and lived experience networks for people who have experienced gambling harm; and
- Physical advertisements in the form of **posters** displayed at universities.

Participants were invited to 'opt in' to take part and express interest via email or phone. All participants who expressed interest were sent an information sheet which explained the background to the study and gave information about taking part (e.g., the length of the interview and topics to be covered). Screening calls were then arranged with participants who were interested in taking part. Screening calls provided an opportunity for participants to ask questions about the study, confirm that participants met the sampling criteria and to arrange an interview if they wished to take part.

Interviews varied in length, lasted up to 70 minutes and were conducted by a researcher from The National Centre for Social Research (NatCen) research team. Interviews were semi-structured, and discussions were guided by a topic guide. The topic guide set out a number of areas for discussion and interviewers had the opportunity to explore themes or responses further. Topics included experiences of gambling activity and harms, experiences of stigma and discrimination, access to and experiences of treatment and support, and views on stigma and discrimination in broader society. Participants were offered a shopping voucher as a thank you and in recognition of the time they had contributed to this research.

2.3 Interviews with stakeholders

As with abovementioned interviews, these participants were also selected purposively,[34] with the aim of achieving range and diversity of key characteristics, and to ensure participants had sufficient secondary experience of people who experience gambling harms. Recruitment was conducted in the following ways:

- Compiling a list of relevant stakeholders in Great Britain (gambling operators, service providers, and third sector organisations) and approaching them by email explaining the nature of the study and inviting them to take part;
- Using Facebook and Instagram to invite people using these platforms to participate via social media;
- Contacting people known to the research team (as associates, e.g. through previous research participation or collaboration - rather than with a personal connection) who might be interested to take part or know others who might (especially in the case of family/friends of people who experience gambling harm).

If potential participants expressed an interest, they were sent a list of screening questions and then directed to an online consent form and information sheet as well as a short demographic survey (hosted by Qualtrics).

Interviews were semi-structured, lasted up to 60 minutes and were conducted by a researcher from the University of Wolverhampton. The slightly shorter timing compared with the interviews with people with lived experience of gambling harms was due to a different set of questions in the topic guide, which tended to take a little less time. Topics included experiences of gambling harms (as some participants within stakeholder groups also had lived experience of gambling harm themselves), beliefs about the nature, origin and disruptiveness of gambling harms, beliefs about people who experience gambling harms, beliefs about treatment provisions, experiences witnessing stigma and discrimination, experiences of associated stigma, and views on stigma and discrimination in broader society. Participants were offered a shopping voucher as a thank you and in recognition of their time.

A total of 24 stakeholders were interviewed: six family and friends of people who experience gambling harms; six people from the third sector (who worked at gambling-related support/treatment organisations); seven service providers (including two police officers, two Members of Parliament, a paramedic, the owner of a small business aimed at raising awareness of gambling harm and an individual who had experience in gambling-related research and policy); and five people from the gambling industry (including people who worked as both cashiers and managers in betting shops, and people who worked in marketing). Two of the service providers and one of

[34] Purposive sampling involves selecting participants ‘on purpose’ based on characteristics needed for the sample (in this case related to participants profession, or relationship to people who have experienced gambling harm).

the people working in the gambling industry also reported lived experience of gambling harms. Numbers and basic demographic characteristics of participants in the stakeholder sample are summarised in Table 2.

Table 2: Sample of stakeholders

Stakeholder group	Age	Gender
Family and friends (N=6)	25-39	3 females
	55+	1 female, 2 males
Third sector gambling treatment/support providers (N=6)	25-39	2 females
	40-54	2 males, 1 non-binary
	55+	1 male
Service providers (N=7)	25-39	1 male, 1 female
	40-54	4 males
	55+	1 male
Industry (N=5)	25-39	3 males
	40-54	2 males

2.4 Analysis

With permission, all interviews were recorded and transcribed verbatim to support detailed analysis. Interview data was managed and analysed using the Framework approach developed by NatCen for use in large-scale policy research.[35] In this approach, a matrix-based analytical framework is developed, guided by the research questions. In the matrix, rows represent individual participants and columns represent broad themes. Data were organised into matrices which then enabled thematic analysis both within and between cases, allowing descriptive and explanatory analysis to be undertaken. Separate inductive analyses (which involve analysing data without preconceived categories or themes), each following the same analytic procedure, were conducted for the lived experience and stakeholder data. Analyses were conducted separately as both data sets involved

[35] Ritchie, J., Lewis, J., Nicholls, C.M. & Ormston, R. (2013). *Qualitative research practice: A guide for social science students and researchers*. London: Sage.

different groups and covered different topics. Analysis explored the full range of experiences and views, interrogating data to identify similarities and differences between participants and seek to explain patterns and findings. Verbatim interview quotations are provided in this report to illustrate findings where appropriate and amplify the voices of respondents, but care has been taken throughout the report to anonymise participants' views. These illustrative quotations were selected to reflect the range of perspectives and key themes that emerged from the data, and were cross-referenced with the full coded data set, to ensure that that they were representative of the patterns observed therein.

2.5 Ethics

This study was approved by NatCen's Research Ethics Committee (interviews with people with lived experience) and the University of Wolverhampton School of Psychology Ethics Committee (stakeholder interviews). Given the potentially upsetting nature of the topic (for example discussions of experience of gambling harm, social exclusion and discrimination), we prioritised the wellbeing of participants and sought to mitigate the risk of psychological harm from taking part. We were transparent with gatekeepers and participants in recruitment materials about the topics to be covered in the interview. Care was also taken in explaining to potential participants the nature and content of the interview during the recruitment and screening process, so that potential participants could make an informed decision about taking part. We used a staged process to gaining informed consent, whereby consent to take part was given during the screening process and also confirmed at the start of each interview. Participants were reminded of their right to withdraw before the interview began, and during the interview if appropriate. Where possible, we left a period of at least several days between recruitment and interview to allow participants time to consider their involvement further, ask any questions of the research team and opt-out.

The research team aimed to manage any distress that arose during the interviews with empathy (i.e. sensing and attempting to understand any distress) to inform their response, reminding participants that they could pause or end the interview at any time without giving a reason. Participants with lived experience of gambling harms were also asked whether they would like someone with them during the interview (for example for emotional or language support). We provided all participants with an aftercare leaflet which gave details of gambling treatment services and wider sources of support. Participants in the lived experience group were also provided with contact details for the NatCen research team in case they had any queries or concerns after the interview, and participants in the stakeholder group were provided contact details for the University of Wolverhampton research team.

3. Drivers of stigma and discrimination

This chapter explores the drivers of stigma and discrimination, drawing on findings from interviews with people who experience gambling harms and stakeholders. Findings presented here relate primarily to drivers of stigmatising views, with comparatively less evidence on drivers of discrimination.

3.1 Attitudes towards others experiencing gambling harm among those with lived experience

Participants with lived experience of gambling harm expressed a variety of views towards other people who experience gambling harms. Attitudes ranged from stigmatising views and distancing themselves from others who experienced gambling harms, to identifying with others and expressing empathy for people experiencing gambling harms.

Self-group distancing

Some participants engaged in 'self-group distancing',[36] where they sought to describe how they were different to others who experienced gambling harms, distancing themselves from the stigmatised identity. These participants perceived themselves as different from other people who experience gambling harms because they experienced fewer or less severe harms. For example, some participants cited the fact that they were in a strong financial position (e.g., owning property, having a stable and well-paid job, and never struggling to meet their basic needs). This led some to conclude that their own gambling was more "acceptable" or "not as bad" as the gambling activities of others.

Some participants who distanced themselves in this way stigmatised others who they perceived as experiencing greater levels of harm, particularly when their gambling resulted in harms being experienced by others, such as friends and family. They described themselves as being "better than" or "above" people who had accumulated large debts or committed a crime (such as an acquisitive crime) to fund their gambling. Some participants were aware that the views they held were stigmatising towards others and described their perspective as "snobbery". However, other participants who distanced themselves from other people who gambled did not identify as having explicitly stigmatising or negative views, but just viewed themselves as "different" to others who experienced gambling harms. While they had apparent empathy for people who experienced what they regarded as more severe gambling harms (e.g. noting that they understood, from personal experience, the internal feelings and external factors that drive gambling harm), they viewed their own gambling participation as more "controlled" as they had not incurred large financial losses or only engaged in one type of gambling.

"I've got this little snobbery where I think because it's never gone ground zero, that I am above it in some way… that makes it more acceptable for me to do it [gambling] than someone who's struggling, or they've got kids." – **Person with lived experience of gambling harms**

Identifying with others with similar experiences

For some participants, stigma distancing reduced as their experience of gambling harms increased, leading them to identify with others experiencing gambling harms. For some, distancing enabled them to "deflect" and not recognise their own gambling experience as harmful; they viewed other people as having problems with

[36] van Veelen, R., Veldman, J., van Laar, C. & Derks, B. (2020). Distancing from a stigmatized social identity: State of the art and future research agenda on self-group distancing. *European Journal of Social Psychology*, *50*(6), 1089-1107.

gambling, but not them, with justifications for this including because they were well educated or had a normatively 'good' job.

"I could see other people gambling and at the time, my brain would think, this lad's got a problem… when people lose and they're banging the table and they're slinging their chips across the table or claiming their winnings aggressively. All these different things, that has never been my style... That's I think why I looked at those people in a different light to what I was because it was also, by doing that, I wasn't acknowledging myself really. A deflection, if you like." – **Person with lived experience of gambling harms**

People with lived experience of gambling harms also expressed how they identified with others in similar situations and felt united by their "addiction". Participants reflected that their lived experience of gambling harms made them more empathic to others and some participants used more sympathetic language to describe others than they did when describing their own experiences. Those who had attended some form of group treatment for gambling (such as residential treatment or Gamblers Anonymous) described how these experiences allowed them to meet those with similar experiences of gambling harms "from all walks of life". These participants felt they could relate to these people and felt increased empathy towards other people who experience gambling harms as a result. Furthermore, participants with lived experience of gambling harms who worked in the gambling harms support sector felt that their experience made them more understanding of gambling harms and less likely to hold negative views of people who gamble.

3.2 Attitudes towards people experiencing gambling harm among stakeholders

Stakeholders interviewed also expressed diverse views about people who experience gambling harms. These varied between the different stakeholder groups, as well as the level and nature of contact the stakeholder had with people who experience gambling harm.

Friends and family members of people who experienced gambling harms

Being an 'affected other' (i.e., having experienced harms due to someone else's gambling) in some cases resulted in negative attitudes being expressed towards gambling harm and those with lived experience of this. These included: diminishing respect for the individual; decreased sympathy; a reluctance to offer support; a loss of trust; resentment; a view that people who experience gambling harm are "selfish"; and, ultimately, the deterioration of relationships. Because of this, several people who identified as 'affected others' expressed a reluctance or refusal to engage and socialise with people who gamble.

"I wouldn't really trust or want to really be around anyone that was doing that [gambling]. I mean, I don't know anyone else that gambles, to be honest... So, I don't know anyone that does it healthily. So, I think for me it's just a bad thing. I would imagine if my partner started gambling then it would really upset me." – **'Affected other'**

The lack of desire to engage with people who gamble was often driven by a lack of trust, where 'affected others' had experienced periods in which their loved one had concealed gambling and/or gambling-related harms from them. This led to a belief, in some cases, that people who experience gambling harms are untrustworthy, being liable to conceal information. This tended to be magnified for those who were affected by the gambling harms of someone who had experienced reoccurrence of harms ('relapse'), where support had been given and/or promises had been made to stop gambling. This exacerbated perceptions that their loved one, and others who experience gambling harms, are unreliable or untrustworthy, or fail to learn from experience. Fear of further secondary harm from someone else's gambling, grounded in having already experienced financial and/or emotional harm, was also an implicit factor in some 'affected others'' stigmatisation of people who experience gambling harms. Whilst lived experience as an 'affected other' often informed negative perceptions of and

attitudes towards people who experience gambling harms, this stakeholder group were also one of the most likely to attribute some or all of the blame for gambling harm to the gambling industry.

"There's a group of people who are ill and… when people do get control of their gambling they still get probed for, you know, seeing your account go quiet. Here's some free money for you, here's some free bets, so you know a person who's struggling." – **'Affected other'**

While 'affected others' were reluctant to engage with people who experience gambling harms, they typically recognised the role of psychosocial and environmental factors in causing gambling harms. They noted that those experiencing harms were "targeted" by the industry, and believed gambling harms to be both an illness and the manifestation of emotional issues (such as low self-esteem or disruptive childhood experiences). There was a tension between holding industry accountable for the harm gambling causes to people who they perceive as vulnerable, while still feeling resentment towards their friend or family member for succumbing to temptation extended by gambling operators. This illustrates the nuanced and complex way in which 'affected others'' stigmatising attitudes towards people experiencing gambling harm are affected by beliefs about gambling harm, vulnerability and culpability, as well as by their own experiences of harms and fears of future harms.

Stakeholders working in the third sector in gambling treatment/support roles

Third sector stakeholders perceived people working in gambling treatment and support, including themselves, as generally "caring" and "empathetic", and emphasised their commitment to helping people who experience gambling harms. Some explicitly described themselves as taking a non-judgemental approach.

"[We're] not here to judge them. We're here to help them. If they gamble, we don't, you know, look at it negatively." - **Person who works within gambling treatment**

However, several participants within this group held stigmatising stereotypes about people who experience gambling harm, including an assumption from some that they want "instant gratification" and that they are all "compulsive liars" who will "find a way" to gamble despite tools such as self-exclusion. Some participants in this sector expressed the view that people who experience gambling harms typically also drink alcohol and/or use drugs to cope with emotional distress. These stereotypes, of being untrustworthy, hedonistic and irresponsible, and engaging in additional stigmatised behaviours, position people who experience gambling harms as being characterised by negative attributes which set them apart from people who do not experience gambling harms. As with the family and friends group, third sector workers in the sample viewed gambling harm as having complex causes, at both the individual and the environmental level. They often referred to gambling harm in terms of pathology (specifically referring to "addiction", in contrast to 'affected others' who tended to speak of "illness"/ "disease"), attributing harms to underlying emotional issues as well as disruptive life experiences.

"Happy people don't engage in self-destructive behaviours, you know, it always comes from a place of pain. And I don't mean pain in a hyperbole where I mean, like in any kind of distress or unfulfillment" – **Person who works for a gambling charity**

This idea that people who experience gambling harm use gambling as a coping strategy to alleviate unhappiness and emotional pain was particularly prevalent. Participants with this view expressed sympathy towards those experiencing harm, as they were framed as people who were suffering. This stakeholder group tended not to attribute blame for gambling harm to the individuals, and instead blamed the industry (and in some cases, also the government) for gambling harm.

"The gambling industry have a lot to answer for" **- Person who works for a gambling charity**

"You hear of stories of, you know, people who are actively brought back into gambling, actively sent emails [from operators]… there is a definite maliciousness to that. Therefore yeah, blame totally should be laid at their door." - **Person who works for a gambling charity**

However, several participants in this group did allude to individual responsibility for recovery from gambling harms, believing that recovery is possible if one is "serious" about it. This has parallels with accounts from family and friends, where re-occurrence of harms after an attempt had been made to recover was viewed more negatively than having experienced harms in the first place. This was particularly the case where people believed that there were ample tools and support available to help people recover from gambling harms. This may be because of an implicit belief that 'most people' should be able to recover, i.e. there is further distinction made between the person experiencing continued harms and other, 'normative' people, with the person experiencing gambling harms viewed as being less competent in their ability to recover, or less committed to recovering.

