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Stigmatisation and discrimination of people who experience gambling harms in Great Britain: Synthesis report

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Executive summary

People who experience gambling harms are subject to stigmatisation and discrimination.[1,2] In addition to causing psychological distress,[3] this can deter people from seeking support,[4,5] further exacerbating gambling harms. In this programme of research, we sought to understand how people who experience gambling harms are stigmatised by different sectors of society, and identify which communities are particularly impacted, in order to inform recommendations to tackle stigmatisation and associated harms.

We began by carrying out a 'rapid evidence assessment', consulting the most relevant contemporary research literature to determine what is already known about this topic. We summarise the findings from this in section 2, focusing on (i) stigmatisation *by* particular groups; (ii) stigmatisation *of* particular groups; (iii) stigmatisation and support-seeking; and (iv) recommendations from the literature to date for tackling stigma. We then conducted a series of studies, to build upon this evidence base. We analysed naturalistic data from online peer support forums; we surveyed 3,567 people from a nationally representative GB sample (including people with varying levels of experience of gambling harms); we interviewed 35 people with lived experience of gambling harms and 24 people from a variety of stakeholder groups who come into contact with people who experience gambling harms; and we carried out a discourse analysis to explore how people experiencing gambling harms are presented and perceived in public spaces such as media reports and television shows.

Through these studies, we found further evidence for the stigmatisation and discrimination of people who experience gambling harms. Perceived stigma, experienced stigma, self-stigma and anticipated stigma were all reported, and typically co-occurred, feeding into one another. **All types of stigmatisation and discrimination were associated with psychological distress and negative impacts on mental health, relationships, and occupational opportunities.** Certain beliefs about the nature of gambling harm contributed to stigmatisation, including the belief that gambling harms are attributable to personal failings (such as having bad character or poor decision-making ability); the belief that people who experience gambling harms are likely to cause harm to themselves or others; and the belief that gambling harms are difficult to recover from. Additionally, some people hold beliefs that gambling related harms affect only a minority of people; that the gambling industry offers sufficient protections to customers to enable them to avoid harm; and that responsibility for avoiding harm lies with the individual – these beliefs also fed into stigmatisation of people who experience gambling harms.

From survey and interview data, we determined that **certain groups are at particular risk of stigmatisation and/or discrimination due to demographic or other personal characteristics**. These include women experiencing severe harms; single people; people who have parental responsibilities (particularly mothers); people aged 18-34; people who have experienced one or more periods of reoccurrence of harms ('relapse'); people who are from a minority ethnic group in Great Britain (particularly where cultural/religious beliefs dictate

[1] We use the term 'affected other' to refer to someone who has experienced harm due to the gambling of another person, usually a family member, partner, or close friend. We recognise this term is imperfect, due to the use of 'identity first' language, but it is widely used and understood within the sector, and there is not currently an obvious alternative.
[2] Walsh, C., Riley, D., Quinti, D., Levy, J., Lloyd, J., & Dinos, S. (2024). *How to reduce the stigma of gambling harms through language: A language guide*.
[3] Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2015). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, *16*(1), 80. https://doi.org/10.1186/s12889-016-2747-0
[4] Evans, L., & Delfabbro, P. H. (2005). Motivators for Change and Barriers to Help-Seeking in Australian Problem Gamblers. *Journal of Gambling Studies*, *21*(2), 133–155. https://doi.org/10.1007/s10899-005-3029-4
[5] Leslie, R. D., & McGrath, D. S. (2024). Stigma-related predictors of help-seeking for problem gambling. *Addiction Research & Theory*, *32*(1), 38–45. https://doi.org/10.1080/16066359.2023.2211347

that gambling is sinful or shameful); people who belong to a religion; people who are living in financial hardship (particularly those receiving benefits); and people who are experiencing difficulties with drug and/or alcohol use alongside gambling harms.

Interview data highlighted that people encountered stigmatisation from a variety of sources and in a variety of environments. Discourse analysis identified dominant stigmatising narratives about people who experience gambling harms in news, popular media and social media, as well as in political discussions and interactions online between members of the public. These were sometimes latent and subtle, and sometimes explicitly damning. Interviews with stakeholders suggested that people working in the gambling industry may be particularly prone to holding stigmatising views about people who experience gambling harms – perhaps due to endorsement of narratives around 'individual responsibility' for gambling harms. People who had experienced harms due to someone else's gambling (often termed 'affected others')[6] tended to position blame for gambling harms with the industry and/or government, but nevertheless, did sometimes stigmatise people who experience gambling harms. Most notably, some affected others expressed a desire for social distance from their loved one or others who experience gambling harms, due to the belief that they would cause further emotional or financial harm, or that they could not be trusted. Those working in service provision for gambling harms were also not immune from stigmatising people who experience gambling harms, engaging in stereotyping and labelling of people within this group, despite explicit self-reports of non-stigmatising attitudes.

There were nuanced relationships between stigma and treatment/support seeking. **Anticipated stigma prevented a significant number of people from seeking help, due to fear of shame or judgement.** Those who did disclose gambling harms to loved ones or professionals had mixed experiences of this. Some discovered that the stigma they anticipated – and that had delayed them in seeking support – actually did not materialise. Others encountered stigmatisation from those close to them, and/or in support or treatment spaces, which had consequences such as the breakdown of relationships and withdrawal from support groups or services. For some, though, engaging in treatment or peer support helped them to reduce their self-stigmatisation and rebuild their self-esteem.

We discuss the implications of these findings and make recommendations for reducing stigmatisation and discrimination of gambling harms. These include: (i) ensuring support/treatment spaces are non-judgemental, and that people are reassured of this in campaigns/literature promoting them; (ii) using educational campaigns to challenge beliefs that contribute to the perpetuation of stigma, such as the belief that gambling harms are attributable to bad character or low intelligence; (iii) targeting such educational campaigns at people (as in the groups discussed above) who are particularly likely to either experience or perpetrate stigma. We emphasise the importance of involving people with lived experience of gambling harms in developing interventions to tackle stigmatisation and discrimination.

[6] Gainsbury, S., Hing, N., & Suhonen, N. (2014). Professional Help-Seeking for Gambling Problems: Awareness, Barriers and Motivators for Treatment. *Journal of Gambling Studies*, *30*(2), 503–519. https://doi.org/10.1007/s10899-013-9373-x

Contents

1. Introduction and background

1.1 Overview

This report synthesises the findings from a mixed-methods investigation into the stigmatisation and discrimination of people who experience gambling harms. Because stigmatisation and discrimination cause psychological distress[7] and act as a barrier to seeking support,[8,9] we set out to better-understand how people who experience gambling harms are stigmatised by different sectors of society, and which communities are particularly impacted, in order to inform recommendations to reduce stigmatisation and associated harms.

Following a 'rapid evidence assessment' of particularly relevant recent literature, we conducted several empirical studies: an analysis of naturalistic data from online peer support forums; a survey of 3,567 people from a nationally representative GB sample (including people with varying levels of experience of gambling harms); qualitative interviews with 35 people with lived experience of gambling harms and 24 people from a variety of stakeholder groups who come into contact with people who experience gambling harms; and a discourse analysis to explore how people experiencing gambling harms are framed in public spaces such as media reports and television shows.

Each of these empirical studies is reported in detail in a separate report, where specific methodological details are available. The purpose of this report is to draw out and synthesise key findings from across the studies in a concise and accessible manner and highlight the potential implications and applications of these findings.

1.2 Defining stigmatisation and discrimination

Stigma has been defined in many ways, including by Goffman as an 'attribute that is deeply discrediting or discreditable',[10] and by the World Health Organisation as a 'mark of shame, disgrace or disapproval that results in an individual being rejected, discriminated against and excluded'.[11] It is not a fixed characteristic of the person who is 'targeted' or 'marked' by stigma. Rather, it is 'relational', meaning it occurs in the context of relationships between individuals or groups, resulting from people's judgements about whether others meet socially constructed 'norms'. Therefore, to understand stigma, we need to look at those who are stigmatised; those who stigmatise them (and those who do not); and we need to consider the broader social context in which this happens.[12] Because of this complexity, researchers have identified several types of stigma – many of which overlap, tending to co-occur and influence one another. A variety of tools have been developed to attempt to measure or quantify stigma, as summarised in Table 1.

There is some variability in how researchers and policymakers have operationalised discrimination, and legal and psychological fields tend to use somewhat different framing. Within the 2010 Equality Act, for example, 'discrimination' in the legal sense refers to treating someone 'less favourably' than you would treat others

[7] Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2015). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, *16*(1), 80. https://doi.org/10.1186/s12889-016-2747-0
[8] Evans, L., & Delfabbro, P. H. (2005). Motivators for Change and Barriers to Help-Seeking in Australian Problem Gamblers. *Journal of Gambling Studies*, *21*(2), 133–155. https://doi.org/10.1007/s10899-005-3029-4
[9] Leslie, R. D., & McGrath, D. S. (2024). Stigma-related predictors of help-seeking for problem gambling. *Addiction Research & Theory*, *32*(1), 38–45. https://doi.org/10.1080/16066359.2023.2211347
[10] Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Prentice-Hall.
[11] World Health Organization. (2001). *The World Health Report 2001: Mental Health: New Understanding, New Hope*. World Health Organization.
[12] Aranda, A. M., Helms, W. S., Patterson, K. D. W., Roulet, T. J., & Hudson, B. A. (2023). Standing on the Shoulders of Goffman: Advancing a Relational Research Agenda on Stigma. *Business & Society*, *62*(7), 1339–1377. https://doi.org/10.1177/00076503221148441

because they possess one or more 'protected characteristics'.[13] 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 (or someone working on behalf of one of these organisations), while state-perpetrated 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).[14] When defining discrimination in this very specific way, behaviours that involve treating people from stigmatised groups in an unfavourable way, which might in casual parlance be referred to as 'discrimination', have instead been referred to as 'enacted' or 'experienced' stigmatisation'.[15] Often, however, definitions (and measures) of stigmatisation and discrimination make relatively little differentiation between the two constructs.[16] Some have argued that processes involved in stigmatisation, i.e. stereotyping and labelling, are, by definition, discriminatory, making discrimination an intrinsic element of stigmatisation.[17] In this work, we take a similarly broad definition of discrimination, using the term to denote any experiences of being treated as though you are of lesser entitlement, capability, worth, reliability or trustworthiness, or as though you have fewer rights or are less smart or capable than others by virtue of a minority status / protected characteristic. Our findings about experienced stigma can be thought of as indicative of both stigmatisation and discrimination.

Table 1: Summary of types of stigma and scales used to measure them

Concept	Definition	Measures	Example questions
Public stigma, or social stigma	Negative perceptions/attitudes about people with a certain stigmatised identity, held by society or members of the 'general public'.	The social distance scale (SDS)[18] measures the extent to which a person wants to keep their distance, socially, from individuals with the stigmatised identity in question. It asks questions about how willing or unwilling they would be to be do things like 'be friends with' someone who has that identity. Higher scores represent higher levels of public stigma.	'How willing would you be to spend an evening socialising with someone experiencing gambling harms?'
Perceived stigma	Perceptions about the existence/extent of stigma at the social level. I.e., the extent to which someone believes that 'most people' hold stigmatising views about a given population.	The Gambling Perceived Stigma Scale (GPSS)[19] measures perceived stigma in the general population. The questions probe about how the respondent thinks people who gamble are generally perceived by others. Higher scores indicate that the respondent thinks most people view people who gamble in a negative way.	How much do you agree with the statement: 'Most people think less of a person who experiences problems with gambling'?

[13] Discrimination: Your Rights (2023).
[14] Hepple, B. (2010). The new single equality act in Britain. *The Equal Rights Review*, *5*(1), 11–24.
[15] 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. https://doi.org/10.1186/1472-6963-10-80
[16] 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. https://doi.org/10.1186/1472-6963-10-80
[17] Martin, J. K., Pescosolido, B. A., & Tuch, S. A. (2000). Of Fear and Loathing: The Role of "Disturbing Behavior," Labels, and Causal Attributions in Shaping Public Attitudes toward People with Mental Illness. *Journal of Health and Social Behavior*, *41*(2), 208. https://doi.org/10.2307/2676306
[18] Martin, J. K., Pescosolido, B. A., & Tuch, S. A. (2000). Of Fear and Loathing: The Role of "Disturbing Behavior," Labels, and Causal Attributions in Shaping Public Attitudes toward People with Mental Illness. *Journal of Health and Social Behavior*, *41*(2), 208. https://doi.org/10.2307/2676306
[19] 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*, 163. https://doi.org/10.4309/jgi.2015.31.8

Experienced stigma	People's reported experience of encountering stigmatising attitudes and behaviours.	The Gambling Experienced Stigma Scale (GESS)[20] measures people's self-reported experiences of stigmatising attitudes and behaviours related to their own gambling experiences – encompassing stigma that comes from others and from themselves.	How much do you agree with the statement: 'others view me as morally weak because I am a person who gambles'? and 'I don't think I can be trusted because I gamble'?
Self-stigma, or internalised stigma	Stigma directed at or about oneself; where people believe the negative stereotypes associated with a stigmatised label are true and apply to them.	A version of the Internalized Stigma of Mental Illness Scale[21] which we adapted to refer to gambling (and named the Gambling Internalised Stigma Scale) measures the degree to which people experiencing gambling harms have internalised stigmatising views about themselves because of the gambling harms they have experienced.	How much do you agree with the statement: 'Nobody would be interested in getting close to me because I gamble'? and 'Stereotypes about people who gamble apply to me'.
Anticipated stigma	A fear of being judged or of receiving negative reactions in the future as a result of being a member of a stigmatised group. Particularly relevant where a person has a potentially stigmatised characteristic of which other people are unaware, and they pre-empt the stigma that they may encounter if others became aware of that characteristic.	Some researchers[22] have described anticipated and perceived stigma as synonymous, and perceived stigma scales such as the GPSS have been used to measure anticipated stigma in members of stigmatised groups, as people's beliefs about what 'most people' think about someone who experience gambling harms influence how much stigma they fear encountering themselves.	In our survey, we captured some information about anticipated stigma indirectly, through examining people's self-reported reasons for not seeking support for gambling harms, e.g. '[I have not sought help because…] I feel too ashamed or embarrassed to talk about my gambling with anyone'
Enacted stigma, or discrimination	'A behavioural manifestation of stigma'[23] whereby stigma results in discriminatory behaviour.	The Intersectional Discrimination Index[24] is one means of measuring someone's experiences of being the recipient of enacted stigma, i.e. of being treated in a stigmatising way because of who they are (which could be because of gambling harms and/or other characteristics).	'Because of who you are, have you been treated as if you are less smart or capable than others?'

1.3 Stigma and gambling

While gambling within Great Britain is generally a socially accepted (i.e. non-stigmatised in dominant discourse) leisure activity, those who experience *harms* from gambling often experience stigma as a result,[25] contributing to

[20] 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*, 163. https://doi.org/10.4309/jgi.2015.31.8
[21] Hammer, J. H., & Toland, M. D. (2017). Internal structure and reliability of the Internalized Stigma of Mental Illness Scale (ISMI-29) and Brief Versions (ISMI-10, ISMI-9) among Americans with depression. *Stigma and Health*, *2*(3), 159–174. https://doi.org/10.1037/sah0000049
[22] Horch, J. D., & Hodgins, D. C. (2015). Self-stigma coping and treatment-seeking in problem gambling. *International Gambling Studies*, *15*(3), 470–488. https://doi.org/10.1080/14459795.2015.1078392
[23] Horch, J. D., & Hodgins, D. C. (2015). Self-stigma coping and treatment-seeking in problem gambling. *International Gambling Studies*, *15*(3), 470–488. https://doi.org/10.1080/14459795.2015.1078392
[24] Scheim, A. I., & Bauer, G. R. (2019). The Intersectional Discrimination Index: Development and validation of measures of self-reported enacted and anticipated discrimination for intercategorical analysis. *Social Science & Medicine*, *226*, 225–235. https://doi.org/10.1016/j.socscimed.2018.12.016
[25] Wöhr, A., & Wuketich, M. (2021). Perception of Gamblers: A Systematic Review. *Journal of Gambling Studies*, *37*(3), 795–816. https://doi.org/10.1007/s10899-020-09997-4

compounded harm due to the distress that stigma creates.[26] Self-reports from people experiencing gambling harms indicate that perceived, experienced, and internalised stigma are all common.[27,28] Furthermore, studies of attitudes amongst the general public suggest people tend to be less willing to engage socially with someone who has experienced gambling harms,[29] indicating the existence of social stigma.

