The Gambling Harms Inequalities Framework

November 2025

Emily Moimoi, Priyanka Roychoudhury,
Steven Okonkwo, Dr Jay Levy

GambleAware

Contents

Overview and Purpose

In Great Britain (GB) gambling harms are experienced unequally, with some groups bearing a disproportionate burden of gambling harm (Gosschalk et al., 2025; Martin et al., 2024). This gambling harms inequalities framework aims to organise information, predominantly from GambleAware funded research, on inequalities in gambling harm to understand the underlying causes or specific drivers of gambling harms. This will help commissioners, policymakers, researchers, campaigners, and treatment and support providers to address inequalities in gambling harm in the most effective way.

The aim of this framework is not to establish what gambling harms are. Instead, the purpose is to provide a framework to understand the main determinants that drive gambling harm and more importantly inequalities in gambling harm. It also shows how these determinants intersect and interact with each other to drive gambling harm inequalities.

The determinants this framework explores include:

- the inequitable **contexts** that drive gambling harm
- the direct **drivers** of gambling harm
- the **barriers** to gambling treatment and support.

The framework aligns with the current national approach to addressing healthcare inequalities, specifically the NHS 10 Year Health Plan and the NHS CORE20PLUS5[1]. It is of relevance to commissioners who are planning and prioritising activity for those experiencing the highest burdens of gambling harm. It is also designed to expand health professionals' understanding and approach to holistically support people experiencing gambling harm.

The framework is an urgent call to redefine gambling as a pressing public health issue that – while being a challenge facing the population across Britain – affects some communities far more than others. Therefore, the broader underlying drivers of gambling harm, including existing nequalities, in health and social outcomes, must be addressed by a whole system approach that engages with communities with nuanced differences, as well as variable realities, experiences and needs.

This framework illustrates the relationship between societal inequalities and gambling harms. It then discusses factors that drive gambling harms and lastly, the barriers to treatment and support to reduce gambling harm.

1 **The NHS CORE20PLUS5** focuses commissioning activity on tackling the inequalities concentrated among those living in the most deprived areas (bottom 20% IMD), among certain communities that are more likely to experience inequalities, and among five key clinical areas which require improvement to reduce healthcare inequalities. Inequalities are also captured in the **Department of Health and Social Care's Public Health Outcomes Framework** and the progress of these inequalities are captured in the **Office of Health Improvement and Disparities' Health Inequalities Dashboard**.

Introduction and Background

Gambling is a commonly accepted activity in Great Britain (GB) with nearly half of adults (48%)[2] having participated in gambling within the last four weeks (Gambling Commission, 2024). Many people engage in gambling without experiencing any harm. However, among those who do, these harms not only exist across a broad spectrum, impacting their relationships, finances and emotional wellbeing, in addition to their family and friends, but are also influenced and driven by an intersection of social, economic and political factors (Langham et al., 2016; Levy et al., 2020).

Furthermore, gambling harms are disproportionately concentrated among certain population groups, notably those who are minoritised and marginalised within Great Britain (Levy et al., 2020; Martin et al., 2024). Individuals are not equally likely to experience harm from gambling and this is driven predominantly by existing inequalities in society (Raybould et al., 2021). Though 'gambling harms can affect anyone', it is also the case that they affect some communities far more than others, depending on social, demographic and environmental conditions (Raybould et al., 2021).

Despite gambling itself being normalised in British society, experiencing harms from gambling is less so and is, conversely, highly stigmatised (Martin et al., 2023). While gambling harms may now be recognised as a public health issue, a complete shift towards adopting a whole population approach to tackle gambling harms – through prevention, early intervention and treatment – is still needed.

Furthermore, the drivers of gambling harm need to be positioned within the wider context to shift the blame away from the individual (Martin et al., 2023). The dominant discourse in Great Britain continues to construe gambling harm as a lack of engaging in gambling 'responsibly', with the onus of responsibility on those who gamble themselves, not on those who create the means for them to do so (Quigley et al., 2022; Ukhova et al., 2023; Weston-Stanley et al., 2025). This is reflected in popular narratives such as 'take time to think' (Gosschalk et al., 2024a), implying that rational thought alone can mitigate gambling harm. This of course sidelines the structural determinants of gambling harms.

It is imperative to position gambling as a public health issue which exists in a broader sociocultural context to understand how it fits within – and is influenced by – the social, political and economic landscape, as well as the discourse which drives other inequalities in health and social outcomes. This inequalities framework does not focus on providing a list of communities subject to inequalities (although this is provided in the supplementary data tables), but rather provides an exploration of the inequalities among those experiencing gambling harm and the drivers that lead to them.

Gambling harms

Langham et al. (2016) defines gambling harms as 'any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population' (Langham et al., 2016, pg. 4).

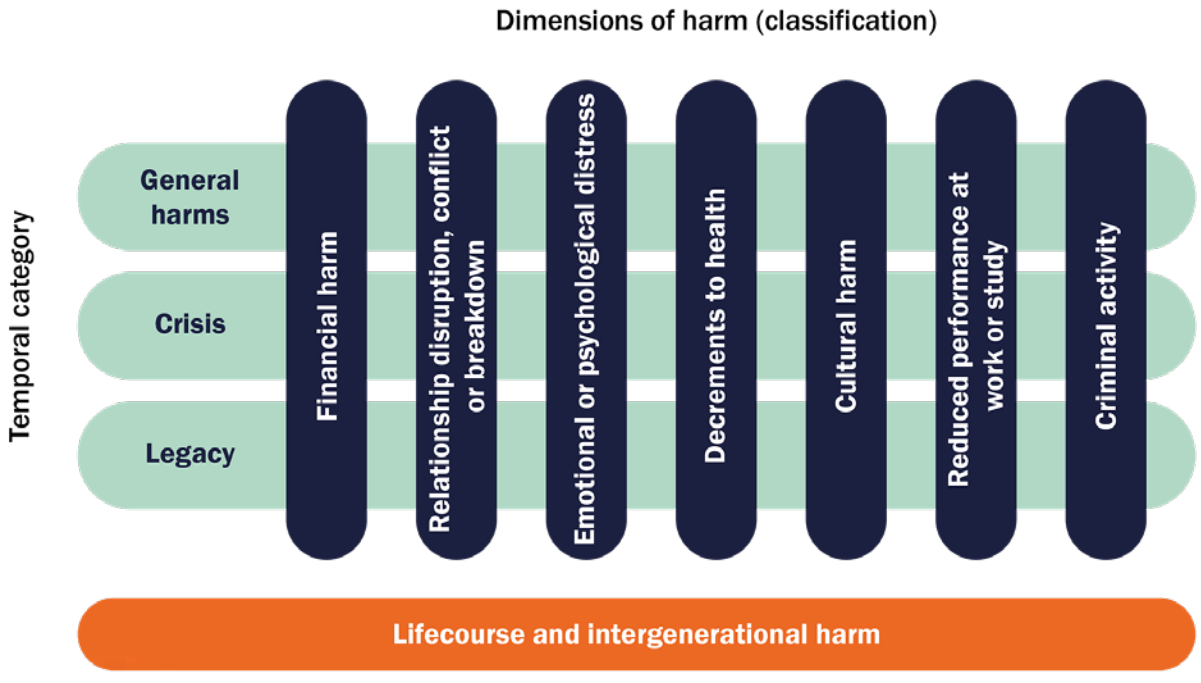
2 The Gambling Commission has now released the findings from the GSGB conducted in 2024. For the most up to date statistics please see **https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-gambling-participation-annual-report-year-2-2024-official**

As seen in Figure 1 gambling harms have relevance across several domains, including:

- financial
- relational
- physical
- psychological
- social and cultural
- work/study
- crime.

Gambling harms have different levels of severity and duration, ranging from short-term to ongoing, legacy and even intergenerational (Langham et al., 2016). They also have a wide impact on the friends and family of the person who gambles, commonly known as 'affected others,' alongside broader society (Close et al., 2023; Langham et al., 2016).

Figure 1
Conceptual framework of gambling-related harm



Note. From *Understanding gambling related harm: A proposed definition, conceptual framework, and taxonomy of harms* by Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M., 2016. (https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2747-0)

Health and gambling harm inequalities

Health inequalities are the 'unfair and avoidable differences in health across the population, and between different groups within society' (Office for Health Improvement & Disparities, 2022, pg. 5). These inequalities are not immutable and unavoidable. Instead, they are created by a combination of social, political, economic and environmental factors known as the wider 'social determinants of health' (Wilkinson & Marmot, 1998).

These determinants capture the conditions people are born into, work, live and age, alongside the broader set of forces and systems, such as social norms, economic policies and political systems (Office for Health Improvement & Disparities, 2022; Wilkinson & Marmot, 1998). The social determinants of health indeed play a more central role in determining health outcomes than people's lifestyle choices or the condition of healthcare on a population level (Marmot & Wilkinson, 2005). In short, 'inequalities in health reflect inequalities in society at large' (Morris & Robertson, 2024, pg. 2). Therefore, inequalities within people's lives and lived realities drive inequalities in health and social outcomes.

Gambling harms often exacerbate existing health and social inequalities. They also intersect with other public health challenges such as homelessness, alcohol, smoking and suicidality. Like health inequalities, gambling harm disproportionately affect people who face marginalisation, as well as those who are socially and economically disadvantaged (NHS England, n.d.; Morris & Robertson, 2024; Raybould et al., 2021; Saunders et al., 2023). The distribution of gambling harms is unequal (Wardle et al., 2019). This is seen among ethnic minority groups, who despite being less likely to participate in gambling than the White British majority, are more likely to experience a higher level of 'problem gambling' (PGSI score of 8+) (Gosschalk et al., 2024b).

This difference is associated with ethnic minority groups' experiences of racism and discrimination, which increases the likelihood of using gambling as a means to cope financially and emotionally with adversities in life (Moss et al., 2023b). The difference is not due to some inherent 'risk factor' peculiar to certain communities (Forrest & Wardle, 2011), as some incorrectly assume. Instead, this intersection of experiences demonstrates how wider social and political factors intersect and interact in complex ways to contribute to gambling harm inequalities and most importantly, points to a wider issue of inequality (Levy et al., 2020). Therefore, it is impossible to address gambling harm, and gambling harm inequalities, without also addressing the wider socio-economic inequalities at play in Great Britain (Levy et al., 2020).

Racism and discrimination

It is also impossible to understand inequalities without addressing the underlying drivers of discrimination and racism (Office for Health Improvement & Disparities, 2022). In Britain, key determinants and delimitations of life chances and health notably include Britain's colonial legacy and associated racisms, as well as established socio-economic structures and class (Hall & Back, 2011; Mirza & Warwick, 2024). This occurs alongside broader discriminations of marginalised communities, notably including women, minority sexualities and gender identities, as well as other communities with protected characteristics. These inequalities are structural inequalities, embedded in society and realised through the unequal allocation of privilege and resources (Weinstein et al., 2017). Since some communities experience greater social exclusion, in addition to worse health challenges and outcomes, these same communities bear a higher burden of gambling harm.

Framework for measuring gambling harms

Frameworks exist that capture the different types of gambling harms and the impact these harms have on social and health outcomes. An example of this is *Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms* (Langham et al., 2016). The focus of this gambling harms inequalities framework is not duplicative of Langham's, in that it is not to establish the types of harm gambling can cause. Rather, this framework aims to identify how existing inequalities, such as broader socioeconomic inequalities in society drive gambling harms and in turn inequalities in gambling harm (gambling harm inequalities).

However, understanding that gambling harms have a relation to other areas of life, as mentioned earlier, illustrates how imperative it is to reduce gambling harms holistically to reduce broader harm to society (Office for Health Improvement and Disparities & Public Health England, 2023).

The Problem Gambling Severity Index (PGSI)

The most predominant screening tool to measure the severity and burden of gambling harms is the Problem Gambling Severity Index (PGSI). The PGSI is a validated screening tool, developed in Canada in 1999 and revised in 2003 by Ferris & Wynne (2001). It has been used in the Health Survey for England (HSE), as well as the Scottish Health Survey (SHeS) and the Welsh Problem Gambling Survey, which now comes under the National Survey for Wales (Ipsos, 2023). The PGSI is used widely within gambling harms research (and in our framework).

It measures the risk of 'problem gambling' behaviour and is used alongside other data and measures to understand gambling harms, including mental health, substance use, social behaviours and different types of gambling activity (Ipsos, 2023). The main uses of the PGSI include national monitoring and surveillance, policy and regulation, and service delivery (Ipsos, 2023).

This framework uses the PGSI to present the burden of gambling problems in a population, identified as those experiencing any level of problems with their gambling (PGSI score of 1+) and those experiencing a high level of problems with their gambling or 'problem gambling' (PGSI score of 8+) (Ipsos, 2023). PGSI 1+ is used within this framework to capture those who meet the threshold of experiencing problems with gambling, as it is indicative of at-risk gambling (NHS England, 2023).

However, careful consideration should be given when using PGSI 1+ to indicate when harm begins (Ipsos, 2023). For example, people with a PGSI score of 1-2 have been found to have similar levels of psychological distress (using the K-10 psychological distress score) to those who do not gamble compared to those with a PGSI score of 3-7 or PGSI 8+ (Ipsos, 2023).

The PGSI provides a proxy measure of gambling harm and contains many limitations, including being unable to measure gambling harms incurred by people who are negatively impacted by another person's gambling (referred to as 'affected others'). This report does explore the experiences of affected others, even though their harms are not 'validated' by the PGSI.

The PGSI is not a clinical tool and is arguably not the best instrument for identifying and measuring risk and gambling harms (Ipsos, 2023). We make use of it here due to its acknowledged presence in the gambling harms sector in Britain, and the fact that the index is validated and shown to correlate well with population-wide burdens of harm measured by other matrices (Ipsos, 2023).

However, we emphasise that it includes stigmatising language, labelling people as 'problem gamblers'. This constructs the person experiencing harm as a 'problem' rather than experiencing a harm, and the harms in the framework are not weighted. In light of this, GambleAware has produced a **language guide**[3] to provide guidance on terminology. This shifts language to focusing on dispassionate and descriptive terms, as opposed to blaming and pathologising language.

3 How to reduce the stigma of gambling harms through language: A language guide **https://www.gambleaware.org/media/3vgoyrfq/how-to-reduce-the-stigma-of-gambling-harms-through-language-1.pdf**

PGSI score 0	Representing a person who gambles (including heavily) but does not report experiencing any of the 9 symptoms or adverse consequences asked about.
PGSI score 1 to 2	Representing low risk gambling by which a person is unlikely to have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.
PGSI score 3 to 7	Representing moderate risk gambling by which a person may or may not have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.
PGSI score 8 or more	Representing problem gambling by which a person will have experienced adverse consequences from gambling and may have lost control of their behaviour. Involvement in gambling can be at any level, but it is likely to be heavy.

Note. From *Problem gambling screens* by Gambling Commission, 2021.
(**https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens**)

The Gambling Harms Inequalities Framework

This report has introduced the idea that broader structural **contexts**, direct **drivers** and **barriers** to treatment and support all have an impact on gambling harm, specifically gambling harm inequalities.

The role of **stigma – and the discrimination driven by it** – underpins, exacerbates, compounds and intersects with all of the above (Moss et al., 2023b). Just as broader health and social inequalities are driven by an intersection of multiple influences (Office for Health Improvement & Disparities, 2022), so too are gambling harms. As emphasised by Langham et al. (2016), the causal mechanisms of gambling harms are 'a complex interaction of social and environmental determinants' (Langham et al., 2016, p. 5).

Structure

This framework is broken down into three determinants, as alluded to above:

1. Contexts of gambling harms

Here, the broader contexts that contribute to an unequal distribution of gambling harm are analysed. This part of the framework involves looking at the impact of the built, social, cultural, political and economic environment.

These contexts are: geography and neighbourhood; social and community context; regulation and policy; and commercial determinants of health including marketing and advertising and gambling products and design.

2. Drivers of gambling harms

This determinant explores the direct drivers of gambling harm which have a strong evidence base in research funded by GambleAware. These drivers underlie the shared experience of gambling harm among diverse groups, not through individual choice or blame, but rather through underlying systemic and structural causes.

These drivers are: lack of awareness and education of gambling harm; experiences of stigma and discrimination; social exclusion and loneliness; and financial challenges, poverty and social disenfranchisement.

3. Barriers to treatment and support

This section explores the barriers to gambling treatment and support. These are some of the factors that restrict the availability and accessibility of support options to reduce gambling harm.

These barriers are: limited awareness of treatment and support; lack of tailored support; and stigma or discrimination in support settings.

As seen in Figure 2, these factors are grouped in a circle to represent the interconnected nature of each one in creating a world, or environment, where gambling harms and gambling harm inequalities occur. An important aspect of this framework is how it shows that the factors (which lead to broader inequalities, as well as inequalities in gambling harm) intersect and add on to one another to increase gambling harms.

This framework[4] is interactive if read online. Hover the mouse over each factor and it will show the intersecting factors.

4 This framework and report was designed and illustrated by Eszter Novak **https://www.theinspiredfox.co.uk/**

Figure 2
Structure of the gambling harms inequalities framework

CONTEXTS

- Geography and neighbourhood
- Social and community
- Regulation and policy
- Commercial determinant 1: Marketing and advertising
- Commercial determinant 2: Gambling products and design

DRIVERS

- Lack of awareness and education
- Stigma and discrimination
- Social exclusion and loneliness
- Financial challenges, poverty, social disenfranchisement

BARRIERS

- Limited awareness of treatment and support
- Lack of tailored and holistic support
- Stigma or discrimination in support settings

Under each section of this report, there is an accompanying diagram based on the above, which shows how that factor is influenced by (and influences other) factors within the three determinants: contexts, drivers or barriers. Each diagram includes the main circular image above, as an outer ring, with an inner ring added, highlighting the other interactions specific to that factor. The use of this visual shows how experiences of inequality do not occur in isolation and that factors which increase inequality and gambling harm inequality make up our surrounding environment. All framework diagrams are interactive within this report, each factor in the diagram is linked to the relevant section.

This report has focused almost exclusively on synthesising evidence and insights from publications funded by GambleAware. Some of these are among the only programmes which have sought to investigate structural discrimination, racism and the connection between these factors and gambling harms, in the GB context. The aim of the report is to support the existing evidence and recommendations from across GambleAware funded publications. Key insights are distributed across multiple reports funded by GambleAware and this framework makes these insights accessible.

GambleAware research has focused predominantly on the experience of gambling harms within Great Britain, with all primary research conducted on children and adults living, working and ageing there. Additionally, GambleAware research has focused on why some communities experience more harm than others, rather than on 'differences' between communities and the various burdens of harm they experience (e.g. Forrest and Wardle, 2011). Lastly, this collation of GambleAware's research on inequalities and drivers of gambling harm have identified gaps in the evidence base, providing opportunities for future researchers and commissioners.

Data presentation and analysis

This framework draws on both quantitative and qualitative research. The quantitative research identifies the links between inequality, gambling harms and demographics. Meanwhile, the qualitative research supports these links, identifying the mechanisms that drive these associations and the directionality.

This framework has focused on areas which show the relationship between existing inequalities and gambling harm. Therefore, the inequalities and broader factors that contribute to gambling harm identified here are not exhaustive.

However, focusing on research reports funded by GambleAware exclusively provides a useful insight into where the evidence gaps are. This better informs the decisions and priorities of policy makers, commissioners, researchers and health and social care professionals. Wider literature and national survey statistics have been included where appropriate to contextualise the inequalities experienced in Great Britain.

This framework is supplemented with data tables to provide further analysis on populations which experience gambling harms, alongside broader health, social and economic harms. The data within these tables come from three primary sources:

- the combined Annual GB Treatment and Support Survey data from five years (2020-2024)
- a £350,000 18-month grant, funding a large mixed-method primary research programme on stigmatisation and discrimination, conducted by the University of Wolverhampton and NatCen (Shipsey et al., 2025; Weston-Stanley et al., 2025)
- a large mixed-method primary research programme on minority groups (ethnic, religious and language), which included a quantitative and qualitative strand over 18 months, conducted by Ipsos, the University of Manchester and ClearView Research (Moss et al., 2023a; Moss et al., 2023b).

The Annual GB Treatment and Support Survey 2020-2024

The Annual GB Treatment and Support Survey has been conducted online every year since 2020, by YouGov, an international market research company. It uses a random sample of around 18,000 adults for each wave in Great Britain from YouGov's online panel (exact sample sizes by year can be seen in Figure 3). This consists of 400,000 active panel members who have signed up to complete surveys in the UK. The quantitative survey is accompanied with qualitative research in the form of telephone interviews with 30 participants from the survey.

Figure 3
Sample sizes for the Annual GB Treatment and Support survey by year

Survey year	Survey sample size
2020	18,879
2021	18,038
2022	18,305
2023	18,178
2024	17,933

The main focus of the survey is to monitor the demand and usage of treatment and support for gambling harms over time. It is particularly useful at showing how rates of gambling harms vary across different groups of people and areas[5]. The survey is always undertaken between October and December.

Minority Groups and Gambling Harm Research Programme

This wider research programme is made up of two reports – a quantitative report[6] and a qualitative and synthesis report[7]. This research focuses on ethnic minority groups, religious minority groups, people from asylum seeker and refugee backgrounds, as well as people whose first language is not English. It explores the experiences of gambling harms within these groups in the context of Great Britain and of inequalities present in British society.

The quantitative report included an online, nationally representative survey of 2,999 adults across England, Wales and Scotland. This was conducted between 19-25 May 2022. The qualitative report consisted of two rounds of qualitative, app-based, diary-style tasks involving 25 participants. This was in addition to longitudinal interviews with 21 participants, which were conducted between August 2022 and March 2023.

Stigma Research Programme

This research programme is made up of four reports – a quantitative[8], qualitative[9], discourse analysis[10] and synthesis report[11]. The aim of the programme is to understand how people who experience gambling harms are stigmatised, specifically by different sectors of society. Also, what communities are particularly impacted. This research can be used to inform recommendations on how to tackle stigmatisation and the associated harms.

The information in this framework is derived only from the quantitative and qualitative reports. The quantitative report includes an online, nationally representative survey of 3,567 respondents. The qualitative report consists of interviews with 35 people who have lived experience of gambling harms, as well as 24 stakeholders who support people with gambling harms.