Service providers (in non-therapeutic roles)

As with family and friends and third sector workers, most of the stakeholders in service provider roles we interviewed thought gambling harm was an "illness", and used addiction-focused language (i.e., referring to gambling harm as an "addiction" and/or people who experience gambling harms as "addicts", and including medicalized terminology such as "treatment" or "relapse"). Within this group there was little reference to people who experience gambling harms being distinct from other people in terms of their individual characteristics, such as their demographics, personality or temperament. Instead, gambling harm was perceived as an issue that could impact anyone indiscriminately.

"I think we're all susceptible to it, to a greater or lesser extent." – **Member of Parliament who has constituents who experience gambling harm**

"There is no set prescribed type of person that will become [addicted to gambling]… There are people that perhaps are more likely to, but in general it can happen to anyone." – **Police officer who has contact with people who experience gambling harm through gambling-related crime**

Participants did, however, describe a variety of environmental and biological factors that they believed made people "susceptible to it [gambling harm]", including underlying trauma; unconscious biases in thinking patterns; exposure to gambling advertisements and gambling-like mechanisms in videogames; and poverty (which one stakeholder in this group felt was associated with all kinds of 'addiction', including gambling harms):

"A lot of it is rooted in people living in degrees of poverty." **Member of Parliament who has constituents who experience gambling harm**

Stakeholders involved in service provision largely attributed the responsibility for gambling harm to the industry, perceiving it as predatory and targeting vulnerable individuals *("*[the blame] *lies squarely at the doors of the gambling industry itself").* They also suggested that gambling harm is a consequence of the promotion of gambling (driven by political and economic motives) with companies and individuals profiting from those affected by gambling harms. One stakeholder in this group suggested that lobbying by MPs on behalf of the gambling industry, for personal gain, contributes to this situation. Addictiveness of products was also mentioned by several participants in this group as a factor contributing to gambling harm. One participant recounted an instance during

which he attended a meeting with members of the gambling industry, one of whom asserted that they had deliberately engineered products with addictive properties, aligning with other participants' perceptions and experiences of feeling targeted by the industry.

"What shocked me, really shocked me to the core, was talking to the firms who designed the games, and the phrase they used was 'we designed an addiction'. I thought, 'you did what?'… You design a game because you know it will attract people into and they will end up being addicted" - **Member of Parliament who has constituents who experience gambling harm**

This group did not often use stigmatising language or report holding stigmatising views *per se*. However, in some cases, respondents noted feeling that they did not know that much about people who experience gambling harms and therefore felt that they were not in a position to have a well-informed opinion with regard to this community, with one respondent stressing *"I've never really thought about it".* Through their various roles working in public services, they may also have been particularly aware of the social desirability of holding non-stigmatising views and may have made efforts to ensure they were non-judgemental in their responses to the interview questions.

Stakeholders working in the gambling industry

Participants who worked within the gambling industry had views that differed from those of the other groups. They frequently described gambling harm in terms of a personality trait, which stemmed from an *"addictive personality".* They also frequently used the word *"addict"* to describe people who experience gambling harms. Their choice of language implied that they framed the individual primarily in terms of their gambling harm. As has been discussed in detail within the wider literature exploring addiction-focused language and stigma, dehumanising terms such as this have significant negative associations.[37] They reduce a person's identity to a pathology, set them apart from the 'normal' majority, and both reflect and reinforce stigmatising attitudes. The term is also associated with negative stereotypes of dangerousness and unpredictability.[38] [39] People who experience gambling harms were described by one stakeholder working in the gambling industry as *"wanting to get a fix".* This language is typically associated with drug dependency (another heavily stigmatised behaviour) and portrays people experiencing gambling harms as dependent, prone to withdrawal symptoms, and desperate to alleviate them – thereby positioning them as dangerous and unpredictable. Stereotypes of criminality and deviance which are often attributed to people experiencing drug dependency are also implied.[40] Furthermore, in contrast to the accounts from family and friends, and those working in third sector and other service provider roles, stakeholders working within the gambling industry expressed a more consistent belief that the responsibility for gambling harm lay with the individual. They tended to attribute harms to character flaws, including their poor choices, greed, or stupidity with one respondent emphasising *"Some people are just wanting something for nothing and don't know when to walk away." (Person who works in the gambling industry)*. With regard to perspective on where the responsibility for gambling harm lay, one participant said:

"I would say [responsibility lay with] *themselves* [people who experience gambling harm] *because they are... You're your own person. You can choose when to stop."* – **Person who works in the gambling industry**

[37] Ashford, R. D., Brown, A. M., McDaniel, J. & Curtis, B. (2019). Biased labels: An experimental study of language and stigma among individuals in recovery and health professionals. *Substance Use & Misuse*, *54*(8), 1376-1384.
[38] Kelly, J. F., Saitz, R. & Wakeman, S. (2016). Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an "Addiction-ary". *Alcoholism Treatment Quarterly*, *34*(1), 116-123.
[39] Matthews, S. (2019). Self-stigma and addiction. In The stigma of addiction: An essential guide (pp. 5-32). Cham: Springer International Publishing.
[40] Lutman, B., Lynch, C. & Monk-Turner, E. (2015). De-demonizing the 'monstrous' drug addict: A qualitative look at social reintegration through rehabilitation and employment. *Critical Criminology*, *23*, 57-72.

Amongst respondents from the gambling industry, there was also a belief that harms are attributable to individual flaws or failings, again situating blame and responsibility with those who are experiencing harm themselves. This is supported by the apparent perception that the industry employs sufficient measures to reduce risk and should not be considered culpable. The exception to this was where one respondent in this group recognised that young people are more vulnerable to advertising and that a reduction in targeted advertising on football shirts could be beneficial in order to protect this demographic.

"Young people are very impressionable, and the betting sponsor might influence them to bet" - **Person who works in the gambling industry.**

While one participant who worked in the gambling industry self-reported having empathy ("I have an empathy for [people who experience gambling harm] because it controls their lives"), and another acknowledged that addiction was regrettable (*"it's obviously sad when someone gets 'addicted'"*), concern was tempered by an enduring belief that harms are ultimately a matter of individual responsibility. Overall, the attitudes within this stakeholder group were more overtly and consistently stigmatising than those expressed by people from third sector and service providers, or than those expressed by friends and family.

3.3 Perceived drivers of stigma and discrimination related to gambling harms

This section explores the factors that participants noted drove instances of stigma and discrimination they had experienced related to gambling harms. These factors included the idea that a stereotype exists around which people experience gambling harms, the perception that experiencing gambling harms reflects a "flawed" character, and a narrative of individual responsibility that blames people for the harms that they experience.

Stereotyping of people who gamble

When asked about drivers of stigma among their social circles and in broader society, people with lived experience of gambling harm felt that there was a stereotype around people who gamble which contributed to stigma. Participants felt that society viewed a "stereotypical gambler" as male, middle-aged or older, being of a low socio-economic class, unemployed or low income, receiving welfare payments, being a "smoker" and / or "drinker", or having a "grubby" appearance. Participants felt this perception was stigmatising, generalising and false, painting all people who gamble with "the same brush" and contributing to negative perceptions of those who experience gambling harms. Although participants did not make the connection explicitly, this implies that the pejorative terms, characteristics and connotations above are also stigmatised, especially when coupled with experience of gambling harm. People with lived experience of gambling harm felt that this stereotyping led to a perception that only certain 'types' of people could experience gambling harm. Those who did not meet these negative stereotypes and/or generalisations, for example, due to their age or gender, or because they had a "good career", described instances where others had been shocked to discover that they had experienced gambling harms. In these cases, contradicting stereotypes also led to judgement, as people felt that, because they did not match the profile of someone who experiences gambling harm, they were either not really experiencing harm, or they should have "known better" than to experience harm.

Some of the narratives from participants within the stakeholder groups also demonstrated stereotyping of people who gamble and who experience gambling harms. These included stereotyping or labelling those experiencing harms as untrustworthy or generalising them as drinking alcohol and / or using drugs. Some stakeholders expressed expectations of violent or criminal behaviour from people who experience gambling harms and use drugs or drink alcohol, i.e. particularly associated this profile with perceived deviance from socially acceptable behaviour.

Perception of people who experience gambling harms as being 'flawed in character'

Similarly to stereotyping, people with lived experience described how those in their social circles and in wider society viewed people who experience gambling harms as "silly", "stupid", "weak" or "irresponsible", which led to stigmatisation. Some participants believed that these perceptions were primarily due to the loss of money that could result from gambling. Those who incurred financial losses were perceived as being "reckless" with money and "financially irresponsible", whereas winning money was viewed as comparatively positive. Participants recalled how those close to them fixated on the money they had lost due to gambling, highlighting what the lost money could have been used for. Participants highlighted that those with a lower socio-economic status (with less disposable income) were seen as more financially irresponsible and less in control if they chose to gamble. Consequently, they faced more stigma, including judgements that they are not a "good person". This intersection of stigma related to gambling harms with stigma related to poverty and socio-economic status (which also devalues people)[41] is explored further in Chapter 5. This was felt to be particularly the case for those with caregiving responsibilities and children, and those with greater social and financial responsibilities. This group were seen to experience more stigmatisation for losing money and were more likely to be viewed as "reckless", "stupid" or even "selfish" in prioritising spending money on gambling, seemingly above the needs of their family. This led some people with lived experience to conclude that had they gambled without incurring a financial loss, they would not have faced any stigma. This highlights how stigma was attached to *harm* itself resulting from gambling (financial loss) and *not* to the act of gambling in and of itself.

"When someone with that situation goes on and spends their money, loses their money in that way, then people do not consider that to be sign of a good person who is in control of finances, or who is taking care of himself or his family." – **Person with lived experience of gambling harms**

These narratives were again echoed in some of the responses from the stakeholder group, with stakeholders expressing that they would judge people living in poverty (i.e., those who were homeless / in receipt of state welfare) more harshly, as "they are spending money which isn't theirs", as well as expressing more negative views towards people who experience gambling harms who have families, perceiving them to be choosing gambling over their families.

Similarly, participants with lived experience of gambling harm also felt that stigma was attached to the act of harming someone else through gambling, which characterised them as "untrustworthy" and harmful to others. For instance, where people stole from others or committed fraud to fund their gambling, the fact that they had negatively impacted others was felt to be stigmatised in that they were continually characterised as "untrustworthy", regardless of the fact that it was related to gambling. Some participants who had in the past engaged in such activities (e.g., stealing money from family members) felt that the stigma that they were then subject to in terms of being characterised as "untrustworthy" was appropriate, as they had negatively impacted people. Additionally, some participants who had not harmed others in this way described how they had been stigmatised by family members who had been negatively affected by someone else's gambling in the past.

"I think being in a family, people straightaway think about the damage that it's causing to you, to your wife, to your children... I think it's perceived as a very selfish thing to do. I think because of that and because you are affecting people around you, not just your wife, your children, your friends, your family, everyone; I think that's where some of the stigma comes from." – **Person with lived experience of gambling harms**

[41] Campbell, S. and Tyler, I. (2024). Poverty stigma: a glue that holds poverty in place. *Joseph Rowntree Foundation*. Available at: https://www.jrf.org.uk/sites/default/files/pdfs/poverty-stigma-a-glue-that-holds-poverty-in-place-ad96ea7ff34c83220a237a93c08f039b.pdf

In some religious communities gambling is viewed as an action contrary to religious teaching, which leads to stigmatising notions of being forbidden or "sinful". Participants with experience of gambling harms who were religious or whose families were religious felt they were further stigmatised and ostracised by their community for engaging in "sinful" behaviour. Experience of stigma from religious communities is explored further in section 4.4.

Participants with lived experience of gambling harm felt that these stigmatising perceptions were often driven by a lack of understanding about gambling and its impacts. This was particularly felt to be the case by those who conceptualised gambling as an "addiction". These participants felt that in broader society, instead of gambling being understood as an addictive behaviour with severe impacts (such as on mental health), struggling with gambling is instead seen as a personal failing, resulting in a lack of understanding and stigma directed towards people experiencing gambling harms. Participants made comparisons to harm related to drugs and alcohol; they felt that drug and alcohol dependencies were understood in terms of physical reliance on a substance, and better understood in society in comparison to gambling-related harm. As a result, people with lived experience felt that others viewed them as someone who had "made bad choices" rather than as someone who was a "victim" of addiction. This understanding was felt to perpetuate the notion that gambling, and the subsequent harms experienced, are completely within one's control.

"People think gamblers are selfish. They don't think it's an addiction like alcohol or drugs are. They think people who do it are quite self-indulgent, and I think that's where the stigma comes from. It's like, well, you can stop if you want to. You don't need to gamble, it's just a bit of fun. Why are you wasting this money? Actually, what it is is a disease that affects the brain, and it's like any other addiction." – **Person with lived experience of gambling harms**

Some stakeholders also identified how people who experience gambling harms can be perceived as being flawed in character, but the endorsement of this belief varied considerably across different groups. As discussed in section 3.2, this perception was seen among stakeholders working in industry, who often emphasised the availability of responsible gambling tools (these include features such as limit setting or self-exclusion), and held people who experience gambling harm accountable for not using them; for being greedy ("wanting something for nothing"); or simply not "knowing when to walk away". Implicit in this narrative is the assumption that it is the individual's responsibility to gamble 'responsibly', and the stigmatising inference that gambling harms are, therefore, indicative of 'irresponsible' gambling.

In contrast, friends and family and those working in both therapeutic and non-therapeutic service provider roles tended to attribute gambling harm to a complex interplay of factors (e.g., biological, social, psychological and environmental influences). Those in service provider roles were particularly vocal that gambling "can grab anyone", rather than attributing gambling harms to people with particular character "flaws". Instead, blame was placed "*squarely at the doors of the gambling industry itself".* Those who did subscribe to the view that gambling harms were due to a character flaw (typically those working in industry, within our sample), also tended to express stigmatising views towards those experiencing such harms.

The stakeholder interviews with friends and family (or 'affected others') shed additional light on how the experience of being harmed by someone else's gambling could sometimes contribute to stigmatisation of people experiencing gambling harms. While participants in this group typically had empathy for those who experienced gambling harms, and attributed harm to illness, life stressors, and/or the gambling industry, they also frequently expressed a reluctance to engage with people who gamble or experience gambling harms in the future (i.e., a

desire for social distance). This was typically a result of the negative consequences they had experienced in their lives, due to the gambling of their loved one and a desire to protect themselves from future harm.

Individual responsibility narratives

People with lived experience spoke of being "bombarded" by gambling advertisements, which they felt contributed to stigma. Adverts were perceived to perpetuate stigma by presenting gambling as a fun leisure activity, for example by showing people laughing while gambling. Participants emphasised that this contributed to the normalisation of gambling as acceptable, fun and safe, which by contrast characterised those who experience gambling harms as "abnormal". This contributed to the idea that most people who gamble do so responsibly, and a few "stupid" individuals are "ruining" it for everyone else. This contributes to the construction of an "us" versus "them" narrative, which can lead to stigma by othering people who experience gambling harms and framing them as a flawed minority.