1.4 The burden of stigma

Stigma is a form of harm in and of itself, being associated with psychological distress,[30] and reduced quality of life.[31] Furthermore, stigma can act as a major barrier to help-seeking for gambling harms,[32,33] where fears about encountering judgement, stereotyping, or other negative attitudes deter many people from seeking support because they feel unable to disclose that they are experiencing difficulties. Thus, stigma can prevent people from accessing treatment that could help them to recover from gambling harms, thereby extending the harms that they experience due to gambling.

1.5 Goal of the current programme of research

This programme of research sought to do the following:

- Establish whether and how people who experience gambling harms are stigmatised by a variety of sectors of society, including service and healthcare providers; civil society and the third sector (e.g. charities); the general community and families; popular media and political discourse; and the gambling industry.
- Establish which communities are particularly heavily impacted by stigmatisation and why; and learn more about how stigma affects multiply-marginalised populations experiencing gambling related harms alongside challenges such as substance use issues, mental health conditions, or minority status.
- Identify what kinds of services, interventions, information campaigns and policies are needed to challenge stigmatisation and reduce associated harms.

In order to do this, we:

- analysed data from online gambling harms support forum posts;
- conducted a large-scale survey of adults in Great Britain;
- carried out interviews with a wide variety of people with experience of gambling harms and/or who come into contact with people who experience gambling harms; and

[26] Varker, T., Forbes, D., Dell, L., Weston, A., Merlin, T., Hodson, S., & O'Donnell, M. (2015). Rapid evidence assessment: increasing the transparency of an emerging methodology. *Journal of Evaluation in Clinical Practice*, *21*(6), 1199–1204. https://doi.org/10.1111/jep.12405
[27] Quigley, L. (2022). Gambling Disorder and Stigma: Opportunities for Treatment and Prevention. *Current Addiction Reports*, *9*(4), 410–419. https://doi.org/10.1007/s40429-022-00437-4
[28] Hing, N., & Russell, A. M. T. (2017). How Anticipated and Experienced Stigma Can Contribute to Self-Stigma: The Case of Problem Gambling. *Frontiers in Psychology*, *08*. https://doi.org/10.3389/fpsyg.2017.00235
[29] Wöhr, A., & Wuketich, M. (2021). Perception of Gamblers: A Systematic Review. *Journal of Gambling Studies*, *37*(3), 795–816. https://doi.org/10.1007/s10899-020-09997-4
[30] Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2015). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, *16*(1), 80. https://doi.org/10.1186/s12889-016-2747-0
[31] Degnan, A., Berry, K., Humphrey, C., & Bucci, S. (2021). The relationship between stigma and subjective quality of life in psychosis: A systematic review and meta-analysis. *Clinical Psychology Review*, *85*, 102003. https://doi.org/10.1016/j.cpr.2021.102003
[32] Evans, L., & Delfabbro, P. H. (2005). Motivators for Change and Barriers to Help-Seeking in Australian Problem Gamblers. *Journal of Gambling Studies*, *21*(2), 133–155. https://doi.org/10.1007/s10899-005-3029-4;
[33] Leslie, R. D., & McGrath, D. S. (2024). Stigma-related predictors of help-seeking for problem gambling. *Addiction Research & Theory*, *32*(1), 38–45. https://doi.org/10.1080/16066359.2023.2211347

- analysed the way people who experience gambling harms are spoken/written about in a wide range of public spaces.

Before embarking on any of these studies, we scrutinised the existing research into the stigmatisation and discrimination of people who experience gambling harms, and convened a panel of people with lived experience of gambling harms - individuals, recruited through GambleAware's lived experience networks and the researchers' professional networks. We liaised with this group of 4-8 individuals[34] at strategic points in the research to gain the benefit of their experience in contributing to and sense-checking the research priorities that were set, methods used, and interpretations of the data. Panel members were remunerated for their time in line with NIHR recommendations.

[34] Number of attendees at meetings varied depending on availability throughout the course of the project.

2. Summary of previous research

2.1 Overview and approach

We carried out a 'rapid evidence assessment',[35] to identify and engage with literature reporting particularly relevant findings from previous studies. We did this to ensure we were informed by, and building on, existing knowledge. This was carried out in five stages, summarised in Figure 1 The PRISMA flowchart in Figure ***2*** details the screening process used to decide which papers to include in our review. Key findings from these particularly relevant papers are briefly summarised below. As we also drew on a wider range of literature throughout the programme of research, additional studies are also referenced throughout this report.

Figure 1: Overview of rapid evidence assessment process

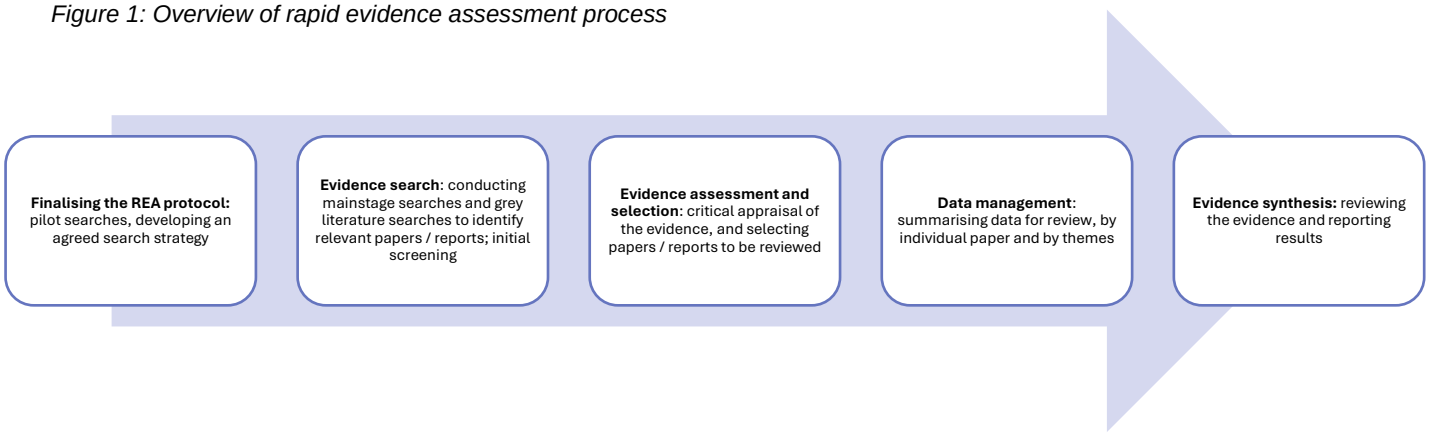
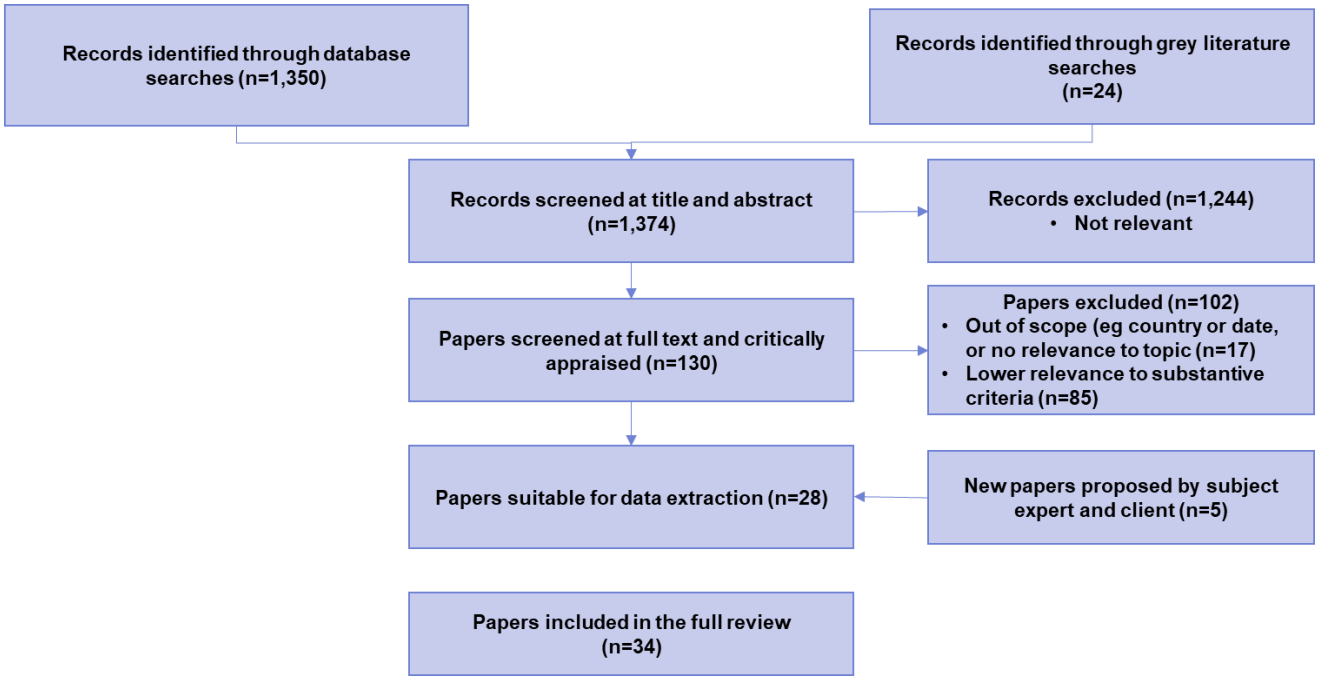


Figure 2: PRISMA flowchart summarising process of selecting articles for review



[35] Varker, T., Forbes, D., Dell, L., Weston, A., Merlin, T., Hodson, S., & O'Donnell, M. (2015). Rapid evidence assessment: increasing the transparency of an emerging methodology. *Journal of Evaluation in Clinical Practice*, *21*(6), 1199–1204. https://doi.org/10.1111/jep.12405

Types of papers included

- **Countries; UK (n=9); Australia (n=16); Canada (n=5); NZ (n=1) International (n=4).**
- **Research design; Qualitative (n=14); Quantitative (n=4); Evidence review (n=3); Evaluation (n=2); mixed methods (n=11).**
- **Substantive features / populations: Broad focus on gambling stigma and gambling harms (n=16); people experiencing gambling harms and: unstable housing or homelessness (n=4); intimate partner violence (n=1); LGBTIQ+ (n=1); gambling harms and people from the following backgrounds / characteristics: gender or the experiences of women facing gambling harms (including affected others) (n=6), military personnel and veterans (n=1), minority ethnic or religious groups and migrants (n=5).**

2.2 Summary of key findings from the literature

Stigmatisation and discrimination by different groups

Peers, wider community and family

There is evidence in the wider literature on public stigma around gambling harms,[36] that those who experience gambling harms may be more stigmatised than those experiencing mental health or physical health challenges, with some survey research finding that people report a greater desire for social distance from them than from the other groups.[37] Stigma tends to be heightened in smaller communities (geographic or cultural),[38,39] and among those who lack familiarity with gambling harms.[40] Reported responses to learning of a loved one's gambling harms within families include shame and anger, and in some cases family members contemplate separation.[41] Fear of encountering such responses is a common barrier to disclosing harms.[42,43,44]

Service and healthcare providers

Studies have identified stigma across a variety of service and healthcare settings, including amongst men experiencing gambling harms and unstable housing;[45] and both men and women experiencing homelessness, who feared discrimination in allocation of housing resources if service providers were to become aware of the

[36] E. Miller, H., & Thomas, S. (2017). The "Walk of Shame": a Qualitative Study of the Influences of Negative Stereotyping of Problem Gambling on Gambling Attitudes and Behaviours. *International Journal of Mental Health and Addiction*, *15*(6), 1284–1300. https://doi.org/10.1007/s11469-017-9749-8

[37] Thomas, S., Bestman, A., Pitt, H., David, J., & Thomas, S. (2016). *Lessons for the Development of Initiatives to tackle the Stigma Associated with Problem Gambling*.

[38] Browne. M., Langham, E., Rawat, V., Greer, N., Li, E., Rose, J., Rockloff, M., Donaldson, P., Thorne, H., Goodwin, B., & Bryden., G. (2016). *Assessing gambling-related harm in Victoria: A public health perspective*

[39] Whitty, M., & Paterson, M. (2019). *Gambling Support Study: understanding gambling harm experienced by female affected others*.

[40] Dhillon, J., Horch, J. D., & Hodgins, D. C. (2011). Cultural Influences on Stigmatization of Problem Gambling: East Asian and Caucasian Canadians. *Journal of Gambling Studies*, *27*(4), 633–647. https://doi.org/10.1007/s10899-010-9233-x

[41] Banks, J., Andersson, C., Best, D., Edwards, M., & Waters, J. (2018). *Families Living with Problem Gambling: Impacts, Coping Strategies and Help-Seeking.*

[42] E. Miller, H., & Thomas, S. (2017). The "Walk of Shame": a Qualitative Study of the Influences of Negative Stereotyping of Problem Gambling on Gambling Attitudes and Behaviours. *International Journal of Mental Health and Addiction*, *15*(6), 1284–1300. https://doi.org/10.1007/s11469-017-9749-8

[43] Thomas, S., Bestman, A., Pitt, H., David, J., & Thomas, S. (2016). *Lessons for the Development of Initiatives to tackle the Stigma Associated with Problem Gambling*

[44] Hing, N., Holdsworth, L., Tiyce, M., & Breen, H. (2013). Stigma and problem gambling: Current knowledge and future research directions. *International Gambling Studies*, *14*(1), 1–18. https://doi.org/DOI:10.1080/14459795.2013.841722

[45] Guilcher, S. J. T., Hamilton-Wright, S., Skinner, W., Woodhall-Melnik, J., Ferentzy, P., Wendaferew, A., Hwang, S. W., & Matheson, F. I. (2016). "Talk with me": perspectives on services for men with problem gambling and housing instability. *BMC Health Services Research*, *16*(1), 340. https://doi.org/10.1186/s12913-016-1583-3

gambling harms they experienced.[46,47] Women seeking support sometimes reported being stigmatised and rejected, or not receiving appropriate referrals/signposting[48,49] because they did not fit the (male) stereotype of someone experiencing gambling harms.[50,51]

Popular media, law, political discourse and gambling industry

Through media, policy and industry discussions, the normalisation of gambling as a 'harmless' recreational activity,[52] along with the focus on individual responsibility for avoiding harms, contributes to the stigmatisation of those experiencing gambling harms.[53,54,55] There is also some evidence that criminal justice systems in certain jurisdictions place emphasis on individual responsibility in relation to gambling harms: financial gambling counsellors in Australia, for example, report that the system is harsher on people who commit crimes as a result of 'problem gambling' than those experiencing drug use issues, and one noted that declaring bankruptcy can carry risk of legal repercussions when gambling is involved.[56]

Stigmatisation and discrimination in/of different groups

The literature highlighted the importance of recognising intersectional or compounded stigma, given that gambling harms related stigma is likely to co-occur alongside other stigmatised conditions or identities. For example, gambling is sometimes used as a coping mechanism to deal with the impact of experiences of marginalisation, such as racism or psychological distress resulting from identifying as LGBTIQ+.[57,58] This means that those who are already marginalised and/or stigmatised may be at particular risk of experiencing gambling harms and further associated stigmatisation, which may manifest in different ways and/or have more severe consequences.