5 Every Annual GB Treatment and Support Survey can be found on GambleAware's website
https://www.gambleaware.org/our-research/publication-library/treatment-and-support-survey/

6 Minority communities & gambling harms: Quantitative report
https://www.gambleaware.org/media/josm432p/minority-communities-final-report_0-1.pdf

7 Minority communities & gambling harms: Qualitative and synthesis report
https://www.gambleaware.org/media/23ebklk0/minority-communities-gambling-harms-qualitative-and-synthesis-report.pdf

8 Stigmatisation and discrimination of people who experience gambling harms: Quantitative analysis
https://www.gambleaware.org/media/h0dfievs/quantitative-report-formatted_final.pdf

9 Stigmatisation and discrimination of people who experience gambling harms: Qualitative analysis
https://www.gambleaware.org/media/3tlclc22/stigmatisation-and-discrimination-of-people-who-experience-gambling-harms_qualitative-analysis.pdf

10 Discourses of stigmatisation of gambling harms: A critical discourse analysis of people who experience gambling harms in Great Britain
https://www.gambleaware.org/media/wa0d4gx5/discourse-analysis-formatted.pdf

11 Stigmatisation and discrimination of people who experience gambling harms in Great Britain: Synthesis report
https://www.gambleaware.org/media/qapn2wxq/synthesis-report_formatted_final.pdf

Glossary of key terms

Annual GB Treatment and Support Survey 2020-2024 (T&S survey 2020-2024)	This is the combined data from GambleAware's Annual GB Treatment and Support Survey, with a total of 91,333 respondents, across five years, between 2020-2024. The annual survey consists of both a quantitative survey (of around 18,000 participants) and a qualitative strand (of around 30 participants).
Problem Gambling Severity Index (PGSI)	This is a nine-question instrument to measure gambling behaviour and consequences. Each answer is scored on a four-point scale, giving a total PGSI score ranging between 0 to 27.
Any level of problems with gambling (PGSI 1+)	This is used to capture the burden of problems with gambling in a population.
A high level of problems with gambling or 'problem gambling' (PGSI 8+)	This is used to capture the burden of 'problem gambling' in a population.
Minority group(s)	This refers to the primary audience of a large research programme[12]. Minority groups in this study include those who meet at least one of the following criteria: • Identify as a member of an ethnic minority group • Identify as a member of a religious minority group • Those who do not speak English as their first language • Where pertinent, those who have moved to Great Britain in the past 10 years if English is not their primary language.
Affected other	We use the term 'affected other' to refer to someone who has experienced harm due to the gambling of another person. This is 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.

12 Minority Communities & Gambling Harms: Qualitative and Synthesis Report
https://www.gambleaware.org/media/2zlce2gh/minority-communities-gambling-harm-qualitative-and-synthesis-analysis.pdf

Index of Multiple Deprivation

Index of Multiple Deprivation[13] (IMD) is the official measure of relative deprivation for small areas in England, which considers a wide range of an individual's living conditions across domains including:

- income
- employment
- health deprivation and disability
- education
- skills training
- crime
- barriers to housing and services
- living environment.

It is calculated for every Lower layer Super Output Area (LSOA) or neighbourhood in England, of which there are 32,844

Lower layer Super Output Areas (LSOAs)

Lower layer Super Output Areas (LSOAs), or neighbourhoods, are usually made up of four or five Output Areas (OAs). Output Areas are the lowest level of geographical area for census statistics. They comprise of between 400 and 1,200 households and usually have a resident population between 1,000 and 3,000 persons[14]. LSOAs are allocated a score of deprivation, using the Index of Multiple Deprivation, which identifies neighbourhood deprivation and inequality. A score of 1 refers to the most deprived area and 32,844 the least deprived.

Social Grade

Social Grade is a classification system based on occupation[15]. This is a way of grouping people by type, which is mainly based on their social and financial situation. Social Grade has six possible classifications (A, B, C1, C2, D and E). Census data uses a combined, four-way classification:

- AB: Higher and intermediate managerial, administrative and professional occupations
- C1: Supervisory, clerical, and junior managerial, administrative and professional occupations
- C2: Skilled manual occupations
- DE: Semi-skilled and unskilled manual occupations; unemployed and lowest grade occupations[16].

13 The English Indices of Deprivation 2019 (IoD2019) https://assets.publishing.service.gov.uk/media/5d8b399a40f0b609946034a4/IoD2019_Infographic.pdf

14 Census 2021 geographies https://www.ons.gov.uk/methodology/geography/ukgeographies/censusgeographies/census2021geographies

15 NRS social grade https://nrs.co.uk/nrs-print/lifestyle-and-classification-data/social-grade/

16 Approximated Social Grade data https://www.ons.gov.uk/census/aboutcensus/censusproducts/approximatedsocialgradedata

Analysing the inequitable contexts of gambling harms

An important aspect of health outcomes and health inequalities is where they occur, including the contextual and structural effects that make up one's environment.

The contextual factors that contribute to inequalities in gambling harm include:

- geography and neighbourhood
- social and community
- regulation and policy
- commercial determinants (marketing and advertising, gambling products and design).

These factors are distinct from effects determined by individual people and/or community behaviours (Sauzet & Leyland, 2017). Instead, these wider contextual, structural, sociological, and/or spatial and temporal factors are themselves the backdrop of any individual characteristics, and so an understanding of these is fundamentally necessary in understanding anyone's gambling harm.

This section focuses on how the spatial, physical, political and social environments people live, work and age in can create or exacerbate health inequalities, as well as inequalities in gambling harm. It includes how physical place and space affect communities in terms of deprivation, geographical access and distance to gambling venues, in addition to the concentration of and exposure to gambling advertising. It also discusses more nuanced variables of one's social environment such as social norms, family dynamics and regulation.

Geography and neighbourhood

Geography and neighbourhood are important factors in understanding gambling harm inequalities as they capture the environmental, political and social antecedents to health inequalities (Johnstone & Regan, 2020). Spatial inequality, which refers to how resources are unevenly distributed across geographical areas (Wheaton et al., 2024) extends to gambling harms, with areas of high deprivation having higher levels of 'problem gambling' (PGSI 8+) (Evans & Cross, 2021).

Further, the broader social and cultural effects on marginalised places cannot be ignored when looking at geographic health inequality (Keene & Padilla, 2014). 'Spatial stigma' is demonstrated below. This considers how disadvantaged places impact health outcomes through:

- access to material resources
- processes of stress and coping
- processes relating to identity formation and identity management.

These factors are explored in the context of how minoritised and marginalised people respond to their gambling saturated environment (Keene & Padilla, 2014).

This section presents the distribution of gambling problems, measured using the PGSI scale, across England, Wales and Scotland, before exploring regional and local differences within England. The distribution of 'problem gambling' (a score of PGSI 8+) is explored through:

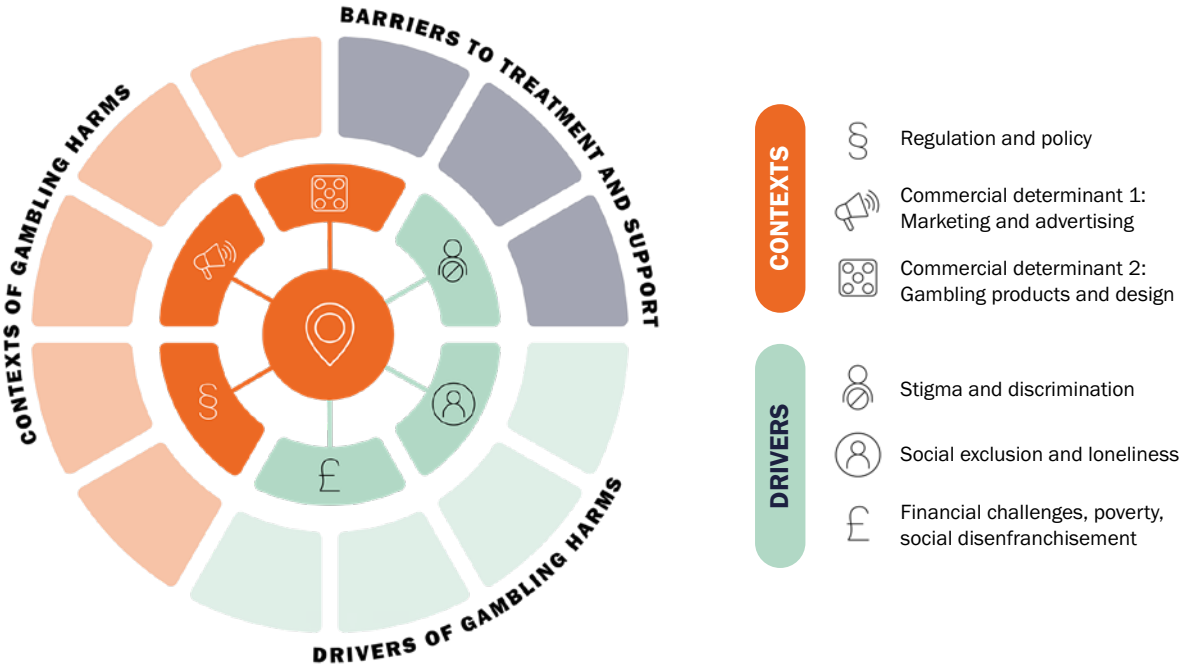
- deprivation
- concentration of gambling venues
- minority ethnic status.

Any associations between these factors is discussed.

Key findings

- Geographical areas that have higher levels of health inequalities are more likely to have higher levels of 'problem gambling' (PGSI score of 8+).
- Regions in England, with the highest level of 'problem gambling' (PGSI 8+), also have a disproportionate burden of ethnic minorities gambling compared to white groups.
- Those living in more deprived areas are more likely to engage in gambling activities associated with a higher level of gambling harm.
- Gambling venues are concentrated in more deprived areas.
- Gambling venues are highly accessible, especially for those who face barriers to accessing other forms of entertainment and a sense of belonging.

Figure 4
How geography and neighbourhood intersects with other areas of inequality, drivers and barriers of gambling harm



This section shows how differences associated with one's geographic area and neighbourhood intersect with other experiences of inequality to affect levels (and experiences of) gambling harm.

This includes:

- how experiences of deprivation increase people's likelihood to engage in gambling to find financial relief, including engaging in higher risk activities
- the role institutional racism plays in restricting ethnic minority groups' opportunities to leave deprived areas
- how social exclusion in one's built environment can make gambling venues more inviting and appealing.

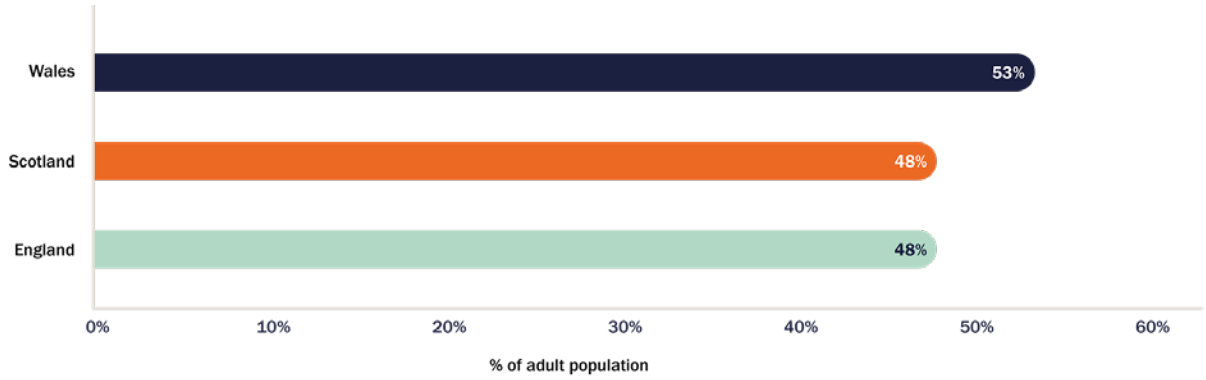
National differences in gambling harms in Great Britain

It is difficult to ascertain, on a national level, what drives differences in gambling harms between the three nations, as there are a variety of factors at play. It is well established that Scotland and Wales have poorer health and social outcomes than England, with lower life expectancies (The Health Foundation, 2024), lower gross disposable household income (Office for National Statistics, 2024), and higher levels of anxiety (Office for National Statistics, 2025).

This shows that geographical inequalities exist across Great Britain, creating national and regional disparities (Evans & Cross, 2021). Although there is limited evidence to demonstrate a causal relationship between these broader national experiences and gambling harm, it is important to acknowledge the differences.

In terms of gambling participation, data from the Gambling Commission's Great Britain Gambling Survey (GSGB), undertaken in 2023, shows that Wales has the highest participation of gambling in the last four weeks (53%) with Scotland (48%) and England (48%) having similar rates, as seen in Figure 5 (Gambling Commission, 2024).

Figure 5
Gambling participation in Great Britain in the past four weeks (at the time of survey) by nation

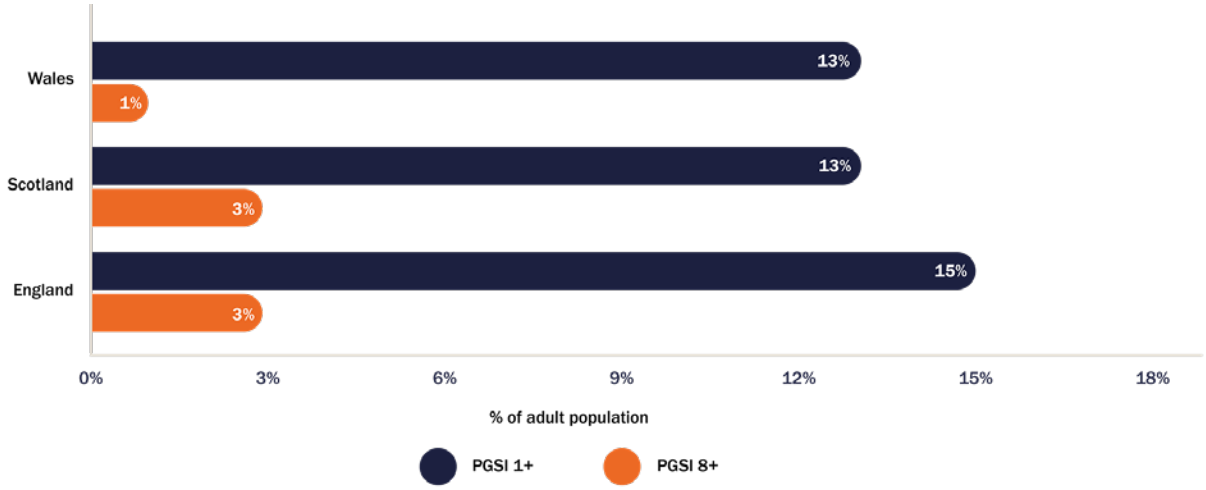


Source: Gambling Survey for Great Britain supplementary tables (including region and country) 2023
Note: Figures have been rounded to the nearest whole numbers so they might not add up to 100%.

When looking at the proportion of people experiencing any level of problems with their gambling (PGSI 1+) in Figure 6, England (15%) has the highest level with Scotland (13%) and Wales (13%) having similar levels (Gambling Commission, 2024).

However, when looking at the burden of 'problem gambling' (PGSI score of 8+) also in Figure 6, Scotland and England have joint similar levels (3%), followed by Wales (1%) (Gambling Commission, 2024).

Figure 6
Prevalence of gambling problems (PGSI) in Great Britain by nation



Source: Gambling Survey for Great Britain supplementary tables (including region and country) 2023
Note: Figures have been rounded to the nearest whole numbers so they might not add up to 100%.

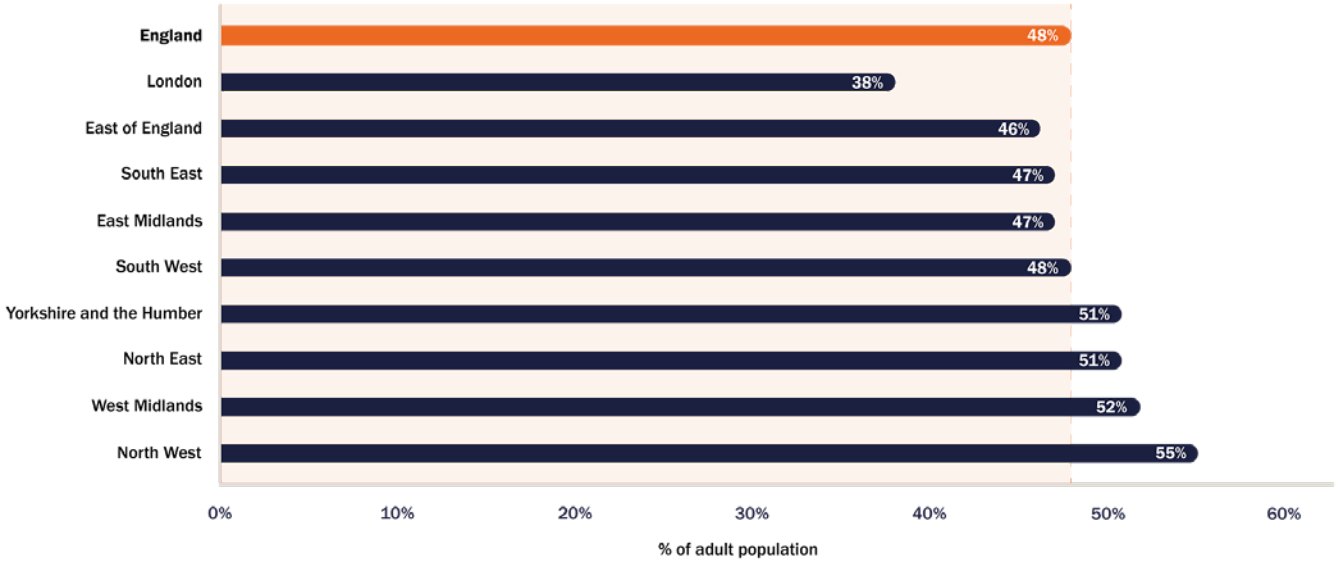
As stated above, it is difficult to definitively understand what drives nationwide differences in gambling harm. However, as will be explored in greater detail below, factors such as ethnicity, deprivation, availability of gambling and engagement in certain gambling activities contribute to higher burdens of gambling harm. Exploring regional and local differences provides a clearer picture.

Regional differences in gambling harms in England

Prevalence of gambling and gambling problems (measured using the PGSI scale)

The prevalence of gambling and gambling problems (PGSI) is unequally distributed regionally within England. In terms of gambling participation, the North West of England (55%) and the West Midlands (52%) have the highest levels in the country, well above the country average (48%) (Figure 7).

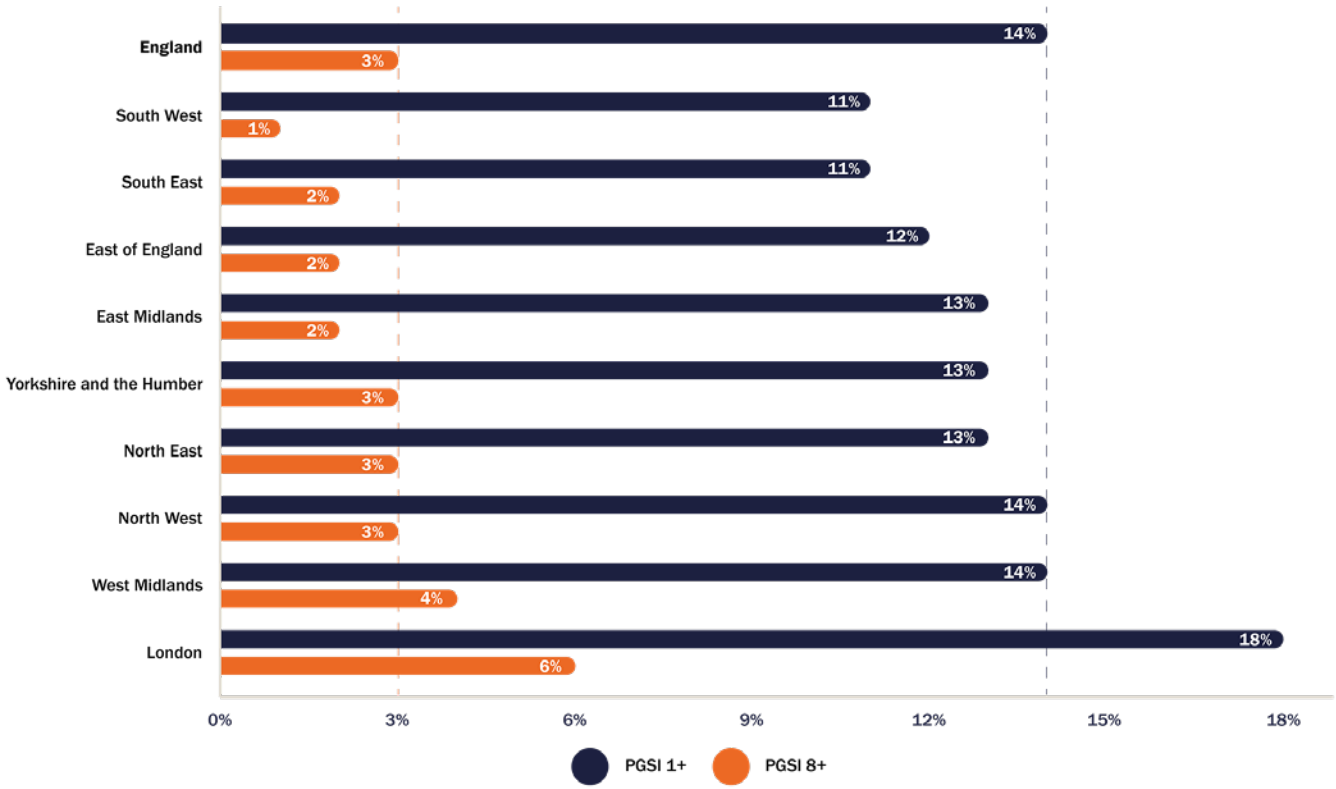
Figure 7
Gambling participation in the past four weeks (at the time of survey) by government office region compared to England overall



Source: Gambling Survey for Great Britain supplementary tables (including region and country) 2023
Note: Figures have been rounded to the nearest whole numbers so they might not add up to 100%

In terms of the highest proportion of adults facing any level of problems from gambling, measured as PGSI 1+, the regions with the highest proportion include London (18%), the West Midlands (14%) and the North West (14%) as seen in Figure 8. These regions also have the highest proportion of adults experiencing 'problem gambling' (PGSI 8+) – London (6%), West Midlands (4%) and the North West (3%) (Figure 8).

Figure 8
Prevalence of gambling problems (PGSI) in England by government office region



Source: GambleAware Annual GB Treatment and Support Survey (2020-2024)
Note: Figures have been rounded to the nearest whole numbers so they might not add up to 100%.