Furthermore, participants felt that media descriptions of people experiencing gambling harms also contributed to stigma and the 'individual responsibility' narrative. They recalled people who had experienced gambling harms being described in news media as "problem gamblers" or "destructive gamblers" in inflammatory headlines. Film and television were also felt to contribute to stigma by presenting people who gamble negatively (e.g., as criminals), further perpetuating the stereotypes previously discussed. These presentations were not considered to be suitably nuanced, with little discussion of the wide variety of harms people who gamble might experience, nor any positive presentations of those who have overcome such harms.

"When they want you to gamble it's portrayed as this normal activity. But then when something... goes wrong, it's always the person that's vilified rather than the situation and the circumstance that has allowed that to happen." – **Person with lived experience of gambling harms**

However, the media was not viewed as a solely negative driver for the stigma attached to gambling harms. Participants were aware of celebrities who had experienced gambling harms and whose stories had garnered significant media coverage. Some participants felt that such stories had been presented in a more understanding manner, going some way to address stigma and increase understanding and awareness of gambling harms in society. Others commented that celebrities are not subjected to stigma in the same way that regular people are, but nevertheless felt that any efforts to raise awareness of gambling harms in the media are helpful to decrease stigma in society. These points are explored further in Chapter 8.

Individual responsibility narratives also emerged within the stakeholder interviews, particularly among those who worked in the gambling industry. 'Affected others', like most other stakeholder groups except for industry, were more likely to attribute blame to the industry rather than to the individual. However, there was a notable increase in feelings of resentment or blame from 'affected others' when the person they were close to refused to accept help. This increase was also observed when the person was perceived as failing to learn from negative consequences and continued to gamble despite persistent harms. This suggests that even people who have greater empathy for those who experience gambling harms, and acknowledge the influence of factors outside of personal choice and control, still hold beliefs that personal responsibility should play a key role in avoiding or overcoming harms.

"*We repeatedly offered to help him, so that, I mean, that's his fault – I blame him for that."* – **'Affected other'**

"He just kept thinking he could dig himself out of a hole." – '**Affected other'**

4. Experiences of stigma and discrimination related to gambling harms

This chapter explores experiences of stigma and discrimination related to gambling harms, including self-stigma, experienced stigma, anticipated stigma and perceived stigma. The findings in this chapter draw on interviews with participants who have lived experience of gambling harms.

4.1 Self-Stigma

Self-stigma is often referred to as internalised stigma and is "*the belief that negative stereotypes about people who struggle with gambling are true and apply to [oneself].*"[42] Participants with lived experience of gambling harm talked about themselves and their relationship to gambling in various ways which demonstrate the presence of self-stigma, which is explored in this section.

Believing that gambling harms affect a person's character negatively

One way in which participants with lived experience of gambling harm demonstrated self-stigma was through describing how they felt that their experience of gambling harms was a reflection on their character. Participants described feeling "dirty" when gambling, with one participant going as far as to describe this as a physical sensation, feeling "grubby, even when I was clean". As explored further below, this notion of being 'clean' or 'dirty' draws on a metaphor which has been widely used in relation to drug use,[43] with participants viewing being 'dirty' when using drugs or gambling as shameful. Participants also made negative evaluations of their intelligence in relation to their gambling harms, describing how they felt "stupid" and "couldn't believe" their own "naivety". Relatedly, participants described feeling "ridiculous" or "silly" when reflecting on their experiences with gambling. Other participants described feeling that they and other people who gambled were "losers". Experience of financial harms, and their effect on others, precipitated such feelings and the sense that 'affected others' would be "better off" without them. Others cited their experience of perceived stigma, such as thinking other people did not like them or saw them as an "addict", as leading to these feelings.

Participants reported that internalising negative ideas about people experiencing gambling harms had changed, or was in conflict with, the way they viewed themselves and their "identity". Some participants who had this perspective felt that they did not understand why they were still gambling despite experiencing harms. This caused them to question whether they were a "good" or "bad" person, which fed into the negative beliefs about their character described above. Some participants viewed their gambling activity and harms as indicating a "weakness" within themselves. For one participant, this perception of "weakness" stemmed from having to access support to cope with their gambling harms. They felt that not being able to overcome gambling harms on their own (without support) was reflective of their own weakness. Other participants saw gambling as subsuming other aspects of their life, including professional or educational experiences. In these cases, self-stigma manifested in individuals losing a sense of their own individuality. They felt that their experiences of gambling

[42] Pliakas, T., Stangl, A., & Siapka, M. (2022). *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain: A Scoping Review of the Literature*. GambleAware. Available at https://www.gambleaware.org/our-research/publication-library/articles/building-knowledge-of-stigma-related-to-gambling-and-gambling-harms-in-great-britain-a-scoping-review-of-the-literature/ [Accessed 30/05/2024] (page 50)

[43] Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, 24: 143-155.

harm were "taking over" their identity and obscuring other elements of themselves (such as their work or social life).

"Gambling was my life to the point where even I spent years thinking that was just my identity. I was a gambler and that was all I was." – **Person with lived experience of gambling harms**

Participants described feeling as though gambling and gambling harms were an inherently "bad", "wrong", and "evil" activity and experience. Some participants linked these feelings to their experience of stigma from others or feeling "guilty" for the harm they had caused to others. Participants who had this view felt that experiencing gambling harms, and the effect that this had had on their social connections, made them "selfish" and had resulted in them lying to and manipulating others. These participants constructed this identity of a "gambler" as being at odds with being "a good honest person".

"I was a lying, thieving, cheating, stealing bloke. I had to change from that and a massive shift over to being a good honest person" – **Person with lived experience of gambling harms**

Self-stigma in relation to being a gambling 'addict'

Participants with lived experience of gambling harm often framed their experience of gambling harm as a gambling addiction. Some participants stated they were addicted to gambling and went further to describe how they thought this reflected negatively on their character. Participants from this group compared themselves to "drug addicts" or "junkies", with one participant claiming to be "just as bad as a heroin addict". Participants felt that drug addiction was "shameful" and that people using drugs were not "good members of society". These participants can be seen to self-stigmatise their own experiences by drawing on stigmatising tropes of people who use drugs. Participants described themselves as "unclean" or "dirty" which they also saw as shameful. Through stereotyping themselves as being like "drug addicts", participants attributed other associated negative characteristics to themselves, and judged themselves as being different to, and "lesser" than people without these characteristics.

Some participants saw themselves as inherently pre-disposed to experiencing gambling harms and that they were "wired" in such a way that something is "missing within [them]". Another participant felt as though the continuing temptation to gamble was proof of their continued gambling addiction, despite having not gambled for a significant period of time. This view of gambling harms as a 'disease' aligns with the disease model of addiction, whereby gambling addiction or disorder is presented as an illness requiring medical intervention. This conception is widespread across policy, treatment and research but has been argued to reinforce a power dynamic between those 'helping' and others 'requiring help' or treatment.[44] [45] This model can present people experiencing gambling harms as victims or people 'suffering' from disease which is stigmatising, since this narrative framing minimizes the agency of the individual. Overall, participants relayed the sense that being an "addict" negatively affected their mental state and character.

"… mental cognitive dissonance… the dishonesty, the resentments… the anger and frustration, impatience, intolerance. All these were character defects that… addiction seems to change the personality to." – **Person with lived experience of gambling harms**

[44] Lund, A.J. (2020). "Help is the sunny side of control": The Medical Model of Gambling and Social Context Evidence in Canadian Personal Bankruptcy Law. *Osgoode Hall Law Journal, 56*(3), 489-528.
[45] Wiens, T. K. & Walker, L. J. (2015). The chronic disease concept of addiction: Helpful or harmful? *Addiction Research & Theory*, *23*(4), 309-321.

While conceiving oneself as an "addict" contributed to self-stigma for some, for others, viewing their gambling harms in terms of an "addiction" made them feel as though it was something that could "happen to anyone" and was not a result of poor character. In this way, there was less of a sense of moral failing or culpability for harms, but as has been seen in the wider literature, this is offset by the fact that this model of addiction reduces perceived agency and recoverability.[46] In some cases, people personified addiction as something entirely separate or external from (and in opposition to) the "good" part of them. This process of 'personification' or 'externalisation' of a stigmatised characteristic has been described in other studies of addiction as well as of depression, [47] [48] and it is possible that participants were engaging in these processes in an attempt to protect their self-concept, and may reflect the power of stigmatisation. The nuanced way in which the concept of addiction interacts with stigma is explored later in this chapter.

"The good person in me is, and was, there somewhere, but that was being absolutely supressed by the addiction." – **Person with lived experience of gambling harms**

Challenges with self-esteem

Participants with lived experience of gambling harm described experiencing a range of upsetting and difficult feelings related to their experience of gambling harms, which impacted their self-esteem. Participants described feeling negative emotions such as "shame", "guilt", "regret", "anger" and "embarrassment". Some participants reported the sense of "not liking" themselves, not caring for themselves or not caring about their appearance. These feelings were reported to be triggered by thinking about the effect their gambling harms had had on loved ones. Participants from this group mentioned how the "humiliation" of "losing" or experiencing financial harms specifically led to a loss of self-worth and the feeling that they had "failed" people. Participants expressed feelings of guilt and regret when comparing their family's financial position to that of others, with one participant stating their family would be "better off without [them]" due to financial harms related to gambling. Some participants described feeling "anger" at themselves and "hating" themselves due to the effect their financial harms had had on others. Some participants also described how they had experienced stigmatising views from others, such as being ostracised or "not liked", but agreed with the assessment that had been made of them.

"People outside don't like you anymore, don't trust you anymore, and treat you like a stranger. Which I understand, because I think I would do the same if I was in their shoes." – **Person with lived experience of gambling harms**

4.2 Experienced stigma

Experienced stigma is defined as people's reported experience of stigma by others, and is often used to indicate what can be termed 'discrimination'. In interviews, participants described the different ways in which they had experienced stigma and discrimination from others as a result of gambling harms. The experiences explored below illustrate both experienced stigma and discrimination as reported by participants with lived experience of gambling harm.

Stigma from participant's own social networks

Participants with lived experience of gambling harm spoke in depth about their experiences of stigma within social networks (such as family and friends), describing their gambling harms as being "hidden" or "brushed

[46] Wiens, T. K. & Walker, L. J. (2015). The chronic disease concept of addiction: Helpful or harmful?. *Addiction Research & Theory*, *23*(4), 309-321.
[47] Meurk, C., Morphett, K., Carter, A., Weier, M., Lucke, J. & Hall, W. (2016). Scepticism and hope in a complex predicament: People with addictions deliberate about neuroscience. *International Journal of Drug Policy*, *32*, 34-43.
[48] Conneely, M., Higgs, P. & Moncrieff, J. (2021). Medicalising the moral: the case of depression as revealed in internet blogs. Social Theory & Health, *19*(4), 380-398.

aside" by their family. This involved not telling younger members of the family about their experiences or actively avoiding the topic altogether.

"…it's almost like we just picked up this problem that had happened, put it in a drawer or a box and locked the key and said it was never coming out again." – **Person with lived experience of gambling harms**

Other participants described not being believed when telling family members about their experiences with gambling harms or being told to "just stop" and "deal with it". One participant described a parent going as far as to deny them treatment access and telling them to "just control" their gambling. Participants also recalled receiving angry and discriminatory responses from family members when revealing their experiences, with family members being "apoplectic", asking them to leave the family home, with other instances reported of respondents being physically assaulted and slapped.

Participants with lived experience of gambling harm also described being ostracised by their family. This ranged from no longer receiving messages from their family, to not speaking to family members at all for several years. Participants felt that these actions were partly driven by family members feeling "shock" and "horror" when learning of their financial harms. While feelings of "shock" or "raw emotions" may not be driven by stigma, participants also described these feelings as being combined with "negative" views of gambling, which contributed to negative views of participants in some cases. Participants from this group felt that family members "didn't understand" or displayed "ignorance" towards gambling and their reasons for doing it. Some reported how family members described their actions as "stupid", "pathetic" and "idiotic", which contributed to participants' feelings of "shame" and "judgement".

Participants also experienced stigma and discrimination from their friends. For example, people acting differently towards them after discussing or becoming aware of their experience of gambling harms, feeling that in some cases friends had "lost respect" for them. Participants described friends "trivialising" their problems when asking for advice or feeling as though they were being "put down" or "talked down" to. In some cases, male participants spoke of how their experience of gambling harms had become a topic of "banter" (playful or good-natured teasing) in their friendship group, and felt targeted as the subject of inappropriate jokes. One participant felt that this "banter" targeted his "openness" around experiencing gambling harms and felt that it stemmed from his friends' feelings of "shock". Another participant felt as though joking went beyond "banter" and that they were being "mocked" by their friends.

Participants with lived experience of gambling harm also spoke about the stigma they had received having stolen or had money lent to them by others. While some participants expressed that they understood the reactions people displayed to them in relation to stealing and lending, such as being "angry", "upset" or "focussed on getting their money back", others felt as though it amounted to past actions being held against them unfairly. For example, one participant described how friends who had lent him money previously, refused to pay back the cost of a later meal out, as he could "gamble it away no problem".

However, other participants experienced supportive responses from those in their social network after discussing their experiences with gambling harm. Participants described how friends and family who saw their gambling as an "addiction" often had more sympathy than judgement. For example, one participant received a supportive message from his manager at work, despite stealing thousands of pounds from his workplace which was then spent on gambling. In contrast to the experiences of stigmatisation detailed above, participants also described others as being "understanding" or making an attempt to understand that they had an "addiction". One

participant reported that attending a treatment service for gambling harms changed their parent's initially "dismissive" view of their experiences, as they "didn't realise it could be an addiction".

"My boss phoned me… 'You've got a gambling addiction. You're ill. You don't have to apologise. You get yourself better, and if you need anything, help with going forward work-wise, references, you just contact me.'" – **Person with lived experience of gambling harms**

However, as set out above, the medicalizations of gambling harms has been argued to reinforce a power dynamic between those 'helping' and others 'requiring help' or treatment.[49] As explored further in the discussion, this model can present people experiencing gambling harms as victims or people 'suffering' from disease which is in itself stigmatising.

One participant in the stakeholder group had encountered stigma from family and friends when expressing an interest in beginning a relationship with someone who experiences gambling harms. The participant noted that others were shocked and advised them to "run" from the person.

Experience of stigma in institutional settings

Participants with lived experience of gambling harm also described experiences of stigma and discrimination in institutional settings, notably including the criminal justice system. Participants described experiencing stigma when going through the judicial process, with solicitors and judges being described as unempathetic and uninterested in understanding the reasons participants had experienced gambling harms. One participant, who received a prison sentence for committing fraud, stressed that his experiences of gambling harms were not sufficiently considered during his trial or when receiving his criminal sentence. Whilst the interaction of gambling harms stigma with other stigmas is explored in section 4.4, it is worth noting here the way in which criminality added an extra layer of stigma for some participants. Another participant felt that she experienced stigma by court staff during her trial, who questioned the extent to which she could be a capable mother due to her time spent gambling.