Mothers are subject to experienced and internalised stigma, (beyond that experienced by women who do not have children) due to their perceived departure from traditional heteronormative gender roles as nurturers and caregivers.[59,60,61] The stigma attached to being out of work and receiving benefits may serve to further stigmatise

[46] Hing, N., Holdsworth, L., Tiyce, M., & Breen, H. (2013). Stigma and problem gambling: Current knowledge and future research directions. *International Gambling Studies*, *14*(1), 1–18. https://doi.org/DOI:10.1080/14459795.2013.841722
[47] Holdsworth, L., & Tiyce, M. (2012). Exploring the Hidden Nature of Gambling Problems among People Who Are Homeless. *Australian Social Work*, *65*(4), 474–489. https://doi.org/10.1080/0312407X.2012.689309
[48] GamCare. (2020). *Women's Programme Year One Report: 2019/20*
[49] Collard, S., Davies, S., & Fannin, M. (2022). *Women's Experiences of Gambling and Gambling Harm: A Rapid Evidence Assessment*.
[50] Collard, S., Davies, S., & Fannin, M. (2022). *Women's Experiences of Gambling and Gambling Harm: A Rapid Evidence Assessment*
[51] 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. https://doi.org/10.1007/s10899-016-9663-1
[52] Suomi, A., O'Dwyer, C., Sbisa, A., Metcalf, O., Couineau, A., 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. https://doi.org/10.1002/ajs4.256
[53] Pliakas, T., Stangl, A., & Siapka, M. (2022). *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain*
[54] van Schalkwyk, M. C. I., Hawkins, B., & Petticrew, M. (2022). The politics and fantasy of the gambling education discourse: An analysis of gambling industry-funded youth education programmes in the United Kingdom. *SSM - Population Health*, *18*, 101122. https://doi.org/10.1016/j.ssmph.2022.101122
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[56] Carroll, A., Rodgers, B., Davidson, T., & Sims, S. (2013). *Stigma and Help-Seeking for Gambling Problems*.
[57] Pliakas, T., Stangl, A., & Siapka, M. (2022). *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain*
[58] Bush, R., Russell, A., Waling, A., Staiger, P., & Dowling, N. (2020). *Examining Risk and Protective Factors for the Development of Gambling-Related Harms and Problems in Victorian LGBTIQ+ Communities*.
[59] Hing, N., Holdsworth, L., Tiyce, M., & Breen, H. (2013). Stigma and problem gambling: Current knowledge and future research directions. *International Gambling Studies*, *14*(1), 1–18. https://doi.org/DOI:10.1080/14459795.2013.841722
[60] 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. https://doi.org/10.1080/14459795.2015.1092566;
[61] McCarthy, S., Pitt, H., Bellringer, M. E., & Thomas, S. L. (2023). Strategies to prevent and reduce gambling harm in Australian women. *Drugs: Education, Prevention and Policy*, *30*(2), 204–214. https://doi.org/10.1080/09687637.2021.1973963

unemployed women who gamble. Men are also vulnerable to stigmatisation, but it tends to be related to gambling-related debt rather than their parental role.[62]

People with particular cultural beliefs and values who experience gambling harms can also encounter intersectional stigmatisation. A recent survey in Great Britain found that people from ethnic or religious minority groups were more likely than those from non-minority groups to perceive public stigma attached to gambling, and to believe that a person from their background who gambles would bring shame on people from the same ethnic group.[63] A Canadian study found that East Asian Canadians had more stigmatising views of people who gamble than Caucasian Canadians. They also judged people from their culture who gambled more harshly than they judged Caucasians who gambled.[64] The stigmatisation of people whose gambling losses are perceived to have had a negative impact on the wider community have also been observed by service providers working with African migrants in the UK.[65] Furthermore, a UK study of 'affected others'[66] found that some held the belief that gambling brings shame upon the family name within one's religious or cultural group.[67] Similarly, a study of minority (Tamil and Chinese) communities in Australia found that stigma around gambling harms could impact the wider family, e.g., damaging marriage prospects, which motivated people to conceal gambling-related harms.[68]

Those experiencing a mental health condition are another group who may be subjected to intersectional stigma – given that there can also be stigma associated with mental health conditions. One study found that individuals reporting higher levels of social anxiety and self-consciousness, and lower levels of self-esteem were more likely to report experiencing gambling stigma,[69] and those experiencing symptoms of anxiety and depression were also found to be more likely to self-stigmatise their own gambling activity.[70]

One Australian study of service providers working with people experiencing interpersonal violence along with gambling harms identified the perceived presence of intersectional stigma in this group, which complicated their treatment.[71] Other studies have also reported that people who experience gambling harms alongside other challenges can present to treatment services with very complex needs.[72] This indicates that programmes to support people who experience gambling harms also need to be prepared to address intersecting forms of stigmatisation, discrimination, and social exclusion – relating particularly to racism, socioeconomic status,

[62] Collard, S., Davies, S., & Fannin, M. (2022). *Women's Experiences of Gambling and Gambling Harm: A Rapid Evidence Assessment*.
[63] 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*.
[64] Dhillon, J., Horch, J. D., & Hodgins, D. C. (2011). Cultural Influences on Stigmatization of Problem Gambling: East Asian and Caucasian Canadians. *Journal of Gambling Studies*, *27*(4), 633–647. https://doi.org/10.1007/s10899-010-9233-x
[65] Bramley, S., Norrie, C., & Manthorpe, J. (2020). Exploring the support for UK migrants experiencing gambling-related harm: insights from two focus groups. *Public Health*, *184*, 22–27. https://doi.org/10.1016/j.puhe.2020.04.005
[66] Bramley, S., Norrie, C., Wardle, H., Manthorpe, J., & Lipman, V. (2020). *Gambling-Related Harm Among Recent Migrant Communities in the UK: Responses to a 21st Century Urban Phenomenon*.
[67] Banks, J., Andersson, C., Best, D., Edwards, M., & Waters, J. (2018). *Families Living with Problem Gambling: Impacts, Coping Strategies and Help-Seeking.*
[68] Radermacher, H., Dickins, M., Anderson, C., & Feldman, S. (2017). Perceptions of Gambling in Tamil and Chinese Communities in Australia: The Role of Saving Face in Perpetuating Gambling Stigma and Hindering Help Seeking. *Journal of Gambling Issues*, *34*. https://doi.org/10.4309/jgi.2016.34.5
[69] Hing, N., Russell, A., Nuske, E., & Gainsbury, S. (2015). *The stigma of problem gambling: Causes, characteristics and consequences*.
[70] Hing, N., & Russell, A. M. T. (2017). Psychological factors, sociodemographic characteristics, and coping mechanisms associated with the self-stigma of problem gambling. *Journal of Behavioral Addictions*, *6*(3), 416–424. https://doi.org/10.1556/2006.6.2017.056
[71] Suomi, A., O'Dwyer, C., Sbisa, A., Metcalf, O., Couineau, A., 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. https://doi.org/10.1002/ajs4.256
[72] Holdsworth, L., & Tiyce, M. (2012). Exploring the Hidden Nature of Gambling Problems among People Who Are Homeless. *Australian Social Work*, *65*(4), 474–489. https://doi.org/10.1080/0312407X.2012.689309

disenfranchisement, drug and alcohol use and mental health challenges – in order to address the underlying issues linked to gambling.[73]

Stigmatisation and discrimination and treatment/support seeking

The literature identified several ways in which stigma impacted on support seeking. Self-distancing from stigmatised status can occur, where people do not want to acknowledge themselves as belonging to a category of people that they themselves view as 'shameful' or 'problematic'.[74] This can, in turn, discourage people from seeking treatment.[75] Some recognise that they are experiencing gambling harms but are prevented from seeking treatment by fear of disclosure or exposure.[76] For example, some fear attending a gambling support service in case they are seen by someone they know.[77]

Some are deterred from treatment seeking due to distrust of professionals,[78] and some who had engaged in counselling did not return because of the judgement and criticism they felt from their counsellor.[79] Some people have been deterred from seeking support for gambling harms due to fear of discrimination from other service providers; in particular, studies have found that people accessing housing services and resources fear they will be denied access to support if housing service providers learn of the gambling harms they are experiencing. [80, 81, 82]

A recent study in Great Britain identified fear of judgement as a comparatively greater barrier to treatment seeking amongst minority ethnicity groups than white British participants. The former were less likely to feel comfortable talking to friends and family, gambling support service providers, or healthcare providers than the latter.[83] Seeking help outside the family might not be considered 'culturally appropriate' for some minority groups.[84] Service providers and community leaders from the Chinese and Tamil communities in Australia reported that migrants feared being shamed within their community for being 'weak' or 'a failure' if they engaged in help seeking, and Chinese migrants were the subject of gossip within their community if they did seek help.[85]

The literature also identified some barriers to treatment seeking specifically experienced by women, including shame and guilt at not meeting perceived 'ideals of women'; as well as fears about losing children, intimate

[73] Pliakas, T., Stangl, A., & Siapka, M. (2022). *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain*.
[74] Thomas, S., Bestman, A., Pitt, H., David, J., & Thomas, S. (2016). *Lessons for the Development of Initiatives to tackle the Stigma Associated with Problem Gambling*.
[75] Horch, J. D., & Hodgins, D. C. (2015). Self-stigma coping and treatment-seeking in problem gambling. *International Gambling Studies*, *15*(3), 470–488. https://doi.org/10.1080/14459795.2015.1078392
[76] Suomi, A., O'Dwyer, C., Sbisa, A., Metcalf, O., Couineau, A., 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. https://doi.org/10.1002/ajs4.256
[77] Carroll, A., Rodgers, B., Davidson, T., & Sims, S. (2013). *Stigma and Help-Seeking for Gambling Problems*.
[78] Bramley, S., Norrie, C., Wardle, H., Manthorpe, J., & Lipman, V. (2020). *Gambling-Related Harm Among Recent Migrant Communities in the UK: Responses to a 21st Century Urban Phenomenon*.
[79] 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. https://doi.org/10.1080/14459795.2015.1092566
[80] Holdsworth, L., & Tiyce, M. (2012). Exploring the Hidden Nature of Gambling Problems among People Who Are Homeless. *Australian Social Work*, *65*(4), 474–489. https://doi.org/10.1080/0312407X.2012.689309
[81] Landon, J., Bellringer, M., du Preez, K. P., Will, U., Mauchline, L., & Roberts, A. (2022). "The Bad Things that Happened Are Kind of Good Things": Exploring Gambling Among Residents of a Transitional Housing Service. *International Journal of Mental Health and Addiction*, *20*(4), 2523–2541. https://doi.org/10.1007/s11469-021-00530-1;
[82] Hing, N., Holdsworth, L., Tiyce, M., & Breen, H. (2014). Stigma and problem gambling: current knowledge and future research directions. *International Gambling Studies*, *14*(1), 64–81. https://doi.org/10.1080/14459795.2013.841722
[83] 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*.
[84] Radermacher, H., Dickins, M., Anderson, C., & Feldman, S. (2017). Perceptions of Gambling in Tamil and Chinese Communities in Australia: The Role of Saving Face in Perpetuating Gambling Stigma and Hindering Help Seeking. *Journal of Gambling Issues*, *34*. https://doi.org/10.4309/jgi.2016.34.5
[85] Bramley, S., Norrie, C., Wardle, H., Manthorpe, J., & Lipman, V. (2020). *Gambling-Related Harm Among Recent Migrant Communities in the UK: Responses to a 21st Century Urban Phenomenon*.

partner violence, or criminalisation.[86] Patriarchal norms and culturally defined gender roles were found to limit women's ability to speak about and address gambling harms in their families, especially for women living in small communities.[87]

While stigma often acts as a barrier to help-seeking, there was also evidence of people experiencing high levels of stigma seeking treatment. [88,89] This could suggest that stigma motivates some people to seek treatment but could also indicate that the process of accessing treatment can exacerbate stigma for some.[90, 91]

Recommendations from the literature, for facilitating treatment and support seeking as well as maximising the effectiveness of support, included: normalising help-seeking and preparing people to cope with potential 'relapse' through counselling;[92] drawing on peer support and shared experiences to help tackle stigma faced by women in particular;[93] promoting positive attitudes towards seeking professional psychological help;[94] and fostering mutual trust and commitment with counsellors.[95]

Recommendations for services and interventions to tackle stigmatisation and discrimination

Many of the studies reviewed concluded that educational and public awareness interventions are needed to tackle stigma and improve access to services. These should be evidence-based, informed by relevant stigma and discrimination frameworks,[96] should draw on the wisdom of those with lived experience of gambling harms[97] and of peer support or advocacy,[98,99] and should be carefully monitored and evaluated.[100]

[86] Hing, N., & Russell, A. M. T. (2017). Psychological factors, sociodemographic characteristics, and coping mechanisms associated with the self-stigma of problem gambling. *Journal of Behavioral Addictions*, *6*(3), 416–424. https://doi.org/10.1556/2006.6.2017.056
[87] Collard, S., Davies, S., & Fannin, M. (2022). *Women's Experiences of Gambling and Gambling Harm: A Rapid Evidence Assessment*.
[88] Horch, J. D., & Hodgins, D. C. (2015). Self-stigma coping and treatment-seeking in problem gambling. *International Gambling Studies*, *15*(3), 470–488. https://doi.org/10.1080/14459795.2015.1078392
[89] Hing, N., Russell, A., Nuske, E., & Gainsbury, S. (2015). *The stigma of problem gambling: Causes, characteristics and consequences*.
[90] Horch, J. D., & Hodgins, D. C. (2015). Self-stigma coping and treatment-seeking in problem gambling. *International Gambling Studies*, *15*(3), 470–488. https://doi.org/10.1080/14459795.2015.1078392;
[91] Hing, N., Russell, A., Nuske, E., & Gainsbury, S. (2015). *The stigma of problem gambling: Causes, characteristics and consequences*.
[92] Hing, N., Russell, A., Nuske, E., & Gainsbury, S. (2015). *The stigma of problem gambling: Causes, characteristics and consequences*.
[93] McCarthy, S., Pitt, H., Bellringer, M. E., & Thomas, S. L. (2023). Strategies to prevent and reduce gambling harm in Australian women. *Drugs: Education, Prevention and Policy*, *30*(2), 204–214. https://doi.org/10.1080/09687637.2021.1973963
[94] Horch, J. D., & Hodgins, D. C. (2015). Self-stigma coping and treatment-seeking in problem gambling. *International Gambling Studies*, *15*(3), 470–488. https://doi.org/10.1080/14459795.2015.1078392
[95] Matheson, F. I., Hamilton-Wright, S., Hahmann, T., McLuhan, A., Tacchini, G., Wendaferew, A., & Dastoori, P. (2022). Filling the GAP: Integrating a gambling addiction program into a shelter setting for people experiencing poverty and homelessness. *PLOS ONE*, *17*(3), e0264922. https://doi.org/10.1371/journal.pone.0264922
[96] Pliakas, T., Stangl, A., & Siapka, M. (2022). *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain*.
[97] Guilcher, S. J. T., Hamilton-Wright, S., Skinner, W., Woodhall-Melnik, J., Ferentzy, P., Wendaferew, A., Hwang, S. W., & Matheson, F. I. (2016). "Talk with me": perspectives on services for men with problem gambling and housing instability. *BMC Health Services Research*, *16*(1), 340. https://doi.org/10.1186/s12913-016-1583-3
[98] Miller, H. E., Thomas, S. L., & Robinson, P. (2018). From problem people to addictive products: a qualitative study on rethinking gambling policy from the perspective of lived experience. *Harm Reduction Journal*, *15*(1), 16. https://doi.org/10.1186/s12954-018-0220-3
[99] Miller, H. E., & L. 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 & Theory*, *26*(2), 85–94. https://doi.org/10.1080/16066359.2017.1332182
[100] Thomas, S., Bestman, A., Pitt, H., David, J., & Thomas, S. (2016). *Lessons for the Development of Initiatives to tackle the Stigma Associated with Problem Gambling*.