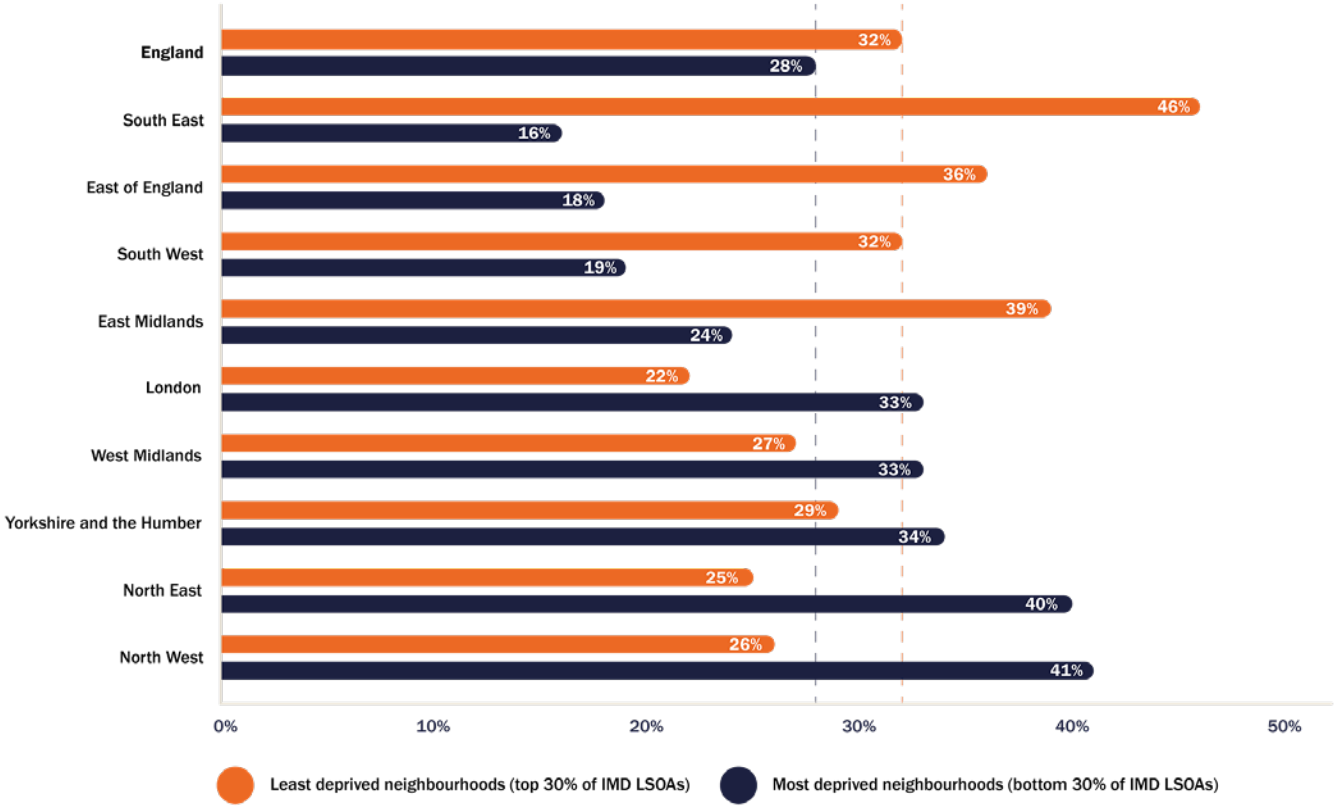
These inequalities in prevalence of gambling and gambling problems (PGSI) are broadly in line with where inequalities are most pronounced in England. Looking at overall inequality using the Office for National Statistics' Index of Multiple Deprivation (IMD)[17] scores, we see that the North of England tends to have a higher share of the population in the most deprived (bottom 30% of IMD Lower layer Super Output Areas (LSOAs)) than the South of England. This is shown in Figure 9[18].

17 Definition found in 'Glossary of key terms'.

18 This framework compares the most deprived (bottom 30% of IMD LSOAs) to the least deprived (top 30% of IMD LSOAs) to be consistent with how deprivation is presented in GambleAware's Annual GB Treatment and Support Surveys. It is common to either use 10%, 20% or 30% to describe how relatively deprived a neighbourhood is as there is no definitive cut-off to describe an area as 'deprived' (Ministry of Housing, Communities and Local Government, 2019).

Figure 9

Percentage of population in England's most deprived and least deprived neighbourhoods by government office region



Source: GambleAware Annual GB Treatment and Support Survey (2020-2024)
Note: Figures have been rounded to the nearest whole numbers so they might not add up to 100%.

Deprivation is a key indicator of inequality. It is measured using the Index of Multiple Deprivation (IMD), which combines seven domains including income, employment, education, health, crime, barriers to housing and services, and living environment to provide an overall relative measure of deprivation across local place-based areas (Ministry of Housing, Communities and Local Government, 2019).

Geographical inequalities are underpinned by economic and health outcomes and there is a North-South divide in economic inequality in England. For example, as seen in Figure 9, the South East has the lowest proportion of most deprived neighbourhoods (16%); in comparision to other regions in England, as of 2020, the South East also performed highly in highest productivity (measured using Gross Value Added (GVA)), human capital and wages (Office for National Statistics, 2020).

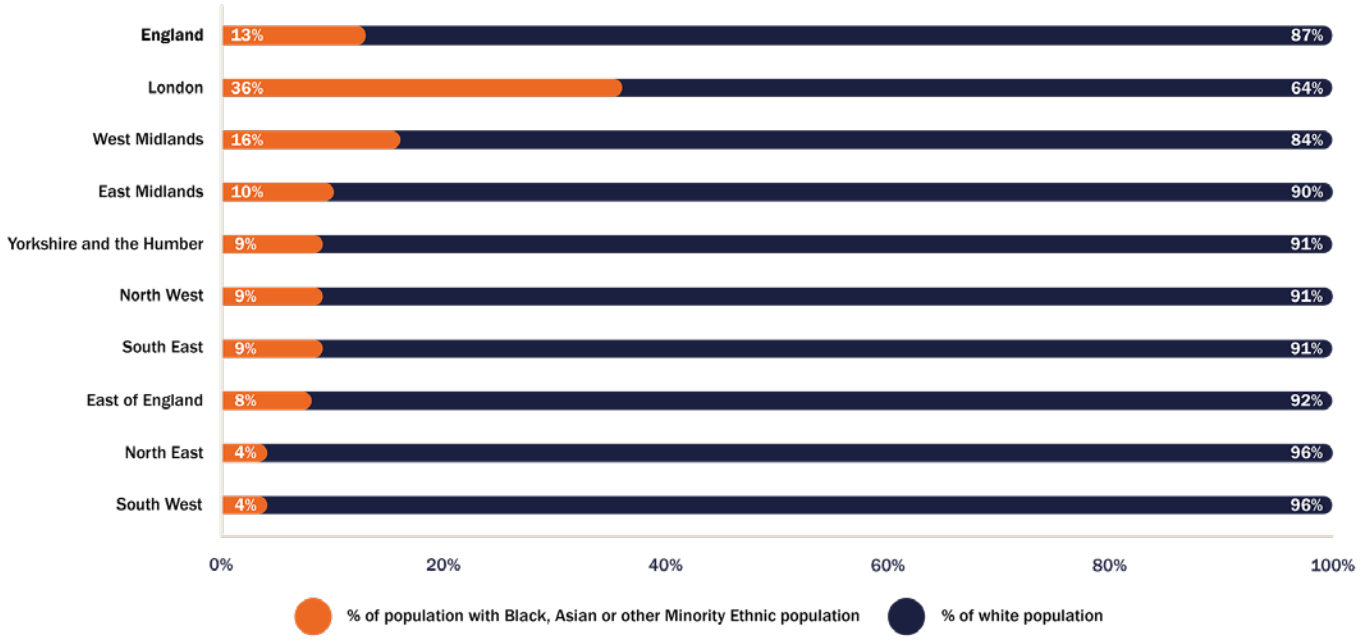
In comparison, on the health front, the North of England, as of 2021, has the highest proportion of people who report being in bad or very bad health and in particular the North East and the North West, have lower life expectancies than the rest of England (Office for National Statistics, 2023). This aligns with the North East and North West also having the highest proportion of most deprived neighbourhoods (41% and 40% respectively), as also seen in Figure 9.

A clear example of the link between deprivation and gambling problems is seen in London. London has the highest proportion of adults facing any problems from gambling (measured as PGSI 1+), in addition to having the highest proportion of adults experiencing 'problem gambling' (PGSI 8+) as seen in Figure 8. As well as this, London has a relatively high percentage of its population in the most deprived neighbourhoods (top 30% of IMD percentiles) as seen in Figure 9. There is also an urban density and deprivation element that applies to London, which is explored further below.

Minority Ethnic communities

Figure 10 shows the ethnic composition of the adult population across different English regions. It shows significant regional variations. For instance, London stands out with a much higher proportion of its adult population (36%) from a Black, Asian, or other minority ethnic background compared to all other regions. Conversely, regions like the South West and North East have the smallest proportions of these ethnic groups, at just 4%. This shows that most English regions have a dominant White ethnic population, with figures ranging from 64% in London to 96% in the South West and North East.

Figure 10
Composition of population in English regions, by ethnic background and government office region

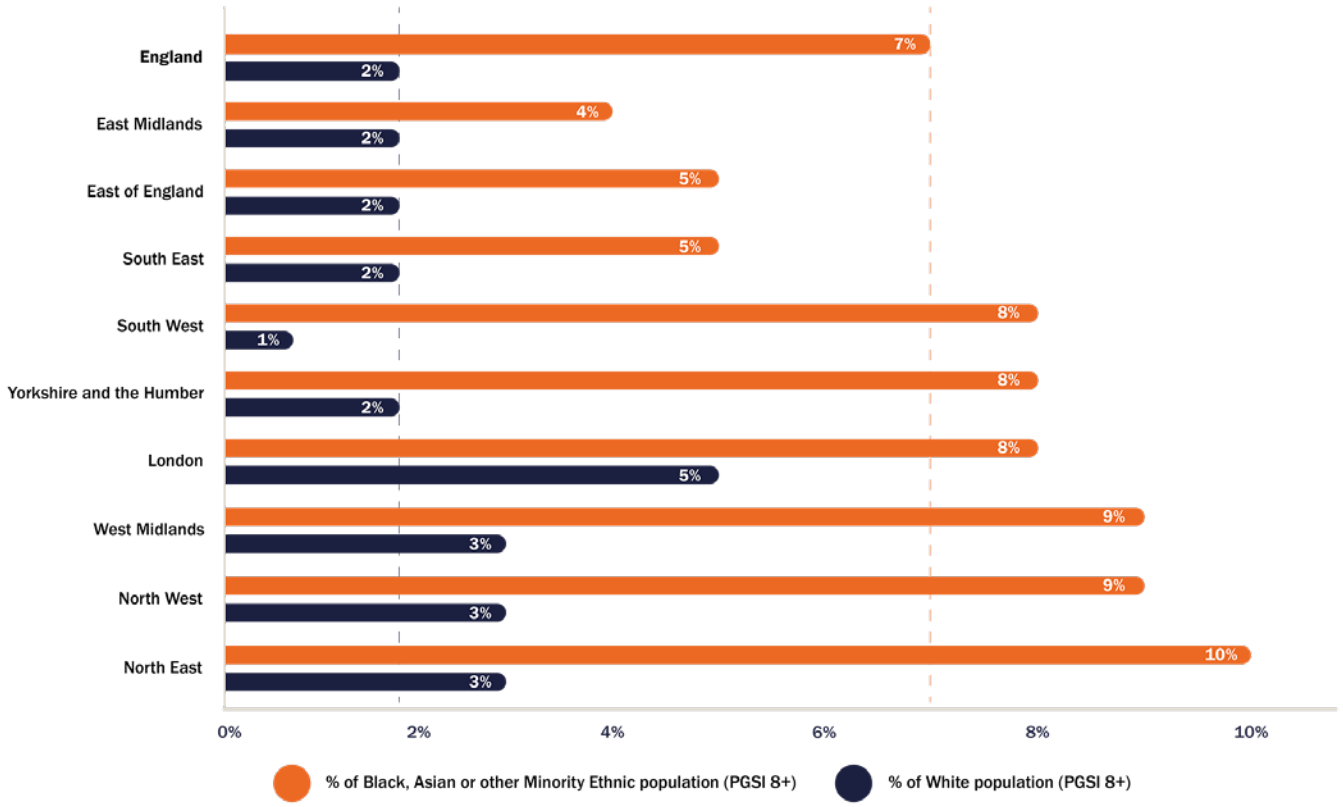


Source: GambleAware Annual GB Treatment and Support Survey (2020-2024)
Note: Figures have been rounded to the nearest whole numbers so they might not add up to 100%.

The ethnic distribution across regions is significant as minority ethnic communities bear a disproportionate burden of gambling harms compared to White British groups (Gosschalk et al., 2024b; Gunstone & Gosschalk, 2019; Moss et al., 2023a). As seen in Figure 11, minority ethnic groups are more likely to experience 'problem gambling' (PGSI 8+) than the White population in all English regions.

The disproportionate spread of gambling problems, by ethnicity, is further demonstrated with the North East. This region has the lowest proportion of people from Black, Asian or other Minority Ethnic backgrounds (4%), as shown in Figure 10. However, as illustrated in Figure 11, the North East also has the highest proportion of people from these backgrounds experiencing 'problem gambling' (PGSI 8+) (10%).

Figure 11
Percentage of population experiencing 'problem gambling' (PGSI 8+) in England by ethnic background and government office region



Source: GambleAware Annual GB Treatment and Support Survey (2020-2024)
Note: Figures have been rounded to the nearest whole numbers so they might not add up to 100%.

That minority ethnic communities bear a disproportionately high prevalence of 'problem gambling' (PGSI 8+) compared to White British groups, despite being less likely to engage in gambling (Gosschalk et al., 2024b; Gunstone & Gosschalk, 2019; Levy et al., 2020; Moss et al., 2023a), demonstrates the broader structural inequalities at play.

These inequalities are explored throughout this framework. However, a primary inequality is being more likely to live in areas of higher deprivation, which limits one's educational (e.g. less selective school programmes) and employment opportunities (e.g. fewer professional occupations) (Social Mobility Commission, 2020).

This in turn can lead to gambling being used as a means to improve one's financial or social standing (Moss et al., 2023b). This is explored further in the '**Financial challenges, poverty, social disenfranchisement**' and '**Stigma and discrimination**' sections of this report. All of these factors highlight the multidimensional aspects of inequality that lead to disproportionately high levels of 'problem gambling' (PGSI 8+) among a small percentage of the population in GB.

London has the highest prevalence of 'problem gambling' (PGSI 8+) among the White population which could be due to London being the most densely populated region[19]. However it could also in part be due to London having a younger demographic profile. Since 2023, 1 in 5 (23.5%) people living in inner London are aged 25-34 compared to 12.7% in the rest of England (Trust for London, 2025).

19 Population and household estimates, England and Wales: Census 2021
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021?utm_source=chatgpt.com

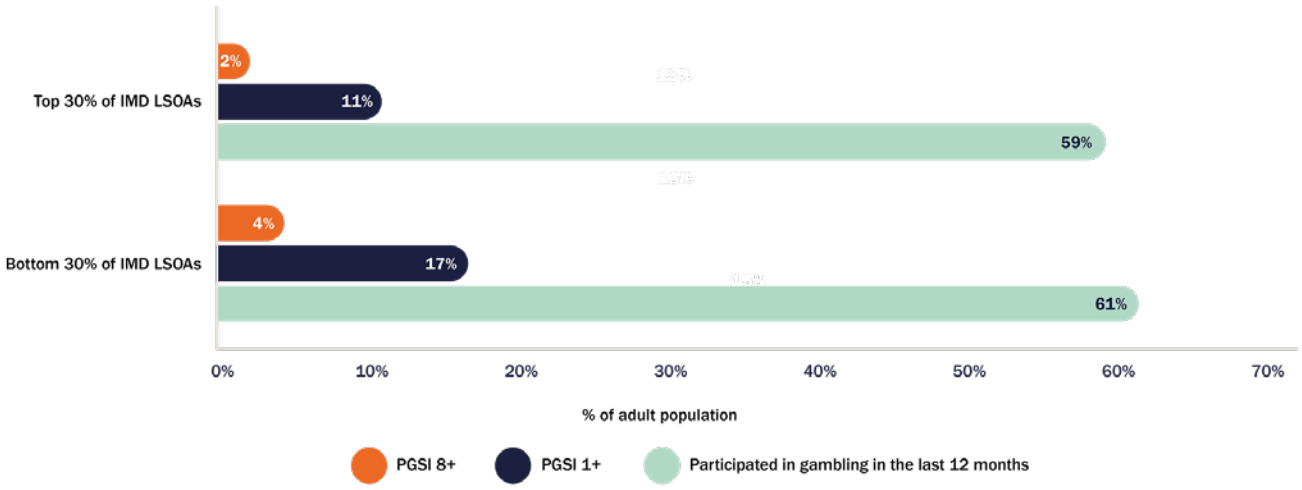
According to the Gambling Survey for Great Britain (GSGB), 25-34 year olds bear the highest burden of 'problem gambling' (PGSI 8+) (5.2%) among all age groups, which is well above the average, 2.5% of all adults (Gambling Commission, 2024). So not only is there an ethnic dimension to the distribution of gambling harm, but also an age dimension.

Local differences in gambling harms and levels of deprivation in England

GambleAware's Annual GB Treatment and Support Survey data (2020-2024) shows that those in the most deprived areas (i.e. bottom 30% of LSOAs[20]) in England are only slightly more likely to gamble than those (in the last 12 months) in the least deprived areas (i.e. top 30% of LSOAs). As shown in Figure 12, the percentages are 61% vs 59%.

However, those in the most deprived areas are much more likely to experience any level of problems with gambling (PGSI 1+) than those in the least deprived areas (17% vs 11%). This is also the case with 'problem gambling' (PGSI 8+), where the figures are 4% vs 2%. This data shows how those already facing inequality, based on deprivation, are also more likely to experience harm from gambling.

Figure 12
Prevalence of gambling and gambling problems (PGSI) in the most deprived and least deprived neighbourhoods based on the Index of Multiple Deprivation (IMD)



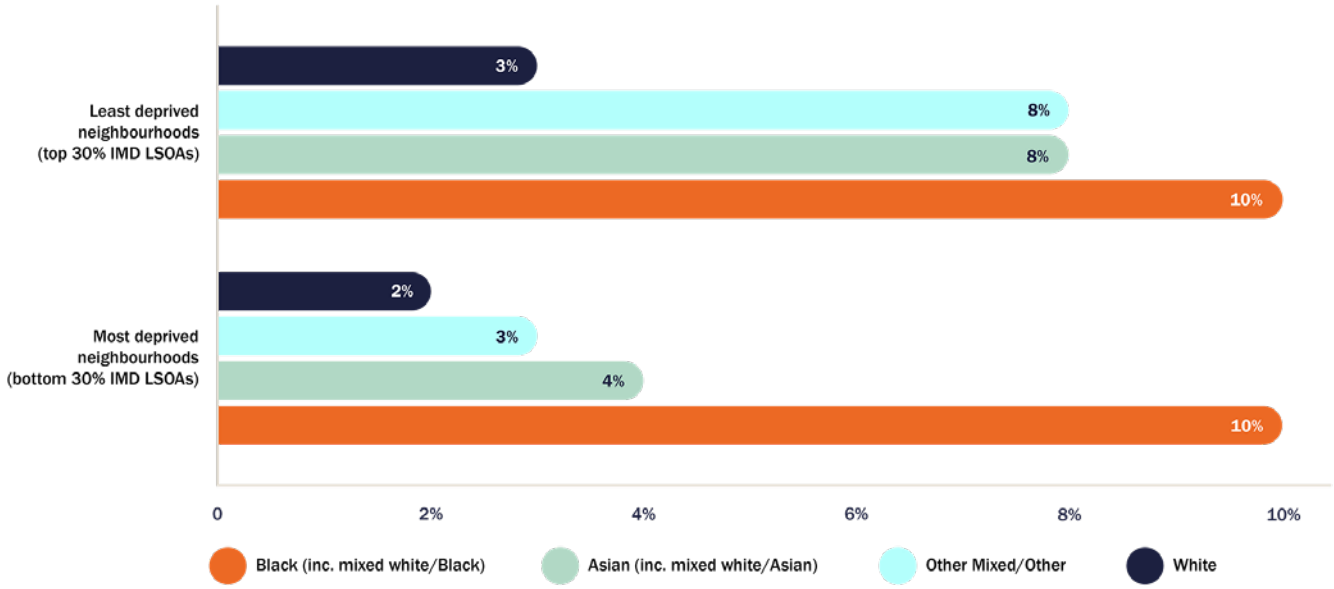
Source: GambleAware Annual GB Treatment and Support Survey (2020-2024)
Note: Figures have been rounded to the nearest whole numbers so they might not add up to 100%.

Based on GambleAware's Annual GB Treatment and Support Survey data (2020-2024), there are links between levels of deprivation, ethnicity and problems from gambling. As shown in Figure 13, when looking at the least (top 30%) and most deprived (bottom 30%) areas in England based on the Index of Multiple Deprivation (IMD), minority ethnic groups in the most deprived areas are more likely to experience 'problem gambling' (PGSI 8+) than people from White backgrounds. For example the proportion of people from Asian backgrounds who experience 'problem gambling' (PGSI 8+) in the most deprived areas (bottom 30%) is more than double that experienced by those from White backgrounds living in the same highly deprived areas (8% vs 3%).

20 **Lower layer Super Output Areas (LSOAs)** are made up of groups of Output Areas (OAs), usually four or five. They comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.

Further, we see that the difference in 'problem gambling' (PGSI 8+) between ethnic groups living in the most and least deprived areas is more stark for minority ethnic groups than those from a White background. There is only a 1% difference in 'problem gambling' (PGSI 8+) between White people living in the most and least deprived areas (3% vs 2%). However, among Asian people, 'problem gambling' (PGSI 8+) more than doubles depending on where they live – 4% in the least deprived vs 8% in the most deprived. This extends to those from Other/Mixed backgrounds – 3% in the least deprived areas vs 8% in the most deprived. This highlights the intersection of ethnicity and deprivation in increased gambling harm.

Figure 13
Prevalence of 'problem gambling' (PGSI 8+) in the most deprived and least deprived neighbourhoods based on the Index of Multiple Deprivation (IMD) by ethnic backgrounds



Source: GambleAware Annual GB Treatment and Support Survey (2020-2024)
Note: Figures have been rounded to the nearest whole numbers so they might not add up to 100%.

However, when looking at people from Black backgrounds, they are equally as likely to experience 'problem gambling' (PGSI 8+) whether they live in the least or most deprived areas (10% vs 10%). This shows how inequalities are multi-dimensional and that gambling harms are complex and driven by varying factors.