"[The stigma I received] is 50/50; it's gambling stigma with the shame of the crime on top of it." – **Person with lived experience of gambling harms**

One stakeholder reported that, at his workplace, individuals had been overlooked or denied promotions due to concerns about their trustworthiness and reliability, stemming from their experiences with gambling harm. Here, stereotyping of people who experience gambling harms, and judging them to be less competent or reliable, led to less favourable treatment, i.e. enacted stigma, in the form of workplace marginalisation.

"So, people I have been to on courses with where their jobs have, they haven't got jobs or there's been a bit of a distrust of them. So they haven't been given promotions or been given particular jobs or got jobs that they've applied for because people have been aware that they had these issues [with gambling] in the past. So they, there's sort of a distrust of them, or that they're not necessarily going to be reliable." – **Service provider with lived experience of gambling harms**

These participants' accounts illustrate how gambling harm stigma can have a significant impact on an individual's professional life, where past gambling issues can lead to a lack of trust and reliability in the eyes of employers, ultimately resulting in missed job opportunities and promotions. These participants' observations

[49] Lund, A.J. (2020). "Help is the sunny side of control": The Medical Model of Gambling and Social Context Evidence in Canadian Personal Bankruptcy Law. *Osgoode Hall Law Journal, 56*(3), 489-528.

illustrate a broader stigma and ongoing consequences that extend beyond personal and financial struggles, affecting career progression and workplace dynamics.

4.3 Anticipated and perceived stigma

Besides experienced and enacted stigma, participants with lived experience of gambling harm also spoke in detail about their experiences of anticipated stigma. Anticipated stigma is defined as the fear of being discriminated against or receiving negative reactions in the future.[50] Participants described being "nervous" or "scared" of telling people about their experience of gambling harms, often citing the fear of being judged by others. Stigma therefore serves clearly as a barrier to coming out as experiencing gambling harms, and in turn as a barrier to seeking support. Some participants felt that others would think they were "evil" or that it would "shatter" people's positive perceptions about them if they found out about their gambling harms. For others, previous experiences of stigma and discrimination when opening up about their gambling harms to others meant they no longer felt comfortable doing so.

"It's so easy for me in recovery now to turn round to people and go, 'You should speak to somebody.' It's dead easy to say. It's one of the hardest things in the world to do because the fallout from that could be so enormous. It really can jeopardise your employment, your relationships - all the important things in life." – **Person with lived experience of gambling harms**

Some participants spoke about how previously receiving judgment from friends meant they now "kept things to themselves" and, in some cases, no longer spoke to anyone about their gambling harms. This included hiding or minimising their experiences of gambling harms to others, including intercepting postal bank statements (to hide financial harms from family members) or only telling people about their winnings from gambling. Some participants reported that, while their levels of anticipated stigma were high, people were supportive when they told them about their gambling harms. One participant felt that discussing his gambling harms frequently and being "as open as possible" had become progressively easier, reducing their experiences of anticipated stigma.

"You build everything up in your head so much that you make yourself scared to talk to anybody… When I've spoken to people about having an addiction, having a problem, being in trouble, everyone is so sympathetic to you instantly. No one judges you, and that's the biggest thing. You build it up so much when actually, people are very sympathetic if you are going through tough times." – **Person with lived experience of gambling harms**

Participants also spoke about their experience of perceived stigma from people across their social networks. Perceived stigma is defined as the belief that others hold a negative or stigmatising view against you irrespective of whether they do or not.[51] Participants described feeling confident that others held stigmatising views of them, even where they had not received negative comments or been subjected to different treatment that was clearly attributable to their gambling harms, indicating the strength of the perceived stigma they were experiencing. For example, despite relationships being rebuilt or family members telling participants they did not judge them, some participants felt that they still harboured negative views of them. Participants from this group reported how their family members did not offer support or "reach out" to them, which was attributed to negative views about their experiences of gambling harms. Some participants also felt that friends were "awkward" about their experiences of gambling harm, which led to feelings of being judged. Other participants spoke about friends checking up on

[50] Suomi, A., O'Dwyer, C., Sbisa, A., Metcalf, O., Couineau, A.-L., O'Donnell, M. &Cowlishaw, S. (2023). Recognition and responses to intimate partner violence (IPV) in gambler's help services: A qualitative study. *Australian Journal of Social Issues*, *58*(4), 874-890.
[51] Link, B. G. & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, *27*(1), 363-385.

them frequently in a way that they interpreted as “overbearing” and made them feel “guilt” and “shame” about their experiences of gambling harms.

“There will be always some sort of stigma...they will always remember, oh yes, he had problems. Like people who drink alcohol, they will always be seen in others' eyes as alcoholics”. – **Person with lived experience of gambling harms**

In the stakeholder group, one participant who also had lived experience of gambling harms described feeling unable to disclose their gambling harm at work due to anticipated stigma. This individual, as previously discussed in section 4.2, had observed colleagues being held back from promotions due to their gambling issues, likely reinforcing their perception of stigma. Despite these initial fears, some participants noted that once their gambling harm was disclosed, their coworkers were very supportive.

“For many years, there was a big stigma around it and I was not comfortable to tell them [colleagues], and I generally did think it would have a huge impact on promotion on my job, on the way people looked at me and spoke to me. [But] since I've told people, for the most part, it's been really positive.” – **Service provider with lived experience**

Stakeholders also speculated about the stigma perceived by individuals experiencing gambling harm. Consistent with the lived experience group, stakeholders believed that people often felt unable to discuss their harm due to feelings of "shame" and "embarrassment," as well as concerns about being judged or perceived as "weak."

“They feel ashamed that they are a gambler, that they've got losing money and they’re ashamed to admit that they can't control themselves. I think they're unaware that they need help. A lot of the time, I think they think that they're weak people.” – ‘**Affected other’**

“I could certainly see there was shame and shaming embarrassment.” – **‘Affected other’**

The types of negative perceptions participants with lived experience of gambling harm reported were held by some stakeholders, particularly ‘affected others’. Some recounted having ended relationships with someone experiencing gambling harms, and/or describing them as "weak" and "stupid". These views stemmed from the extent of the secondary harms that they had experienced as a result of someone else’s gambling, and/or from reactions to their loved one concealing things from them, as well as a perceived lack of effort by the individual experiencing gambling harms to seek help. In other instances, stakeholders described having witnessed individuals experiencing gambling harm being met with support and care after disclosing their harm, rather than the negativity they anticipated. In such cases, people had sometimes delayed discussing the gambling harms they were experiencing with people close to them for an extended period of time. Here, stigma acted as a barrier to disclosure and support seeking, delaying people from obtaining the beneficial social support that they eventually received. This delayed disclosure, resulting from anticipated and perceived stigma, also exacerbated the negative impact on relationships with ‘affected others’ where reactions were not positive, as it contributed to loss of trust which was often cited as a major contributor to the breakdown of relationships.

5. Understanding stigma and discrimination related to gambling harms intersectionally

The ways in which people with lived experience of gambling harms experienced stigma or discrimination was influenced by other life experiences or aspects of their identity, including their gender, religion, ethnicity, cultural background and age. This resulted in unique experiences of stigmatisation and discrimination for different groups, highlighting the heterogenous and intersectional nature of gambling harms and their associated stigma. This chapter outlines some of the key factors that participants felt interacted with their experience of gambling harms stigma. However, it should be noted that this list is unlikely to be exhaustive and instead reflects only the experience of those sampled, to the exclusion of experiences and/or identities that were not captured extensively within the sample (for instance, those with LGB sexual orientation).

5.1 Gender

Women with experience of gambling harms expressed feeling greater stigma than their male peers. They described how those who gamble are stereotypically men (as outlined in Chapter 3), and felt that gambling is considered to be rare among women (a view these participants disagreed with). Some felt that women were often framed as 'affected others' in discussions around gambling harm, rather than the person who gambles, contributing to the idea that gambling is not "normal" or expected for women, particularly younger women. As a result, participants felt that women who do experience gambling harms are considered abnormal and deviant. This perception led some women to feel "alone" and misunderstood in their experience of gambling harms.

> *"That I think is where a lot of my initial shame and stigma came from, because I just felt although I'd gone for gambling help, I think it made things worse because I really felt alone... I did genuinely feel like I was the only female in this situation."* – **Person with lived experience of gambling harms**

People with lived experience of gambling harm explained how women face a specific stigma stemming from traditional gender roles that frame women as primary caregivers who are expected to prioritise their family. As explained in Chapter 3, the financial harms resulting from gambling were seen as at odds with looking after and providing for one's family. This perception was seen as impacting mothers in particular, who felt that their experience with gambling harms was viewed as at odds with being a "good mother" who puts the needs of their children first, framing them as more of a "failure" than men who experience gambling harms. This judgment was exacerbated for one participant who faced criminal charges for theft to fund her gambling and was pregnant when she appeared in court. She perceived that she received more judgment for being a pregnant mother who not only gambled but engaged in criminal behaviour to do so, believing that people were thinking *"how could you do that?"* and that she was a "bad" mother– a perception that would not have been applied to a man.

Women also highlighted how they had faced stigma and discrimination from men in treatment settings. For example, one woman was told by male attendees of a Gamblers Anonymous meeting that she would never recover from her gambling harms because she was "stupid" and "just a woman" – "*they would never talk to another man in the room like that*". Others explained how their fear of gender-based stigma – in particular, the

fear of being labelled a “bad mother” – caused them to conceal their experiences with gambling harms from those around them.

“I feel like people would understand a man being addicted to gambling, but not so much a woman. I feel like when I grew up, boyfriends or male members of my family, they'd go in bookies and they'd go do football bets and stuff like that. But women didn't do that, so I feel like people were just, 'How have you got a gambling addiction?'” – **Person with lived experience of gambling harms**

Gender-based stigma (i.e. stigma experienced by women, driven by beliefs about what is and is not normative, expected, or appropriate for women) was not only reported by women with lived experience, but also by men who had observed such instances and perceived the stigma attached to gambling harms and resulting instances of discrimination as impacting women in particular. Some men reflected that there was, in contrast, nothing about their own life experience or identity that impacted or exacerbated their experience of stigma, as they believed they fit the stereotype of someone who experiences gambling harms. To some degree, their experiences were more expected and accepted in their social circles and in society more broadly. Men also highlighted how gambling harms support and treatment spaces are often male dominated. Male participants also felt that women were more likely to be stigmatised for experiencing gambling harms by the media, with news articles talking about women experiencing gambling harms often simply referring to them as “mothers” rather than referring to their job title, as is often the case when reporting on men.

Recognition of gender-based stigma was also present within the stakeholder group. As in the lived experience sample, this was rooted in the societal expectation of traditional gender roles, notions of responsibility and expectations of childcare placed on women. This echoes the way in which women who use drugs are subjected to double stigma (compared with males) due to perceptions that they contravene ‘societal expectations of womanhood’.[52] Broadly, there was also a suggestion that the stigmatisation of women who experience gambling harm is rooted in misogyny. Stakeholders also expressed views that men have fewer expectations placed on them and are stigmatised less for experiencing gambling harms because “that’s what men do”. This also echoes the double standard that has been widely observed in relation to expectations around sexual behaviour.[53]

“I think women [who experience gambling harm] *get a much tougher ride than men, because women, according to society are meant to be responsible and meant to look after children and are meant to look after the house ... I think we still live in quite a misogynistic society … I think pretty much all women* [who experience gambling harm are] *stigmatised by* [society] *more than men.”* – **Person who works in the third sector**

This might also be considered stigmatising of men, as there is an expectation that men are inherently irresponsible. Further, it implies that engaging in gambling is ‘irresponsible’, as well as insinuating a sweeping judgment that individuals affected by gambling harms are incapable of fulfilling childcare or household duties. A person who works for a gambling charity expected stigma towards women who experience gambling harm to be particularly upheld by other women, as they believed they would be seen as *“letting the side down by not holding things together”.*

[52] Meyers, S. A., Earnshaw, V. A., D’Ambrosio, B., Courchesne, N., Werb, D. & Smith, L. R. (2021). The intersection of gender and drug use-related stigma: A mixed methods systematic review and synthesis of the literature. *Drug and Alcohol Dependence*, 223, 108706.
[53] Endendijk, J. J., van Baar, A. L., & Deković, M. (2020). He is a stud, she is a slut! A meta-analysis on the continued existence of sexual double standards. *Personality and Social Psychology Review*, *24*(2), 163-190.

5.2 Religion / ethnicity / culture

People with lived experience who were religious (e.g., Catholic or Muslim), explained how they encountered stigma from their family and wider religious community because gambling is viewed as sinful. Participants described people in their community avoiding them or giving them “dirty looks” at places of worship once their gambling participation, and the financial harms they had suffered, became known. Some described how the financial harms they experienced from gambling made them less able to meet the expectations of their religious community (e.g., where a man needs to be financially secure to provide for his wife), which contributed to stigma.

“In the Muslim community if you find out someone's a gambler, it's a very negative thing. Basically people try to avoid you as much as possible. If you go to the Mosque, you'll get dirty looks… it's a very shameful thing to do if you're a Muslim.” – **Person with lived experience of gambling harms**

Among participants with a South Asian ethnic background, stigma was felt to not just relate to religion but also to broader ethnic / national cultural attitudes that considered gambling a taboo. For these participants, stigma was felt to impact their whole family as well as the individual. Some described how their family asked them to hide their gambling (and associated harms) to protect the family from negative judgement from their community. The impact of this type of stigma was wide reaching, with some participants questioning whether they would be able to get married now their community was aware of the gambling harms they have experienced.

Stakeholders did not report any personal stigmatising views about those who experienced gambling harm and were of a particular ethnicity/religion/culture. However, they speculated about the groups they would expect to face heightened stigma and drew on their professional experience of supporting people from different demographics (in the case of people working in treatment provision). These participants identified three groups who they believed faced heightened stigma: Asian communities, Chinese communities, and Gypsy, Roma and Traveller communities.

“The Chinese community, huge gambling culture within the Chinese community. Massive, massive problem and again, I've never had a Chinese person complete a whole treatment program because again, that brings a lot of shame on the family” – **Person who works for a gambling charity**

“*Gypsies find it very, very difficult to access any kind of help or support* [for gambling harms] *because that's very much frowned on in their community and in its seen is an absolute no, no ... that's a big problem because there's a lot of stigma around [gambling] within the Gypsy community*” – **Person who works for a gambling charity**

Aside from these examples, recounting their experiences of people coming through treatment, there were no other reports from stakeholders of encountering intersectional stigma regarding gambling harms and ethnicity. There were similarly few incidences of where stakeholders reported encountering further intersectional stigmatisation of people who experience gambling harm due to their religion. However, treatment providers indicated observing that Muslim individuals often faced significantly more stigma compared to others.

“People from Muslim backgrounds or Asian…we wouldn't have a lot of clients from those, but ones that we have, they feel that the family will be ashamed of them if they tell them so, they kind of keep it a secret, whereas other demographics are more kind of open about it.” – **Person who works for a gambling charity**

It is important to acknowledge that many stakeholders were not, themselves, from minority ethnic or religious groups, and while they often drew on professional interactions with clients from these groups, their accounts

were not based on first-hand experience. However, one stakeholder from a non-gambling-specific organisation, who is both Muslim and has personal experience of gambling harms, highlighted how gambling is considered "a sin" in their culture. It is possible that this contributes to why Muslim people may feel *"ashamed"* about disclosing their problems, and why some of our stakeholders identified this group as being at increased risk of stigma. An additional level of stigma was also associated with being a Muslim woman, suggesting that this group is a very heavily stigmatised population. Religious beliefs that gambling is a sinful or immoral activity also contributed to internalised stigma, through driving stereotypes that someone (including oneself) engaging in such an activity is, by extension, morally flawed and inferior to people who do not engage in such an activity. Interestingly, the only stakeholder to explicitly express stigmatising views about Muslim people who experience gambling harm was the aforementioned Muslim participant, who described holding strong negative feelings towards both themself and other people who experience gambling harm.