Recommendations included interventions targeted at the public in general;[101,102,103] people from ethnic minority communities;[104] health professionals and other service providers;[105,106,107] and military personnel in Great Britain.[108]Recommendations included interventions targeted at the public in general;[109,110,111,112] people from ethnic minority communities;[113] health professionals and other service providers;[114,115,116] and military personnel in Great Britain.[117] Peer support and/or mentoring was identified as a valuable means of breaking down stigma and encouraging people experiencing gambling to engage in treatment,[118,119] as well as a way of reducing the social isolation and stigma that affected others experience.[120]

In terms of services, integrated, person-centred services featuring respectful and non-judgmental communication were recommended – for example, offering support with mental health and life skills alongside gambling harms support.[121] Several studies highlighted the importance of individualised treatment and support services for people who may be experiencing a complex range of challenges alongside gambling harms,[122,123] such as inter-

[101] Pliakas, T., Stangl, A., & Siapka, M. (2022). *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain*
[102] Banks, J., Andersson, C., Best, D., Edwards, M., & Waters, J. (2018). *Families Living with Problem Gambling: Impacts, Coping Strategies and Help-Seeking*
[103] Baxter, A., Salmon, C., Dufresne, K., Carasco-Lee, A., & Matheson, F. I. (2016). Gender differences in felt stigma and barriers to help-seeking for problem gambling. *Addictive Behaviors Reports*, *3*, 1–8. https://doi.org/10.1016/j.abrep.2015.10.001
[104] Radermacher, H., Dickins, M., Anderson, C., & Feldman, S. (2017). Perceptions of Gambling in Tamil and Chinese Communities in Australia: The Role of Saving Face in Perpetuating Gambling Stigma and Hindering Help Seeking. *Journal of Gambling Issues*, *34*. https://doi.org/10.4309/jgi.2016.34.5
[105] Guilcher, S. J. T., Hamilton-Wright, S., Skinner, W., Woodhall-Melnik, J., Ferentzy, P., Wendaferew, A., Hwang, S. W., & Matheson, F. I. (2016). "Talk with me": perspectives on services for men with problem gambling and housing instability. *BMC Health Services Research*, *16*(1), 340. https://doi.org/10.1186/s12913-016-1583-3
[106] 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. https://doi.org/10.1080/14459795.2015.1092566;
[107] Hing, N., Russell, A., Nuske, E., & Gainsbury, S. (2015). *The stigma of problem gambling: Causes, characteristics and consequences*; Bramley, S., Norrie, C., Wardle, H., Manthorpe, J., & Lipman, V. (2020). *Gambling-Related Harm Among Recent Migrant Communities in the UK: Responses to a 21st Century Urban Phenomenon*.
[108] Kalbfleisch, L., Leon, C., Baxter, C., & Young, M. (2021). *Safer Gambling Information Project: Enhancing Accessibility of Safer Gambling Information Among Military Personnel and Veterans in Great Britain*.
[109] Pliakas, T., Stangl, A., & Siapka, M. (2022). *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain*
[110] Banks, J., Andersson, C., Best, D., Edwards, M., & Waters, J. (2018). *Families Living with Problem Gambling: Impacts, Coping Strategies and Help-Seeking*
[111] Thomas, S., Bestman, A., Pitt, H., David, J., & Thomas, S. (2016). *Lessons for the Development of Initiatives to tackle the Stigma Associated with Problem Gambling*
[112] Baxter, A., Salmon, C., Dufresne, K., Carasco-Lee, A., & Matheson, F. I. (2016). Gender differences in felt stigma and barriers to help-seeking for problem gambling. *Addictive Behaviors Reports*, *3*, 1–8. https://doi.org/10.1016/j.abrep.2015.10.001
[113] Radermacher, H., Dickins, M., Anderson, C., & Feldman, S. (2017). Perceptions of Gambling in Tamil and Chinese Communities in Australia: The Role of Saving Face in Perpetuating Gambling Stigma and Hindering Help Seeking. *Journal of Gambling Issues*, *34*. https://doi.org/10.4309/jgi.2016.34.5
[114] Guilcher, S. J. T., Hamilton-Wright, S., Skinner, W., Woodhall-Melnik, J., Ferentzy, P., Wendaferew, A., Hwang, S. W., & Matheson, F. I. (2016). "Talk with me": perspectives on services for men with problem gambling and housing instability. *BMC Health Services Research*, *16*(1), 340. https://doi.org/10.1186/s12913-016-1583-3
[115] 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. https://doi.org/10.1080/14459795.2015.1092566;
[116] Hing, N., Russell, A., Nuske, E., & Gainsbury, S. (2015). *The stigma of problem gambling: Causes, characteristics and consequences*; Bramley, S., Norrie, C., Wardle, H., Manthorpe, J., & Lipman, V. (2020). *Gambling-Related Harm Among Recent Migrant Communities in the UK: Responses to a 21st Century Urban Phenomenon*.
[117] Kalbfleisch, L., Leon, C., Baxter, C., & Young, M. (2021). *Safer Gambling Information Project: Enhancing Accessibility of Safer Gambling Information Among Military Personnel and Veterans in Great Britain*.
[118] Guilcher, S. J. T., Hamilton-Wright, S., Skinner, W., Woodhall-Melnik, J., Ferentzy, P., Wendaferew, A., Hwang, S. W., & Matheson, F. I. (2016). "Talk with me": perspectives on services for men with problem gambling and housing instability. *BMC Health Services Research*, *16*(1), 340. https://doi.org/10.1186/s12913-016-1583-3
[119] Baxter, A., Salmon, C., Dufresne, K., Carasco-Lee, A., & Matheson, F. I. (2016). Gender differences in felt stigma and barriers to help-seeking for problem gambling. *Addictive Behaviors Reports*, *3*, 1–8. https://doi.org/10.1016/j.abrep.2015.10.001
[120] Whitty, M., & Paterson, M. (2019). *Gambling Support Study: understanding gambling harm experienced by female affected others*.
[121] Guilcher, S. J. T., Hamilton-Wright, S., Skinner, W., Woodhall-Melnik, J., Ferentzy, P., Wendaferew, A., Hwang, S. W., & Matheson, F. I. (2016). "Talk with me": perspectives on services for men with problem gambling and housing instability. *BMC Health Services Research*, *16*(1), 340. https://doi.org/10.1186/s12913-016-1583-3
[122] Pliakas, T., Stangl, A., & Siapka, M. (2022). *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain*
[123] Holdsworth, L., & Tiyce, M. (2012). Exploring the Hidden Nature of Gambling Problems among People Who Are Homeless. *Australian Social Work*, *65*(4), 474–489. https://doi.org/10.1080/0312407X.2012.689309

personal violence, homelessness, 'relapse', or mental health crisis.[124] Several studies highlighted the importance of individualised treatment and support services for people who may be experiencing a complex range of challenges alongside gambling harms,[125,126,127] such as inter-personal violence, homelessness, 'relapse', or mental health crisis.[128,129] There was a lack of consensus around the most appropriate way of framing gambling harms during treatment, with some believing it could be helpful or empowering to focus on the individual's ability to control and recover from gambling harms, while others felt this message around 'responsible gambling' added to stigma by blaming individuals if they could not control their level of gambling.[130] A less stigmatising approach may be for harm reduction models of controlled gambling to focus on the harms of gambling products – tying in with a public health approach.[131]

Authors of many studies recommended taking a public health approach to gambling harms campaigns,[132,133,134] including those directed towards 'affected others',[135,136] as an important first step to de-stigmatising harms and promoting help-seeking.[137,138] The importance of 'de-normalising' the gambling industry (e.g. by removing products from community spaces) and focusing instead on the risks associated with gambling products has also been emphasised.[139]

[124] Suomi, A., O'Dwyer, C., Sbisa, A., Metcalf, O., Couineau, A., 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. https://doi.org/10.1002/ajs4.256
[125] Pliakas, T., Stangl, A., & Siapka, M. (2022). *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain*
[126] Holdsworth, L., & Tiyce, M. (2012). Exploring the Hidden Nature of Gambling Problems among People Who Are Homeless. *Australian Social Work*, *65*(4), 474–489. https://doi.org/10.1080/0312407X.2012.689309
[127] 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. https://doi.org/10.1007/s10899-016-9663-1
[128] Suomi, A., O'Dwyer, C., Sbisa, A., Metcalf, O., Couineau, A., 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. https://doi.org/10.1002/ajs4.256
[129] Collard, S., Davies, S., & Fannin, M. (2022). *Women's Experiences of Gambling and Gambling Harm: A Rapid Evidence Assessment*.
[130] Hing, N., Russell, A., Nuske, E., & Gainsbury, S. (2015). *The stigma of problem gambling: Causes, characteristics and consequences*.
[131] Browne. M., Langham, E., Rawat, V., Greer, N., Li, E., Rose, J., Rockloff, M., Donaldson, P., Thorne, H., Goodwin, B., & Bryden., G. (2016). *Assessing gambling-related harm in Victoria: A public health perspective.*
[132] Miller, H. E., Thomas, S. L., & Robinson, P. (2018). From problem people to addictive products: a qualitative study on rethinking gambling policy from the perspective of lived experience. *Harm Reduction Journal*, *15*(1), 16. https://doi.org/10.1186/s12954-018-0220-3
[133] Bramley, S., Norrie, C., Wardle, H., Manthorpe, J., & Lipman, V. (2020). *Gambling-Related Harm Among Recent Migrant Communities in the UK: Responses to a 21st Century Urban Phenomenon*
[134] van Schalkwyk, M. C., Maani, N., McKee, M., Thomas, S., Knai, C., & Petticrew, M. (2021). "When the Fun Stops, Stop": An analysis of the provenance, framing and evidence of a 'responsible gambling' campaign. *PLOS ONE*, *16*(8), e0255145. https://doi.org/10.1371/journal.pone.0255145
[135] Whitty, M., & Paterson, M. (2019). *Gambling Support Study: understanding gambling harm experienced by female affected others*
[136] Banks, J., Andersson, C., Best, D., Edwards, M., & Waters, J. (2018). *Families Living with Problem Gambling: Impacts, Coping Strategies and Help-Seeking.*
[137] Carroll, A., Rodgers, B., Davidson, T., & Sims, S. (2013). *Stigma and Help-Seeking for Gambling Problems*
[138] Kalbfleisch, L., Leon, C., Baxter, C., & Young, M. (2021). *Safer Gambling Information Project: Enhancing Accessibility of Safer Gambling Information Among Military Personnel and Veterans in Great Britain*.
[139] McCarthy, S., Pitt, H., Bellringer, M. E., & Thomas, S. L. (2023). Strategies to prevent and reduce gambling harm in Australian women. *Drugs: Education, Prevention and Policy*, *30*(2), 204–214. https://doi.org/10.1080/09687637.2021.1973963

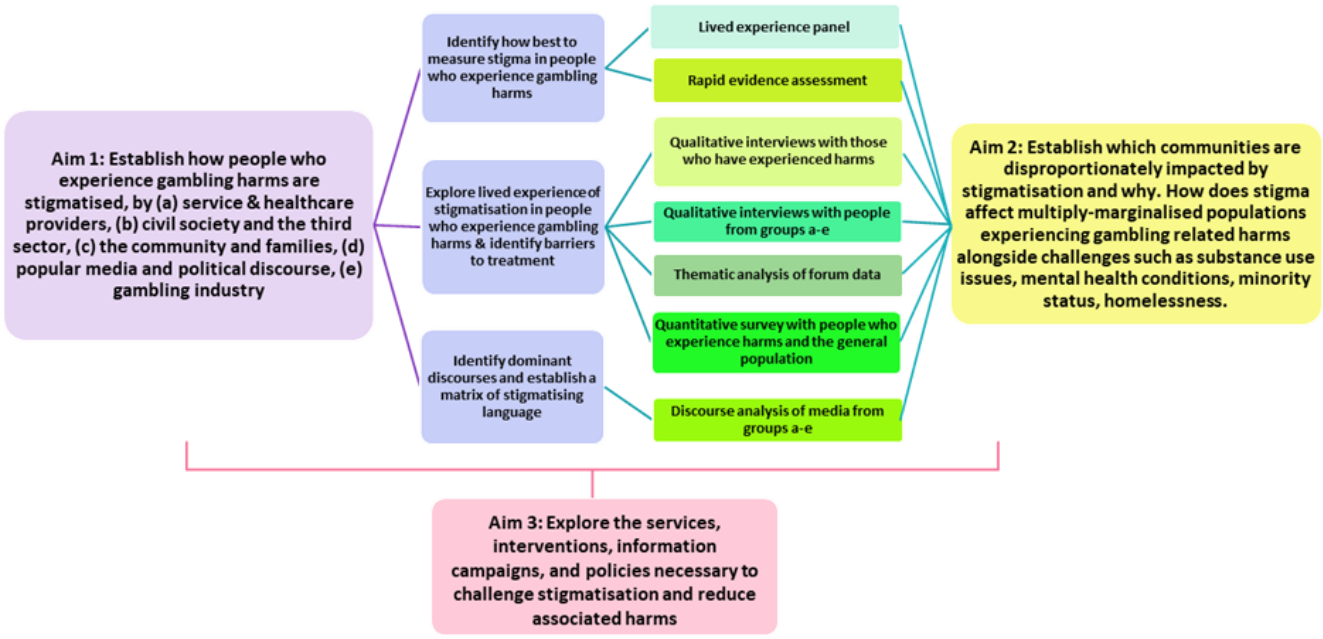
3. Data collection and analysis methods

3.1 Overview

Full details of the methodologies used, including rationales for the approaches taken, are available within the reports on each individual empirical study. Our mixed methods approach, including quantitative and qualitative analysis; and analysis of naturalistic data from online forums; and discourse analysis of media from a variety of sources, enabled us to address the research question from a range of angles, with each study providing a different kind of information, which we synthesise in this report. Furthermore, the mixed methods approach ensures that limitations of certain methodologies (e.g. the lack of information about participant characteristics available when analysing forum data; the subjectivity inherent in discourse analysis; or the lack of depth available when using closed questions in large scale surveys) are offset by the use of alternative methodologies, with divergent and therefore complementary strengths and limitations.

Figure 3, below, summarises how the study was designed in order to explore the key research questions from these different perspectives and using these varied methods.

Figure 3: Overview of methodological approaches and how they contribute to addressing the core research aims



All the studies described below were carried out in line with the British Psychological Society's code of ethics;[140] and received formal ethical review and approval from The School of Psychology Ethics Committee at the University of Wolverhampton and/or the Ethics Committee at the National Centre for Social Research.

[140] British Psychological Society. (2018). British Psychological Society Code of Ethics and Conduct. In *British Psychological Society. (2018). Code of Ethics and Conduct. British Psychological Society. Retrieved from https://www.bps.org.uk/guideline/code-ethics-and-conduct*.

3.2 Forum analysis

In order to gain insights into the views and experiences of people with lived experience of gambling harms, we gathered secondary data from several UK-based online peer support forums for gambling harms in the public domain. This is a useful way of learning more about something by examining people's interactions/discussions within a naturalistic online environment (i.e. the online forum), and can be particularly valuable when exploring sensitive topics, which people may find difficult to speak about to a researcher in a formal setting.[141] In collecting and processing the data, we adhered to the ethical guidance for Internet Mediated Research from the British Psychological Society.[142]

Using keywords to help us identify discussions touching upon experiences related to stigmatisation and discrimination, we selected a sample of 27 recent (past 6-months) 'threads' (i.e. original posts and all the responses to them), comprised of 389 individual posts (approx. 49,000 words of interaction, in total).

Other than approaching this data with the broad objective of understanding stigmatisation and discrimination, we analysed it from an open-minded, inductive perspective, rather than predefining what we expected to learn. We used thematic analysis[143] (following the six steps of Braun and Clarke) to identify key 'themes' (or reoccurring, salient features) within the experiences and opinions of people who engaged in the discussions.

3.3 Survey

We worked with GambleAware and YouGov to insert questions related to stigmatisation and discrimination into the August 2023 data collection wave of GambleAware's annual 'Treatment and Support Survey' (administered by YouGov). This allowed us to gather data on experiences of stigmatisation and discrimination, and how they relate to other important factors such as demographic characteristics and treatment and support seeking, in a large, nationally representative sample. We had access to two datasets: the main dataset of 3,276 individuals' responses (weighted to be representative of the GB general population) and a 'boost' sample of 796 GB adults who had gambled in the last 12 months and reported some level of gambling harm. Full details of the methodology, analysis and results are available in a separate GambleAware report.

In addition to core questions on gambling participation over the last 12 months, and the Problem Gambling Severity Index (PGSI),[144] a range of scales were used to measure stigmatising and discriminatory attitudes to people who gamble, and participants completed different measures depending on their experience of gambling. Participants who had gambled in the last 12 months completed the Gambling Experienced Stigma Scale (GESS)[145] and the Gambling Internalised Stigma Scale (GISS; developed for this study based on the ISMI-9)[146] which both seek to measure experienced stigma and self-stigma related to gambling. Participants who said they had been affected by other people's gambling completed the Affected Others Experienced Stigma Scale (AOESS) – a scale we developed based on the GESS, which seeks to measure stigma experienced by individuals as a result of other people's gambling ('associated stigma'). All participants completed the Gambling

[141] Smedley, R. M., & Coulson, N. S. (2021). A practical guide to analysing online support forums. *Qualitative Research in Psychology*, *18*(1), 76–103. https://doi.org/10.1080/14780887.2018.1475532
[142] Society, B. P. (2017). Ethics Guidelines for Internet-mediated Research. *British Psychological Society*. https://beta.bps.org.uk/sites/beta.bps.org.uk/files/Policy - Files/Ethics Guidelines for Internet-mediated Research %282017%29.pdf
[143] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.
[144] Wynne, H., Ferris, J., & Wynne, H. (2001). The Canadian Problem Gambling Index : Final report. *Canadian Centre on Substance Abuse*, 38. https://doi.org/10.1007/s10899-010-9224-y
[145] 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*, 163. https://doi.org/10.4309/jgi.2015.31.8
[146] Hammer, J. H., & Toland, M. D. (2017). Internal structure and reliability of the Internalized Stigma of Mental Illness Scale (ISMI-29) and Brief Versions (ISMI-10, ISMI-9) among Americans with depression. *Stigma and Health*, *2*(3), 159–174. https://doi.org/10.1037/sah0000049

Perceived Stigma Scale (GPSS)[147] which aims to measure the perception of stigma at a societal level from the general population; and the Intersectional Discrimination Index (InDIdi-D)[148] which measures day-to-day intersectional discrimination without attributing that discrimination to any specific characteristic such as ethnicity or sexuality. Vignettes (short stories about hypothetical individuals, based on prior studies)[149] followed by multiple choice questions, were also used to gauge people's attitudes towards people experiencing gambling harms (e.g. their 'desire for social distance') and were asked of all participants.