Also, those who are minoritised or socially excluded are more likely to live in deprived areas, such as those experiencing mental health challenges and ethnic minority groups (Levy et al., 2020; Martin et al., 2024). Ethnic minority groups can experience significant difficulties in moving away from deprived neighbourhoods, which are associated with socio-economic disenfranchisement, as well as experiences of social exclusion and marginalisation. This creates a cycle of poverty and discrimination that is difficult to break without structural change (Levy et al., 2020).

Density and positioning of gambling venues

Understanding the positioning of gambling outlets is important. Living in close proximity to gambling outlets, or in an area populated with gambling venues, has been associated with an increase in gambling behaviour and gambling-related harm due to accessibility, but also the normalisation of gambling (Evans & Cross, 2021).

For example, certain city centres have a greater concentration of betting shops, namely City of London (32 betting shops), Glasgow City Centre (21 betting shops) and Leeds City Centre (16 betting shops) (Evans & Cross, 2021). This places people living in larger city centres at greater risk of gambling harm as

they have greater access to electronic gaming machines which are associated with a higher level of harm than other gambling products, such as bingo or scratch cards (Wang et al., 2025). This is explored further in the '**Commercial determinant 2: Gambling products and design**' section of this report.

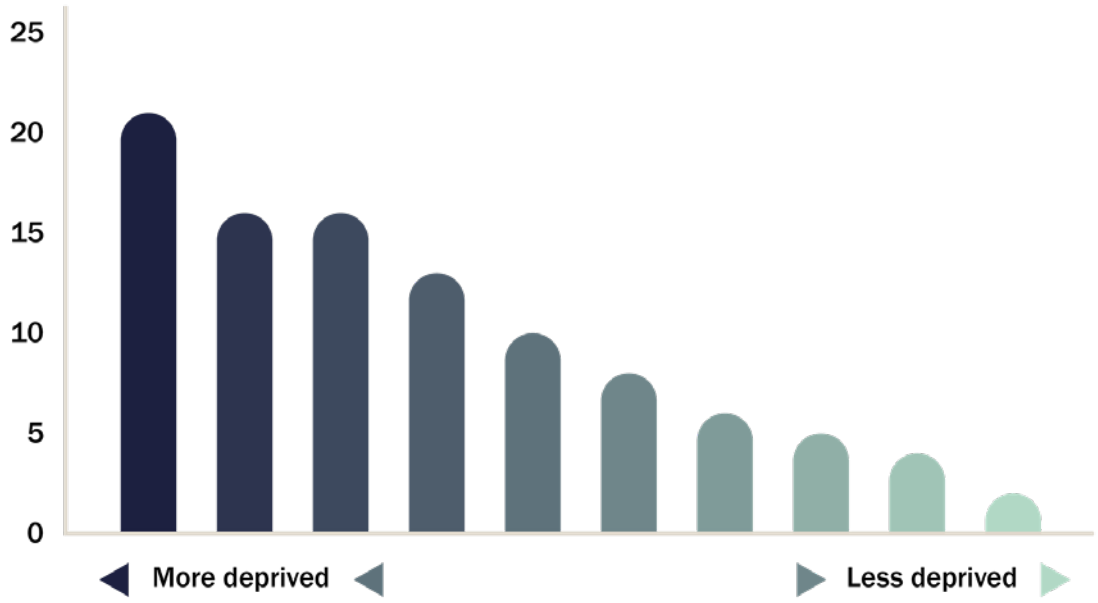
On the other hand, family entertainment centres or amusement arcades are concentrated in coastal locations with 72% of family entertainment centres located within 2km of the British shoreline (Evans & Cross, 2021). These family entertainment centres contribute to the normalisation of gambling, which increases the likelihood of engaging in other non age-restricted gambling activities (Ipsos MORI, 2020).

There is a correlation between urban density and deprivation, with the majority of deprived areas in England being urban and densely populated areas (Lloyd et al., 2022). Furthermore, a high density of gambling machines and betting shops tend to be concentrated in areas with high levels of deprivation, unemployment and minority ethnic diversity (Astbury & Thurstain-Goodwin, 2015; Evans & Cross, 2021; McGrane et al., 2023; Saunders et al., 2023).

As seen in Figure 14, more than a fifth (21%) of gambling premises are based within the most deprived of areas (at Lower layer Super Output Area level) of Britain, while just 2% are located in the least deprived areas (Evans & Cross, 2021). This places those most likely to live in areas of higher deprivation at greater risk of gambling harm – notably minority ethnic communities, those with mental health challenges, people living with a disability, vulnerable migrants, those with insecure employment and those experiencing homelessness – or in general, those who experience socio-economic disenfranchisement and inequality (Martin et al., 2024; Moss et al., 2023b).

With a greater presence of venues in deprived areas, this means those living in them – often those who are multiply marginalised, including their children and young people – are more exposed to gambling marketing. This increases their likelihood of gambling and therefore experiencing harm (Alma Economics, 2023a). This is discussed further in the '**Commercial determinant 1: Marketing and advertising**' section of this report.

Figure 14
Gambling premises are disproportionately concentrated in more deprived areas



Note: From *The geography of gambling premises in Britain* by Evans & Cross, 2021.
(https://www.bristol.ac.uk/geography/research/pfrc/themes/vulnerability/gambling/the-geography-of-gambling-premises-in-britain/)

Accessibility of gambling venues and activities

Though gambling venues are highly accessible for all population groups, they are especially accessible for those who are more resource poor and minoritised (Martin et al., 2024). This is primarily due to where gambling venues are located. As discussed, gambling venues are conveniently located on high streets (often more so in deprived areas), within walking distance of other activities, are often open 24 hours a day, and can offer low stake gambling activities (MacGregor et al., 2020; Martin et al., 2024).

For those experiencing homelessness, for example, this provides a safe space to be away from the streets for periods of time. The availability of hot – and sometimes free – food and drink can be further appealing for groups including homeless communities, as well as older people and those living on benefits and/or their pension alone (Martin et al., 2024).

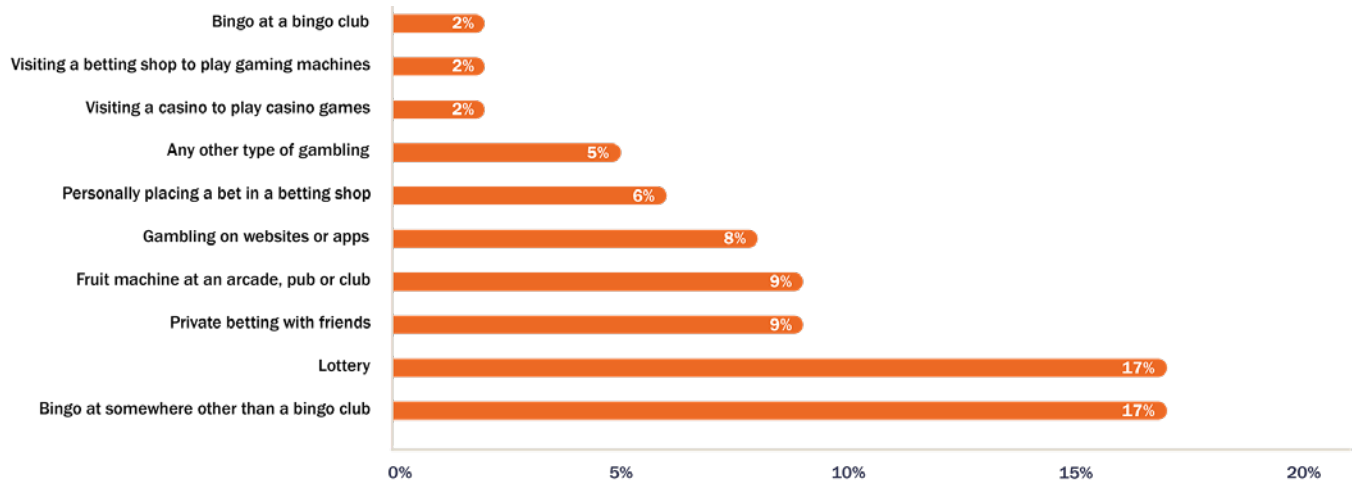
Gambling and gambling venues have (bar age) few barriers to entry, require no admission fees, require little to no language skills and venues have extended opening hours (Martin et al., 2024). These factors make gambling onsite and online a highly accessible option for those with limited mobility and fewer alternative leisure options, such as those who are older or live with a physical or learning disability (Martin et al., 2024). Gambling venues are also appealing to people who work unsociable hours, which are disproportionately migrants and those from ethnic and religious minority backgrounds (Martin et al., 2024).

Importantly, gambling venues are often viewed as safe, non-judgemental places for women and minority ethnic groups who may find gambling venues to be social and inclusive spaces (IFF Research et al., 2023; Moss et al., 2023b). Experiences of racism and discrimination, alongside feelings of loneliness, can lead some people to find a comparative sense of belonging and safety in gambling venues with other like-minded and/or non-judgemental people (IFF Research et al., 2023; Moss et al., 2023b). This is explored further in the '**Social exclusion and loneliness**' and '**Stigma and discrimination**' sections of this report. However, at the same time, gambling venues can be intimidating for some women who prefer to gamble online (IFF Research et al., 2023), an activity which is associated with greater harms (Wang et al., 2025).

Furthermore, certain gambling activities are much more accessible than others, specifically for children and young people. For example, many children report being exposed to electronic gambling machines in a pub or arcade while on family outings (MacGregor et al., 2020). Likewise, children and young people are exposed to gambling activities, and gambling-like activities, online (Chalmers et al., 2024).

Additionally, 23% of 11-17 year olds report currently engaging in gambling despite being underage. This shows gambling activities are accessible for those under 18 even though they are an age-restricted activity (MacGregor et al., 2020). One of the most common gambling activities children and young people (11-24 year olds) engage in, as seen in Figure 15 below, is lottery, which includes scratch cards (17%) which is not only easily accessible in a local shop but is relatively unregulated (MacGregor et al., 2020). This highlights how lack of regulation can increase inequalities as discussed in the '**Regulation and policy**' section of this report.

Figure 15
Gambling activities engaged in by 11-24 year olds



Source: MacGregor et al., 2020

Publications funded by GambleAware referenced in this section

- **Building knowledge of women's lived experience of gambling and gambling harms across Great Britain** (IFF Research et al., 2023)
- **Annual GB Treatment and Support Survey 2023** (Gosschalk et al., 2024b)
- **Gambling Among Adults From Black, Asian and Minority Ethnic Communities: A Secondary Data Analysis of the Gambling Treatment and Support Study on Behalf of GambleAware** (Gunstone & Gosschalk, 2019)
- **Minority Communities & Gambling Harms: Quantitative Report** (Moss et al., 2023a)
- **Minority Communities & Gambling Harms: Qualitative and Synthesis Report Lived Experience, Racism, Discrimination and Stigma** (Moss et al., 2023b)
- **Disproportionate Burdens of Gambling Harms Amongst Minority Communities: A Review of the Literature** (Levy et al., 2020)
- **Relative Risk of Gambling Products Within Great Britain: Findings From a Rapid Literature Review and Secondary Analysis Project** (Wang et al., 2025)
- **Gambling Harms and Coping With Marginalisation and Inequality: Marginalisation, Isolation and Criminalisation in Great Britain** (Martin et al., 2024)
- **The Effect of Gambling Marketing and Advertising on Children, Young People and Vulnerable Adults** (Ipsos MORI, 2020)
- **The Effect of Marketing and Advertising on Children, Young People and Vulnerable People: Quantitative Research Report** (MacGregor et al., 2020)

Social and community

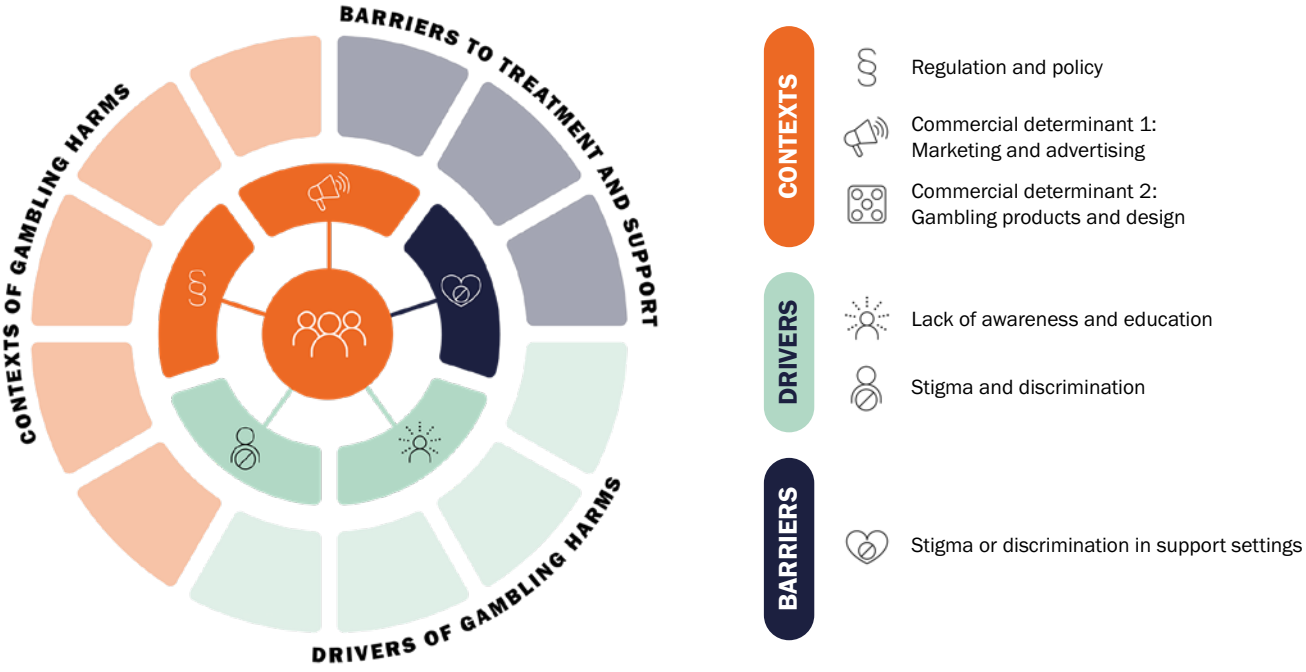
An individual's social capital, community cohesion and relationships (including their interactions with others and institutions) are important factors in determining health outcomes (National Academies of Science et al., 2023) – and inequalities, including within gambling harms. These make up one's social and community context and are influenced by broader societal-level norms, policies, laws, regulations, institutions and practices (National Academies of Sciences et al., 2023).

This section explores how the normalisation of gambling as 'a bit of harmless fun' in British society has increased participation and therefore the risk of gambling harm. This perceived acceptance and normalcy of gambling is exacerbated by family and peer attitudes towards gambling and gambling harm, resulting in a disproportionate impact on children and young people (MacGregor et al., 2020). Furthermore, society is more or less accepting of one's experience of gambling harm depending on their social conditions (Braverman, 2013). This includes employment, immigration status and home ownership (Weston-Stanley et al., 2025).

Key findings

- The process of normalising gambling among family and friends increases the likelihood of individuals holding stigmatising views against their friends and family members when they experience gambling harm.
- Family and peer attitudes towards gambling increase the likelihood of children and young people perceiving it as acceptable and harmless - this increases their risk of engaging in gambling and experiencing harm.
- Those who do not hold certain social conditions, for example, those who are not homeowners or ethnic minority groups, are less likely to be accepted due to their gambling harms compared to those who hold social conditions; these groups are also more likely to experience gambling harm.

Figure 16
How social and community intersects with other areas of inequality, drivers and barriers of gambling harm



This section explores how family and peer attitudes towards gambling can impact other's perceptions of gambling and awareness of gambling harm, specifically for children and young people.

It discusses how society is more or less accepting of people's experience of gambling harm depending on their social conditions.

Ultimately, this section shows how the broader accepted norms in society can drive gambling harm to a greater extent for certain people over others.

Gambling as normal and 'harmless fun'

Not only is gambling a normal part of British society with nearly half (48%) of all adults having participated in gambling in the last 4 weeks (Gambling Commission, 2024) but gambling is also predominantly perceived in British society as a normal leisure and social activity (Ford et al., 2024; IFF Research et al., 2023; Martin et al., 2024; Moss et al., 2023b), or a 'harmless bit of fun' (Gosschalk et al., 2024a).

This can drive inequalities in gambling harm specifically among children as they are more likely to view gambling as fun and harmless and be exposed to gambling before they are able to critically evaluate it. For example, 76% of 11-17 year olds in a survey agreed that gambling advertising makes gambling seem fun, and 73% agree gambling advertising makes gambling seem harmless/risk-free (Sherbert Research & CultureStudio, 2025).

The influence of social conditions on acceptance of gambling harm

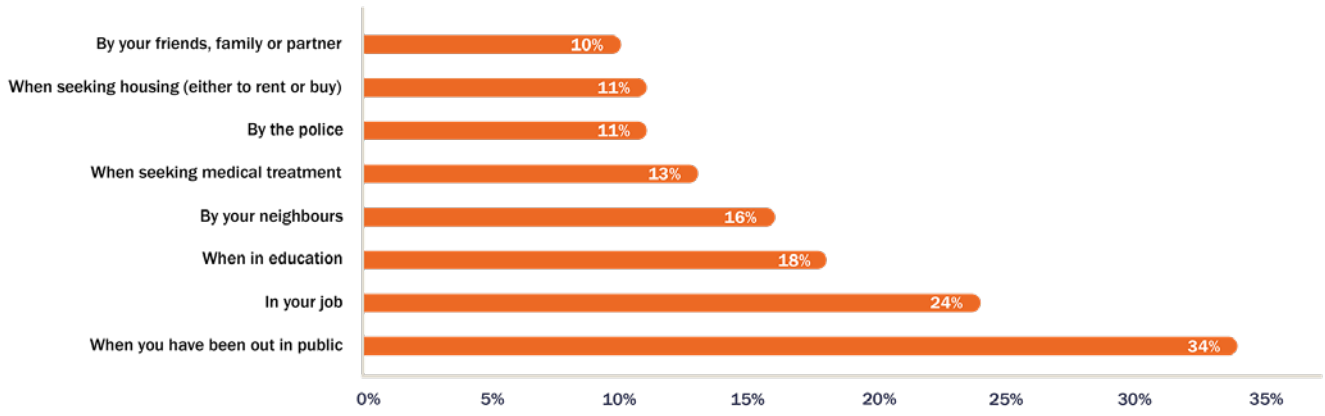
Social conditions identify if someone is more or less likely to be accepted in society (Braverman, 2013). They include type of employment, educational attainment and being subject to discrimination, such as having an immigrant status or being from an ethnic minority background (Braverman, 2013).

Social conditions play a dual role in terms of influencing gambling harms. Firstly, they determine the level of acceptance people who gamble and experience harm will face (Shipsey et al., 2025; Weston-Stanley et al., 2025). This difference in acceptability of gambling can be seen in a large study undertaken on stigma. The respondents reported feeling it is more acceptable for those who own property or those who have no to little debt to gamble, compared to others who are less educated or do not own a home (Weston-Stanely et al., 2025). It is likely this is partially due to the belief that certain social conditions, such as owning a house create and give people value and acceptance. Therefore if you do not meet such a social condition you have less value (Weston-Stanley et al., 2025).

Secondly, those less likely to meet more normatively acceptable social conditions, such as those who are refugees or are unemployed – and more broadly, anyone subject to racism and discrimination – are more likely to experience gambling harms (Martin et al., 2024). In a social context, women report feeling more judgement and stigma when accessing treatment and support than men. This is driven by assumptions that women serve as caregivers in society, as opposed to those who may require support and intervention themselves (IFF Research et al., 2023).

Minority groups are likely to experience discrimination in public, education and employment and this experience of discrimination is associated with a higher burden of gambling harm (Moss et al., 2023b). This is shown in Figure 17 below, with a third of minority groups (34%) having reported being treated unfairly in public due to ethnicity, race or religion. In the same study, some participants felt their experience of stigma from gambling harms was driven by stigmatising views of other areas of their life or aspects of their identity, including gender, ethnicity, religion and socio-economic status (Weston-Stanley et al., 2025). Or in other words, not meeting certain social conditions.

Figure 17
Discrimination experienced in various situations by Minority groups



Source: Weston-Stanley et al., 2025

Experiences of racism and discrimination are shown to be associated with and to drive gambling harms. This is explored further in the '**Stigma and discrimination**' section of this report (Moss et al., 2023b).

Family and peers impacting children and young people's relationship with gambling

Since the liberalisation of gambling through The Gambling Act 2005, harm is being skewed towards children and young people, who have grown up in a generation where gambling is now a normal, everyday part of their lives. This is in part due to the increased perception of gambling as a normal and acceptable leisure activity (Chalmers et al., 2024; IFF Research et al., 2023), as well as the lack of awareness of potential harm from gambling which in itself drives harm. This is discussed further in the '**Lack of awareness and education**' section of this report.

This places this demographic at greater risk of developing gambling harm and highlights the importance of regulating gambling as a public health issue, as discussed in the '**Regulation and policy**' section.

The beliefs and attitudes parents and caregivers have towards gambling plays a strong role in shaping the ideas, narratives and normative acceptability of gambling among children and young people. In this way, peer and parental attitudes towards gambling can act as a form of organic marketing, which is explored further in the '**Commercial determinant 1: Marketing and advertising**' section.

Being in a social environment where gambling is normalised increases the risk of experiencing gambling harm, either directly or indirectly. Having a family member or friend who engages in gambling increases one's likelihood of not only experiencing gambling harm, but also engaging in gambling (MacGregor et al., 2020). Indeed, friendship networks and parental gambling were found to be in the top four factors which are strongly associated with 11-24 year olds' current gambling behaviour (MacGregor et al., 2020), with 11-24 year olds found to be more susceptible to gambling if they have a male parent or carer who gambles (51% vs. 34%) (MacGregor et al., 2020).

> *"If you think about it, if your parents are gambling, they would've learnt it off the grandparents, so it gets passed down"*
>
> -Boy, with vulnerable characteristics, age 12-13
>
> Source: Chalmers et al., 2023, p. 22

Not only does having a parent engaging in gambling normalise gambling for children, but some children are supplied with means to gamble, such as lottery tickets, by their loved ones and caregivers (Chalmers et al., 2024). This has led some children to associate gambling among family members as 'the safest way to gamble' (Chalmers et al., 2024). This social aspect of gambling for children and young people, constructed as being a safe form of entertainment, mirrors the perception of gambling among some communities of women (IFF Research et al., 2023).

Peer attitudes toward gambling and gambling harm can also prevent some people from sharing their experiences and seeking support. For example, some ethnic and religious minority communities who have friendships centred around gambling, report feeling unable to discuss gambling and/or gambling harms with other friends, assuming they would be unable to empathise or relate (Moss et al., 2023b).