"Even I also hate those who gambled because of my religion" – **Service provider with lived experience of gambling harms**

5.3 Age

Older participants with experience of gambling hams over a number of years explained how the stigma they had faced changed throughout their life-course, feeling that it had increased as they got older. Participants believed this was due to people being less understanding of and sympathetic towards older people who experience gambling harms, especially compared to younger and less mature or more "naïve" people. Those with lived experience expressed an expectation that older people should be able to "cope" with the gambling harms they experience or that it is more difficult to "make excuses for" gambling harms as someone ages. As a result, participants felt that they received more judgement and less help (such as financial help from their families) as they got older. This linked back to the conception of gambling harms discussed in Chapter 3, as being a result of poor decision making or financial irresponsibility. For some people this resulted in increased feelings of self-stigma and shame that they were still experiencing gambling harms in older age.

"'He should be able to cope with it. He's old enough to be able to sort it now.' It felt like it was more shame… The older I got with it, the harder it was because it was like, okay, I've been so many years of doing this now, and I should be at an age where I should know better." – **Person with lived experience of gambling harms**

Stakeholders did not express any stigmatising views directed specifically towards people of particular ages who experience gambling harms. Furthermore, those working in support roles with people experiencing gambling harms did not mention having noticed more stigma among or towards older clients (or clients of any specific age) even when directly asked. Again, this does not negate the possibility that this kind of intersectional stigma exists, but rather shows that it was not something that our stakeholder participants were acutely conscious of. While age was not mentioned per se, length of time someone had been experiencing harms was a factor that had an impact on stigmatisation; some stakeholders reported having less empathy for, and feeling more frustration with, people experiencing gambling harms who did not 'learn from experience' – broadly echoing the accounts from those with lived experience of an increase in judgement over time.

"*It's like electrocuting yourself. You know, if you keep going back and touching the same thing it's going to happen and after a point, I'm going to stop feeling sorry for you about it."* – '**Affected other'**

5.4 Professional and socio-economic status

People with lived experience described how their profession or career influenced the gambling harms stigma they experienced. For some it was felt that their job type or career success placed them outside of the

stereotype of someone who experiences gambling harms, where gambling was conceptualised as being "at odds" with being a "professional person". These participants felt that they faced stigmatising views because due to their professional status, others expressed they should have "known better" than to experience financial harms from gambling or the view that it is "weird" for someone in their position to gamble. For example, a participant who worked as a financial advisor felt that they were stigmatised for experiencing financial losses, with people expressing that their professional experience should have enabled them to "know better". Participants also described experiencing feelings of embarrassment and shame (i.e., self-stigma) because of their job and the financial harms they experienced, leading some to conceal their gambling harms from those around them.

Furthermore, this increased stigma for those with certain professions was felt by participants to relate to socio-economic status. The "stereotypical gambler" was considered to be associated with "lower class status" or being "common". Those who identified characteristics of being middle- or upper-class (e.g., being "articulate", "well educated", and having a "respectable career") felt that they encountered less sympathy and more stigma than those who were associated with this stereotype (and so from whom gambling harms were more expected or normalised).

Contrastingly, it was felt by some that those in insecure financial positions were stigmatised more for experiencing gambling harm than those who were comparatively wealthier. This was linked to the way that wealthier people were less likely to experience significant financial harms. For instance, people with a larger disposable income are less likely to accumulate large debts and their family might therefore be impacted less, resulting in less stigma being directed towards them.

In the stakeholder group, some participants also expressed negative attitudes towards people who experience gambling harm who are also living in poverty or deprivation. This was particularly true of attitudes towards people who are homeless or in receipt of state welfare payments, as they were felt not to be spending money on the things it was intended for. One participant who worked in a betting shop said that they would not allow people who begged into the shop because "*that's spending money that isn't theirs".* Another opinion was that people who experience gambling harm are a *"burden to society",* due to the financial consequences associated with gambling harm. Here, stereotypes of people who experience gambling harms as irresponsible are intensified by the idea that gambling is a luxury activity which is an acceptable leisure pursuit exclusively for those who can "afford it", rather than those using state benefits to fund gambling. Those who gamble despite living in poverty or deprivation are, therefore, viewed as deviant, through violating societal expectations about how they should spend any money they receive. They are consequently thought of (and in some cases, treated) less favourably because of this, i.e. these perceptions lead to experienced and enacted stigma.

"Well, OK. Like if you're on benefits, well, is that, really like if someone's on benefits, should they even be gambling?" – **Person who works for a gambling charity**

"It's a burden on society for some people, they can't feed their kids, they can't pay their mortgage." – '**Affected other'**

Stereotyping of people who experience gambling harm as wastefully using money that is not theirs, and as irresponsible and unable to care for their children, echoes views discussed in section 5.1. Furthermore, describing people who experience gambling harm in this way categorises them as 'outside' of society, as well as being a detriment to it. This 'othering' could perpetuate stigma further, as people who experience gambling harm and do not have the financial means to support their gambling are seen as tarnishing society. Many studies have

identified stigmatisation of people living in poverty and/or in receipt of welfare, and the accounts from stakeholders in this study demonstrate compounded stigma for those within this group who also experience gambling harm.[54]

It is interesting to note these contrasting experiences of how professional and socio-economic status intersects with gambling harms in generating or exacerbating stigma. Some participants working in professional roles (and presumably with moderate or high incomes) found that they encountered stigma due to not fitting the stereotype of a person experiencing gambling harms. These participants felt they would have experienced less stigmatisation if they were from a demographic where gambling harms were more 'expected'. Conversely, accounts from other participants with lived experience of gambling harm, and stakeholders, emphasised the high levels of stigma directed towards those who were not in employment, and/or were living in financial deprivation. This highlights the nuanced nature of intersectional stigma.

5.6 Substance use (alcohol)

Stakeholders perceived a link between alcohol use and gambling harm, which they believed was bi-directional: people thought alcohol use made people gamble more, and that the more people gambled the more they drank to cope with or avoid having to deal with the consequences of their gambling. This in-and-of itself was not stigmatised, though there were some overt cases of compounded stigmatisation of people who experience gambling related harms alongside difficulties with alcohol use. Stakeholders (particularly those that worked in the gambling industry) used labels such as "the town drunk" and "the local drunk" to describe people (presumably) experiencing difficulties with alcohol use In one instance, it was suggested that people who are experiencing difficulties with alcohol use encounter gambling related harm because they use gambling to try and gain money for alcohol. In another, it was suggested that they are violent people who "smash the place up". People within this group were subject to compounded stigma through being attributed with negative stereotypes associated with both gambling harms and difficulties with alcohol use, which fed into perceptions of dangerousness and unpredictability. The quote below illustrates the stigmatising 'othering' of someone experiencing difficulties with alcohol use alongside gambling harms, who is presented as different from the rest of "the town".

"You could be serving someone [in a betting shop] *and the local town drunk walks in and then starts smashing the place up, you know."* – **Person who works in the gambling industry**

It was also suggested that individuals experiencing difficulties with alcohol use might engage in criminal behaviour to obtain money for alcohol. To mitigate the (assumed) risk of such harmful behaviour, participants felt it appropriate to discourage people from spending too much money on gambling as they felt they were 'preventing' crimes from taking place.

"I would discourage them from putting on as much as they did or whatever, because then the chances are if they leave my shop… if they've got a fiver right, they leave my shop with no money, they're more likely to go and rob someone so they can buy a bottle of cheap alcohol. They leave my shop with £2.50; I realise it's enabling another addiction, but it's also preventing." – **Person who works in the gambling industry**

Here, negative stereotypes about the character and behaviour of people who experience gambling harms alongside difficulties with alcohol use drive differential treatment, i.e. contribute to enacted stigma.

[54] Inglis, G., Jenkins, P., McHardy, F., Sosu, E. & Wilson, C. (2023). Poverty stigma, mental health, and well-being: A rapid review and synthesis of quantitative and qualitative research. *Journal of Community & Applied Social Psychology*, *33*(4), 783-806.

6. Impact of experiencing stigma and discrimination related to gambling harm

Experiences of stigma and discrimination related to gambling harm caused a variety of negative impacts on the well-being, employment, and social connections of participants with lived experience of gambling harm, which are explored in this chapter. These participants described impacts of stigma and discrimination on their mental health (e.g., depression, lack of self-esteem and confidence), challenges in the workplace, including maintaining professional relationships, and financial challenges related to loss of employment.

6.1 Impacts on relationships

Participants with lived experience of gambling harm discussed the impact that stigma and discrimination related to gambling harms had on their social connections and personal relationships. Stigma surrounding participants' gambling harms decreased trust from others, which created challenges with maintaining friendships and relationships. Some participants described being misunderstood, as well as feeling resentment towards others who expressed stigmatising views related to gambling harms. These experiences put pressure on relationships and, in some cases, participants linked these experiences to divorce. Participants also linked stigma to social isolation and noted that they were less likely to be invited to social events, particularly when they involved spending money, due to the association with financial gambling harm. Negative attitudes surrounding participants' gambling harms in other social situations, such as church, made them feel more disconnected and isolated from their community. Where participants experienced isolation, feelings of depression arose, which contributed to overall worsening mental health.

"It feels less natural and it feels more awkward around my friends and family at times, and it doesn't feel like I can be myself all the time." – **Person with lived experience of gambling harms**

As discussed in section 3.2, some family and friends who participated in the stakeholder interviews held stigmatising views towards people who experience gambling harm, and those who gamble in general. These views included that those who experience gambling harms are untrustworthy, unrespectable and ultimately that being around such people would be "upsetting" or should be completely avoided. Typically, these attitudes developed after experiencing indirect harms resulting from the gambling of a loved one (e.g., through financial hardship within the family), or after experiencing a loss of trust due to the person experiencing gambling harms concealing gambling or financial difficulties from them. This led to relationship breakdown for almost all of the family and friends' participant group.

Individuals employed by gambling support charities identified that a primary challenge faced by their clients is the apprehension of disclosing their gambling issues to friends and family, for fear of the impact it might have on their relationships. However, this in-and-of itself can cause relationship problems, as, for example, people lie to conceal their harm, which in turn damages trust.

"Most gamblers keep it a secret, so most people don't know they're gamblers until you know the proverbial hits the fan. So, and very often, people can keep it a secret for years, if not decades, from their family and friends." – **Person who works for a gambling charity**

"I think from my conversations with [clients] they try to hide it for as much as they can and what happens is it impacts other elements of their relationships. So, they might be found out in a lie, and then it's the breakdown of trust and, and maybe then trying to hide their addiction, but then that leads to debt. And then that leads to, you know, not being able to maybe afford things for the home or their salaries coming in, and then it's just disappearing because of the gambling, and I feel like as soon as they try to, lie about it to hide what's actually happening, they get caught up in several other lies and then that has an ongoing knock-on effect for them." – **Person who works for a gambling charity**

6.2 Impacts on self-perception and mental health

Experiences of stigma or discrimination related to gambling harm also had a negative impact on self-perception, confidence, and self-esteem. Experiences of stigmatisation led to low confidence, making it harder for those with lived experience to approach family and friends for help (including emotional and financial support), due to anticipated negative reactions surrounding their gambling harms. Some instances of stigma surrounding gambling harms led to participants describing their self-esteem as "damaged" and confidence "knocked", which had a negative impact on relationships and employment. Others highlighted how feelings of shame had led to poor mental health, and in some cases experiences of self-harm. Participants described how judgmental attitudes from friends and family contributed to feelings of stress, depression and low mood, and worsening overall mental health. In some cases, this led to participants being "neglectful" of themselves and prevented them from carrying out basic self-care relating to hygiene and exercise.

"…you lose the confidence of people. You do not feel like approaching people for help for any other stuff. There is a lack of trust for anything, not only for regarding the financial stuff". **– Person with lived experience of gambling harms**

6.3 Impacts on employment

Experiences of gambling harm-related stigmatisation and discrimination resulted in workplace challenges. Participants described experiencing judgement from colleagues after discussing experiences with gambling harms at work. This subsequently led to feelings of being treated differently (including being trusted less) and no longer having the same workplace opportunities (such as promotions). For example, a police officer described how (despite likely being offered support) disclosing gambling harms would impact the type of work they would be given, which could hamper their progression. They explained how people might view them as more likely to steal, and so they would not be given work where they would come into contact with large amounts of money. Another participant explained how being self-employed protected them against workplace stigma, anticipating that an employer would treat them differently as a result of experiencing gambling harms.

"It kind of made me think, am I able to speak and have an opinion? Are people just going to judge me on that? I think that's where my confidence got knocked and my career probably didn't go the way I wanted it to..." – **Person with lived experience of gambling harms**

One participant from the stakeholder group, who also had lived experience of gambling harms, initially felt unable to share information about his gambling harm at work due to the nature of his job in the public sector, where they felt having financial issues would be "especially problematic". This left him "in a really dark place" and "suicidal." He only disclosed his problems after breaking down in front of a colleague. However, he was met with support and eventually established a workplace gambling harm awareness group.

6.4 Impacts on help-seeking

Participants also highlighted how gambling harms-related stigma and discrimination impacted whether and how they sought support (e.g. for financial and mental health). Anticipated stigma and self-stigma (including feelings of embarrassment that contributed to a lack of confidence) led to participants concealing their gambling harms and reluctant to reach out for help from friends and family (including financial and emotional support). Some participants were also reluctant to seek formal support, due to fear of people they knew finding out and being "shocked" about them not disclosing their gambling harms prior to accessing treatment. These experiences meant that some participants did not receive any emotional support from family and friends, or formal support, which resulted in increased gambling harms (e.g., worsening mental health).

"I'd rather keep it to myself, rather than being open about it. I just basically go through the stress myself, that's what I'll do. Rather than speak to people around me about it, I try to avoid that, so I just keep it to myself." –
Person with lived experience of gambling harms

These issues were echoed in the stakeholder group. Similar to the lived experience group, stakeholders discussed the "shame," "embarrassment," and "low self-worth" that they had heard about or witnessed among those experiencing gambling harm, which led to a reluctance to disclose these issues to their social networks and employers or seek formal help due to perceived stigma. This was particularly evident when third-sector workers spoke about their experiences providing support or treatment services to people experiencing gambling harms, and the treatment barriers they encountered One of the biggest challenges they felt their clients faced was the fear of disclosure to family and friends, which they perceived to be especially pronounced among clients from Asian, Muslim, and Gypsy, Roma and Traveler communities. As a result, they observed that individuals from these groups were less likely to come forward, and even if they did, they often did not complete treatment (as discussed in section 5.2).