In addition to calculating descriptive statistics, we carried out a variety of statistical tests (including chi-squares, ANOVAs and regression) to explore where effects observed in the data, such as differences in levels of stigma experienced by different groups, were statistically significant, i.e. mathematically unlikely to have occurred by chance.

3.4 Qualitative interviews

We carried out in-depth semi-structured qualitative interviews with 35 people with lived experience of gambling harms, and 24 people from a variety of stakeholder groups, between October 2023 and March 2024. Full details of the qualitative interview study can be found in the accompanying report. We recruited participants through a mix of social media advertising, approaching relevant gatekeepers and stakeholders, and physical advertisements in the form of posters at universities. Basic characteristics of the participants with lived experience are summarised in Table 1.

Table 1: Characteristics of 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

Stakeholders were selected to represent a variety of key sectors who would be expected to have some degree of interaction with people who experience gambling harms. This encompassed family and friends of people who experience gambling harm ('affected others'), people working in the third sector in gambling treatment/support roles (e.g. people working at gambling support charities); stakeholders in non-therapeutic service provider roles (e.g. public sector workers; politicians); and people who work in the gambling industry and for gambling

[147] 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*, 163. https://doi.org/10.4309/jgi.2015.31.8
[148] Scheim, A. I., & Bauer, G. R. (2019). The Intersectional Discrimination Index: Development and validation of measures of self-reported enacted and anticipated discrimination for intercategorical analysis. *Social Science & Medicine*, *226*, 225–235. https://doi.org/10.1016/j.socscimed.2018.12.016
[149] Hing, N., Russell, A. M. T., & Gainsbury, S. M. (2016). Unpacking the public stigma of problem gambling: The process of stigma creation and predictors of social distancing. *Journal of Behavioral Addictions*, *5*(3), 448–456. https://doi.org/10.1556/2006.5.2016.057

operators (in a variety of roles). The composition of the sample of stakeholders is summarised in Table 2. The topics covered within the interviews are summarised in Table 3.

Table 2: Composition of 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

Table 3: Topics covered in qualitative interviews

Interviews with people with lived experience of gambling harms	Interviews with other stakeholders
Experiences of gambling activity and harms	Experiences of gambling harms (where relevant; some had lived experience)
Experiences of stigma and discrimination	Experiences witnessing stigma and discrimination
Access to and experiences of treatment and support	Beliefs about treatment provision for gambling harms
Views on stigma and discrimination in broader society	Views on stigma and discrimination in broader society
	Beliefs about the nature, origin and disruptiveness of gambling harms
	Beliefs about people who experience gambling harms

After interviews were transcribed (with participants' consent), we used the Framework approach developed by NatCen[150] to manage and analyse the data. This involves organising the data into matrices that support a nuanced thematic analysis that considers phenomena at the individual and group level and facilitates the researcher in drawing out and understanding any salient differences in the types of experiences across groups.

[150] Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (2014). *Qualitative research practice: A guide for social science students and researchers*. Sage.

Data from the lived experience and stakeholder interviews were analysed separately, before also considering how the insights from each analysis informed one another.

3.5 Discourse analysis

In order to explore the ways in which people who experience gambling harms are constructed – that is, the various ways they are established, understood, and perceived - within contemporary society in Great Britain, we began by identifying three diverse recent 'events' with relevance to gambling harms. The events we chose were informed by evaluation of a variety of potential events by the research team, using a bespoke scoring template to ensure a diversity of topics that were discussed in a broad array of public spaces, and that were additionally of clear relevance to our area of research:

1. 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, along with footage of interviews with researchers and 'affected others'), broadcast on 11th October, 2021 (BBC1) and 3rd November, 2021 (BBC2).
2. The publication of the government white paper relating to the gambling act review, in April 2023 (High stakes: gambling reform for the digital age - GOV.UK (www.gov.uk)).
3. The representation of gambling harms in a storyline in the popular BBC soap opera 'Eastenders', broadcast from October 2023 to January 2024 – featuring a man who experienced gambling harms (particularly sports betting in a bookmakers), which he concealed from his family, and which led to debts and a criminal conviction due to arson and insurance fraud.

This was to allow us to explore how people respond to a variety of different representations of, and discussions about, people who experience gambling harms. We then identified a selection of relevant places from which to gather data, to secure examples of content read, viewed, or created by people within the general population in Great Britain. We did this by drawing on existing knowledge of the research team, online searches, and discussions with our panel of people with lived experience of gambling harms. We targeted our sampling to ensure we captured material from all the sectors of interest (i.e. the gambling industry; popular media; political discourse; service and healthcare providers; civil society and the third sector; and community and families). After identifying a longlist of potential sources, 4-6 members of the research team read and rated each potential source (for usefulness and relevance), and we generated a shortlist of sources for detailed analysis, summarised in Table 4.

Table 4: Summary of materials included in the discourse analysis

Event	Sector	Types of sources	No. of sources
Publication of gambling Act White Paper	Gambling industry	1 text-only news article, 2 video transcripts + associated public comments	6
	Popular media	4 text-only news articles + associated public comments, 3 text-only news articles, 6 videos + associated public comments	13
	Political discourse	2 text-only formal articles, 1 text-only transcript of Gov. discussion, 2 text-only formal article press statements, 1 video + associated public comments	6
	Service & healthcare providers	3 text-only formal articles, 2 video transcripts	5

	Civil society and the third sector	3 press statements, 1 video transcript + associated public comments	4
	Community and families	1 text-only news article, 2 text-only news articles + associated public comments, 1 text-only online forum thread, 7 videos + associated public comments	11
Airing of BBC documentary 'Football, gambling and me'	Popular media	5 text-only media articles	5
	Service & healthcare providers	4 text-only formal articles	4
	Civil society and the third sector	1 text-only media article	1
	Community and families	6 text-only forum threads, 1 video transcript	7
'Eastenders' gambling harms storyline	Popular media	6 text-only media articles	6
	Community and families	1 video, 1 video + associated public comments, 3 tweet complications (90 tweets in total), 1 text only forum thread, 1 blog post	7

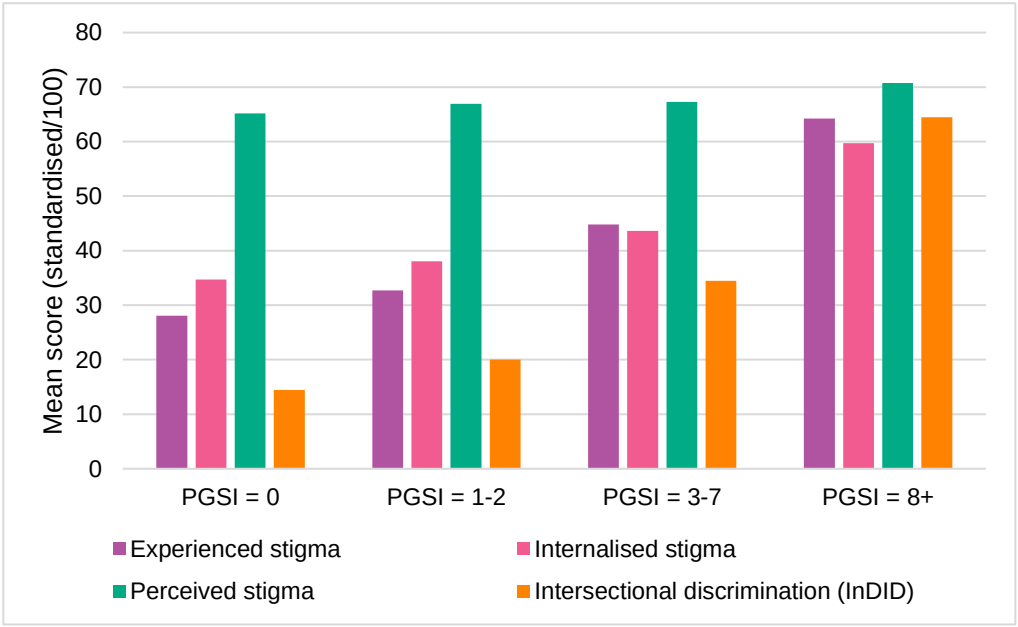
Line-by-line coding was then carried out for each source, with a dual focus on (1) identifying prevalent, overarching constructions of (or ways of speaking about or portraying) people experiencing gambling harms, and (2) identifying linguistic devices or specific language contributing to stigmatising constructions. Within discourse analysis it is important to consider meanings or implications within the data that may not be explicit at the surface level, so analysis involved paying careful attention to potential implicit or latent messages. The research team had several consensus meetings to discuss coding, and how codes came together to shed light on what the key constructions of people who experience gambling harms were.

4. Lived experience of stigmatisation and discrimination in people who have experienced ambling harms

4.1 Experiences and impact of stigmatisation and discrimination

From people's reports about their own experiences within the survey, using validated quantitative measures, and analysed through inferential statistics, we found clear evidence of experienced, internalised, and perceived stigma and discrimination amongst people who experience gambling harms. Full details of statistical analysis and results are available in the accompanying report on the quantitative survey. As illustrated in Figure 4, those reporting greater levels of gambling harm experienced significantly ($p<.05$) higher levels of stigmatisation and discrimination, with particularly high levels amongst those experiencing a high level of problems from gambling (i.e. PGSI scores of 8+). Scores on these measures were significantly correlated ($p<.05$) with one another, especially experienced and internalised stigma, indicating that people's experience of feeling/being stigmatised likely feeds into self-stigmatisation – consistent with findings from other studies.[151]

Figure 4: Stigmatisation and discrimination reported by participants at different levels of 'problem gambling' severity



Stigma had an adverse impact on people, being significantly ($p<.05$) linked with psychological distress – consistent with the wider literature.[152] People with lived experience of gambling harm described, in interviews, how stigma and discrimination had a variety of negative impacts on their mental health, including depression, stress, low self-esteem and reduced confidence – again, consistent with findings from previous studies.[153]

[151] Hing, N., & Russell, A. M. T. (2017). How Anticipated and Experienced Stigma Can Contribute to Self-Stigma: The Case of Problem Gambling. *Frontiers in Psychology*, *08*. https://doi.org/10.3389/fpsyg.2017.00235
[152] Hing, N., & Russell, A. M. T. (2017). Psychological factors, sociodemographic characteristics, and coping mechanisms associated with the self-stigma of problem gambling. *Journal of Behavioral Addictions*, *6*(3), 416–424. https://doi.org/10.1556/2006.6.2017.056
[153] 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. https://doi.org/10.1080/14459795.2015.1092566

Some people in interviews, and within the online forums we analysed, described how experienced stigma impacted on their relationships, for example where a partner or family member believed people who experience gambling harm are 'selfish', and reacted to gambling harms with reduced trust, respect or sympathy, and sometimes with resentment or reluctance to offer support. This sometimes culminated in breakdown of the relationship – again, consistent with other studies' findings.[154]

Some people described being ostracised by individuals or groups outside of their close relationships, with instances where they had encountered stigma and discrimination in institutional settings, including in workplaces and the criminal justice system. Examples included colleagues at work making judgements about participants based on stereotypes about people who experience gambling harms, leading to differential treatment in the form of reduced opportunities; and workers within the criminal justice system holding stereotypical views of people experiencing gambling harms leading to negative assumptions about them. This builds on previous research demonstrating that fear of workplace discrimination discourages people from disclosing gambling harms to employers.[155] Very few studies have specifically explored perceptions of people experiencing gambling harms within the criminal justice system,[156] and while a small number of studies have explored gambling in the workplace,[157] the focus has not been on stigma. Therefore, it will be important in future work to learn more about stigmatisation and discrimination within these settings. Several participants had not disclosed gambling harms to their employers or colleagues, due to concern that they would come to experience stigmatisation as a result (anticipated stigma), which is important to bear in mind when interpreting prevalence of experienced stigma in such settings.

Many also spoke about self-stigma or expressed beliefs or feelings which indirectly illustrated that they were experiencing internalised stigma. Some interview participants believed that the gambling harms they had experienced were attributable to character flaws, and meant they were a 'bad' or 'weak' person, or inferior to people who didn't experience harms or were able to recover easily from them. Forum users frequently used stigmatising language emphasising characteristics like this, as in the quote below, where the poster could not reconcile the idea of being intelligent with experiencing gambling harms, leading to a stereotyped, negative self-perception. Feelings of shame and humiliation, and low self-esteem – particularly connected to financial harms and the impact of these on their families – were also common.

"At face value to people I'm seen as an 'intelligent' young man yet I'm clearly the opposite" – **Forum poster with lived experience of gambling harm**

Several people used the metaphor of being 'clean' to describe abstaining from gambling, with the implication that when experiencing gambling harms, they saw themselves as 'dirty'. Use of words that compare abstinence to cleanliness, which have been discussed in detail in relation to substance use,[158,159] position people who are

[154] Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2015). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, *16*(1), 80. https://doi.org/10.1186/s12889-016-2747-0
[155] Hing, N., Holdsworth, L., Tiyce, M., & Breen, H. (2014). Stigma and problem gambling: current knowledge and future research directions. *International Gambling Studies*, *14*(1), 64–81. https://doi.org/10.1080/14459795.2013.841722
[156] Page, S., Turner, J., Plimley, S., & Bratt, S. (2021). Collaboration in conducting research: reflections on a mixed methods online data collection study with sentencers pertaining to their knowledge and experiences of sentencing those with gambling problems committed crimes. *ECAN Bulletin*, *49*, 24–37.
[157] Binde, P. (2016). Preventing and responding to gambling-related harm and crime in the workplace. *Nordic Studies on Alcohol and Drugs*, *33*(3), 247–266. https://doi.org/10.1515/nsad-2016-0020
[158] Wilson, H. (2020). How stigmatising language affects people in Australia who use tobacco, alcohol and other drugs. *Australian Journal of General Practice*, *49*(3), 155–158
[159] Wakeman, S. E. (2019). The Language of Stigma and Addiction. In *The Stigma of Addiction* (pp. 71–80). Springer International Publishing. https://doi.org/10.1007/978-3-030-02580-9_5

experiencing gambling harms as violating basic societal expectations of cleanliness and acceptability, implying that they are deserving of people's disapproval or disgust. All these experiences of self-stigma related to gambling harms are consistent with previous findings.[160]

Anticipated stigma was frequently reported, with many participants in the interviews as well as posters on the forums describing feeling 'nervous' or 'scared' of telling people about their experience of gambling harms, due to fear of being judged negatively or treated differently. In some cases, this was exacerbated by having encountered stigma or discrimination previously. However, even participants who had never disclosed gambling harms reported experiencing anticipated stigma, as an awareness of general societal stigmatisation of gambling harms led them to expect negative judgement in the future, if/when other people learned that they had experienced such harms. Again, this is consistent with other studies.[161] Within the forum posts, it was particularly noticeable that self-stigma fed into anticipated stigma, with people expecting others to judge them as harshly as they judged themselves. While anticipated stigma was prevalent, this was not always realised, and several people described experiencing more positive, non-stigmatising reactions than they had expected when they did tell people about the gambling harm they were experiencing.

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[160] 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. https://doi.org/10.1080/14459795.2015.1092566
[161] Dąbrowska, K., & Wieczorek, Ł. (2020). Perceived social stigmatisation of gambling disorders and coping with stigma. *Nordic Studies on Alcohol and Drugs*, *37*(3), 279–297. https://doi.org/10.1177/1455072520902342
[162] Wilson, H. (2020). How stigmatising language affects people in Australia who use tobacco, alcohol and other drugs. *Australian Journal of General Practice*, *49*(3), 155–158
[163] Wakeman, S. E. (2019). The Language of Stigma and Addiction. In *The Stigma of Addiction* (pp. 71–80). Springer International Publishing. https://doi.org/10.1007/978-3-030-02580-9_5
[164] 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. https://doi.org/10.1080/14459795.2015.1092566
[165] Dąbrowska, K., & Wieczorek, Ł. (2020). Perceived social stigmatisation of gambling disorders and coping with stigma. *Nordic Studies on Alcohol and Drugs*, *37*(3), 279–297. https://doi.org/10.1177/1455072520902342

4.2 Experiences of stigmatisation and discrimination amongst different groups

The self-report survey data from those who had experienced gambling-related harms indicated that people in several groups were at particular risk of stigma. The qualitative interviews provided further insights into ways in which experienced stigma or discrimination was influenced by other life experiences or aspects of people's identity, resulting in unique experiences of stigmatisation and discrimination for different groups.

Within the interviews, **women with experience of gambling harms** described encountering greater stigma than they felt their male peers did (and several male participants also bore witness to this), including within treatment settings. For some, this was driven by the stereotype that it is men who experience the most severe gambling harms, and that women aren't likely to be experiencing 'serious' problems, or to really need support.