Publications funded by GambleAware referenced in this section

- **Qualitative Research on the Lived Experience and Views of Gambling Among Children and Young People Authors of the Report** (Chalmers et al., 2024)
- **Building Knowledge of Women's Lived Experience of Gambling and Gambling Harms Across Great Britain Final Report** (IFF Research et al., 2023)
- **The Effect of Marketing and Advertising on Children, Young People and Vulnerable People: Quantitative Research Report** (Macgregor et al., 2020)
- **Stigmatisation and Discrimination of People Who Experience Gambling Harms: Qualitative Analysis** (Weston-Stanley et al., 2025)
- **Minority Communities & Gambling Harms: Qualitative and Synthesis Report Lived Experience, Racism, Discrimination and Stigma** (Moss, Wheeler, Sarkany, et al., 2023)
- **Gambling Harms and Coping With Marginalisation and Inequality: Marginalisation, Isolation and Criminalisation in Great Britain** (Martin et al., 2024)
- **Stigmatisation and discrimination of people who experience gambling harms: quantitative analysis** (Shipsey et al., 2025)
- **Stigmatisation and discrimination of people who experience gambling harms in Great Britain: Synthesis report** (Lloyed et al., 2025)

§ Regulation and policy

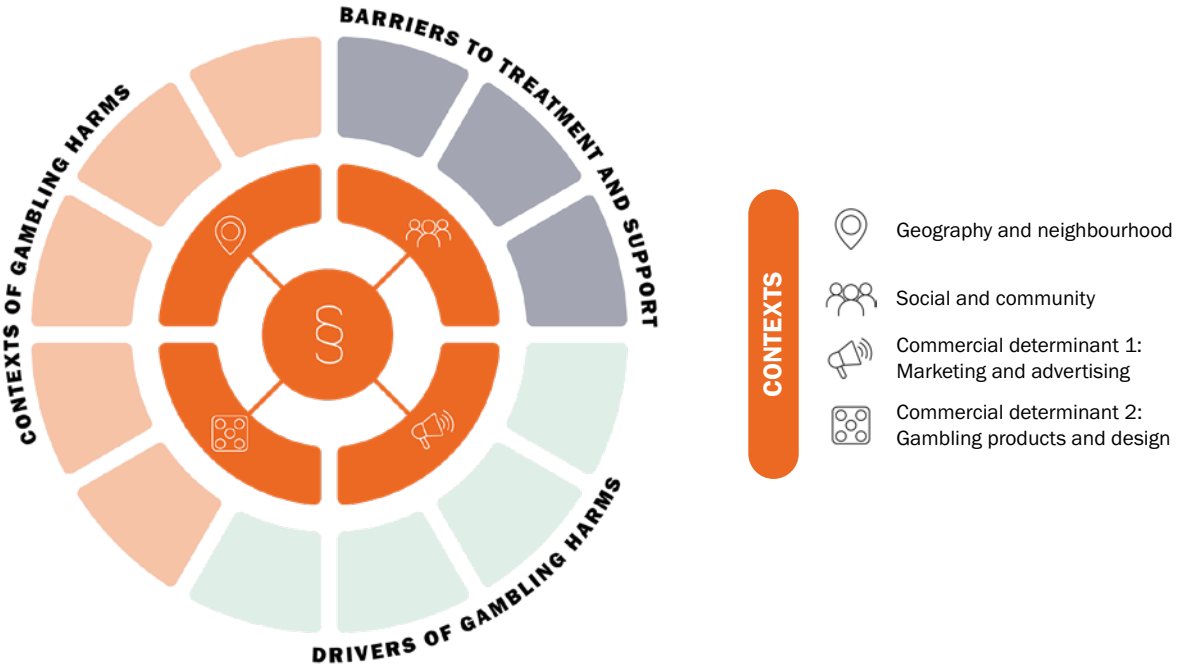
Regulation and policy are key determinants of health. Indeed, many activities which cause harm, such as gambling, are controlled and regulated by governments and influenced by commercial interests (Abbot et al., 2018). Gambling is of special importance given it contributes to personal and social harm, specifically among those who are already subject to inequality. It is also significant because it has a high turnover of funds and profitability, exploitation and loss of taxation revenue in all contexts (Blaszczynski & Gainsbury, 2020). The estimated excess fiscal cost to the UK government incurred by those experiencing a high level of 'problems with their gambling' (PGSI score of 8+) is around £1.4 billion per year (National Institute of Economic and Social Research., 2023).

This section discusses the relatively lax regulation of gambling in Great Britain. It looks at the limited powers local authorities hold to reject gambling premise applications, alongside the ineffective monitoring of age restrictions. It then explores in detail the lack of regulation and the impact of gambling marketing and advertising. This includes showing how it places those already experiencing inequalities – primarily those in deprived areas and people experiencing 'problem gambling' (PGSI 8+) – at greater risk of experiencing harm from gambling.

Key findings

- The lack of regulation around spread and density of gambling venues is disproportionately impacting socio-economically deprived areas, placing people who live in these areas who already face broader inequalities, at greater risk of experiencing gambling harm
- The lack of monitoring and enforcement of effective age restrictions is placing children and young people at greater risk of experiencing gambling harm.
- The lack of regulation surrounding gambling advertising and marketing is creating an environment in which it is difficult for those experiencing 'problem gambling' (PGSI 8+) to reduce or stop gambling

Figure 18
How regulation and policy intersects with other areas of inequality, drivers and barriers of gambling harm



This section explores how greater regulation is needed to better monitor the spread of gambling premises. This is needed to reduce spatial inequalities and reduce harm from gambling marketing, which is inherently tied to a greater presence of gambling venues. It also contributes to normalising gambling among family and friends as 'harmless fun'.

Lack of effective regulation to prevent and reduce gambling harm

An area of poor regulation, which is contributing to gambling harm is the statutory 'aim to permit' policy[21]. This makes it difficult for local authorities to refuse gambling premise applications (Local Government Association & Public Health England, 2023), leading to a harmful and disproportionate spread of gambling venues and gambling machines (Astbury & Thurstain-Goodwin, 2015; Evans & Cross, 2021; Saunders et al., 2023). This is explored in more detail in the '**Geography and neighbourhood**' section. The presence of gambling venues also increases the normalisation of gambling as part of everyday life and as a 'harmless', fun activity (Ipsos MORI, 2020) as explored in the '**Social and community**' section of this report.

Secondly, the lack of rigorous enforcement and monitoring of age restrictions is increasing gambling harm. One study identified that 18% of those aged between 11-15 years old have taken part in a lottery and 8% have visited betting shops (MacGregor et al., 2020). Government regulation, as well as the mechanisms of accountability and monitoring are vital to prevent and reduce gambling harm. These factors could also play a critical role in reducing inequalities (Porter et al., 2018). Monitoring how gambling is conducted and ensuring safety measures are in place is especially important to protect children and young people who are more susceptible to gambling harm (Chalmers et al., 2023).

21 Statutory aim to permit gambling:
https://www.gamblingcommission.gov.uk/guidance/guidance-to-licensing-authorities/part-1-statutory-aim-to-permit-gambling

The research findings above indicate that the current regulatory environment is not protecting all children from engaging in an age-restricted activity, placing them at greater risk of experiencing gambling harm (MacGregor et al., 2020). It shows that the current lack of monitoring and enforcement of gambling regulation is impacting those most vulnerable to gambling harm.

Regulation of gambling marketing and advertising

Despite GB having the most evidence compared with any other European Union country on the impact of gambling marketing and harm, there is limited regulation to reduce gambling harm here (Wilson et al., 2024). Unlike similar jurisdictions, GB takes a relatively lax approach to regulating the gambling industry as seen in Figure 19 below, prioritising commercial interests over public health priorities (Wilson et al., 2024). The relative lack of regulation in Britain unequally impacts those most at risk of experiencing harm. This is despite the acknowledgement from the Gambling Commission and other regulators which enforce gambling-related legislation, such as the Advertising Standards Authority (ASA)[22] and local councils, that extra measures are needed to protect those more vulnerable to gambling harms (Local Government Association & Public Health England, 2023).

Figure 19
Types of gambling advertising permitted in each country (excluding lottery)

	Germany	Belgium	Italy	Spain	The Netherlands	Australia	United Kingdom
Sponsoring (sports)	Yes	Yes	No	No	No	Yes	Yes
Commercials during sport broadcasts	No	No	No	No	No	Yes	Yes
Public posters	Yes	No	No	No	No	Yes	Yes
Online advertising	Yes, with limitations	No	No	Yes, with limitations	Yes	Yes	Yes
TV & Radio advertising	Yes, with limitations	No	No	No*	No	Yes	Yes, with limitations
Social media influencer	Yes, with limitations	No	No	No	No	Yes	Yes
Targeted ads	Yes	No	No	Yes, with limitations	Yes	Yes	Yes

Note. From *Drivers of Gambling Marketing Restrictions – An International Comparison* by Wilson, R., Rossi, R., Brandsen, N., Amos, M., & Sakis, P, 2021. (**https://www.gambleaware.org/our-research/publication-library/articles/drivers-of-gambling-marketing-restrictions-an-international-comparison/**). *only allowed for hours between 1am – 5am

This lack of effective regulation has a particular impact in terms of advertising and marketing to children and young people. This is most evident in the too narrowly applied guidance from the ASA concerning the use of gambling ambassadors that are of 'strong appeal' or reflect 'youth culture' to children and young people (Sherbert Research & Culture Studio, 2025). A survey conducted among 11-17 year olds found that children and young people recognise celebrities who are not central to youth culture and 2 in 5 agreed that seeing celebrities in adverts would encourage them to think gambling is something everyone does (Sherbert Research & Culture Studio, 2025).

This indicates the need for tighter controls in respect to gambling adverts and is explored further in the '**Commercial determinant 1: Marketing and advertising**' section of this report.

22 The Advertising Standards Authority (ASA) is the UK's independent regulator of advertising and applies the Advertising Codes written by the Committees of Advertising Practice (CAP) **https://www.asa.org.uk/**

Greater restrictions on advertising is also crucial for those experiencing 'problem gambling' (PGSI 8+), as 87% have started gambling again or returned to previous levels of gambling practiced in the last 12 months after viewing a gambling advert (Gosschalk et al., 2023). Significantly, as outlined in the quotation below, the lack of regulation and policy creates an 'environment for gambling to thrive,' with the majority of gambling harm being concentrated among those who are already experiencing vulnerabilities.

> *"The media and commercials all over advertises and promotes gambling platforms and this encourage[s] gambling. Lastly, I also believe lack of government policies and regulations can create a comfortable environment for gambling to thrive."*
>
> - 32, Male, Mixed Caribbean, no religion, Born in the UK
>
> Source: Moss, Wheeler, Sarkany, et al., 2023, p.39

Publications funded by GambleAware referenced in this section

- **Drivers of Gambling Marketing Restrictions—An International Comparison** (Wilson et al., 2024)
- **The Effect of Gambling Marketing and Advertising on Children, Young People and Vulnerable Adults** (Ipsos Mori, 2020)
- **The Effect of Marketing and Advertising on Children, Young People and Vulnerable People: Quantitative Research Report** (Macgregor et al., 2020)
- **Qualitative Research on the Lived Experience and Views of Gambling Among Children and Young People Authors of the Report** (Chalmers et al., 2024)
- **Minority Communities & Gambling Harms: Qualitative and Synthesis Report Lived Experience, Racism, Discrimination and Stigma** (Moss et al., 2023b)
- **Annual GB Treatment and Support Survey 2022** (Gosschalk et al., 2023)
- **Tipping Point: When Public Opinion Triggers Changes to Policy** (Blaszczynski & Gainsbury, 2020)

Commercial determinants

The commercial determinants of health, as defined by Kickbusch et al. (2016), are the 'strategies and approaches used by the private sector to promote products and choices that are detrimental to health.' These commercial determinants, which relate to unhealthy commodities leading to ill health, such as gambling, include market-driven economies, as well as political and market practices that are used to sell commodities (Mialon, 2020). The commercial determinants explored below are the marketing and advertising activities, alongside gambling product design, undertaken by the gambling industry to sell gambling.

Commercial determinant 1: Marketing and advertising

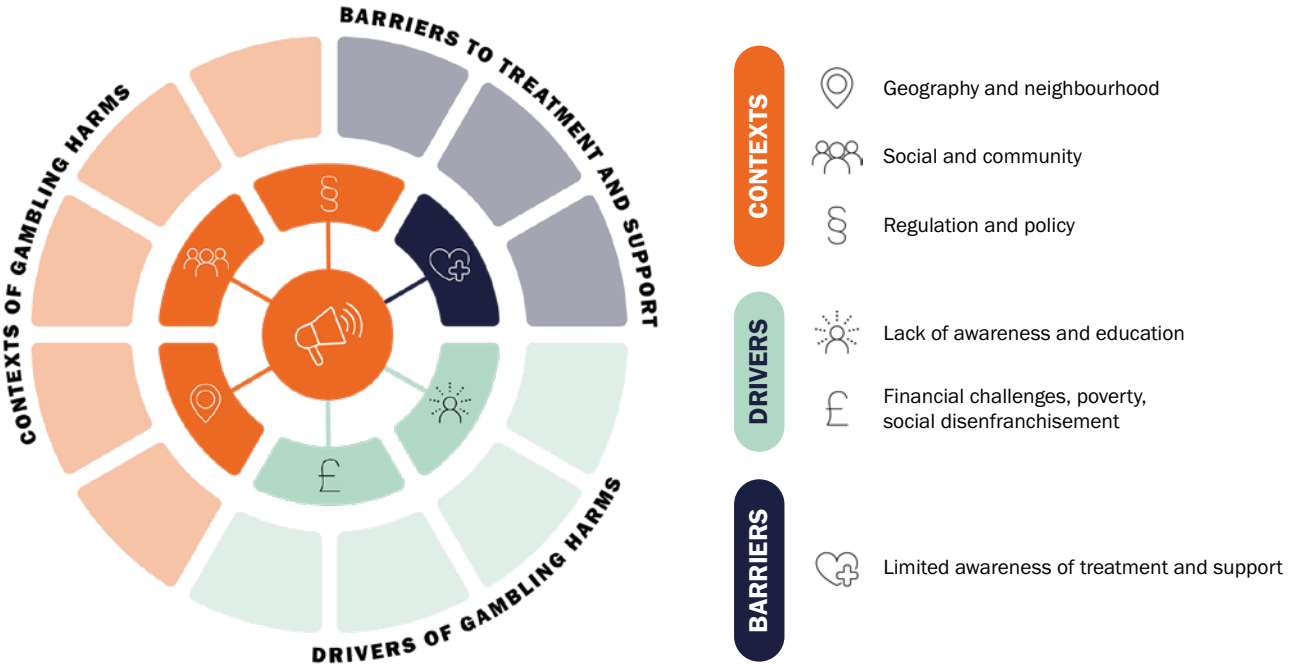
Marketing is a key commercial determinant of health (World Health Organization, 2023) and marketing of harmful products can negatively influence people's health outcomes (Westling et al., 2025). It is well evidenced that gambling marketing increases gambling harm, with GB having the seemingly strongest evidence base regarding the negative effects of gambling marketing (Wilson et al., 2024).

This section explores how the saturation of gambling marketing within people's environments has contributed to the normalisation of gambling for children and young people. This has also led to an increase in harm among those already experiencing 'problem gambling' (PGSI 8+). It discusses how the gambling industry targets gambling marketing towards what appeals to people, such as play and fun for children (Chalmers et al., 2024), as well as financial relief for those facing financial hardship (Moss et al., 2023b). Ultimately, this section shows how the negative effects of gambling marketing and advertising exacerbate harm among those already experiencing inequalities and those at greater risk of experiencing gambling harm.

Key findings

- Children, young people and those experiencing 'problem gambling' (PGSI 8+) are exposed to high levels of gambling advertising - this contributes to normalising gambling as a 'harmless', fun activity, increasing their likelihood to participate in gambling and potentially experience harm
- Gambling marketing is targeted toward certain vulnerable groups through what appeals to them, notably women, ethnic minority groups, children and young people, as well as those facing financial difficulties
- Industry-led 'safer gambling' messages are ineffective and inconsistent, significantly placing the responsibility and blame on individuals for any harms experienced, contributing to the experience of stigma surrounding gambling harm

Figure 20
How marketing and advertising intersects with other areas of inequality, drivers and barriers of gambling harm



This section demonstrates how marketing and advertising of gambling intersects with one's built environment, through the availability of gambling venues on high streets. This contributes to normalising gambling within people's everyday social context.

This section also shows how gambling is marketed to appeal to people's financial motivations through the use of targeted language. More effective regulation of gambling marketing is urgently needed to reduce gambling harm.

Exposure to gambling marketing which normalises gambling

Gambling marketing is pervasive, with 88% of adults having seen a gambling advert at some point in their lives (MacGregor et al., 2020). This exposure also extends to children and young people, despite gambling being an age restricted (18+) activity, with 96% of 11-24 year olds having viewed a gambling advert in the last four weeks (Ipsos MORI, 2020). Significantly, gambling adverts make gambling seem fun, with 76% of children aged 11-17 reporting so (Sherbert Research & CultureStudios, 2025).

For some young people it feels like gambling marketing, specifically lotto ads, are 'everywhere' (Ipsos MORI, 2020). Saturating a child's environment with gambling advertising can increase their perception of gambling as a 'normal, everyday thing to do' (Ipsos MORI, 2020). One way to saturate an environment, apart from through broadcast and online advertising, is through concentrating gambling venues within one's neighbourhood as outlined in the '**Geography and neighbourhood**' section. This is poorly regulated as discussed in the '**Regulation and policy**' section.

> *"I noticed lotto ads everywhere, on TV, outside shops, in the newspaper, all around town. It's advertising so often that I didn't even think it was gambling until this interview. It being all around makes it feel like a normal everyday thing to do."*
>
> - Rhyl, Female, 20
>
> Source: Ipsos Mori, 2020, p. 33

The normalisation of gambling is presented to children and young people through the absence of people losing and a lack of information related to risks or potential losses (MacGregor et al., 2019). This is evident with nearly three in four (73%) young people aged 11-17 years old agreeing that gambling advertising makes gambling seem harmless/risk-free (Sherbert & CultureStudio, 2025). Despite, only 17% of children reporting that they like advertisements and only 5% reporting that they like gambling advertisements (MacGregor et al., 2020).

It is all but impossible for children and young people to escape exposure to these narratives since gambling advertisements are widespread, especially radio advertising during 'school run' hours when millions of children are in the car (GambleAware, 2024a). As explored further in the '**Social and community**' section of this report, children and young people are also exposed to gambling marketing through the engagement of family and friends. It is clear that children are being placed at risk of experiencing future gambling harms through being exposed to such a high level of gambling advertising.

Furthermore, people already experiencing high levels of problems associated with their gambling (PGSI score of 8+) are 40 times more likely to spend time or money on gambling due to viewing gambling adverts compared to those who gamble without experiencing harm (PGSI score of 0) (Gosschalk et al., 2024b). Also, those experiencing 'problem gambling' (PGSI 8+) are more likely to report feeling they cannot escape gambling adverts compared to all who have gambled in the last 12 months (55% vs 37%), and that gambling adverts make it hard for them to cut down (54% vs 18%) (Morris et al., 2024).

After seeing any form of gambling advertisement, nearly a quarter (24%) of people who have gambled in the last 12 months took some form of gambling-related action, while 79% of those experiencing 'problem gambling' (PGSI 8+) took action (Morris et al., 2024). This shows that those already experiencing 'problem gambling' (PGSI 8+) are further harmed by gambling marketing. This reduces their likelihood to stop or reduce their gambling and increases their experience of broader harm, therefore inequality in health and social outcomes.

Targeting of gambling marketing to certain groups

Gambling marketing is used to target people based on what appeals to them, driving an unequal burden of gambling harm. In terms of what appeals to children, research shows gambling operators have adopted the same imagery, bright colours, loud sounds and cartoon graphics used in advertising products that are directed at children (Chalmers et al., 2024).

The use of these targeting tactics increase children's likelihood to engage in gambling marketing and therefore gambling, leading to an increased risk of experiencing gambling harm (Department for Culture, Media and Sport, 2023). Gambling operators use the language of discovery, belonging and playfulness. This blurs the line between where play ends and gambling begins (Chalmers et al., 2024).

> *"888 Casino advertising, they make it look like a game, it does not look like gambling"*
>
> - Boy, with vulnerable characteristics, age 15-16
>
> Source: Chalmers et al., 2024, p. 19

Another targeting mechanism used by the gambling industry is masquerading or embedding gambling marketing within non-marketing content such as through sponsoring influencers or streamers to create content relevant to children and young people (Bournemouth University, 2022; Braig et al., 2025). This is problematic because, as highlighted above, children and young people do not want to see gambling adverts. However, gambling companies use influencers' perceived authenticity, relatability and celebrity status to enhance the persuasive power of gambling content (Braig et al., 2025).

The use of celebrity ambassadors and influencers in gambling adverts has been found to encourage a more positive view of gambling among children and young people. For example, a study in relation to this demographic found that when looking at 9 out of 10 celebrity ambassadors for gambling, around half agreed that their gambling adverts make gambling look fun (54% Chris Rock, 50% Peter Crouch, 48% Jake Paul) (Sherbert Research & CultureStudio, 2025).

> *"You might look at that advert (Peter Crouch) and think well he's putting bets on the game, so I should too"*
>
> - Rebecca, aged 16 years old
>
> Source: (Sherbert Research & CultureStudio, 2025, p. 7)

Minority groups, such as ethnic minorities and migrants, report feeling targeted through the appeal of gambling as a quick and easy way to make money (Moss et al., 2023b). These groups are more likely to be facing financial challenges, so the perceived financial advantages of gambling can be particularly appealing (Moss et al., 2023b).

Gendered advertising is also used, which includes language like 'treat yourself', often alongside the offer of incentives (IFF Research et al., 2023). This type of advertising is used to increase appeal to women who are more likely to be caregivers and have less financial independence (IFF Research et al., 2023). Targeted campaigns and female celebrity endorsement are also used to appeal to women (IFF Research et al., 2023). These financial appeals are explored further in the '**Financial challenge, poverty, socio-economic disenfranchisement**' section.