7. Stigma and discrimination in relation to treatment and support

Participants with lived experience of gambling harm had accessed a variety of different forms of support, such as individual therapy, peer support, Gamblers Anonymous and informal support from friends and family. This chapter explores participants' experiences of accessing formal and informal support, including experiences of stigma within support settings and the role of stigma as a barrier to accessing support. The attitudes of stakeholders towards gambling harms support are also explored.

7.1 Experiences of accessing support

Participants with lived experience of gambling harm generally accessed support with the aim of ceasing or reducing gambling activity or improving their wellbeing or financial situation. Participants described varying levels of satisfaction with the treatment they accessed. Overall, participants who had received treatment and support felt they had a positive experience and felt that support (from friends, family, and support services) helped to reduce feelings of self-stigma. Participants who were dissatisfied or had negative experiences of support services highlighted instances of experiencing stigma from other people receiving support or their experience being impacted by internal feelings of embarrassment and shame. In general, it was clear that varying types of stigma and discrimination influenced the treatment and support options that participants chose to access.

7.2 Formal support

This section explores experiences of participants with lived experience of gambling harm in relation to accessing support and focuses on stigma and discrimination in relation to support. Some participants with lived experience reported that they first accessed formal support via discussing their experiences of gambling harms with their GP. GPs gave advice about gambling harms or referred them to other services, such as gambling support charities or rehabilitation retreats. Participants also learnt about gambling treatment and support services through conducting their own online research, or through guidance from family members. Participants who had spent time in hospital (for example, following a suicide attempt) were also signposted to counselling specialists by hospital staff. Other participants with lived experience of gambling harm mentioned accessing gambling support helplines and mental health services / charities (e.g., Samaritans), where they were directed to suitable treatment or support elsewhere.

Group support

Some participants with lived experience of gambling harm attended in-person group support services. This included taking part in group sessions with people with similar experiences and discussing their gambling harms. Often these sessions only used first names and attendees were asked to not repeat what others had shared outside of the meeting. Participants had varying experiences with this type of treatment. Although some found this type of treatment helpful in mitigating their experiences of harm, others felt "embarrassed" and did not feel comfortable sharing their experiences in a group setting.

"I learned nothing from it [group therapy sessions] relating to my situation and, yes, I felt so uncomfortable the whole time I was there." – **Person with lived experience of gambling harms**

Participants who felt uncomfortable in group support settings often perceived themselves to have "worse" experiences of gambling harms than others in the group (e.g., significant financial loss or challenges with their health and relationships). For some, these experiences led to increased self-blame and shame surrounding their own gambling harms, which meant that participants did not always continue to attend or experience benefits from this type of support. Other participants recounted instances of stigma and discrimination from other attendees of these group sessions, including judgemental views about women who experience gambling harms (as explored in Chapter 5). However, other participants felt they could relate to others in these group settings as attendees had experienced similar gambling harms. These shared experiences made participants feel more comfortable about discussing their harms with others and, for some, resulted in reduced self- or perceived stigma. Some participants highlighted that the supportive environment and absence of stigma at these group meetings facilitated their recovery and decreased feelings of self-stigma by normalising accessing treatment and feeling able to relate to the experiences of others.

"I was petrified about going to [gambling support sessions] at first. I didn't think that anybody would - I thought that my story would be way worse than anybody's and I might even be judged there, so I didn't tell my story for a good couple of months. I just couldn't face it, but then amazingly, once I actually shared it the support I got was incredible." – **Person with lived experience of gambling harms**

Individual counselling and therapy

Participants also attended individual counselling and therapy, including Cognitive Behavioural Therapy (CBT). These therapeutic interventions were delivered online or in person by gambling treatment organisations. Some participants with lived experience of gambling harm found that these interventions made them feel more negative towards themselves. For example, this type of treatment prompted discussion around gambling habits and made them want to gamble more rather than reduce their harms. As a result, some participants felt a sense of shame related to feeling unable to manage or mitigate their gambling harms, despite receiving formal support.

Other participants who had attended counselling or therapy felt that the sessions helped them to mitigate feelings of shame and embarrassment related to the gambling harms they had experienced, due to being able to talk about their experiences without receiving any judgement. These experiences were especially helpful for participants who did not feel comfortable discussing their experiences of gambling harms with family or friends, due to anticipated stigma or past experiences of judgement.

"I felt it just let me kind of just speak and somebody listen and an impartial person, so for me it was very, very good. [The therapist] gave me a lot of tools, how to cope, and I always felt better after the sessions. I think the first one I felt terrible but then after that I just started feeling quite empowered and determined to make it right." - **Person with lived experience of gambling harms**

GP support

Other participants with lived experience of gambling harm sought support for their gambling harms through their GP. In some instances, participants felt that their challenges were dismissed due to lack of knowledge about gambling harm. For instance, some participants were offered medication to support with mental health challenges (such as anxiety and depression) but were not directed to gambling related support or treatment. This made participants feel that their experiences with gambling harms were overlooked or not taken seriously by their GP. Other participants had positive interactions with their GPs and felt that their experiences of gambling harms were listened to and acknowledged (e.g., by being referred to gambling specific support organisations).

Residential treatment

Some participants experienced support for their gambling harms through residential treatment. This involved gambling rehabilitation services, such as group residential support lasting a number of weeks. Participants that we spoke to felt empowered from hearing about other people's experiences and that being in an environment separate to their daily life had a positive impact on their mental health. Additionally, female participants reported that they were more comfortable attending women-only trips, as they felt more confident in sharing their experiences. These experiences reduced worries of anticipated stigma, as they feared being stigmatised by men. As a result of confidence gained during residential treatment, some participants felt "inspired" to share their "gambling journey" with their family. While the people we spoke to had varied experiences of residential treatment in terms of treatment outcomes, no participants reported encountering stigmatising attitudes within this type of treatment.

7.3 Informal support

Shared experiences

Participants with lived experience of gambling harm reported gaining support from others who have had similar experiences of stigmatisation and discrimination. This included listening to podcasts, watching documentaries, and engaging with other online platforms, such as gambling support charity websites and online forums. This was comforting for some participants as they could relate to other's experiences, which made them feel less isolated, leading to reduced feelings of shame about their own experiences of gambling harm.

Self-help and exclusion tools

To manage their gambling harms, participants chose to use self-exclusion tools and self-restriction from gambling venues, such as implementing spending or time limits on gambling apps / websites. Some participants chose these self-exclusion tools instead of accessing formal support because they could do it discretely, and therefore felt they were less likely to face stigma from others.

"Obviously, the self-exclude options that are available are fantastic, so I was able to do that discreetly." – **Person with lived experience of gambling harms**

7.4 Stakeholder opinions on support

Stakeholders had mixed feelings about the gambling harm support available. Some stakeholders expressed the opinion that GPs lacked knowledge about gambling harms. Additionally, most stakeholders interviewed were unaware of treatment options beyond Gamblers Anonymous or responsible gambling tools. They also had only a vague understanding of the potential role of counselling in supporting people experiencing gambling harms. The exception was the third sector group, who worked within gambling treatment and support services and had a better understanding of these resources. There were mixed views on the sufficiency of available support. Generally, it was felt that the support available could be effective, but more money needs to be allocated for it to be successful on a broader scale. Family and friends often endorsed Gamblers Anonymous, while service providers and third sector workers advocated counselling or therapy, and people who worked in the gambling industry were most likely to suggest responsible gambling tools as the best form of support. As discussed within earlier sections, this last group were also more likely to believe that, because people have been provided sufficient tools to 'make the right choices', it was their fault if they developed harm, or that gambling harm is a choice. When talking about responsibility tools provided by gambling operators, one person said:

"I think it's really good personally. There's so many tools … like the support is all there now in place, but people [who experience gambling harm] *have to help themselves"* – **Person who works in the gambling industry**

7.5 Barriers to gambling treatment and support driven by stigmatisation or discrimination

This section discusses barriers driven by stigmatisation or discrimination that made it more difficult for participants to seek both formal and informal support for their gambling harms, including challenges related to self-stigma and negative judgement from others about accessing treatment.

Shame, fear of judgement and concerns about anonymity

As highlighted above, stigma and discrimination related to gambling harms can cause those with lived experience to conceal their experiences of harm from those around them. Feelings of embarrassment or frustration surrounding telling others about experiences of gambling harms was shown to be a barrier for participants to access formal treatment and support. Furthermore, perceived and anticipated stigma also acted as a barrier to support, with participants reporting that they feared receiving negative reactions from support providers or other people with lived experience in group support settings. Participants also described fears of being recognised by those they knew through accessing support and a subsequent loss of reputation or repercussions for their job or career.

> *"The thought of it [attending gambling treatment sessions] getting back to my employer or other people that I know, yes, it terrifies me every time."* – **Person with lived experience of gambling harms**

A perceived lack of understanding from participants' social networks was a barrier to seeking informal support, as they felt their problems would be dismissed if they were to reach out for advice/emotional support from friends and family. As a result, some preferred to self-support (e.g., through using self-exclusion tools) and conceal their experiences with gambling harms rather than seeking formal or informal support from others.

Additionally, some participants feared their gambling harms being disclosed to their families after accessing treatment because of religious and cultural attitudes. For instance, some participants perceived their family would treat their gambling as "shameful" if they were to find out, due to religious beliefs. Although participants expressed such concerns, it was unclear how they felt their involvement in treatment would be revealed to others.

Stakeholders who worked in the third sector highlighted similar issues. They said their clients often expressed issues with disclosure, especially those from Asian, Muslim or Gypsy, Roma or Traveller communities (as discussed in section 5.2). They said people from these groups rarely, if ever, present for treatment, and when they do, they do not usually complete the course of treatment. They felt this was because in these groups, gambling is heavily stigmatised and seen as "shameful" or "a sin" which stops people feeling able to disclose their problems and makes them afraid that people within their communities may find out they were receiving treatment. While service providers offer a valuable perspective, grounded in interactions with large numbers of clients, it is important to recognise that this is a subjective judgement about barriers to treatment, made by individuals outside of these communities. As has been noted in the wider literature on barriers to seeking mental health support, assumptions that reluctance to seek treatment is due to cultural barriers are not necessarily evidence-based, and can minimise the role of factors like racism and structural stigma.[55]

Appropriateness of services

As discussed in section 5.1, women with experience of gambling harms explained how they believed they faced different or greater stigma than men. Female participants felt that it could be particularly difficult to be open about their experiences in group support spaces that are typically male dominated. Given that most people

[55] Kapadia, D. (2023). Stigma, mental illness & ethnicity: Time to centre racism and structural stigma. *Sociology of Health & Illness*, *45*(4), 855-871.

accessing gambling harms treatment (in Great Britain) are men,[56] this can act as a barrier to treatment. Some female participants expressed feeling vulnerable or stigmatised in group support settings by men, including feeling their gambling harms were not recognised or considered to be comparable by the men in the group because they were not "normal" experiences.

"It was quite a fearful place to be as a woman. When you want recovery, it's very, very hard to walk in a room, especially when you've had trauma, but not just that, it's hard to walk in a group full of men...being a woman in the room was exceptionally hard, definitely." – **Person with lived experience of gambling harms**

Similarly, participants who attempted to access support through their GPs often found that there was a lack of knowledge surrounding gambling harms and support available. Participants felt that this lack of gambling related knowledge and tailored services meant that they were not able to access their desired type of treatment, such as therapy surrounding gambling harms. These experiences made some participants feel dismissed and alone, which led to shame and self-stigma surrounding their own gambling harms as they felt there was something unique about their own experiences and that their challenges stemmed from themselves. Another participant reported having no access to support for gambling harms during their prison sentence, despite being in prison due to stealing from work to finance gambling. Some participants also felt that only support workers or healthcare professionals with shared experiences of gambling harms would be understanding of their needs (which was often not available) and feared they would otherwise experience stigma and discrimination regarding their experiences in formal treatment settings.

7.6 Enablers for increasing accessibility to treatment and support

This section discusses ways in which stigma can be addressed to facilitate access to treatment and support for people with lived experience. Participants with lived experience of gambling harm described several enablers for increasing accessibility to treatment and support surrounding gambling harms. This included support from family, friends and those with shared lived experience, as well as increased anonymity within treatment services.

Accessibility and awareness

Participants with lived experience of gambling harm stressed that gambling treatment and support needs to be straightforward to access to enable people to easily access services. They discussed having local gambling specific treatment organisations that are easy to travel to and increased awareness of these services (e.g., through digital and print advertising, including in GP surgeries). Participants emphasised that improving awareness of available services might normalise seeking support for gambling harms and encourage people to access services due to reduced stigma in society.

Stakeholders also advocated for more awareness and understanding of gambling harm, suggesting the same methods as the lived experience group. Furthermore, they suggested that celebrities making their gambling harm public might help to normalise gambling harm and encourage people to seek help.

Shared lived experience

Some participants with lived experience of gambling harm felt more comfortable discussing their experiences of gambling harms with support staff who had lived experience of gambling harms themselves as they felt that these staff members understood their experiences better. Relatedly, it was highlighted that women's only gambling harms retreats made it easier for female participants to share their experiences, as they felt less stigma and discrimination from women who had similar experiences. Additionally, participants with lived

[56] GambleAware. (2021/2022) *Annual Statistics from the National Gambling Treatment Service Great Britain.* Available at: https://www.gambleaware.org/media/mdrnoeuu/final_ga_annual-stats_report_2020-21_english.pdf [Accessed 15/05/2024]

experience expressed that having more local groups for women may enable people with lived experience to seek support and alleviate the “gender-based stigma” that prevents women from usually accessing these services.

> *“If there was a local...group or something for women round here, that would be really, really good, but I don't think enough women come forward.”* – **Person with lived experience of gambling harms**

Support from family and friends and colleagues

Receiving informal support, such as from family, friends, and colleagues, encouraged participants with lived experience to seek formal support for their gambling harms. This included being able to have continuous “open” conversations about how gambling harms had affected them, with family members proving “sympathetic” and non-judgmental.

Family and friends offered advice to those experiencing gambling harms, including signposting them to support organisations or contacting treatment providers on their behalf. Some participants were supported within their workplace, including being given time off to attend support services. Participants also described receiving support from work colleagues who they felt able to “confide in” and talk to about “sensitive” parts of their lives. Participants reported that support from family, friends, and colleagues had helped them mitigate gambling harms and reduce self-stigma, which made them feel more confident about accessing formal support, because they were less worried about receiving negative reactions or judgement within treatment services.

Although stakeholders also highlighted the importance of support from friends and family in recovery, they also felt that people were often unlikely to receive such support, as their gambling harms would be concealed from those around them.

8. Reducing stigma and discrimination related to gambling harm

Participants with lived experience of gambling harm emphasised that stigma and discrimination related to gambling harm causes further harm and felt there was a need for it to be addressed. This chapter outlines the views of participants with lived experience, and stakeholders from different sectors, on potential points of intervention to tackle stigma and discrimination, including views on the narratives about people experiencing gambling harms which should be promoted. Participants emphasised the importance of lived experience involvement in interventions, including in decisions about design, implementation and target audiences.