"People would understand a man being addicted to gambling, but not so much a woman… like, people were just, "How have you got a gambling addiction?" – **Female interview participant with lived experience of gambling harms**

Another factor was that traditional gender roles position women as primary caregivers (particularly, mothers), meaning that they are subject to harsh judgement if they are perceived to be behaving in a way that is not responsible or in the best interests of their family. This echoes findings from research into the stigmatisation of people who use drugs, where qualitative studies indicate that 'stigma can be amplified… due to higher moral standards society has for women compared to men'.[166]

The survey data showed experienced stigma was similar across men and women with low to moderate scores on the PGSI, but that it rose steeply amongst women experiencing a high level of problems from gambling (PGSI scores of 8+), indicating that when gambling harms are severe, women encounter particularly high levels of stigma. A recent review discusses many of these issues in relation to women and gambling in Great Britain; and summarises several studies that found similar effects to those we observed.[167]

Our survey data showed that **single people** (those who were 'single', 'separated', 'divorced', or 'widowed') reported higher experienced stigma than those in a relationship, suggesting that having a partner may provide some protection against stigma. However, it is worth noting that gambling harms resulted in difficulties within relationships for several participants – in some cases causing their breakdown. Further research into whether and how relationships might protect against stigma, and how 'affected others' can manage their own needs whilst supporting someone experiencing gambling harms, would be valuable to shed further light on this.

While being in a relationship was associated with less stigma than being single, we also found increased stigmatisation **of people from larger households, and households with children in them**. Within the survey, those who came from a household with 2 or more other people reported more experienced (and more internalised) stigma than those who lived alone or with just one other person. This is likely to be driven by the fact that larger households typically contain children, as we also found that those who came from a household with one or more children reported more experienced (and internalised) stigma than those who lived in a household without children present. This further illustrates how people who experience gambling harms can be particularly stigmatised when they hold a position of familial responsibility. While we did not specifically explore experiences of single mothers, the fact that stigma was elevated in women experiencing high levels of gambling harm, in people with parental responsibility, and in single people, it is likely that single mothers are at particularly

[166] 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. https://doi.org/10.1016/j.drugalcdep.2021.108706

[167] Fannin, M., Collard, S., & Davies, S. (2024). Power, intersectionality and stigma: Informing a gender- and spatially-sensitive public health approach to women and gambling in Great Britain. *Health & Place*, *86*, 103186. https://doi.org/10.1016/j.healthplace.2024.103186

high risk of stigmatisation when experiencing gambling harms. This is also supported by the recent review mentioned above.[168]

Interviews with stakeholders suggested that stigmatisation of parents experiencing gambling harms was further compounded when they were **experiencing financial deprivation**. Some perceived them as being 'irresponsible' and not fulfilling their parental duties if they gambled while struggling to provide for their children financially. Intersectional stigmatisation of this group is consistent with the wider literature demonstrating that lone parents receiving state benefits face stigmatisation in general.[169] There was also evidence in our research of stigmatisation of people (with or without children) experiencing gambling harms alongside socio-economic deprivation. For example, people who were in receipt of benefits were sometimes judged for spending money that people perceived wasn't 'theirs'. For several stakeholders, stereotypical perceptions that people who experience gambling harms are usually of a low socio-economic class, unemployed or receiving a low income, and receiving welfare payments was part of the process of stigmatisation. In addition to associating these financial circumstances with other stigmatised characteristics (such as being a 'smoker' and / or 'drinker', or having a 'grubby' appearance), there was a perception that people 'shouldn't gamble if they can't afford it', which mirrored some of the messages from the discourse analysis, discussed later. Intersectional stigma encountered by those experiencing gambling harms alongside poverty has also been found in other studies.[170]

Several people with lived experience of gambling harms explained in interviews how financial losses that severely impacted their families were a major cause of self-stigmatisation. Within the forums, many posters also described feeling shame about financial and emotional harm that resulted from gambling, and made generalisations about their own character or deservingness based on these consequences. An example of this was individuals concluding that they were 'trash' or that they 'did not deserve' their families. Within the survey, we also found that people who believed those experiencing gambling harms were likely to cause harm to other people were less willing to engage with them socially. While financial harms affecting one's family could happen regardless of a person's financial background, some participants described how being comparatively financially 'well off' could provide something of a buffer against stigmatisation of gambling harms, which tended to be more severe when financial consequences were more significant. This aligns with a recent qualitative study in Australia which similarly identified how stigmatisation of gambling harms could be compounded by debt stigma.[171] Conversely, some people with lived experience of harms who we interviewed, who described themselves as being 'well-educated' or having positions of responsibility at work (such as being in a management position), encountered stigmatisation because they did not fit the stereotype some held of people who experience gambling harms as 'lower class'. This suggests a **nuanced and complex relationship between socio-economic status, financial consequences of gambling, and stigmatisation of gambling harms**.

In terms of different age groups, the survey data and interview data diverged. **Younger people** (those in the 18-34 age group) had higher experienced stigma scores in the survey than those in the older age groups, and this was particularly apparent when looking at those with scores of 8 or more on the PGSI (i.e. those experiencing high levels of problems with gambling). In contrast, within the interviews, people with lived experience of gambling harms described experiencing **more stigma as they aged.** They recalled encountering comparatively understanding reactions when they were younger, but found that as they grew older, people (including,

[168] Fannin, M., Collard, S., & Davies, S. (2024). Power, intersectionality and stigma: Informing a gender- and spatially-sensitive public health approach to women and gambling in Great Britain. *Health & Place*, *86*, 103186. https://doi.org/10.1016/j.healthplace.2024.103186
[169] Jun, M. (2022). Stigma and shame attached to claiming social assistance benefits: understanding the detrimental impact on UK lone mothers' social relationships. *Journal of Family Studies*, *28*(1), 199–215. https://doi.org/10.1080/13229400.2019.1689840
[170] 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. https://doi.org/10.1080/14459795.2020.1819365
[171] 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). https://doi.org/10.1093/heapro/daad062

sometimes, themselves) judged them more harshly, expecting them to 'know better'. The chronological relationship between gambling harms and stigma is likely to be nuanced and vary between individuals, depending on factors such as age of onset of harms, and how many periods of reoccurrence of gambling harm (or 'relapses') they have experienced. Research exploring stigma in relation to substance use disorder has similarly found that attitudes change over time.[172] There have been mixed findings around stigma and age in the literature, too, with one study finding more stigma amongst older participants, and another finding lower levels of devaluation and discrimination in this group.[173] It is possible that relatively recent educational campaigns in UK schools, which promote the 'individual responsibility' narrative and 'problematise' young people[174] could be contributing to greater stigmatisation of younger people experiencing gambling harms seen in our survey. This may particularly be the case if they create a public perception that they have been forewarned about risks of gambling and 'should know better'.

There was evidence of intersectional stigma encountered by people based on **religious or cultural background, and minority ethnicity,** consistent with findings from the recent study of minority communities' experiences of gambling harms in Great Britain.[175] Within our survey, experienced and internalised stigma were higher amongst **those who identified as being a member of any religion** than those who did not, and higher amongst those **from minority ethnic groups within Great Britain** than amongst the 'white British' group.[176] Some interview participants belonging to a religion and/or minority ethnic group described how religious and/or cultural beliefs about gambling being 'sinful' contributed to stigmatisation by family members and their wider religious or cultural community, and in some cases, to self-stigma. Some forum posters who alluded to divine judgement of their involvement in gambling referred to themselves as 'degenerate' or 'evil'. These links between religiosity and stigma are consistent with previous findings of a link between religiosity and belief in a 'moral model of addiction',[177] which is, in turn, associated with stigma.[178]

Some interview participants from minority ethnic groups explained how gambling harms could bring shame on a person's family as well as on the individual, leading to pressure to conceal harms to protect the reputation of the family. This suggests that within communities where gambling is seen as sinful or socially unacceptable (e.g. due to religious teachings or cultural beliefs), stigmatisation of people who experience gambling harms is partly driven by judgement about participation in gambling itself. This contrasts with the process of stigmatisation (discussed further when summarising our discourse analysis findings) where gambling is seen as a harmless leisure activity and those who experience harms are viewed as 'abnormal' or lacking self-control.

Findings from the general population sample's responses to descriptions of people experiencing gambling harms in various scenarios, discussed later, suggested that **those experiencing gambling harms alongside drug and alcohol use difficulties** are likely to be at risk of particular stigmatisation – consistent with wider literature

[172] Earnshaw, V. A., & Fox, A. B. (2024). Advancing substance use disorder stigma research: It's about time. *Stigma and Health*. https://doi.org/10.1037/sah0000561
[173] Hing, N., & Russell, A. M. T. (2017). Psychological factors, sociodemographic characteristics, and coping mechanisms associated with the self-stigma of problem gambling. *Journal of Behavioral Addictions*, *6*(3), 416–424. https://doi.org/10.1556/2006.6.2017.056
[174] van Schalkwyk, M. C. I., Hawkins, B., & Petticrew, M. (2022). The politics and fantasy of the gambling education discourse: An analysis of gambling industry-funded youth education programmes in the United Kingdom. *SSM - Population Health*, *18*, 101122. https://doi.org/10.1016/j.ssmph.2022.101122
[175] 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*.
[176] Minority ethnicity groups were merged into a single category, as were people belonging to a religion. This was due to small group sizes in several categories, to ensure anonymity was preserved and to provide sufficient power for statistical analysis. We are cognizant that people from different minority ethnicity or religious groups are heterogeneous and acknowledge the limitations of this approach. These merged-group analyses do, however, serve to indicate that there is overall a greater vulnerability to stigmatisation amongst these groups, and highlight that it is important for future work to expand on this with larger and more diverse samples.
[177] Grant Weinandy, J. T., & Grubbs, J. B. (2021). Religious and spiritual beliefs and attitudes towards addiction and addiction treatment: A scoping review. *Addictive Behaviors Reports*, *14*, 100393. https://doi.org/10.1016/j.abrep.2021.100393
[178] Rundle, S. M., Cunningham, J. A., & Hendershot, C. S. (2021). Implications of addiction diagnosis and addiction beliefs for public stigma: A cross-national experimental study. *Drug and Alcohol Review*, *40*(5), 842–846. https://doi.org/10.1111/dar.13244

indicating that people who use alcohol and other drugs are stigmatised, and potentially subject to 'double stigma' when they also possess another stigmatised characteristic.[179] Similarly, accounts in interviews with stakeholders indicated the presence of intersectional stigma directed at those who experience gambling harms alongside difficulties with alcohol use. Stereotypical views about this group, including perceptions that they are likely to possess other stigmatised characteristics, were held by some stakeholders. For example, there was a perception that they would be likely to engage in criminal or violent behaviour (such as stealing money to buy alcohol or vandalising a betting shop). There is evidence from the wider literature that substance use, alcohol use, and gambling harms each tend to be associated with particular stereotypes (being 'felonious'; having a 'weak' or 'bad' character; and being 'harmful', respectively), which contribute to stigma.[180] Therefore, someone experiencing gambling harms alongside **difficulties with drug and/or alcohol** use may be assumed, through the process of stereotyping, to possess multiple negative attributes, which may in turn create a particularly strong perception of them as having a 'spoiled' identity, and contribute to compounded stigma.

People who gamble in face-to-face settings, and who engage with more 'visible' gambling products also experienced elevated stigma. Within the survey, those who gamble face-to-face reported significantly higher levels of stigma than those who gamble only online. Stigma was particularly high in those who bet on football or fruit/slot machines in person (and low in those gambling on the national lottery). This could be because online gambling is more concealable, i.e. people who gamble online may have experienced less stigma due to others not being aware that they gamble or have experienced gambling harms. It may also be because people tend to view online gambling operators as particularly predatory, due to targeted marketing techniques and ability to profile people's behaviour – something which we noted in our discourse analysis. This could result in less blame being placed upon people who experience harms related to online gambling, than those who are perhaps seen by some as more 'active' in initiating their own involvement in gambling at land-based venues. Stigma has previously been identified as a particular barrier to self-exclusion in land-based gambling settings (in contrast to online settings where its anonymity makes it easier to engage with).[181] This, along with our findings, emphasises the importance of addressing stigma in those who gamble in visible, face-to-face settings.

Within the survey, we also explored whether several other characteristics were associated with increased risk of stigma. Specifically, we asked for details about nationality, sexuality, household income, and deprivation but did not find statistically significant differences in levels of stigma across groups based on these categories. There are many possible reasons for this, from lack of statistical power (due to small sample sizes within some groups), or a need for more sensitive measures, so this is not conclusive evidence that these characteristics have no impact on stigma. However, the characteristics discussed above, that did emerge as statistically significant, provide useful information about groups who experience particularly pronounced stigma. This can be used to inform the development of targeted interventions to tackle the negative effects of stigma.

4.3 Relationship between experiences of stigmatisation and discrimination, and support seeking

To understand barriers to support seeking, a section of the survey focused on participants who reported one or more problems with gambling (i.e. who scored 1+ on the PGSI) and reported feeling that they needed to cut down their gambling, but who *had not* accessed any treatment/support services. When asked why they had not accessed services, almost one in five (19%) said they had felt too ashamed or embarrassed to talk about their gambling with anyone, and this percentage rose to 36% in those experiencing the highest level of problems with

[179] Agnew, E. R., McAloney-Kocaman, K., & Wiseman-Gregg, K. (2023). Variations in stigma by sexual orientation and substance use: An investigation of double stigma. *Journal of Gay & Lesbian Social Services*, *35*(1), 1–12. https://doi.org/10.1080/10538720.2022.2044954
[180] Schettini, G., Lindner, P., Ekström, V., & Johansson, M. (2024). A mixed method study exploring similarities and differences in general and social services-specific barriers to treatment-seeking among individuals with a problematic use of alcohol, cannabis, or gambling. *BMC Health Services Research*, *24*(1), 970. https://doi.org/10.1186/s12913-024-11304-5
[181] 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. https://doi.org/10.1080/14459795.2015.1092566

gambling (PGSI scores of 8+). **This demonstrates that anticipated stigma was a common barrier to treatment seeking** – consistent with findings in the wider literature.[182] However, we learned from the qualitative interviews that in some cases, fear of stigma and discrimination did not completely deter help-seeking, but did limit the types of support people felt able to engage with. 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. We also observed, within the forum threads, that many people who access online peer support via forums are reluctant to seek face-to-face support, either from peers or professionals, due to apprehension about potential stigmatisation.

Almost half (45%) of those experiencing some problems with gambling who reported needing to cut down their gambling but not having accessed treatment/support said that they had not accessed services because they did not need to. While this may, of course, have been the case, it is possible that at least some of these people might benefit from support, and that stigma is acting as a barrier in a more subtle way. For example, while there are many reasons people may conclude that they do not need support, some people may be reluctant to identify as someone experiencing gambling harms because of the stigma associated with this identity, which may in turn prevent them from recognising that services could be beneficial for them. While this effect is understudied in relation to gambling, the process of 'self-group distancing' has been explored in relation to a variety of stigmatised identities.[183] The importance of understanding these kinds of processes in order to develop nuanced and effective educational campaigns for stigma reduction has also been recently emphasised.[184] Individual responsibility narratives about gambling harm (which we found strong evidence for in our discourse analysis) may also have deterred some of these participants from seeking treatment/support. Beliefs that gambling harms result from personal flaws can feed into the idea that people can/should recover independently[185] - highlighting another route via which stigma can hinder support seeking.

While stigma was a barrier to help seeking for many people experiencing harms, we also found that **experienced and internalised stigma were higher, on average, among those who had accessed services than among those who had not** (even when factoring into the analyses the likelihood of more severe gambling harms amongst those seeking treatment). This is consistent with other recent findings,[186] and there are a few possible explanations. While most support providers strive to create a non-judgemental environment, some people have, unfortunately, encountered stigmatisation when accessing support,[187] and some of the people we interviewed described experiencing stigmatisation in the context of group therapy. This included instances where people were singled out as different by the rest of the group due to not meeting the stereotype of someone experiencing gambling harms – for example, due to their gender, as discussed earlier. Others described being impacted by internal feelings of embarrassment and shame during the process of seeking support.