'Responsible and safer gambling' messaging

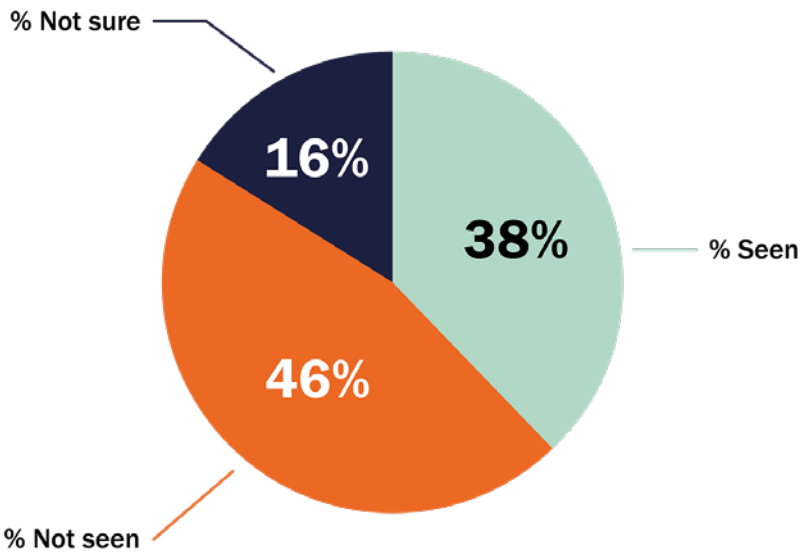
Messaging, or framing, can have a powerful influence on how health and social issues are defined (Entman, 1993; Marko et al., 2023). It informs how people construct meaning and knowledge from information in the world around them (Marko et al., 2023). The gambling industry, the government and some researchers frame gambling as an issue of personal responsibility (Marko et al., 2023). Therefore, the advertising of gambling as a fun leisure activity, has led to some feeling that most people who gamble can do so 'responsibly', with a few 'stupid' individuals 'ruining' it for everyone else (Weston-Stanley et al., 2025, p. 7).

The media often perpetuates the 'individual responsibility' narrative, with news media referring to 'destructive gamblers' or 'problem gamblers' in inflammatory headlines (Weston-Stanely et al., 2025). Further, in film and television, stereotypes of people who gamble as criminals are shown as contributing to the stigma around gambling harms (Weston-Stanley et al., 2025). This messaging perpetuates stigmatising narratives of gambling harm which can increase harm as explored further in the '**Stigma and discrimination**' section.

'Safer gambling' messaging is particularly important in terms of reducing avoidable harms associated with gambling, but a lack of consistency and prominence can leave those who are at the highest risk of harm behind. Furthermore, the gambling industry's 'safer gambling' messaging also places the responsibility on the individual, which is ineffective, and can in fact generate stigma (Gosschalk et al., 2024).

It is important that safer gambling messaging makes people aware of the potential harms of gambling and shifts the perception away from gambling as 'harmless fun' to something that can impact anyone (Gosschalk et al., 2024a). This is especially important as children and young people have a low recall of health warnings. As seen in Figure 21 below, only 38% of those aged 11-24 years old recall having seen a health warning on gambling advertisements (MacGregor et al., 2020). Not being aware of gambling harms is a key driver of it and this is explored further in the '**Lack of awareness and education**' section of this report.

Figure 21
Percentage of those aged 11-24 years old who recall having seen health messages or warnings in gambling marketing



Source: MacGregor et al., 2020

Publications funded by GambleAware referenced in this section

- **The Effect of Marketing and Advertising on Children, Young People and Vulnerable People: Quantitative Research Report** (Macgregor et al., 2020)
- **Executive Summary: Improving Safer Gambling Messaging on Operator Advertising** (YouGov et al., 2024)
- **The Effect of Gambling Marketing and Advertising on Children, Young People and Vulnerable Adults** (Ipsos Mori, 2020)
- **GambleAware Stigma Polling Key Findings** (Morris et al., 2024)
- **The Appeal of Celebrity Ambassadors to Children & Young People Aged 11–17** (Sherbert & Culture-Studio, 2025)
- **Gambling Marketing in Great Britain: What Needs to Change and Why?** (Riley, 2024)
- **Qualitative Research on the Lived Experience and Views of Gambling Among Children and Young People Authors of the Report (**Chalmers et al., 2024)
- **How to Create Safer Online Gambling** (Bournemouth University, 2022)
- **Drivers of Gambling Marketing Restrictions – An International Comparison** (Wilson et al., 2024)
- **Qualitative Research on the Lived Experience and Views of Gambling Among Children and Young People Authors of the Report** (Chalmers et al., 2024)
- **Minority Communities & Gambling Harms: Qualitative and Synthesis Report Lived Experience, Racism, Discrimination and Stigma** (Moss et al., 2023b)
- **Building knowledge of women's lived experience of gambling and gambling harms across Great Britain** (IFF Research et al., 2023)
- **Annual GB Treatment and Support Survey 2023** (Gosschalk et al., 2024b)
- **Stigmatisation and Discrimination of People Who Experience Gambling Harms: Qualitative Analysis** (Weston-Stanley et al., 2025)
- **Stigmatisation and discrimination of people who experience gambling harms: quantitative analysis** (Shipsey et al., 2025)

Commercial determinant 2: Gambling products and design

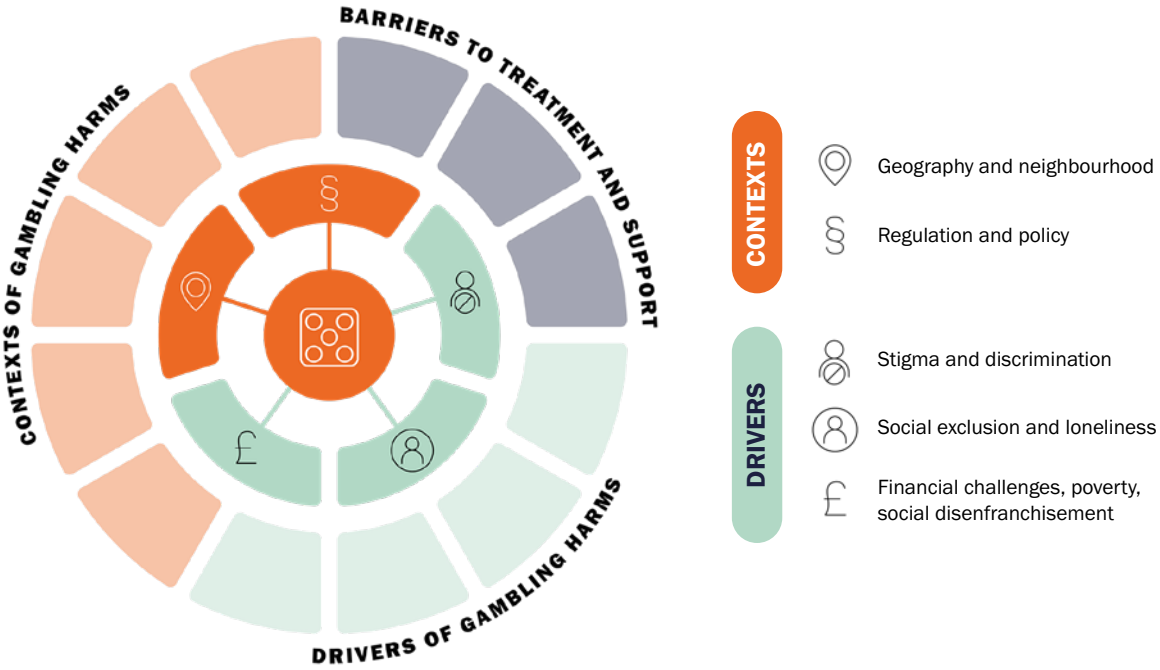
The game design and game mechanics of gambling products can cause gambling harm and need to be understood further (Gambling Commission, 2021). Specifically, there is a need to look at how they can contribute to harming those already at greater risk of gambling harm.

This section explores the gambling products that are associated with the greatest level of 'problem gambling' (PGSI score of 8+) and who is more likely to engage in these activities, placing them at greater risk of experiencing gambling harm. It explores how the design of gambling products and the incentives attached to them can increase harm, especially for women, children and young people. Lastly, this section addresses the specific harm from online gambling and how this particularly impacts the above audiences through blurring the line between online play (games) and online gambling.

Key findings

- Certain gambling activities, electronic gaming machines and casino games, are associated with higher levels of 'problem gambling' (PGSI 8+) - those who already face inequalities are more likely to engage in these higher risk products
- Gambling products are designed to appeal to certain groups of people, specifically those already more vulnerable to gambling harm such as children, young people and women
- Online gambling is associated with greater harm than offline gambling and is highly appealing to women, which is the preferred medium of gambling due to the anonymity it presents
- Online gambling can blur the lines with online gaming - loot boxes, commonly found in children and young people's video games, contain similar structural and physical characteristics to gambling - this can lead to normalising high-risk gambling behaviour for children.

Figure 22
How gambling products and design intersects with other areas of inequality, drivers and barriers of gambling harm



This section explores the correlation between gambling products – specifically the most harmful ones – and greater levels of deprivation.

It is also identifies how inducements attached to gambling activities can draw in those who experience financial hardship through the perception of potential big wins.

Lastly, online gambling is shown to appeal to people who face social exclusion and stigma, as well as those who want to connect but remain anonymous (due to fear of potential judgement or discrimination).

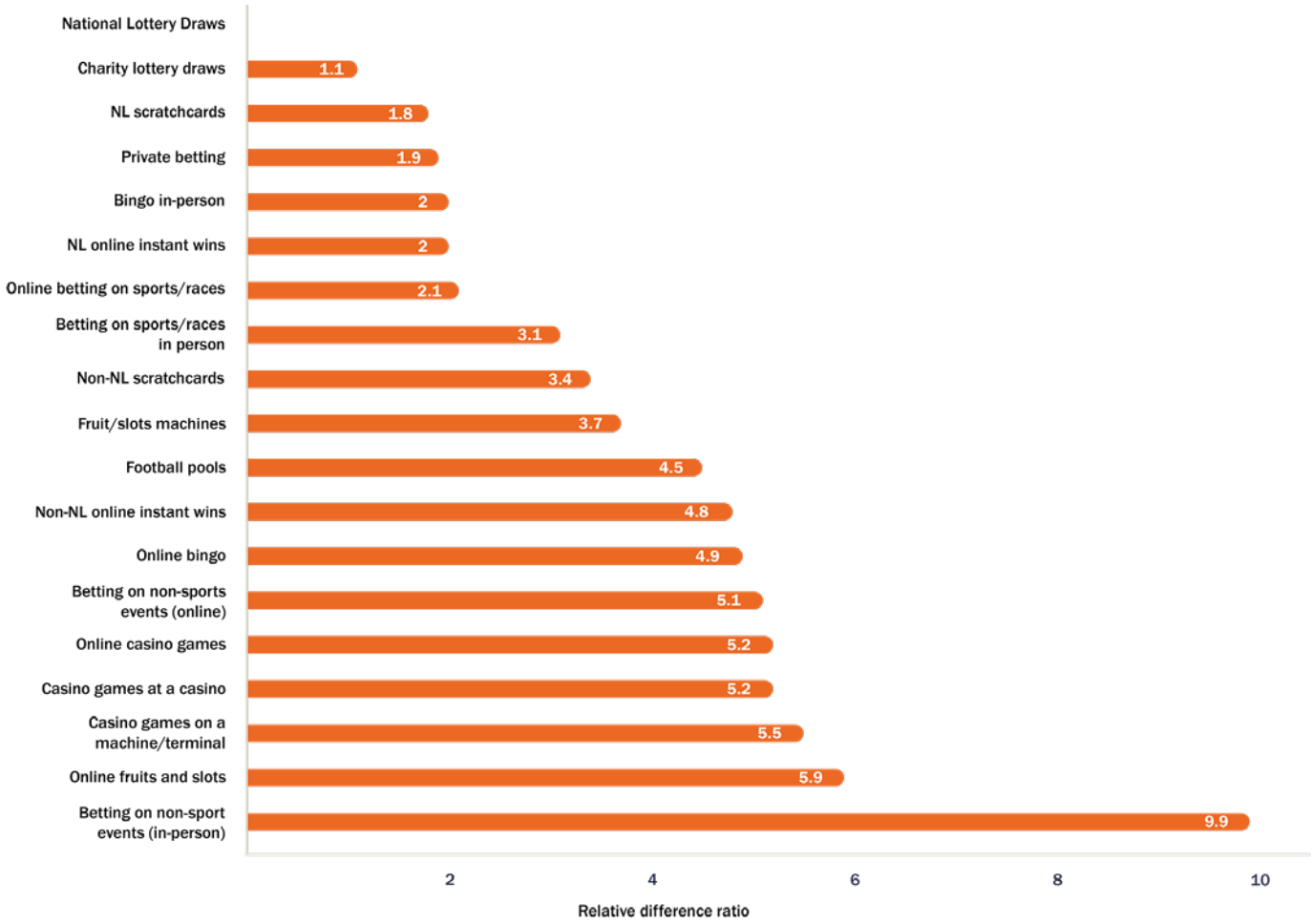
Most harmful gambling products

As shown in Figure 23, the Gambling Commission's analysis of the Gambling Survey for Great Britain (GSGB) data identified the gambling activities that those with a PGSI score of 8+ are more likely to engage in compared with the average of all those who had gambled in the past 12 months. These are:

- betting on non-sports events (in person)
- online fruits and slots
- casino games on a machine/terminal.

(Gambling Commission, 2025).

Figure 23
Relative difference between activities in proportion with PGSI score of 8+, compared with overall proportion who have gambled in the last 12 months



Base: Adults aged 18 or over who had gambled in the last 12 months (5,794 unweighted)
Note. From *Exploring the relationship between gambling activities and Problem Gambling Severity Index (PGSI) scores* by Gambling Commission, 2025. (**https://www.gamblingcommission.gov.uk/report/exploring-the-relationship-between-gambling-activities-and-problem-gambling/pgsi-report-introduction**). This data compares the proportion of people experiencing 'problem gambling' (PGSI 8+) engaging in a gambling activity with all those who had gambled in the last 12 months, providing a relative risk difference. Data from the GSGB year 1 report is shown in Figure 23, where a relative risk difference of 1 means the results for that activity are the same as average for all people who had gambled in the past 12 months, a difference greater than 1 shows they are higher than average and a difference less than 1 means they are lower than average.

These findings align with a secondary analysis of gambling types in the Annual GB Treatment and Support Survey data (2020-2022). It found the types of gambling with the largest proportion of people experiencing 'problem gambling' (PGSI 8+) are:

- gaming machines in bookmakers
- in-person betting on other sports
- casino games in person.

(Wang et al., 2025).

These two data sets indicate that harm from gambling products differ significantly and that it is possible to suggest a hierarchy of harm from most to least harmful products. This would position electronic gaming machines and casino games as being associated with the highest level of harm (Wang et al., 2025).

When understanding who is most likely to engage with these harmful products, analysis of the Annual GB Treatment and Support Survey (2020-2024) shows that those who gamble and participate in 'gambling in a casino' are most likely to be aged 18-24 years old (2.4%), living in London (2%) and living in the bottom 30% of Index of Multiple Deprivation (IMD) areas (1.2%). Likewise, those who participate in 'gaming machines in a bookmaker' are more likely to also be aged 18-24 years old (2.3%), living in London (2.4%), and living in the bottom 30% of Index of Multiple Deprivation (IMD) areas (1.2%). This data is found in the supplementary data tables.

This demonstrates a trajectory that those who experience greater inequality and gamble are more likely to engage in gambling activities associated with higher levels of 'problem gambling' (PGSI score of 8+). However, it is also important to note that engaging in many different activities also increases gambling harm, as outlined in the Lower-Risk Gambling Guidelines (Canadian Centre on Substance Use and Addiction, 2021; Gambling Commission, 2025). To understand the association with deprivation and gambling harm further, see the '**Geography and neighbourhood**' section of this report.

The design of gambling products can increase gambling harm

Gambling activities are designed in such a way as to appeal and attract those who interact with the activities, drawing one in through the use of colours and by associating activities with having a fun time, as the quotation below shows (Gosschalk et al., 2024b).

> ***"The design of the products, you know, the new ones. If they look fun, colourful, then I'll be more likely to try one out."***
>
> - Male, 50, PGSI 6
>
> Source: Gosschalk, Webb, et al., 2024, p. 43

The offer of incentives, such as the daily offer of 'free spins' on online slots, can increase gambling harm (IFF Research et al., 2023). Incentives are especially harmful for children as some misperceive free offers to be risk-free gambling (Sherbert Research & CultureStudio, 2025). These incentives can lead people to misconstrue gambling as 'harmless' and fun, because they are 'free.'

This is demonstrated by some women preferring to refer to their gambling behaviour as 'getting my free spins', rather than gambling (IFF Research et al., 2023). Indeed, some women report that it is the offer

of a free spin on an online gambling platform which can trigger a shift from offline to online gambling (IFF Research et al., 2023), and online gambling is associated with greater harm than offline (Wang et al., 2024).

Online gambling presents a different experience of harm than offline gambling

As mentioned above, online gambling is associated with greater harm than offline gambling (Wang et al., 2025). It can specifically increase the risk of gambling harm for women, children and young people. Online gambling is the preferred medium of gambling for women, with 70% of women who gamble doing so on apps or websites (IFF Research et al., 2023). Women can often choose this medium due to the perceived 'safe space,' away from judgement, it offers as shown in the quote below. More on the stigma and discrimination women experience can be found in the '**Stigma and discrimination**' section.

> ***"We know women prefer safe confines for gambling because it can often make them feel vulnerable and online gambling provides the right level of anonymity and protection from the 'real world' to them."***
>
> - Expert Witness, Service Delivery (residential retreat and counselling service)
>
> Source: IFF Research et al., 2023, p. 20

Many women also report that gambling provides a way to relax and reward oneself, while forming social connections (IFF Research et al., 2023). This may explain why some women started gambling online during lockdown when gambling venues, such as bingo halls, which served as a way to connect with others, closed down (IFF Research et al., 2023). Understanding social exclusion as a driver of gambling harm is explored further in the '**Social exclusion and loneliness**' section.

Likewise, loot boxes[23] in video games have led to concerns due to their structural and psychological similarities with gambling (Close & Lloyd, 2021). The Gambling Commission identified that the majority of young people (11-17 year olds) are aware of the ability to purchase loot boxes (63%) with 27% having purchased loot boxes (Gambling Commission & Ipsos, 2024).

> ***"If somebody had a sleepover, the first thing that would be asked is, like, 'are you going to get some FIFA points for us to watch you open some packs?' That was pretty much a necessity for every sleepover, party, anything like that."***
>
> - Male gamer, aged 20-30 years old
>
> Source: (Close & Lloyd, 2021, p. 27)

Players are motivated to purchase loot boxes due to personal, social and gameplay factors such as gaining status and approval, engaging in a group experience, or to improve their performance or aesthetics (Close & Lloyd, 2021). Loot boxes hold social and psychological value alongside discrete financial values, through purchase or resale prices, which suggest that despite not currently falling within the legal definition of gambling, loot boxes could be considered a form of gambling (Close & Lloyd, 2021). Adolescent loot box behaviour has been linked to problem gambling (Close & Lloyd, 2021) and therefore the lack of regulation of loot boxes places children and young people at greater risk of experiencing gambling-related harm. For more on regulations within gambling, see the '**Regulation and policy**' section of this report.

23 Loot boxes are purchasable video game content with randomised rewards

Publications funded by GambleAware referenced in this section

- **Relative Risk of Gambling Products Within Great Britain: Findings From a Rapid Literature Review and Secondary Analysis Project** (Wang et al., 2025)
- **Annual GB Treatment and Support Survey 2023** (Gosschalk et al., 2024b)
- **The Appeal of Celebrity Ambassadors to Children & Young People Aged 11–17** (Sherbert & Culture-Studio, 2025)
- **Building knowledge of women's lived experience of gambling and gambling harms across Great Britain** (IFF Research et al., 2023)
- **Lifting the Lid on Loot-Boxes Chance-Based Purchases in Video Games and the Convergence of Gaming and Gambling** (Close & Lloyd, 2021)

Analysing the Drivers of Gambling Harms

The above section provided an overview of the broader geographical, structural, social and political factors that create inequalities which, in turn, drive and exacerbate gambling harm. This section discusses the direct drivers of gambling harm, which are the factors that contribute specifically to gambling harm. These factors underlie the shared experience of gambling harm among diverse groups, not through individual choice or blame, but rather through underlying systemic and structural causes. This section will analyse what the drivers of gambling harms are and how they serve to contribute to an unequal burden of gambling harms across Great Britain.

Though much research explores what harms people who gamble experience (Langham et al., 2016), there is less evidence on the specific drivers that either cause or increase gambling harm. As outlined previously, this framework focuses on those which have a strong evidence base among research funded by GambleAware. More research on the underlying drivers of gambling harm in the context of British society is critically needed, as well as research linking these drivers to broader experiences of inequality.

This section focuses on how, firstly, a lack of awareness of the harm gambling can cause may lead directly to those harms. It then explores the role of gambling-related stigma and the intersection of gambling harm with other stigmas in exacerbating gambling harm. Next, it discusses how, similar to the experience of stigma and discrimination, social exclusion and loneliness can lead to gambling as a way to cope with negative emotions, but also as a form of entertainment or to connect with others who gamble. Lastly, it looks at the perceived role of gambling as a means to make money and improve one's financial situation, as well as how this leads to further financial and emotional harm.

The drivers of gambling harm that contribute to inequalities in gambling harm include:

- lack of awareness and education
- stigma and discrimination
- social exclusion and loneliness
- financial challenges, poverty, social disenfranchisement.

Lack of awareness and education

As previously discussed, gambling is a common part of British society and culture (Gambling Commission, 2024). However, the potential harm gambling can cause is less well known and despite efforts to increase awareness, it is still limited and this can be a direct driver of gambling harm.