"There's so much judgement, and it would be fantastic if there could be none...I think there's work to be done" – **Person with lived experience of gambling harms**

8.1 Narratives which should be promoted about people with experience of gambling harms

Participants with lived experience had mixed views on narratives which should be promoted about people with experience of gambling harm. One perspective was that gambling harm should be portrayed as an illness, 'addiction' or 'disorder' that can be 'overcome'. Participants who had this opinion felt that viewing gambling harms through a medical lens would stop individuals being blamed for their experiences, as blame would instead be placed on the condition itself. However, as is explored further in the discussion, it has also been argued that the medicalization of gambling harms can reinforce a power dynamic between those 'helping' and others 'requiring help' or treatment which reinforces stigma.[57]

Participants linked this blame to narratives of 'individual responsibility' (discussed in Chapter 3) which were often promoted by the gambling industry and perpetuated through gambling advertisement. Linked to this perspective was the view that people should not be defined by their experience of gambling harms because their experience is not related to "who they are". In contrast, other participants felt that narratives should emphasise that lots of people are impacted by gambling harms and that those currently experiencing gambling harms are not alone.

"The only way to sort of try and challenge that [stigma] at all is by having people that have been there before speaking out… showing that it can happen to anyone...gambling addiction doesn't discriminate between any one type of person; it can affect anyone. That's the sort of societal message that needs to be out there more" – **Person with lived experience of gambling harms**

Participants with lived experience (both men and women) felt that women were often perceived to be impacted by gambling harms as 'affected others', rather than as people who can be impacted by participating in gambling themselves. They felt it was important that narratives emphasise that women also take part in gambling and can be impacted negatively by their own experiences of gambling (in addition to other people's gambling).

Many stakeholders also believed that gambling harm should be framed in terms of an "illness" or "disease", which in itself can be considered a stigmatising narrative (see Chapter 9). They felt this approach would help

[57] Lund, A.J. (2020). "Help is the sunny side of control": The Medical Model of Gambling and Social Context Evidence in Canadian Personal Bankruptcy Law. *Osgoode Hall Law Journal, 56*(3), 489-528.

people understand that “it can happen to anyone,” similar to a mental health problem. Additionally, they suggested that gambling harm should be “treated like something like a drug addiction or an alcohol addiction should be treated.” However, they generally did not offer any further insights into how they felt gambling harm should be framed.

8.2 Suggestions for interventions to tackle stigma and discrimination related to gambling harm

Participants with lived experience suggested several types of interventions to tackle stigma and discrimination. These fell into three categories: education interventions, media, and employment practices.

Participants with lived experience of gambling harm felt that education interventions could increase awareness of gambling harms, the gambling industry and promote the use of non-stigmatising language when discussing gambling harms. Although participants had mixed views on who education should be targeted at, they highlighted the importance of education for the public, young people (e.g., through schools), and professionals (e.g., those working in the NHS or the criminal justice system). Often participants highlighted professions where they had personally experienced a lack of understanding about gambling harms (see Chapter 4 and 7). Participants felt that greater understanding of how the gambling industry works and how people can be affected by engaging with it, would result in less judgement towards those who experience gambling harm. Participants highlighted several educational approaches which they felt could be successful. These included lessons as part of the curriculum in schools (for young people), TV adverts (targeting the public) and training or conferences for specific industries and professions (such as GPs or lawyers).

Participants with lived experience felt it was important for stories about people experiencing and recovering from gambling harms to be shared through the media, including through news articles, media interviews and documentaries. Participants felt this could reduce negative stereotyping about people who experience gambling harms through showing that gambling harms can impact a wide range of people. Participants emphasised that media coverage of people experiencing gambling harms should consequently platform a range of stories, including from women and those from minoritised backgrounds (e.g., relating to ethnicity or LGBTQ+ identity). Participants also highlighted the value of those with a public profile (e.g., celebrities) sharing their experiences of gambling harms in order for stories to gain traction. Many participants highlighted the BBC broadcast of the documentary, ‘Football, Gambling and Me’ (featuring celebrity/former professional footballer Paul Merson speaking about his lived experience of gambling harms), broadcast in 2021.

“I think somebody in the public eye - like a footballer, celebrity of some description - when they're talking about it and people can see what they've lost through it, that is where the stigma is going to - hopefully it will die out” – **Person with lived experience of gambling harms**

As well as the promotion of real-life stories, participants with lived experience highlighted the value of dramas and soap operas featuring storylines and characters experiencing gambling harms. Participants reflected that there had been an increase in such storylines on TV in recent years and felt that gambling-related storylines were becoming more ‘realistic’ and relatable. The promotion of stories on TV was felt to be important for promoting the narrative that anyone can be impacted by gambling harms and reduce the narrative that only certain ‘types’ of people (e.g., men) experience harm. Soaps and dramas were felt to be an important medium for this because they often show regular day-to-day life and have characters that audiences can relate to.

Finally, participants with lived experience highlighted the potential role of employment practices for tackling stigma and discrimination related to gambling harm. One participant described talking about their experiences of gambling harms in their workplace and their involvement in the implementation of a gambling harms at work

policy. They felt that the policy, and the subsequent increase in awareness about gambling harms, would reduce the risk of negative consequences related to employees disclosing experiences of gambling harms to their employers.

Stakeholders had mixed opinions on how to tackle stigma and discrimination related to gambling harm. In line with the responses from the lived experience group, the main way stakeholders thought stigma could be tackled was through raising awareness, normalising gambling harm and facilitating a society in which people are able to talk about their gambling harm openly.

Suggestions to achieve this included promoting the idea of gambling harm as a “disease” which would make people feel “less isolated” and more able to seek professional help; normalising gambling harm by “talking about it more”, raising understanding of mental health conditions in general and for people to be able to talk more openly about their problems; and through celebrities and public figures sharing their lived experience stories (i.e., through TV programmes, documentaries etc.).

Several stakeholders working in gambling harm support roles felt that people from Chinese, Muslim and Gypsy, Roma and Traveller communities were much less likely to attend (or complete) treatment, due to fear of stigma, and that this was related to gambling being perceived as a sin, or because they feared bringing shame on their family or community. This suggests that stigma reduction efforts among these groups may be particularly important. The majority of stakeholders interviewed were white British, so it is important to recognise that their perceptions about the reasons why people from these communities did not attend treatment may not necessarily be accurate. However, participants with lived experience also reported that religious or cultural expectations and beliefs (specifically among Muslim and Catholic groups) were associated with the stigmatisation that they perceived or experienced due to their gambling harms. This lends further weight to the idea that there may be a particular need for stigma reduction interventions directed towards people from religious or cultural backgrounds where gambling is viewed as a sin, or as bringing shame on the family.

9. Discussion and conclusion

9.1 Summary of findings

Through interviews with people who have experienced gambling harms and stakeholders (including 'affected others', those working in the third sector, service providers and those working in the gambling industry), this research explored whether and how people experiencing gambling harms within Great Britain experience stigma and discrimination. This section summarises the key findings from this research, including our analysis of how people who experience gambling harms are stigmatised and discriminated against in society, the drivers and impacts of this (particularly in relation to treatment and support), and the interventions and policies necessary to challenge stigmatisation and discrimination. We then discuss limitations of the research and propose areas for further investigation.

Drivers of stigma and discrimination related to gambling harms

This study identified several factors which influenced stigma and discrimination related to gambling harms, including the stereotyping of people who gamble, negative perceptions of people who experience gambling harm (from those with lived experience, 'affected others', and wider society) and individual responsibility narratives. Those with lived experience felt there was a stereotype around people who gamble which contributed to stigma. Participants felt that society viewed a "stereotypical gambler" as male, middle-aged or older, being of a low socio-economic class, unemployed or low income, receiving welfare payments, being a "smoker" and / or "drinker", or having a "grubby" appearance, which were viewed as negative attributes. Although participants did not make the connection explicitly, this implies that the characteristics listed are also stigmatised and it is partly the association of gambling with these traits that leads to those who experience gambling harms being stigmatised. This aligns with prior findings of intersectional stigmatisation of people living in poverty who experience gambling harms.[58] In addition to being stigmatising of those being stereotyped, such stereotypes can also negatively impact those who diverge from them; some women who experience gambling harm, for instance, describe feelings of shame or isolation, arising from the perception that they are 'abnormal'.[59] Similarly to stereotyping, people with lived experience described how those in their social circles and in wider society viewed people who experience gambling harms as "silly", "stupid", "weak" or "irresponsible" which led to stigmatisation. Some participants believed that these perceptions were primarily due to the loss of money that could result from gambling and the fact that losing money was seen as a personal failing. Stigma associated with financial losses was also identified in a recent qualitative study in Australia.[60] This was also influenced by individual responsibility narratives perpetuated in some ways by gambling advertisement presenting gambling as a fun leisure activity. This was felt to contribute to the idea that most people who gamble do so responsibly, and a few "stupid" individuals are "ruining" it for everyone else. This creates an "us" versus "them" narrative that can lead to stigma by othering people who experience gambling harms and framing them as a flawed minority. This aligns with findings from the wider literature,[61] and from another study within this programme of research, detailed in our discourse analysis and synthesis reports.

[58] Hahmann, T., Hamilton-Wright, S., Ziegler, C. & Matheson, F. I. (2021). Problem gambling within the context of poverty: a scoping review. *International Gambling Studies*, *21*(2), 183-219.
[59] Kaufman, A., Jones Nielsen, J. D. & Bowden-Jones, H. (2017). Barriers to Treatment for Female Problem Gamblers: A UK Perspective. *Journal of Gambling Studies*, *33*(3), 975-991.
[60] Marko, S., Thomas, S. L., Pitt, H. & Daube, M. (2023). The lived experience of financial harm from gambling in Australia. *Health Promotion International*, *38*(3).
[61] Miller, H. E., Thomas, S. L., Smith, K. M. & Robinson, P. (2016). Surveillance, responsibility and control: an analysis of government and industry discourses about "problem" and "responsible" gambling. *Addiction Research & Theory*, *24*(2), 163-176.

Stakeholder interviews revealed distinct patterns in stigmatising attitudes, with gambling industry workers tehding to demonstrate more stigmatising beliefs and attitudes towards individuals affected by gambling harm. This phenomenon may be attributed to various factors, including perceptions of responsibility, given that responsible gambling discourses popular within the gambling industry are associated with stigmatisation of people who experience gambling harms.[62] Internalisation of workplace culture, and exposure to individuals with gambling-related issues may also play a role. While this is under-researched in relation to gambling industry employees, findings from mental health care research suggest exposure to people experiencing harms can lead to desensitisation and reduced empathy.[63]

In some cases, blame for gambling harms was not directed towards people experiencing harms themselves but rather externally. In general, this manifested as blame either placed on the gambling industry, or on gambling harm being an 'illness' or 'disease'. Narratives that challenge the dominant discourse that gambling harms are a matter of 'individual responsibility' are important, but existing research suggests it may be less stigmatising to do this through a focus on the dangerousness of gambling products, rather than on vulnerability of people who experience harms.[64] Narratives that present people experiencing gambling harms as victims or people 'suffering' (either suffering due to illness or due to the gambling industry) remove agency from those experiencing harm and can therefore be stigmatising. In particular, the medicalization of gambling harms has been argued to reinforce a power dynamic between those 'helping' and those 'requiring help' or treatment.[65] It was of note that several participants with lived experience of gambling harms, as well as some stakeholders, expressed a preference for the disease model of gambling harms over other potential causal explanations – consistent with other studies where some treatment providers believed this conceptualisation of addiction reduces 'guilt and stigma'.[66] However, as discussed, this model is not without risk of contributing to stigma. It still sets people apart from the 'healthy' or 'non-diseased' majority, and stigmatisation of people diagnosed with a disease has been identified in previous studies.[67] [68] The preference for this model seems to arise from the fact that there is less moral judgement or individual blame attributed to those who experience gambling harms, when viewed through the lens of the disease model. This suggests that certain facets of stigma, particularly attributions about one's character or morality, were more aversive to people than others, such as beliefs about recoverability or agency. When considering interventions to reduce stigmatisation of gambling harms, it will be important to recognise that some people may hold an attachment to explanations such as the medical model, despite its potential to contribute towards further stigma.

Experiences of stigma and discrimination related to gambling harms

This study identified experiences of self-stigma, experienced stigma, anticipated stigma and perceived stigma. Participants with lived experience talked about themselves and their relationship to gambling in various ways which demonstrated the presence of self-stigma. This included the belief that their experience with gambling harms was a reflection of their character or meant that they were not a good member of society (for example that they were a "bad", "weak", "stupid", "naïve", "irresponsible", "dirty", or "selfish" person) and challenges with

[62] Miller H. & Thomas S. (2018). The problem with 'responsible gambling': impact of government and industry discourses on feelings of felt and enacted stigma in people who experience problems with gambling. *Addiction Research and Theory, 26(2),* 85-94.
[63] Lagunes-Cordoba, E., Davalos, A., Fresan-Orellana, A., Jarrett, M., Gonzalez-Olvera, J., Thornicroft, G. & Henderson, C. (2021). Mental health service users' perceptions of stigma, from the general population and from mental health professionals in Mexico: A qualitative study. *Community Mental Health Journal*, *57*, 985-993.
[64] Francis, L. & Livingstone, C. (2021). Discourses of responsible gambling and gambling harm: observations from Victoria, Australia. *Addiction Research & Theory*, *29*(3), 212-222.
[65] Lund, A.J. (2020). "Help is the sunny side of control": The Medical Model of Gambling and Social Context Evidence in Canadian Personal Bankruptcy Law. *Osgoode Hall Law Journal, 56*(3), 489-528.
[66] Barnett, A. I., Hall, W., Fry, C. L., Dilkes-Frayne, E. & Carter, A. (2018). Drug and alcohol treatment providers' views about the disease model of addiction and its impact on clinical practice: A systematic review. *Drug and Alcohol Review*, 37(6), 697-720.
[67] Lie, A. K., Hansen, H., Herzberg, D., Mold, A., Jauffret-Roustide, M., Dussauge, I. & Campbell, N. (2022). The harms of constructing addiction as a chronic, relapsing brain disease. *American Journal of Public Health*, 112(S2), S104-S108.
[68] Rai, S. S., Syurina, E. V., Peters, R. M. H., Putri, A. I. & Zweekhorst, M.B.M. (2020). Non-Communicable Diseases-Related Stigma: A Mixed-Methods Systematic Review. *International Journal of Environmental Research and Public Health*, *17*(18), 6657.

self-esteem, including feelings of shame and humiliation connected to experiencing financial harms. These findings closely echoed those from another strand of the wider research project, where we explored stigma through analysis of gambling harm online support forum posts.[69]

Participants with lived experience described various situations in which they had experienced stigma and discrimination, including from friends and family. This included examples of others 'losing respect' for them and, in some cases, social ostracisation. There were also experiences of stigma and discrimination in institutional settings, including in workplaces and the criminal justice system. Participants with lived experience also spoke in detail about their experiences of anticipated stigma. They described being "nervous" or "scared" of telling people about their experience of gambling harms, often citing the fear of being judged by others. This was often linked to previous experiences of stigma or discrimination, and again, echoed findings from our analysis of online support forum posts.[70]

The level of gambling harm experienced (both for those experiencing harm from their own gambling or 'affected others') impacted stigmatising attitudes. Specifically, 'affected others' who experienced higher levels of harm themselves tended to have more stigmatising attitudes than those who did not. This is consistent with previous findings that stress and emotional burden associated with being affected by someone else's gambling can contribute to stigmatisation of the person experiencing gambling harms.[71] Stigma in this context often manifested itself as a desire for social distance, rather than blaming or stereotyping, as there was typically keen recognition of the role of external factors (particularly the gambling industry) in enforcing harms.