For others, rather than treatment-seeking precipitating any increase in stigma, high levels of stigma may have been what prompted them to seek support, perhaps due to the distress that it causes. Some studies into substance use disorder have found that internalised stigma is associated with motivation to seek treatment at

[182] Leslie, R. D., & McGrath, D. S. (2024). Stigma-related predictors of help-seeking for problem gambling. *Addiction Research & Theory*, *32*(1), 38–45. https://doi.org/10.1080/16066359.2023.2211347
[183] 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. https://doi.org/10.1002/ejsp.2714
[184] Walsh, D., & Foster, J. (2024). Understanding the public stigma of mental illness: a mixed-methods, multi-level, exploratory triangulation study. *BMC Psychology*, *12*(1), 403. https://doi.org/10.1186/s40359-024-01887-3
[185] Dąbrowska, K., & Wieczorek, Ł. (2021). Patients' and professionals' beliefs about the impact of social stigmatization on treatment of gambling-related disorders. *Psychiatria Polska*, *55*(1), 181–196. https://doi.org/10.12740/PP/112402
[186] Leslie, R. D., & McGrath, D. S. (2024). Stigma-related predictors of help-seeking for problem gambling. *Addiction Research & Theory*, *32*(1), 38–45. https://doi.org/10.1080/16066359.2023.2211347
[187] 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. https://doi.org/10.1080/14459795.2015.1092566

certain timepoints.[188] However, we would not infer from this that stigma is a useful catalyst for support seeking, given that it is a harmful, distressing thing to experience and can, equally, deter some people from treatment seeking. Furthermore, a variety of factors could have contributed to stigma being particularly high in those seeking treatment. Some interview participants and forum users described reaching a point of crisis (where harms became unmanageable or unconcealable) which prompted several actions, including disclosure to loved ones and treatment seeking. At this stage, experienced and self-stigma were often very high, and rather than being related to treatment-seeking directly, this was sometimes due to the impact of the harms experienced and reactions of others, outside of the treatment setting.

While stigma was high, on average, in those seeking treatment, many participants had a positive experience of support seeking, and felt that support (both from friends and family as well as support services) helped to reduce feelings of self-stigma over time - for example, through meeting others with similar experiences, which reduced feelings of shame about their own experiences over time. The online forum data also indicated that high levels of experienced stigma – particularly self-stigma – can reduce over time, facilitated by engagement with peer support. Forum posters often recognised and praised positive attributes, such as bravery, in others experiencing gambling harm, which may also have helped them to challenge negative stereotypes which had been contributing to their self-stigma and recognise positive attributes within themselves. Not just receiving but also providing peer support could be instrumental in reducing feelings of self-stigma and enabling people to recover their self-esteem. This finding particularly resonated with members of our lived experience panel, several of whom have been involved for many years in providing peer support. These findings are consistent with the wider literature that has identified the potential for peer support and peer-led interventions to help reduce internalised stigma in a variety of populations,[189,190] though more research to better-understand, and harness, the mechanisms underlying positive impacts of peer support is needed.[191]

Another important insight from the forum data was that **the journey from the point of most severe harms (accompanied by stigma) to recovery (accompanied by a reduction in stigma) is often not linear or straightforward.** Experiencing a reoccurrence of harms (or, 'relapse') tended to trigger significant stigma – consistent with findings from other studies.[192] This included self-stigma as well as experienced stigma – particularly from friends and family. In some cases, reoccurrence of harms precipitated the breakdown of relationships with family and friends, who reacted with frustration and disappointment, and were typically less understanding than when the person initially experienced harms.

[188] Akdağ, E. M., Kotan, V. O., Kose, S., Tıkır, B., Aydemir, M. Ç., Okay, İ. T., Göka, E., & Özkaya, G. (2018). The relationship between internalized stigma and treatment motivation, perceived social support, depression and anxiety levels in opioid use disorder. *Psychiatry and Clinical Psychopharmacology*, *28*(4), 394–401. https://doi.org/10.1080/24750573.2018.1478190
[189] Shalaby, R. A. H., & Agyapong, V. I. O. (2020). Peer Support in Mental Health: Literature Review. *JMIR Mental Health*, *7*(6), e15572. https://doi.org/10.2196/15572
[190] 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*. https://doi.org/10.3389/fpsyt.2022.915617
[191] Burke, E., Pyle, M., Machin, K., Varese, F., & Morrison, A. P. (2019). The effects of peer support on empowerment, self-efficacy, and internalized stigma: A narrative synthesis and meta-analysis. *Stigma and Health*, *4*(3), 337–356. https://doi.org/10.1037/sah0000148
[192] 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. https://doi.org/10.1080/14459795.2015.1092566

5. Others' perceptions about people who experience gambling harms

5.1 Perceptions held by the 'general population'

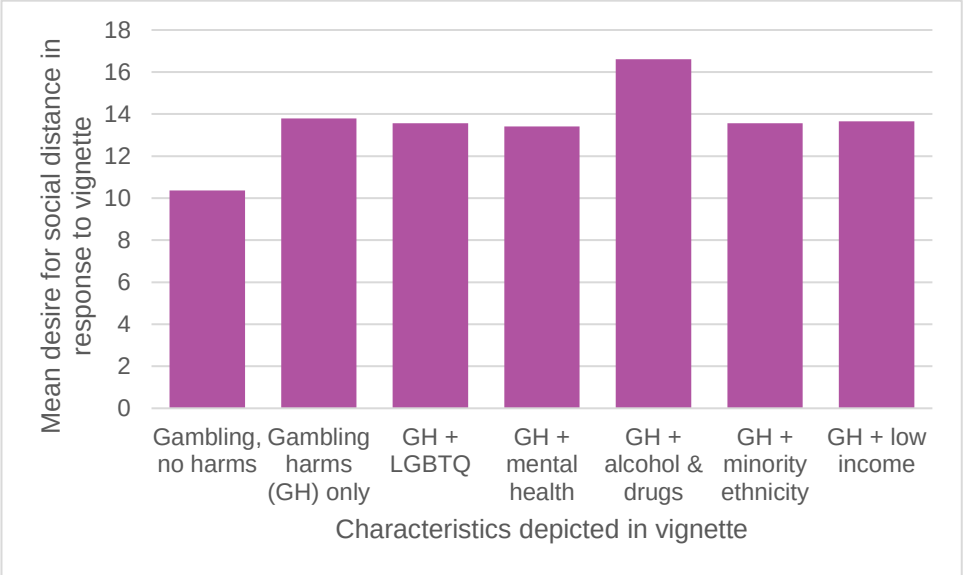
Responses to the perceived stigma scale (GPSS) from our general population sample indicated that **people typically believed 'most people' hold at least some stigmatising opinions about those who experience gambling harms**. Average GPSS scores indicated that people agreed at least slightly with several of the statements, indicative of there being a substantial amount of perceived stigma. For example, they tended to agree that most people would think people experiencing gambling harms are unreliable, or that most people would think less of a person experiencing gambling harms.

While gauging what people believe 'most people think' gives us a good overview of people's perceptions of societal views about something, it is not a direct measure of people's own beliefs or attitudes. Therefore, we also sought to capture people's own views about those who experience gambling harms by asking participants from the nationally representative sample to share, anonymously, their feelings towards people experiencing gambling harms in a range of hypothetical scenarios. Consistent with other studies,[193] we found that **people were significantly less willing to engage socially with someone experiencing gambling harms than someone who gambles without experiencing harm**. This desire for social distance (i.e. stigma) was significantly exacerbated when someone was described as experiencing gambling harms alongside drug and alcohol use. These findings are illustrated in Figure 5. Consistent with findings from our discourse analysis, discussed below, there was very little stigmatisation of those who gamble without experiencing harms, i.e. it is the harm, rather than the gambling, that primarily attracts stigma. On a positive note, the proportion of participants who were willing to engage socially with someone experiencing gambling harms was notably higher than that observed in a study carried out approximately ten years ago, where very similar scenarios were presented.[194]

[193] Wöhr, A., & Wuketich, M. (2021). Perception of Gamblers: A Systematic Review. *Journal of Gambling Studies*, *37*(3), 795–816. https://doi.org/10.1007/s10899-020-09997-4

[194] Hing, N., Russell, A. M. T., & Gainsbury, S. M. (2016). Unpacking the public stigma of problem gambling: The process of stigma creation and predictors of social distancing. *Journal of Behavioral Addictions*, *5*(3), 448–456. https://doi.org/10.1556/2006.5.2016.057

Figure 5: Desire for social distance from someone experiencing gambling harms under various conditions



The survey allowed us to identify several beliefs that predicted stigmatising views about those who experience gambling harms. The more disruptive, harmful, and difficult to recover from participants believed gambling harms to be, the less willing they were to engage with someone experiencing them. Believing that gambling harms are the result of 'bad character' was also significantly associated with being less willing to engage with someone experiencing gambling harms – all of these effects are consistent with an earlier study carried out in Australia.[195]

Survey respondents who had lived experience of gambling harms were, on average, less stigmatising of the hypothetical individuals experiencing gambling harms, being more willing to engage socially with them than respondents who had no personal experience of gambling harm. This aligns with findings from the qualitative interviews and forum analyses, where people with lived experience often (though not always) spoke to or about others with lived experience with empathy and understanding. Prior contact with those who experience gambling harms was also a protective factor, linked with less stigmatising attitudes. This aligns with prior findings and broadly speaking supports the idea that contact interventions, when designed carefully, could be effective in reducing stigma.[196] However, being an 'affected other' of someone who experienced gambling harms was associated with a small but statistically significant *increased* desire for social distance, i.e. the nature of the contact is important, and where people have experienced harms due to another person's gambling, there may be an increase rather than a decrease in stigma. The following section, where we discuss how beliefs and personal experiences influenced stakeholders' perceptions of people experiencing gambling harms, sheds further light on this observation.

5.2 Perceptions within different groups who engage with people experiencing gambling harm

The groups of stakeholders interviewed expressed diverse views about people who experience gambling harms. Those who had experienced harms due to the gambling of someone close to them ('affected others') sometimes held stigmatising and/or negative views about people with lived experience of gambling harm, such as the

[195] Hing, N., Russell, A. M. T., & Gainsbury, S. M. (2016). Unpacking the public stigma of problem gambling: The process of stigma creation and predictors of social distancing. *Journal of Behavioral Addictions*, *5*(3), 448–456. https://doi.org/10.1556/2006.5.2016.057
[196] Quigley, L. (2022). Gambling Disorder and Stigma: Opportunities for Treatment and Prevention. *Current Addiction Reports*, *9*(4), 410–419. https://doi.org/10.1007/s40429-022-00437-4

perception that they are 'selfish'; make unwise decisions; or fail to learn from mistakes. Experiencing harms due to someone else's gambling, for several 'affected others' we interviewed, led to diminished respect and sympathy for their loved one; a reluctance to offer support; a loss of trust; resentment; and, ultimately, in some cases, to the deterioration of relationships. As a result of being harmed by someone else's gambling, several were now reluctant to engage and socialise with people who gamble. This aligns with the effect we saw in the survey data, where beliefs about harmfulness contributed to desire for social distance from people who experience gambling harms. Similar accounts from affected others have recently been detailed in a qualitative study of family members of people who experience gambling harms in the UK.[197]

Stigma and desire for social distance reported by 'affected others' was particularly exacerbated by reoccurrence of gambling harms after periods of recovery. When promises had been made to stop gambling, this led to a loss of trust, and some drew conclusions that people who experience gambling harms cannot be trusted in the future. Reoccurrence of harms may also have been seen as less forgivable than the original experience of harms, because of the perception that someone should be able to stop gambling once they have identified a problem and made a commitment to abstain. Wider societal discourses that gambling harms are a matter of individual responsibility, discussed further in the next section, likely contribute to this perception.

Whilst their experience of secondary harms often created a desire for social distance from people who experience gambling harms, 'affected others' typically expressed empathy and recognised the role of psychosocial and environmental factors in causing gambling harms. For example, several referred to stressful or traumatic events or mental health difficulties which they believed contributed to the gambling harms their loved one experienced, and attributed a large share of the responsibility for gambling harms to the gambling industry. While these beliefs about the origins of gambling harm are associated with reduced desire for social distance, in general, the interviews illustrated how, where harms experienced by 'affected others' are particularly severe, stigmatisation of and desire for distance from people who experience gambling harms can be enduring.

Stakeholders working in the third sector in gambling treatment/support roles also recognised the role of psychological, social, and environmental factors in gambling harms – often attributing blame to the industry, and this group tended to explicitly describe themselves as holding few stigmatising views. They were cognisant that gambling harm could be a consequence of using gambling as a coping strategy for emotional pain, and extended sympathy to people experiencing gambling harms, who they perceived to be suffering.

"Happy people don't engage in self-destructive behaviours, you know, it always comes from a place of pain." – **Person who works for a gambling charity**

However, there was also evidence of stigmatising stereotyping of people who experience gambling harm, with some participants from this sector believing that those who experience gambling harms are, by nature, 'compulsive liars', or are typically seeking 'instant gratification'. There was also some intersectional stigmatisation evident when discussing those who use drugs and/or drink alcohol - illustrating that even those who perceive themselves as being non-stigmatising of people experiencing gambling harms in general may hold stigmatising views about people with particular demographic, or other, characteristics. These findings also illustrate that stigmatisation can persist alongside self-reported non-discriminatory attitudes, as has been

[197] Azemi, F., Avdyli, M., & Bytyqi, V. (2023). Understanding gambling in the United Kingdom: A qualitative study on the experiences of gamblers' families. *Frontiers in Psychology*, *14*. https://doi.org/10.3389/fpsyg.2023.1009923

demonstrated in other studies of healthcare workers' attitudes towards stigmatised populations.[198] Whilst this was not something seen in all interviews with this group, it is of particular concern given that research from the wider mental health field suggests that stigmatising attitudes amongst service providers are linked with poorer perceived quality of care.[199]

Stakeholders in non-therapeutic service provider roles (e.g. emergency services professionals, politicians) who we interviewed typically viewed gambling harm as an 'illness' and spoke about the issue using addiction-focussed language. They tended to view gambling harm as something that could impact anyone indiscriminately, with less of a focus on social or emotional triggers than some other stakeholders. They primarily attributed responsibility to the industry, and this group were most vocal in acknowledging the role of political and economic factors. Stigmatising language and explicit stigmatising views were very rare in this group. This could be because their roles necessitated a sensitive approach to the issue, or because they were particularly prone to socially desirable responding, but could also evidence genuinely non-stigmatising attitudes. This contrasts with our discourse analysis, which captured examples of politicians speaking in a stigmatising way about people who experience gambling harms, and with accounts of some participants with lived experience of gambling harms who encountered stigmatisation in interactions with non-therapeutic service providers. More research is needed to better understand when and why stigmatisation occurs within this broad sector, and how to reduce it.

Views of stakeholders working in the gambling industry diverged the most from the other groups interviewed. This group expressed the most stigmatising attitudes, and there were examples of people using stigmatising language (e.g. referring to people as 'addicts' seeking to get 'a fix'). Gambling harms were often attributed to individual flaws, including personality traits (an *'addictive personality')*; being impressionable, foolish, or greedy; or making poor choices. This belief was bolstered by the perception that the industry is not culpable as it offers sufficient risk management tools, and therefore responsibility for harm avoidance lies with the individual using the product. This is echoed in some of the findings from the discourse analysis, discussed below. Given that those working in the industry have the potential to support harm reduction through various 'responsible gambling' interventions,[200] promoting empathetic, non-stigmatising attitudes within this sector is important to encourage a sense of investment in implementing harm reduction measures. This may be challenging, given that those working within the gambling industry may themselves be experiencing occupational self-stigmatisation.[201] If indifference towards gambling harms (which some people in this field report)[202] is part of a self-protective strategy to guard against negative self-evaluations, there may be resistance to stigma reduction interventions.