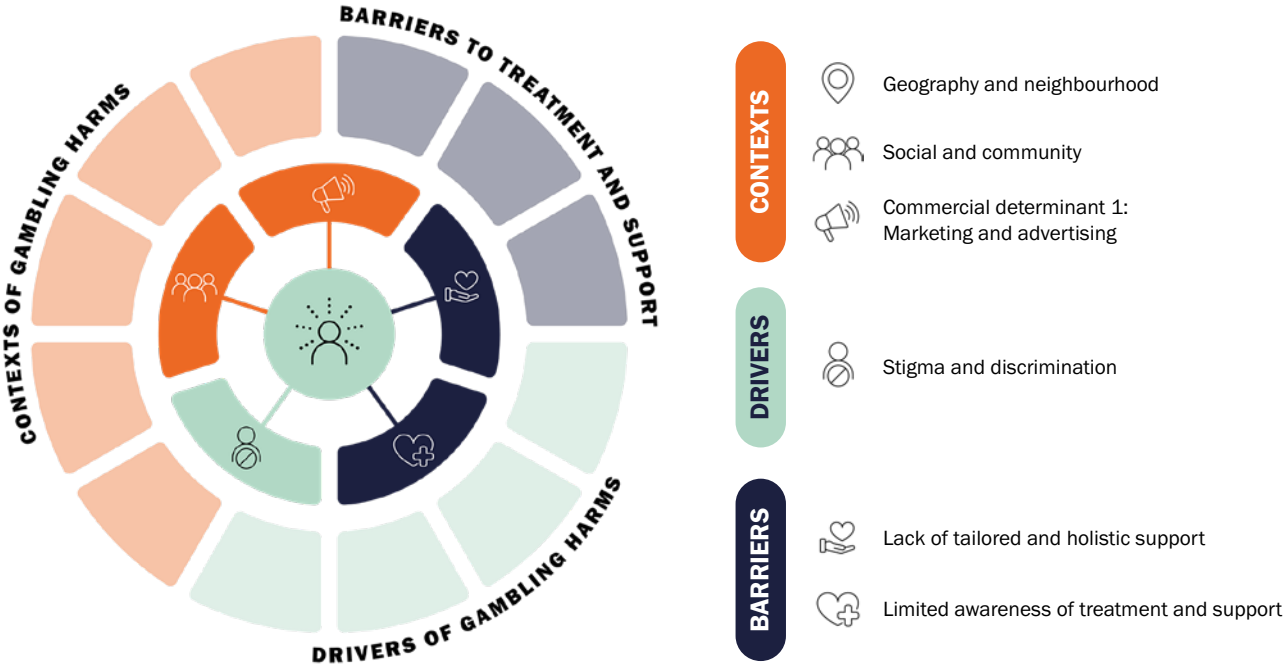
This can be specifically detrimental to children and young people who, as previously mentioned, report low recall of health warnings in gambling adverts (MacGregor et al., 2020) and find it difficult to differentiate between gambling and gambling-like activities (Chalmers et al., 2024). A lack of awareness and understanding also negatively impacts neurodivergent individuals. Research has shown some autistic people's differences in processing information, sensory sensitivities and engagement in repetitive behaviours may increase their risk of gambling harm (IFF Research et al., 2025).

This section explores how awareness of gambling harms has been nascent structurally within schools and colleges, as well as in financial institutions. This lack of vigilance towards gambling harms has influenced the blurring of the line between gaming and gambling-like activities for children and young people.

Key findings

- In Great Britain, despite awareness raising activities, there remains a general lack of awareness of gambling harm among the public
- Within the general public, the limited awareness of gambling harm is exacerbated by a lack of education in institutions such as education providers, financial institutions and the criminal justice system
- The line between gaming and gambling-like activities is blurring, placing children and young people at greater risk of being exposed to gambling and gambling being normalised as a 'harmless bit of fun.'

Figure 24
How lack of awareness and education intersects with other areas of inequality, drivers and barriers of gambling harm



This section demonstrates how a lack of awareness of gambling harm is influenced by broader social norms and the marketing of gambling as 'harmless fun'.

Improving awareness of gambling harm will reduce the stigma attached to gambling (which is exacerbated among those who are already subject to stigma and discrimination). This will ultimately lead to a reduction in inequalities.

Situations where awareness of gambling harms is limited

People's perceptions of gambling and gambling harm is influenced heavily by social norms and marketing, as discussed in the '**Commercial determinant 1: Marketing and advertising**' and '**Social and community** ' sections of this report. In Great Britain, there is a general lack of awareness of gambling harm among the public, and this is driven by limited education on gambling harms within schools and through public health campaigns (Gosschalk et al., 2024a; Gosschalk et al., 2024b; IFF Research et al., 2023).

Awareness of the risks of gambling is imperative to shift perceptions away from gambling as a 'harmless bit of fun' to the idea that 'gambling can lead to harm among anyone' (Gosschalk et al., 2024a). Awareness of gambling harms is also vital as it contributes to reducing the stigma attached to gambling harm, which as explored in the '**Stigma and discrimination**' section drives gambling harm (Gosschalk et al., 2024b).

Beyond gambling support and treatment providers, awareness of gambling harms within institutions and services that support people remains limited. This includes schools and colleges, where education (however inaccurate) on drugs and alcohol is instead prioritised (Gosschalk et al., 2024b).

This is also true in financial institutions where there is limited understanding on the impact of gambling harm on affected others[24] (IFF Research et al., 2023). Additionally, this is true in the criminal justice system, where there is limited understanding at each stage – at the police station, in the courtroom, in prison, and on release (Commission on Crime and Gambling Related Harms, 2023).

> *"I had to absolutely insist [that her spouse's gambling be taken into account during divorce proceedings] before the court would take my concerns about harm to my children seriously."*
>
> - Affected Other, England
>
> Source: IFF Research et al., 2023, p. 63

Limited awareness of gambling harms is prominent among children and young people and is complicated by the overlap between traditional gambling, online gambling-like games and social media mechanisms (Chalmers et al., 2024). This has created a grey area between gaming and gambling. It is confusing and blurs the line for children, young people and even parents, who report struggling to differentiate between gambling and gambling-like gaming content (Chalmers et al., 2024).

Children report that gambling and gambling-like activities make them feel happy and satisfied and are moments to share with family or on social media (Chalmers et al., 2024) This lack of understanding of the potential harm of gambling and gambling-like gaming puts children and young people at risk of experiencing gambling harms, leading to an unequal burden of gambling harm.

Publications funded by GambleAware referenced in this section

- **Executive Summary: Improving Safer Gambling Messaging on Operator Advertising** (Gosschalk et al., 2024a)
- **Annual GB Treatment and Support Survey 2023** (Gosschalk et al., 2024b)
- **Building knowledge of women's lived experience of gambling and gambling harms across Great Britain** (IFF Research et al., 2023)
- **Qualitative Research on the Lived Experience and Views of Gambling Among Children and Young People Authors of the Report** (Chalmers et al., 2024)
- **Gambling Harms and Neurodivergence: Mapping the Evidence Landscape** (IFF Research et al., 2025)

24 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.

Stigma and discrimination

Stigma is the social process of placing a negative label on an attribute, which is deemed as 'different' from the 'norm' (Link & Phelan, 2001). This is followed by a process of negatively stereotyping whoever holds that different (now stigmatised) attribute, resulting in them being discriminated against and being seen as 'other' (Link & Phelan, 2001; World Health Organisation, 2001).

Gambling harm is highly stigmatised, with people who experience harms from gambling seen as 'untrustworthy', 'irresponsible' (Gosschalk et al., 2024b), dangerous, deviant and disruptive (Pliakas et al., 2022), irrational, and/or engaging in criminal and immoral behaviour (Moss et al., 2023b).

The stigmatisation of gambling harm can cause further harm through the fear of judgement and discrimination. This keeps people from disclosing their experience of harm and seeking support. The experience of gambling-related stigma is compounded among people who face other stigmas (Pliakas et al., 2022). Therefore, those who are stigmatised and experience numerous forms of discrimination, such as minority ethnic communities, women and criminalised people, are more likely to be stigmatised for their experience of gambling harm (Martin et al., 2024), with stigmas intersecting and compounding one another (Weston-Stanley et al., 2025).

It is key, when dissecting and understanding the stigmatisation process, to consider the wider context stigma operates in within Britain (Aranda et al., 2023). People who are stigmatised and discriminated against are, of course, hugely diverse and heterogeneous communities, but a key point of commonality they share is their experience of living in the context of postcolonial and discriminatory Great Britain (Martin et al., 2024). Within this current context, power and privilege are created and maintained through the process of stigmatisation, of creating communities that are accepted and communities that are 'othered' (Aranda et al., 2023; Link & Phelan, 2001; Martin et al., 2024).

The different types of discrimination that factor into one's experience of gambling harm will be explored below. These intersect with other forms of experienced stigma and discrimination – notably including sexism and misogyny, homophobia, transphobia, ageism, ableism – and other discriminations against minoritised and socially-excluded communities.

GambleAware has identified, through a mix of scoping studies and primary research, that the following population groups are experiencing greater levels of stigmatisation, all of which bear a high burden of marginalisation, social exclusion, disenfranchisement and discrimination in Britain. These groups also experience a higher burden of gambling harm. This is where the relationship between social exclusion and gambling harm is fundamentally driven by communities using gambling as a means of coping with and/or attempting to escape adversity and social exclusion (Martin et al 2024; Moss et al 2023b; Levy et al 2020). They are:

- minority ethnic groups
- minority religious groups
- those for whom English is not their first language
- minority gender identities and sexualities
- women

- those who have experience of homelessness
- neurodivergent communities
- those living with mental health challenges and/or disabilities
- criminalised and/or moralised communities
- migrant communities, including those in more vulnerable positions (e.g. asylum seekers)
- people with experience of unemployment, peripheral employment and/or insecure employment.

(Bailey et al., 2023; IFF Research et al., 2023; Martin et al., 2024; Moss et al., 2023a).

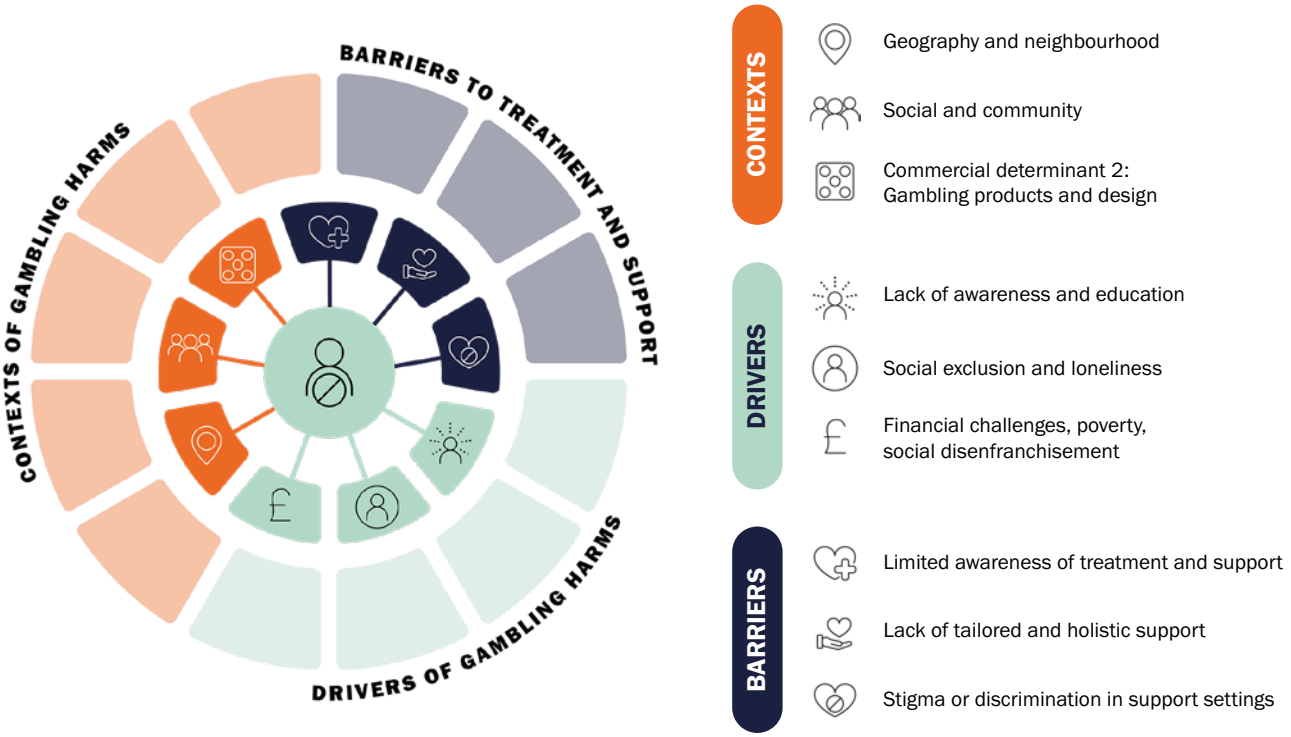
Data on these groups prevalence of gambling problems (PGSI scores) are available in the supplementary data tables.

This section first highlights that most people who experience gambling harm, also experience some form of stigma. This is because gambling harm is so highly stigmatised in British society. It next explores the different negative stereotypes assigned to marginalised and minoritised groups who gamble, and experience harm. It then identifies who is subject to different forms of stigma – public, perceived and internalised. Lastly, it discusses how different forms of discrimination intersect to exacerbate gambling harm among those subject to sexism, homophobia and other discriminations.

Key findings

- Gambling harm is highly stigmatised - those who experience gambling harm are likely to face some form of negative stereotyping or discrimination
- Gambling harm stigma increases the likelihood of people keeping their gambling harm a secret to avoid judgement or shame, which extends for some into not seeking support
- Those who are already subject to stigma and discrimination are more likely to experience gambling harm, primarily due to using gambling as a coping mechanism to deal with the negative emotional, social and financial effects
- Those who experience more problems with their gambling (PGSI 8+), and hold stigmatised identities, are subject to greater levels of public, perceived and internalised stigma which exacerbates their gambling harm.

Figure 25
How stigma and discrimination intersects with other areas of inequality, drivers and barriers of gambling harm



This section explores how stigma and discrimination, (both gambling stigma and other stigmas), reduces the likelihood of people reaching out for support or treatment due to fear of being judged by health professionals, family members or peers.

This is exacerbated by some treatment and support not being perceived as culturally appropriate or able to meet unique gender-specific needs.

Experiences of social exclusion and loneliness due to being discriminated against based on gender identity or immigration status leads some to gamble to cope with the negative emotional and social effects or to engage in high-risk gambling activities.

A lack of awareness and education of gambling harm underscores some of these stigmatising views, resulting in limited knowledge of where to access support.

Negative stereotypes can exacerbate gambling harm

Negative stereotypes drive a loss of status in society, affecting social inclusion, trust and social standing (Gosschalk et al., 2024b). People who experience gambling harm are often generalised as compulsive, impulsive, lacking self-control, being pathological, and being unable to fully exercise self-determination or agency (Pliakas et al., 2022). This is largely driven by a general lack of awareness of the harms gambling can cause and what these harms encompass, as discussed in the '**Lack of awareness and education**' section of this report.

Therefore, the majority of people who gamble and experience harm are subject to negative stereotypes which sets them apart from those who do not experience gambling harm. This can lead to them experiencing some form of marginalisation. These negatives stereotypes and processes of stigmatisation can increase gambling harm, with some people using further gambling to cope with the negative feelings of being stigmatised and stereotyped, and keeping their gambling harms a secret to avoid the stigma and discrimination they have experienced (Weston-Stanley et al., 2025). This ultimately reduces their chances to address and reduce their gambling harm.

Intersecting and compounding stigmatisations play a role in increasing gambling harm stigma because a person's experience of gambling harm stigma is strongly influenced by other aspects of their identity. These include factors such as ethnicity, gender, age, or their use of alcohol/drugs, which are subject to stigmatisation (Shipsey et al., 2025; Weston-Stanley et al., 2025). The sections below will look at how the negative stereotypes attached to gambling compound with other stereotypes women and minoritised groups are subject to.

Stereotypes of women who gamble and experience harm

There is a general assumption that women are less likely to experience gambling harm (IFF Research et al., 2023), with middle-aged and older men being seen as the 'stereotypical gambler' (Weston-Stanley et al., 2025). This stereotype that men gamble and women are affected by another person's gambling is harmful as it further stigmatises women's experience of gambling harm (Weston-Stanley et al., 2025).

While it is true that women are more likely to be affected others than men (8% vs 6%), they are also engaging in gambling themselves, with the Gambling Commission's Gambling Survey for Great Britain (GSGB) identifying that 44% of women have gambled in the last four weeks, compared to 52% of men (Gambling Commission, 2024). Placing greater focus on women as affected others, rather than on their own gambling, fails to completely recognise the risks of gambling harm to women (Weston-Stanley et al., 2025).

> ***"I feel like people would understand a man being addicted to gambling, but not so much a woman. I feel like when I grew up, boyfriends or male members of my family, they'd go in bookies and they'd go do football bets and stuff like that. But women didn't do that, so I feel like people were just, 'How have you got a gambling addiction?'"***
>
> - Person with lived experience of gambling harms
>
> Source: (Weston-Stanley et al., 2025, p. 33)

Women's experiences of how they are generalised and perceived stems from normative and entrenched expectations of gender roles in society (Kramer et al., 2005), with women often cast as caregivers and mothers, with an attendant expectation that they should prioritise their families, children and the broader community (IFF Research et al., 2023; Weston-Stanley et al., 2025).

In short, the wellbeing of women themselves is often eclipsed and sidelined. Women who experience gambling harm and who are also mothers, in turn, experience gambling harm as being at odds with their expected roles as a 'good mother'. This can lead to them being castigated for failing to put their children first, driving stigmatisations of being a 'failure' to a greater extent than their male equivalents (Weston-Stanley et al., 2025).

> *"I think women [who experience gambling harm] get a much tougher ride than men, because women, according to society are meant to be responsible and meant to look after children and are meant to look after the house … I think we still live in quite a misogynistic society … I think pretty much all women [who experience gambling harm] are stigmatised by [society] more than men."*
>
> - Person who works in the third sector
>
> Source: (Weston-Stanley et al., 2025, p. 33)

As alluded to above, women who are mothers and experience gambling harm can be stereotyped as being 'irresponsible mothers' (IFF Research et al., 2023). This can reduce women's likelihood of seeking support, which is explored further in the '**Stigma or discrimination in support settings**' section of this report.

Stereotypes of minority ethnic, religious and language communities who gamble and experience harm

A large quantitative and qualitative study on minoritised communities' experience of gambling harm in Britain documented the stereotypes to which ethnic, religious and language minority groups are subject. The below quotations illustrate the profoundly negative light people from minority groups who gamble are seen in, being known as 'parasites,' 'devious,' 'cunning,' or 'bad omens' (Moss et al., 2023b).

> *"It is thought by wider society than people who gamble are parasites, manipulative and users of other people… devious & cunning. Always dreaming of the big win."*
>
> - Age 70, woman, London, Caribbean, Christian
>
> Source: Moss et al., 2023b, p. 45

> *" I have felt a stigma once anyone knows that you're into gambling, or… to you, not come closer to you, not want to have any relation with you, so such a bad omen".*
>
> - Age 40, Male, Hispanic, Muslim
>
> Source: Moss et al., 2023b, p. 45

Although these stereotypes, identified by Minority group respondents, are referencing all people who gamble, these beliefs relate to their own experience of how they feel people who gamble are perceived in society. This demonstrates how profoundly stigmatised minoritised groups (who gamble and experience gambling harm) are, compared to the stereotype of being a middle class male. These demonising terms serve to separate people as 'other', driving and justifying differential treatment and lived experience (Moss et al., 2023b).

As mentioned above, minoritised groups are more likely to experience intersecting stigma (more than one experience of stigma). Minority group respondents also emphasise that racist stereotypes are often attached to their experience of gambling, which include being irresponsible, irrational, unreliable and bad with money (Moss et al., 2023b). This informs a desire to keep one's gambling harms a secret, with

Minority groups reporting keeping their gambling and harms experienced private. The result of this is that it allows for the exacerbation of harm and adds to the social exclusion stigma drives (Moss et al., 2023b).

Public, perceived, internalised stigma

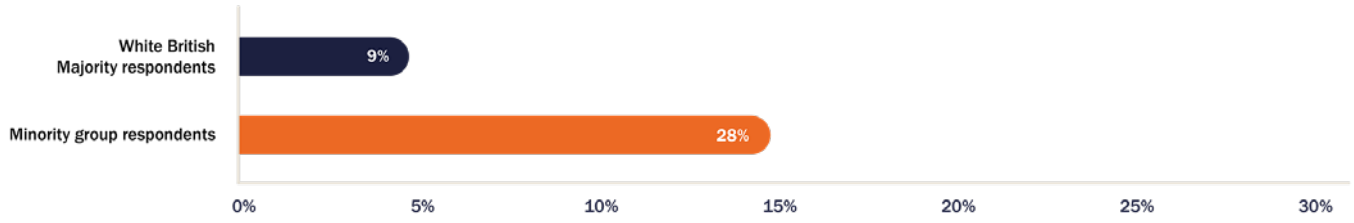
Those who experience a greater level of gambling harms – notably including those communities who are most marginalised and subject to inequalities in British society – are more likely to experience public, perceived and internalised stigma (Shipsey et al., 2025). In turn, all forms of stigma can contribute to increasing gambling harms through reducing people's likelihood of seeking support and through stigma itself driving harm to mental health, esteem and wellbeing (Moss et al., 2023b).

Public stigma

As established throughout this framework, we know those who hold certain characteristics are more likely to experience gambling-related stigma (Martin et al., 2024; Moss et al., 2023a). Within GambleAware's Annual GB Treatment and Support Survey, respondents from ethnic minority backgrounds were more likely to report frequently experiencing shame or embarrassment, due to their gambling than respondents from a White British majority background (24% vs 10%) (Gosschalk et al., 2023).

Minority groups in another study were found to report a greater feeling of public stigma and were more likely to feel shame would be brought to their ethnic or religious group if someone from the same group gambles, compared to people from the White majority (28% vs 9%). This can be seen in Figure 26 below (Moss et al., 2023a).

Figure 26
Percentage of respondents who agree that if a person from their heritage/background gambled, it would bring shame on those of the same background

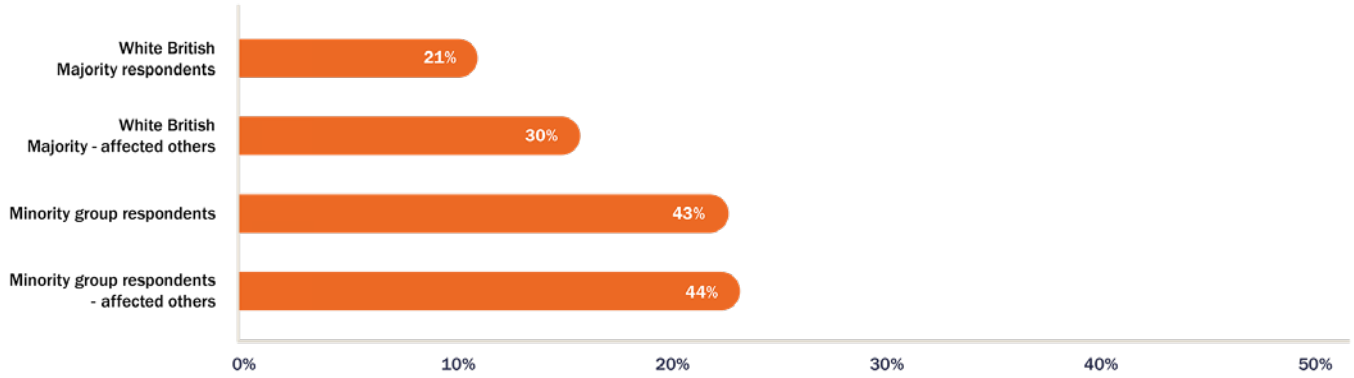


Source: Moss et al., 2023a

Perceived stigma

Perceived gambling stigma is the belief that people in general hold a negative view of people who experience gambling harm. Those who gamble and have high levels of 'perceived stigma' tend to keep the extent of their gambling harm secret to avoid being judged or due to feelings of shame (Moss et al., 2023b). As seen in Figure 27 below, Minority group respondents are more likely to report perceived judgement from wider society than White British Majority respondents (43% vs 21%) (Moss et al., 2023a).