The ways in which people with experience of gambling harms experienced stigma or discrimination was influenced by other life experiences or aspects of their identity, including their gender, religion, socio-economic status, cultural background and age. This resulted in unique experiences of stigmatisation and discrimination for different groups, highlighting the heterogenous and intersectional nature of gambling harms and its associated stigma. This aligns with prior research that has highlighted the risk of compounded stigmatisation related to gambling harms for women;[72] people from a minority ethnic group,[73,74] and people living in poverty.[75]

Impacts of stigma and discrimination related to gambling harms

Experiences of stigma and discrimination caused a variety of negative impacts on the well-being, employment and social connections of participants with lived experience. Participants described the impact of stigma and discrimination on their mental health – which included depression, stress, a lack of self-esteem and reduced confidence – consistent with the impacts of stigma identified within the wider literature.[76] Challenges related to employment included judgment and reduced trust from colleagues related to gambling harms, as well as reduced opportunities in relation to work (e.g., for promotions). This suggests that the fear of being judged or

[69] Penfold, K., Nicklin, L. L., Chadwick, D. & Lloyd, J. (2024). Gambling harms, stigmatisation and discrimination: A qualitative naturalistic forum analysis. *PloS One*, *19*(12), e0315377.
[70] Penfold, K., Nicklin, L. L., Chadwick, D. & Lloyd, J. (2024). Gambling harms, stigmatisation and discrimination: A qualitative naturalistic forum analysis. *PloS One*, *19*(12), e0315377.
[71] Kalischuk, R. G., Nowatzki, N., Cardwell, K., Klein, K., & Solowoniuk, J. (2006). Problem gambling and its impact on families: A literature review. *International Gambling Studies*, *6*(1), 31-60.
[72] Holdsworth L, Hing N, & Breen, H. (2012). Exploring women's problem gambling: A review of the literature. Internation Journal of Gambling Studies, *12*(2),199-213.
[73] Horch, J. D., & Hodgins, D. C. (2008). Public stigma of disordered gambling: Social distance, dangerousness, and familiarity. *Journal of Social and Clinical Psychology*, *27*(5), 505-528.
[74] Moss N.J., Wheeler, J., Sarkany, A., Selvamanickam, K., Kapadia D. (2023) Minority Communities & Gambling Harms: Qualitative and Synthesis Report. Lived, Experience, Racism, Discrimination & Stigma. Available from: https://research.manchester.ac.uk/en/publications/minority-communities-amp-gambling-harms-qualitative-and-synthesis
[75] Hahmann, T., Hamilton-Wright, S., Ziegler, C., Matheson, F.I. (2021). Problem gambling within the context of poverty: a scoping review. *International Journal of Gambling Studies*, 21(2), 183-219.
[76] Corrigan, P.W., Bink, A.B., Schmidt, A., Jones, N. & Rüsch, N. (2016). What is the impact of self-stigma? Loss of self-respect and the "why try" effect. *Journal of Mental Health*, *25*(1), 10-15.

discriminated against in the workplace that a previous study identified amongst gambling industry employees experiencing gambling harm[77] is also experienced by people working in other industries. Stigma and discrimination also had a significant impact on relationships due to decreased trust from others and those with lived experience feeling resentment towards family and friends due to their stigmatising views. In some cases, this led to the breakdown of relationships. While the impact of gambling harms stigma on close relationship is under-studied, the negative impact of stigma on relationships has been identified within the wider literature.[78]

Stigma and discrimination and treatment and support

Participants with lived experience generally accessed support with the aim of ceasing or reducing gambling activity or improving their wellbeing or financial situation. Participants described varying levels of satisfaction with treatment they accessed. Overall, participants who had received treatment and support felt they had a positive experience and felt that support (both from friends and family as well as support services) helped to reduce feelings of self-stigma (for example, through meeting others with similar experiences which reduced feelings of shame about their own experiences). This is consistent with findings from our study of gambling harm support forum posts.[79] Participants who were dissatisfied or had negative experiences of support services highlighted instances of experiencing stigma from other people receiving support (e.g., in the context of group therapy - a setting that has been identified, in the general psychotherapy literature, as having both benefits and limitations[80]) or their experience being impacted by internal feelings of embarrassment and shame. This highlights the importance of support providers engaging in 'shame-sensitive practice' - an approach which has been recommended within the wider literature, to therapists working with people who may be experiencing self-stigma.[81] In general, it was clear that various types of stigma and discrimination influenced the treatment and support options that participants chose (or were able) to access. For example, some participants chose to use self-exclusion tools instead of accessing formal support because they could do it discretely and were less likely to face stigma from others. Others feared that being recognised while attending support could lead to a loss of reputation in their community and subsequent repercussions for their career. Engagement with anonymous forms of support (e.g. online forums) for stigmatised conditions has been frequently reported in the wider literature.[82]

Reducing stigma and discrimination related to gambling harm

Participants with lived experience and stakeholders emphasised that stigma and discrimination related to gambling harms cause further harm and felt there was a need for it to be addressed. Participants felt it was important for those with lived experience to be involved in interventions to tackle stigma and discrimination, including in decisions about their design, implementation and target audiences. This is also supported by findings from the wider mental health literature, that peer-led interventions can be effective in reducing stigma and encouraging professional support-seeking.[83]

Participants with lived experience of gambling harm and stakeholders had mixed views on narratives which should be promoted about people with experience of gambling harms. One perspective was that gambling harm

[77] Hing, N. & Gainsbury, S. (2013). Workplace risk and protective factors for gambling problems among gambling industry employees. *Journal of Business Research*, 66, 1667-1673.
[78] Schmidt, A.M., Jubran, M., Salivar, E.G. & Brochu, P.M. (2023). Couples losing kinship: A systematic review of weight stigma in romantic relationships. *Journal of Social Issues*, *79*(1), 196-231.
[79] Penfold, K., Nicklin, L. L., Chadwick, D., & Lloyd, J. (2024). Gambling harms, stigmatisation and discrimination: A qualitative naturalistic forum analysis. *PloS one*, *19*(12), e0315377.
[80] Strauss, B. (2021). "You can't make an omelet without breaking eggs": Studies on side effects and adverse events in group psychotherapy. *International Journal of Group Psychotherapy*, *71*(3), 472-480.
[81] Dolezal, L. (2022). Shame anxiety, stigma and clinical encounters. *Journal of evaluation in clinical practice*, *28*(5), 854-860.
[82] Rhidenour, K. B., Blackburn, K., Barrett, A. K. & Taylor, S. (2022). Mediating medical marijuana: exploring how veterans discuss their stigmatized substance use on Reddit. *Health Communication*, *37*(10), 1305-1315.
[83] Sun, J., Yin, X., Li, C., Liu, W. & Sun, H. (2022). Stigma and peer-led interventions: a systematic review and meta-analysis. *Frontiers in Psychiatry*, *13*, 915617.

should be portrayed as an illness, 'addiction' or 'disorder' that can be 'overcome'. Participants who had this opinion felt that viewing gambling harms through a medical lens would stop individuals from being blamed for their experiences, as blame would instead be placed on the illness / addiction / disorder itself. Linked to this perspective was the view that people should not be defined by their experience of gambling harms because their experience is not related to "who they are". Although in some cases this was empowering for participants, the narrative should be approached with caution. As set out above, the medicalization of gambling harms has been argued to present people experiencing gambling harms as victims or people 'suffering' from disease which is stigmatising as agency is removed from those experiencing harm. In contrast, other participants felt that narratives should emphasise that lots of people are impacted by gambling harms and that those currently experiencing gambling harms are not alone. While normalisation might be expected, intuitively, to reduce stigma, the wider literature on the impact of normalisation on stigma is inconclusive,[84,85] and it will be important for future research to empirically evaluate the effectiveness of such approaches.

Several types of interventions to tackle stigma and discrimination were identified. One suggestion was education interventions to increase awareness of gambling harms, the gambling industry and promote the use of non-stigmatising language. It was felt these could be targeted at the general public as well as professionals (e.g., those working in the NHS). Participants also felt it was important for stories about people experiencing and recovering from gambling harms to be shared through the media, including through news articles, media interviews, documentaries and in storylines of TV soaps and dramas. Participants felt this could reduce negative stereotyping about people who experience gambling harms through showing that gambling harms can impact a wide range of people. Additionally, participants highlighted the value of those with a public profile (e.g., celebrities) sharing their experiences of gambling harms for stories to gain traction.

The fact that challenges within particular religious or cultural communities in relation to stigma and discrimination were identified (e.g., in relation to gambling being viewed as a 'sin'), could indicate a need for stigma reduction campaigns tailored to these communities. However, caution is needed around explicitly targeting minority communities for such campaigns. As Kapadia argues, lower service use amongst minority communities cannot be attributed exclusively to stigma arising from cultural beliefs, and 'individually targeted and tailored anti-stigma interventions' could prove to be 'an individual solution for a structural problem' ([86], p.864) – with the potential to alienate the communities they aim to support. If targeting campaigns to particular communities, therefore, care should be taken not to imply assumptions about individual reasons for higher rates of stigma or lower rates of support seeking. Approaches that focus on ensuring there are relevant and accessible services available to members of minority communities should also be considered; while as yet under-researched, there is preliminary evidence for the value of culturally adapted therapies, for example.[87]

9.2 Limitations

Although sampling allowed analysis of intersectional experiences of stigma, these experiences are unlikely to be exhaustive and instead reflect only the experience of those sampled, to the exclusion of experiences and identities that were not captured extensively within the sample (for instance, those with LGB sexual orientation). Furthermore, it was more challenging to recruit people with lived experience under the age of 25 and over 55, so

[84] Schomerus, G., Schindler, S., Sander, C., Baumann, E. & Angermeyer, M. C. (2022). Changes in mental illness stigma over 30 years–Improvement, persistence, or deterioration?. *European Psychiatry*, *65*(1), e78.
[85] Hasan, F., Foster, M. M. & Cho, H. (2023). Normalizing anxiety on social media increases self-diagnosis of anxiety: The mediating effect of identification (but not stigma). *Journal of health communication*, *28*(9), 563-572.
[86] Kapadia, D. (2023). Stigma, mental illness & ethnicity: Time to centre racism and structural stigma. *Sociology of Health & Illness, 45(4),* 855-871.
[87] Bertossa, S., Sramek, M. P., Fairweather, K. & Lawn, S. (2022). Meeting the needs of a culturally diverse nation: An evaluation of a behavioural program adapted to treat Vietnamese Australians experiencing gambling problems. *Psychotherapy and Counselling Journal of Australia, 10(1).*

experiences of these age groups may also have been less well captured. Socially desirable responding might have impacted responses throughout, particularly when participants (e.g., those in public sector or treatment/support services) were aware that non-judgmental, non-stigmatising attitudes about people experiencing gambling harms are desirable.

In addition to these limitations, in the stakeholder group, despite efforts to recruit a diverse sample, the participants primarily reflected white men in their 30s. While the findings provide valuable insights within this particular group, future research should aim to include a more diverse range of participants to better understand how these dynamics may vary across different demographic backgrounds.

9.3 Areas for further research

While this study provides useful insights into the experiences of those experiencing stigma and discrimination related to gambling harm and the views of relevant stakeholders, there are areas that merit further investigation. In particular, for groups experiencing parallel stigma (e.g., related to drug/alcohol use or socio-economic status), focused research with larger samples would be beneficial to explore in further depth how experiences of various types of stigma interact and influence one another. Given that young people in Great Britain are known to be at particular risk of experiencing harms,[88] further research could also be conducted with young people and young adults to understand their potentially unique experiences with stigma and discrimination related to gambling harm.

Stakeholder interviews revealed distinct patterns in stigmatising attitudes, with different perceptions about responsibility for gambling harms, and different stereotypes about people who experience gambling harms, across stakeholder groups. Gambling industry workers were more overtly stigmatising in how they spoke about and perceived individuals affected by gambling harm than other stakeholders. This phenomenon may be attributed to various factors, including internalisation of workplace culture, exposure to individuals with gambling-related issues, and perceptions of responsibility. Further qualitative research with those working in the gambling industry could be conducted to explore this in more depth. Additionally, given the study's emphasis on stigma and its findings indicating heightened stigmatisation among already marginalised groups affected by gambling harm, there is a critical need to incorporate the experiences of these groups in future research endeavours.

9.4 Conclusion

This report has shed light on the multiple ways that people experiencing gambling-related harms in Great Britain are stigmatised and discriminated against. This included self-stigma (e.g., those experiencing harm seeing themselves as a ‘bad’ person), and experiences of stigma and discrimination from others (ranging from hearing judgmental views to being socially ostracised or treated differently at work). The ways in which people experienced stigma and discrimination related to gambling harm were also influenced by other aspects of their identity, including their gender, religion, cultural background, age and socio-economic status. There is evidence that these groups may also experience stigma related to their identity (for example many studies have identified the stigmatisation of people living in poverty and/or in receipt of welfare)[89] potentially compounding stigma related to gambling harms and its impacts. This builds on findings from previous research where women seeking support for gambling harms reported being stigmatised or not receiving appropriate referrals/ signposting, because they did not fit the (male) stereotype of someone experiencing gambling harms.[90] [91] Stigma and

[88] Young People and Gambling 2023 - Headline statistics (gamblingcommission.gov.uk)
[89] Inglis, G., Jenkins, P., McHardy, F., Sosu, E. & Wilson, C. (2023). Poverty stigma, mental health, and well-being: A rapid review and synthesis of quantitative and qualitative research. Journal of Community & Applied Social Psychology, *33*(4), 783-806.
[90] Collard, S., Davies, S. & Fannin, M. (2022). Women’s Experiences of Gambling and Gambling Harm: A Rapid Evidence Assessment.
[91] Kaufman, A., Jones Nielsen, J. D. & Bowden-Jones, H. (2017). Barriers to Treatment for Female Problem Gamblers: A UK Perspective. *Journal of Gambling Studies*, *33*(3): 975-991.

discrimination caused a variety of negative impacts on those with lived experiences, including significant impacts on wellbeing and mental health, impacts on relationships (including the breakdown of relationships) and impacts on employment, giving further impetus for interventions to tackle stigma and its harmful consequences. We also found that stigma acts as a barrier to seeking treatment and support, and in some cases influenced the types of support those experiencing gambling harms were accessing (for example choosing self-exclusion tools over formal support due to fear of judgement from discussing experiences of harms with others). Those who do seek help often experience high levels of stigma initially. For some, this quickly dissipates, and they find treatment/support instrumental in reducing stigmatisation (particularly self-stigma). Others (as was the case for some female participants), feel more stigmatised during treatment/support due to reactions from professionals or peers. It is critical that people seeking support are offered support with the stigma they may be experiencing, in addition to their gambling harms, and that people can access non-judgmental treatment spaces. These findings have implications for those working in education, research, treatment and support services for gambling harms and those involved in stigma-reduction efforts. They also have implications for wider society (e.g., the media) about language which is used to describe those experiencing gambling harms, given that these discourses contribute to the creation and maintenance of stigma and subsequent discrimination.


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