Several factors contributing to stigmatisation and discrimination identified within these stakeholder interviews, particularly the idea that gambling harms are due to character flaws, and the perception that people who experience gambling harms are harmful, align with the survey data, the qualitative interviews with people with

[198] van Puymbrouck, L., Friedman, C., & Feldner, H. (2020). Explicit and implicit disability attitudes of healthcare providers. *Rehabilitation Psychology*, *65*(2), 101–112. https://doi.org/10.1037/rep0000317
[199] Dell, N. A., Vidovic, K. R., Vaughn, M. G., & Sasaki, N. (2021). Mental health provider stigma, expectations for recovery, and perceived quality of care provided to persons with mental illness. *Stigma and Health*, *6*(2), 247–250. https://doi.org/10.1037/sah0000227
[200] Riley, B. J., Lawn, S., Crisp, B. R., & Battersby, M. (2023). Much Ado About Nothing? The Role of Land-Based Gambling Venue Employees in Facilitating Problem Gambling Harm Reduction and Help-Seeking. *Journal of Gambling Studies*, *40*(1), 387–408. https://doi.org/10.1007/s10899-023-10226-x
[201] Lai, J. Y. M., Chan, K. W., & Lam, L. W. (2013). Defining who you are not: The roles of moral dirtiness and occupational and organizational disidentification in affecting casino employee turnover intention. *Journal of Business Research*, *66*(9), 1659–1666. https://doi.org/10.1016/j.jbusres.2012.12.012
[202] Manian, W., Yan, L., & Zeng, Z. (2024). The lived experience of frontline casino workers. *International Gambling Studies*, *24*(2), 277–290. https://doi.org/10.1080/14459795.2023.2273520

lived experience of harm, and with existing frameworks of stigma.[203] Stereotypes of people experiencing gambling harms as untrustworthy or as drinking alcohol and / or using drugs, which were held by some stakeholders, were particularly associated with stigma – again consistent with findings from the survey and with wider literature demonstrating intersectional stigma experienced by people who use drugs or alcohol.[204]

5.3 Societal portrayals and perceptions – discourse analysis

Key 'discourses' about gambling harms and those who experience them

Consistent with existing literature, we identified a dominant 'discourse', present across the diverse materials we examined, that portrayed gambling as a choice (which people should have freedom to participate in), and gambling harms as a matter of individual responsibility. This strongly established narrative, which has also been previously identified by others[205, 206] was linked with the idea that gambling is harmless for the ('responsible') majority, and that those who experience harms are an abnormal ('irresponsible' or flawed) minority. This positioning of people who experience gambling harms as a minority out-group, and situating of responsibility for harms with the individual, contributes to stigmatisation and discrimination of people who experience harms. This effect has been demonstrated empirically in a study which found that presenting 'healthy living' educational material – which emphasises individual responsibility for wellbeing - can lead to more negative attitudes towards people who use drugs.[207]

There was a counter-discourse to this, where gambling operators were constructed as predatory, and responsibility for harm reduction was positioned as resting (at least partially) with government and industry, but this was less prevalent. We saw elements of both narratives permeate beliefs and attitudes expressed in the surveys, interviews and forum posts – as noted in previous sections. Notably, the same people sometimes endorsed these conflicting narratives, demonstrating that even when people recognise the role of external factors in generating gambling harm, the established discourse of individual responsibility for avoiding or recovering from harm is persistent.

Within the context of these broad constructions of gambling and gambling harms, we identified three main ways in which people who experience gambling harms were constructed:

1. As 'disordered' – i.e. characterised by a psychological condition/disorder.
2. As 'flawed' in character – either through being generally 'deviant' (morally or legally, or simply not adhering to expected ways of behaving); lacking self-control; or being a poor decision-maker.
3. As passive 'victims' – either of their own 'disorder'; of the gambling industry/gambling operators; or of a vague, unspecified perpetrator.

There was also a fourth, less common portrayal of people who experience gambling harms as brave or heroic, but this was only seen in certain scenarios – specifically, where people had recovered from gambling harms, and

[203] Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., C. Simbayi, L., Barré, I., & Dovidio, J. F. (2019). The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine*, *17*(1), 31. https://doi.org/10.1186/s12916-019-1271-3

[204] Agnew, E. R., McAloney-Kocaman, K., & Wiseman-Gregg, K. (2023). Variations in stigma by sexual orientation and substance use: An investigation of double stigma. *Journal of Gay & Lesbian Social Services*, *35*(1), 1–12. https://doi.org/10.1080/10538720.2022.2044954

[205] Wyllie, C., Killick, E., & Kallman, A. (2023). *A review of gambling harm training materials for healthcare professionals*

[206] 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. https://doi.org/10.3109/16066359.2015.1094060

[207] Ciccarelli, T., Soberman, M., Leshuk, T., Cole, H., Afreen, F., & Manwell, L. A. (2021). Is cleanliness next to abstinence? The effect of cleanliness priming on attitudes towards harm reduction strategies for people with substance use disorders. *International Journal of Psychology*, *56*(2), 322–330. https://doi.org/10.1002/ijop.12703

typically when those people were already viewed positively because of other attributes (most often, celebrity status).

In terms of implications of these constructions, perhaps the most obviously stigmatising and problematic is of people who experience gambling harms as 'flawed' in some way. We know from prior studies, as well as findings from the other work strands in this study, that these kinds of beliefs exacerbate stigmatisation and discrimination and increase people's desire for social distance.[208] Therefore, challenging this discourse is likely to be important to reduce stigma.

The implications, for stigma, of constructing people who experience gambling harms as 'disordered' (also sometimes referred to as the 'medical model' or 'disease model') are less clear, and there is an ongoing debate about this in the wider literature discussing 'addiction'.[209] This may be less overtly stigmatising than blaming harms on an individual's character (which we know is strongly linked to stigmatisation), and on the surface it is less moralising than constructions that emphasise the role of personal choice.[210] This explanation was favoured by many stakeholders, and also by many people with lived experience of gambling harm, some of whom drew comfort from having an explanation that did not position them as a 'bad' person, or as 'blameworthy'. However, it still situates the issue with the individual (rather than the product/industry/societal context) and emphasises differences between people who experience harms and the 'non-disordered majority'. Therefore, stereotyping, othering, and desire for distance still occur – as demonstrated in other studies that have identified stigmatisation of people diagnosed with a disease.[211]

Within the discourse analysis as well as the qualitative interviews, we observed that within the broad 'medical model', there are also quite different ways of perceiving 'addiction'/'gambling disorder'. For example, it can be viewed as a transient state from which people can recover, or as an intrinsic and enduring feature of someone's identity. People's beliefs about the nature of addiction therefore are likely to play a role in how stigmatising the individually-focused medical model of gambling harms is. Beliefs that individuals are to blame for developing a disease have also been observed to feed into stigma,[212] so where people view gambling harms as a disease/disorder, stigma will be exacerbated where there is a belief that this is something they exposed themselves to (e.g. by starting gambling).

The degree to which the construction of people who experience gambling harms as 'victims' perpetuates stigma and/or should be challenged in order to reduce stigma, is unclear. In some manifestations, this construction presents people who experience gambling harms as flawed, emphasising their 'weaknesses' and setting them apart from others, which is stigmatising, as has been demonstrated in the wider literature.[213] However, it also involved the construction of gambling operators as predatory, and laid blame outside of the individual – so this aspect of this construction might be expected to reduce stigma. Versions of this construction which emphasised

[208] Hing, N., Russell, A. M. T., & Gainsbury, S. M. (2016). Unpacking the public stigma of problem gambling: The process of stigma creation and predictors of social distancing. *Journal of Behavioral Addictions*, *5*(3), 448–456. https://doi.org/10.1556/2006.5.2016.057
[209] Wiens, T. K., & Walker, L. J. (2015). The chronic disease concept of addiction: Helpful or harmful? *Addiction Research & Theory*, *23*(4), 309–321. https://doi.org/10.3109/16066359.2014.987760
[210] Frank, L. E., & Nagel, S. K. (2017). Addiction and Moralization: the Role of the Underlying Model of Addiction. *Neuroethics*, *10*(1), 129–139. https://doi.org/10.1007/s12152-017-9307-x
[211] 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. https://doi.org/10.3390/ijerph17186657
[212] 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. https://doi.org/10.3390/ijerph17186657
[213] Bauer, C. A., Boemelburg, R., & Walton, G. M. (2021). Resourceful Actors, Not Weak Victims: Reframing Refugees' Stigmatized Identity Enhances Long-Term Academic Engagement. *Psychological Science*, *32*(12), 1896–1906. https://doi.org/10.1177/09567976211028978

the predatory nature of the industry, rather than weakness or vulnerability of those harmed, were arguably the least stigmatising examples of discourse that appeared within our data.

Ways of speaking/writing about people who experience gambling harms and implications for stigma

Within the discourse analysis, we also explored the language used when discussing gambling harms and those who experience them. This was in order to understand how, at the level of words and sentences, stigma may be being created or exacerbated. We identified several characteristic words, phrases, and linguistic devices which served to exacerbate stigma either directly or indirectly (through implicitly perpetuating stigmatising discourses). These are summarised in Table 5 along with recommended solutions/alternatives. Ways of speaking that should be avoided included presenting gambling harms as an intrinsic part of the individual (e.g. reducing people to their stigmatised activity; use of possessive pronouns – e.g. 'her addiction'); use of dramatic, emotive language which could serve to increase the perception that people experiencing harms are at risk of harming themselves or others; and use of minimising and/or empowering/complimentary language (such as 'responsible' and 'harmless') when referencing those who gamble without experiencing harms, which serves to imply, by extension, that people experiencing harms are irresponsible or harmful.

Table 5: Summary of types of stigmatising language identified within the discourse analysis

Word(s) / linguistic devices	Example(s)	Implications for stigma	Recommendation
Identify-first language	'Addict'; 'problem gambler'; 'compulsive gambler'.	Reductive/dehumanising; tends to be used to place blame on the individual.	Use person-first language (such as 'person who experiences…')
Possessive pronouns	'His/her/their addiction'; 'his/her/their addictive personality.	Positions harms as intrinsic to the individual (may reduce perceived recoverability); may place blame on the individual.	Avoid language that positions the addiction as part of, or belonging to, the individual
Dramatic/emotive language	'Ruinous addiction'; 'shattered families'; 'spiralling'; 'scourge'.	Positions the people who experience gambling harms as likely to cause harm to themselves or others; potential to generate fear.	Use balanced, non-emotive language when referencing people who experience gambling harms.
Derogatory terms	'Pathetic addicts'; 'desperate chancers'.	Overtly stigmatising; explicitly constructs all people experiencing gambling harms as having shared negative characteristics.	
'Us and them' language	'The rest of us don't gamble that much'.	Contributes to a minority discourse and to the 'othering' of people who experience gambling harms.	Avoid phrasing that places people who experience gambling harms in a separate, minority category.
Use of auxiliary verbs	'Should have just…'.	Emphasises errors in judgement, feeds into the idea of people who experience gambling harms as flawed or unable to follow simple steps to avoid harm.	
Imperative statements	'Can't afford it, don't gamble'.	Simplification of gambling harms and placing of blame on the individual.	
Minimising language referring to 'recreational' gambling	'An innocent flutter'; 'punter'.	Emphasising contrasts between people who experience gambling harms and those who do not experience harms, contributing to othering of people who	Avoid language that makes value judgements based on the degree of perceived 'control'

		experience gambling harms and to the idea of people who experience gambling harms as guilty / irresponsible.	someone has; refer to gambling activities in the same way whether describing someone who does or does not experience harms.
Complimentary language emphasising qualities of people who don't experience harms	'Many gamble unproblematically'; 'responsible gamblers'.	Implies, by extension, that people who experience gambling harms are problematic and irresponsible.	Avoid language that places people who gamble without experiencing harms on a pedestal.

*Not every row has an entry in the 'recommendations' column. Some of the ways of speaking about people experiencing gambling harms (e.g. derogatory words and imperative statements about what they should/shouldn't do) are particularly symptomatic of stigmatising attitudes and simply recommending alternative language would be ineffective without tackling the underlying attitudes. The recommendations are aimed at addressing phrasing that may, in at least some instances, be inadvertently stigmatising, where those writing or speaking about people experiencing gambling harms may be motivated to tailor their language to become less stigmatising.

6. Conclusions and recommendations

People experiencing gambling harms are subject to several types of stigmatisation and discrimination. Experiences of being stigmatised or discriminated against by others, and perceptions about the existence of widespread societal stigma, all feed into internalised stigma. **All types of stigmatisation and discrimination are associated with psychological distress and negative impacts on mental health, relationships, and occupational opportunities.** This is further impetus for interventions to tackle stigma and its harmful consequences.

There are nuanced relationships between stigma and treatment/support seeking. **Anticipated stigma prevents a significant number of people from seeking help, due to fear of shame or judgement.** 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 women who we interviewed), 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-judgemental treatment spaces. Wider campaigns challenging societal attitudes towards gambling harms may help encourage people to seek support, who are currently deterred by fear of stigmatisation.

Stigmatisation in general is generated/exacerbated by certain beliefs, specifically: that gambling harms are attributable to individual flaws such as bad character or being 'irresponsible'; that people who experience gambling harms are likely to cause harm to others; and that gambling harms are difficult or impossible to recover from. **Wider societal discourses embedded across a variety of media, which portray people experiencing gambling harms as flawed or deviant, can serve to create and perpetuate these beliefs.** These beliefs are often endorsed by people with lived experience of harms, as well as those with no experience of gambling harms, and so they fuel societal, experienced, and internalised stigma. While some people felt that they could be helpful, discourses presenting people who experience gambling harms as or victims or people suffering from a disease or disorder can be stigmatising.[214,215] The most promising discourses in terms of minimising stigma are those that emphasise the responsibility of the industry in the genesis of gambling harms, and position gambling harms as a public health issue that can affect anyone, and it is likely that a shift towards this discourse would have beneficial effects in terms of reduced stigma – as others have recommended.[216] Educational campaigns that inform about the complex interplay of factors involved in gambling harms, and challenge the perception that they are simply due to character flaws, could help nurture this discourse.

There are varying types and levels of stigmatising attitudes amongst stakeholders who engage with people who experience gambling harms. Many of those we spoke to were cognisant of biological, social, psychological and environmental factors that can cause gambling harms, and few of the treatment or service providers viewed themselves as stigmatising of people who experience gambling harms, though there were instances where people reported stigmatising stereotypes and negative perceptions. Affected others were

[214] Wiens, T. K., & Walker, L. J. (2015). The chronic disease concept of addiction: Helpful or harmful? *Addiction Research & Theory*, *23*(4), 309–321. https://doi.org/10.3109/16066359.2014.987760
[215] Frank, L. E., & Nagel, S. K. (2017). Addiction and Moralization: The Role of the Underlying Model of Addiction. *Neuroethics*, *10*(1), 129–139. https://doi.org/10.1007/s12152-017-9307-x
[216] Francis, L., & Livingstone, C. (2021). Discourses of responsible gambling and gambling harm: observations from Victoria, Australia. *Addiction Research & Theory*, *29*(3), 212–222. https://doi.org/10.1080/16066359.2020.1867111

empathetic and rarely blamed their loved ones for experiencing gambling harms, but several distanced themselves from the person, typically due to having encountered indirect harms themselves, or having lost trust. **People who worked in industry tended to hold the most stigmatising views**, subscribing to the idea that gambling is a 'safe' activity and that avoiding harms is the responsibility of the individual. Educating stakeholders working in industry about the causes of gambling harms, particularly challenging the perception of individual character flaws being responsible for harms, could begin to address this.

Certain groups are at particular risk of stigmatisation and/or discrimination due to demographic or other personal characteristics. These include women experiencing severe harms; single people; people who have parental responsibilities (particularly mothers); people aged 18-34; people who have experienced one or more periods of reoccurrence of harms ('relapse'); people who are from a minority ethnic group in Great Britain (particularly where cultural/religious beliefs dictate that gambling is sinful or shameful); people who belong to a religion; people who are living in financial hardship (particularly those receiving benefits); and people who are experiencing difficulties with drug and/or alcohol use alongside gambling harms. This information has several possible applications; we can target people from these groups with tailored signposting to support services (e.g. with messaging that emphasises that they will not be judged and can engage anonymously); we can identify people who may need a sensitive introduction to support services, and interventions that tackle internalised stigma as well as gambling harms; and we can attempt to reduce the stigmatisation of these groups through campaigns directed at the public. It will also be important for future research to determine whether other groups at risk of stigmatisation that were not considered within this study, e.g. people with physical, intellectual or developmental disabilities, are also at risk of compounded/intersectional stigma when they experience gambling harms.

The findings summarised here, and the recommendations made by participants in our research and members of our lived experience panel, all emphasise the importance of continuing to address the stigmatisation and discrimination of people who experience gambling harms. Individuals with lived experience of gambling harm have been instrumental in informing this work, both through contributions to panel meetings, and, in the case of participants through their participation in our studies. As other researchers before us have recommended, it is crucial that people with lived experience of gambling harms[217] and of peer support or advocacy[218,219] continue to be included in making decisions about the design and implementation of interventions to tackle this issue.

[217] Guilcher, S. J. T., Hamilton-Wright, S., Skinner, W., Woodhall-Melnik, J., Ferentzy, P., Wendaferew, A., Hwang, S. W., & Matheson, F. I. (2016). "Talk with me": perspectives on services for men with problem gambling and housing instability. *BMC Health Services Research*, *16*(1), 340. https://doi.org/10.1186/s12913-016-1583-3

[218] Miller, H. E., Thomas, S. L., & Robinson, P. (2018). From problem people to addictive products: a qualitative study on rethinking gambling policy from the perspective of lived experience. *Harm Reduction Journal*, *15*(1), 16. https://doi.org/10.1186/s12954-018-0220-3

[219] E. Miller, H., & L. 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 & Theory*, *26*(2), 85–94. https://doi.org/10.1080/16066359.2017.1332182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