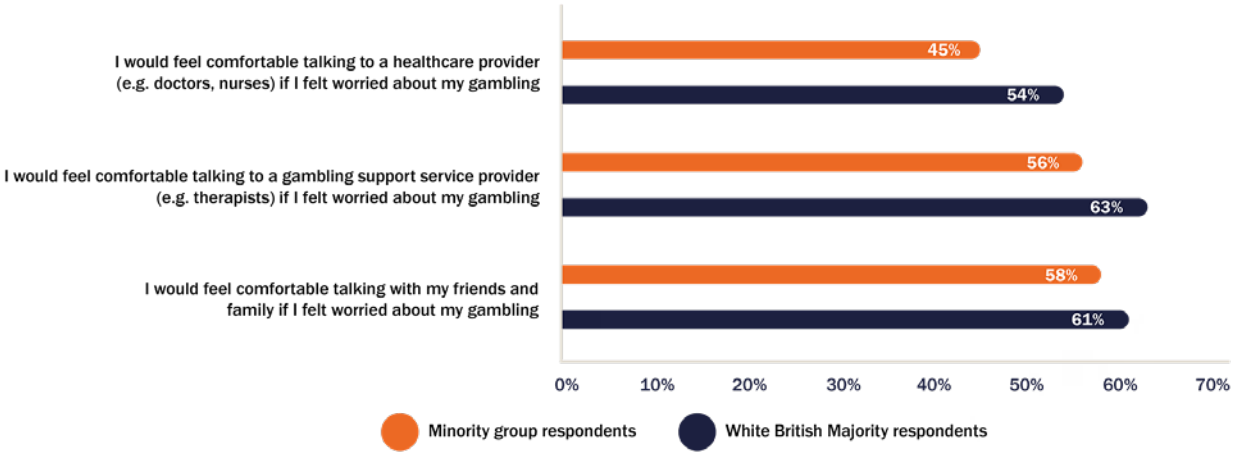
Figure 27
Perceived negative judgement from wider society of those who gamble



Source: Moss et al., 2023a

Figure 28 shows that Minority groups are also less likely than the White British Majority to say they would feel comfortable talking about their gambling harm to a gambling support service provider (58% vs 61%), friends and family (56% vs 63%) or a healthcare provider (45% vs 54%) (Moss et al., 2023a). The increased hesitation to speak to a gambling support service provider highlights the need for this provision to continue to be culturally-appropriate and accessible to reduce the disproportionate burden of gambling harm. This is discussed in more detail in the '**Lack of tailored and holistic support**' section of this report.

Figure 28
Percentage of those who gamble who would feel comfortable talking to certain groups about their gambling



Source: Moss et al., 2023a

Past stigmatising experiences with health professionals can also contribute to perceived stigma surrounding gambling harm treatment, with some marginalised communities feeling they are not seen as worthy of 'proper medical attention' and healthcare provision as expressed in the quotation below (Moss et al., 2023b). This feeling of receiving unfair treatment can be a barrier to seeking support and is explored further in the '**Stigma or discrimination in support settings**' section.

> *"At that point, we felt like because you're from a marginalised group of people in society, so you're not being seen as good as to be given proper medical attention."*
>
> - Age 24, Male, Any other Black/African/Caribbean background, Christian
>
> Source: Moss, et al., 2023a, p. 57

In terms of compound stigma, for some sexual minority men, the perceived or anticipated stigma from society surrounding everyday disclosures of gender identity or sexual orientation lead some to use gambling as a form of escapism (Bailey et al., 2023). This highlights the role minority stress plays in increasing gambling harm.

Internalised stigma

Internalised stigma is the process of taking on board stereotypes and prejudiced assumptions, believing them to be true (Pliakas et al., 2022). The internalisation of gambling stigma can result in people who experience gambling harm internalising negative views about themselves and placing the blame on themselves. This not only reduces their self-esteem (Pliakas et al., 2022) but also their likelihood of seeking support or opening up to family and friends (Gosschalk et al., 2024b).

Again, some groups are impacted by the harms of internalised stigmatisation more than others. As outlined in the '**Gambling products and design**' section, women are more likely to gamble online as they find the option of anonymity and secrecy appealing due to the shame they feel around their gambling (IFF Research et al., 2023). Likewise, Minority groups who gamble have reported that the public stigma from wider society and people from their own background led them to internalise shame and guilt, which acted as a barrier to reaching out for support. Minority groups are also less likely to agree that they would feel sympathy towards those struggling with gambling than the White British Majority (56% vs. 66%) (Moss et al., 2023b).

Again, we see minority communities being affected far more by processes of stigmatisation and social distancing. Stigma is effective in devaluing some people more than others, with those who internalise these negative assumptions being more likely to believe and act on these arbitrary values toward themselves and others.

Discrimination

Discrimination is the differential treatment of people based on specific characteristics, such as gender, age and disability, which people are protected against through the Equality Act (2010)[25]. Discrimination is also any experience of being treated as having lesser worth, entitlement, capability or trustworthiness (Weston-Stanley et al., 2025). It is often driven by communities being constructed and generalised in certain ways, with these social constructions being part of the stigmatising processes described above (Weston-Stanley et al., 2025).

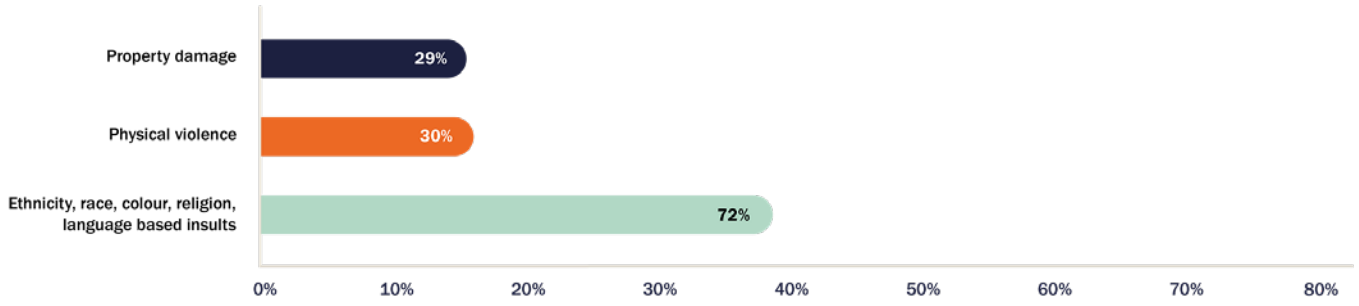
As already identified, those who experience gambling harm are more likely to be stigmatised and therefore more likely to be discriminated against. The section below explores how, in turn, different forms of discrimination can increase gambling participation and gambling harm, leading to gambling harm inequalities.

Racism

People from Minority groups report that they are often subject to experiences of racism in Britain (Moss et al., 2023b). As seen in Figure 29, more than 7 out of 10 (72%) of people from Minority groups report that they had been insulted based on their race, ethnicity, religion or language in Great Britain (Moss et al., 2023a).

25 Discrimination: your rights **https://www.gov.uk/discrimination-your-rights**

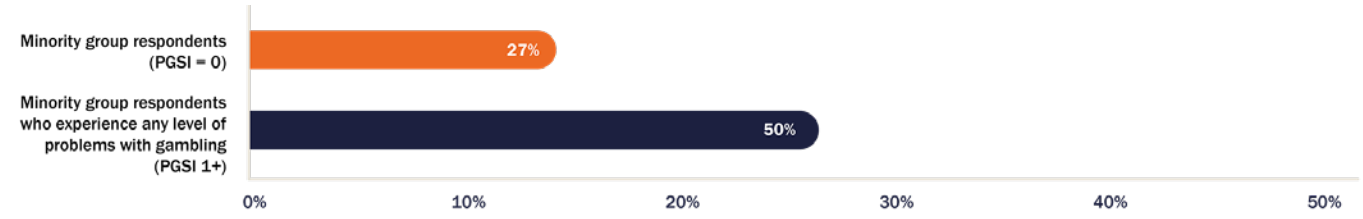
Figure 29
Types of discrimination encountered by Minority group participants



Source: Moss et al., 2023a

Research funded by GambleAware showed for the first time that experiences of racism and discrimination increase the risk of experiencing gambling harm (Moss et al., 2023b), with qualitative respondents confirming that racism drives gambling harm for some. As seen in Figure 30, Minority group respondents who experience any level of problems with their gambling (PGSI score of 1+) are more likely to report having faced discrimination in the form of physical violence in public than Minority group respondents who gamble and do not experience harm (PGSI score of 0) (50% vs 27%).

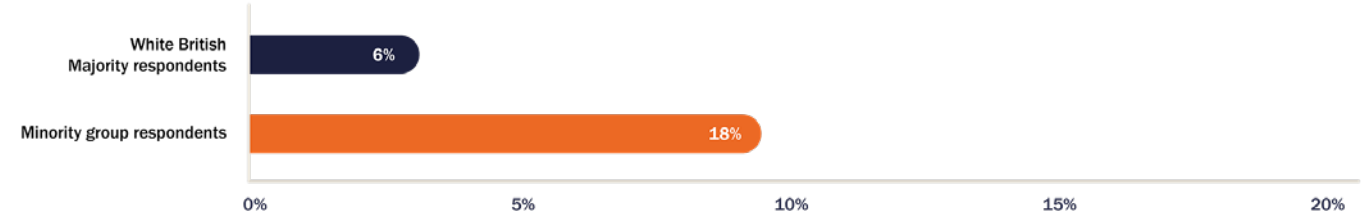
Figure 30
Minority group respondents who gamble experiencing physical violence



Source: Moss et al., 2023a

Unsurprisingly then, as seen in Figure 31, Minority groups who gamble are three times more likely to use gambling as a coping mechanism than the White British Majority (18% vs 6%) to deal with adversity and challenges in life (Moss et al., 2023b).

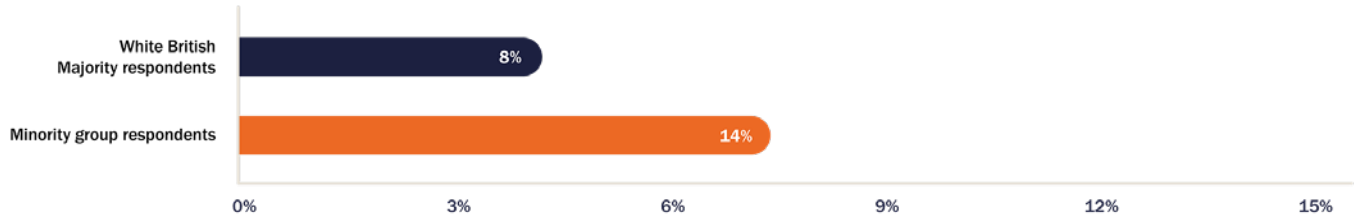
Figure 31
Respondents who report using gambling as a coping mechanism



Source: Moss et al., 2023a

As shown in Figure 32, Minority group respondents are more likely to report using gambling as a source of additional income in order to make ends meet compared to White British Majority respondents (14% vs 8%), citing prejudice as a primary driver of limited employment and education opportunities (Moss et al., 2023b).

Figure 32
Respondents who use gambling as a source of additional income by ethnic group



Source: Moss et al., 2023a

Misogyny and sexism

Women's experiences of gambling harm can be exacerbated by misogyny and sexism (IFF Research et al., 2023; Weston-Stanley et al., 2025). They are more likely to be discriminated against, than men, in all facets of life, and they may engage in gambling to cope with trauma, acculturation stresses and caring responsibilities, alongside financial challenges and loneliness (IFF Research et al., 2023). This is explored in more detail in the '**Financial challenges, poverty, social disenfranchisement**' and '**Social exclusion and loneliness**' sections.

Some women, as well as treatment professionals, report misogynistic views being held by some men who are also receiving gambling support, which creates an unsafe environment for women (Weston-Stanley et al., 2025) and can prevent them from seeking formal support.

Homophobia and Transphobia

Homophobia and transphobia are prejudices against people who are gay, lesbian, bisexual, queer, and/or trans, non-binary, and of sexual and gender minority identity (LGBTQ+). Hate crimes, isolation and victimisation are common risk factors of harm for LGBTQ+ people. This is especially true amongst those from minority ethnic backgrounds (Bailey et al., 2023). LGBTQ+ people bear a disproportionate burden of gambling harm. This is often driven by the use of gambling as a coping mechanism to escape from, or deal with, the stress and anxiety from perceived and anticipated stigma.

For example, studies found that White sexual/gender minority respondents were two times more likely to have a PGSI score of 1+ than White heterosexual respondents (6.7% vs 3%), while respondents who are migrants and a sexual/gender minority were more than three times more likely to have a PGSI score of 1+ (9.6%).

Trans and gender-diverse people experience higher levels of gambling harms, with one study pointing to trans and gender-diverse youth being three times more likely to experience gambling harms compared to their cisgender peers. Furthermore, gender minority men are more likely to engage in gambling activities that are associated with greater levels of harm, such as electronic gambling machines (Bailey et al., 2023; Wang et al., 2025). Also, those with intersecting minority identities, such as trans people with refugee status, are more likely to be at risk of gambling harm compared to other sub groups.

Criminalised and moralised communities

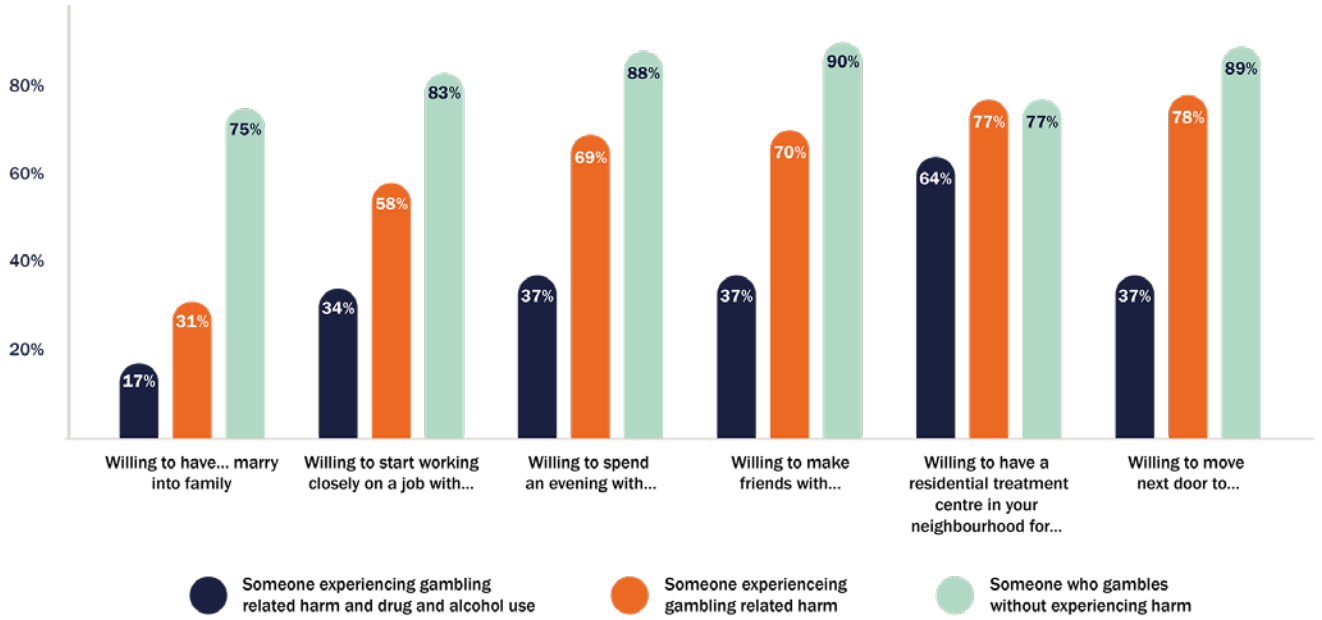
The most substantially stigmatised communities of people who experience gambling harms are those who also use alcohol and/or drugs, yet there is minimal research for and with these communities (Martin et al., 2024; Shipsey et al., 2025). Among interviews with gambling stakeholders – including those who work in the industry and within gambling treatment and support provision – some held an expectation

that those who gamble and drink alcohol are more likely to engage in criminal behaviour (Weston-Stanley et al., 2025).

This perception is associated with the belief that people who drink alcohol and use drugs in a way that causes harm are deviating from normatively acceptable behaviour (Weston-Stanley et al., 2025). These generalisations of people who use drugs or alcohol are also perpetuated by researchers, with one study arguing that gambling is an integral part of drug culture and that certain personality types can be associated with gambling and drug use (Moss et al., 2023b). The conflation of people who gamble and who use alcohol and drugs is common, with people who gamble often stereotyped as 'drinkers' (Weston-Stanley et al., 2025).

The first large-scale research programme focusing on stigmatisation and discrimination of gambling harms in Britain demonstrated that many people desire greater social distance from people who gamble and also drink alcohol and/or use drugs, with this community most noticeably subject to stigmatisation. This is seen in Figure 33 below (Shipsey et al., 2025).

Figure 33
Who respondents would be willing to associate with (in context of people who gamble and/or are alcohol/drug users)



Source: Shipsey et al., 2025

Xenophobia

An analysis of the Health Survey for England (HSE) (2012 and 2015), captured in GambleAware's six series scoping study on marginalised communities' experience of gambling harm, found that non-White and non-British born individuals are less likely to have gambled in the past year compared to White and British-born individuals (34.5% and 54.4%). However, it found that they are more likely to experience 'problem gambling' (PGSI 8+) at 7.2% vs 4.7% (Bramley et al., 2020; Martin et al., 2024). This scoping study also highlighted how people who have migrated to Britain, where English is not their first language, are more likely to experience both discrimination and gambling harm (Martin et al., 2024).

Among migrant communities in vulnerable circumstances, the process of assimilating into British society and gaining a sense of belonging is reported to be difficult and isolating (Martin et al., 2024). Gambling not only provides a source of entertainment, but also a sense of community for both those gambling online and in person, so it may appeal to these groups for that reason.

Publications funded by GambleAware referenced in this section

- **Annual GB Treatment and Support Survey 2023** (Gosschalk et al., 2024b)
- **Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain: A Scoping Review of the Literature** (Pliakas et al., 2022)
- **Minority Communities & Gambling Harms: Quantitative Report** (Moss et al., 2023a)
- **Minority Communities & Gambling Harms: Qualitative and Synthesis Report Lived Experience, Racism, Discrimination and Stigma** (Moss et al., 2023b)
- **Gambling Harms and Coping With Marginalisation and Inequality: Marginalisation, Isolation and Criminalisation in Great Britain** (Martin et al., 2024)
- **Stigma Programme Best Practice: A Scoping Review** (Martin et al., 2023)
- **LGBTQ+ People and Gambling Harms: A Scoping Review** (Bailey et al., 2023)
- **Building knowledge of women's lived experience of gambling and gambling harms across Great Britain** (IFF Research et al., 2023)
- **Stigmatisation and Discrimination of People Who Experience Gambling Harms: Qualitative Analysis** (Weston-Stanley et al., 2025)
- **Stigmatisation and discrimination of people who experience gambling harms: quantitative analysis** (Shipsey et al., 2025)
- **Disproportionate Burdens of Gambling Harms Amongst Minority Communities: A Review of the Literature** (Levy et al., 2020)

Social exclusion and loneliness

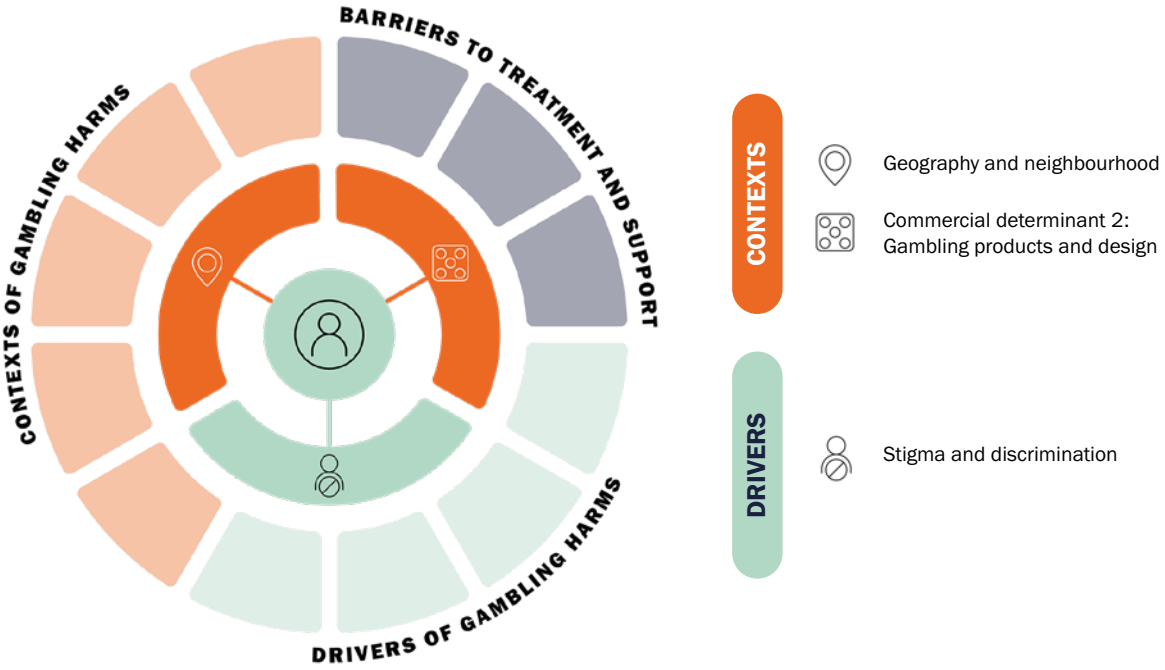
Health inequalities have been linked to social exclusion, as well as a lack of participation in one's community (O'Hara, 2006). Social exclusion is also a key driver of loneliness and has been found to increase gambling harm specifically through the use of gambling as a way to connect with others or cope with negative emotions arising from loneliness (Martin et al., 2024; Moss et al., 2023b). Therefore, loneliness predominantly exacerbates gambling harm among those who are marginalised and lack a sense of belonging or community (Martin et al., 2024). Populations who experience loneliness will be discussed below. Despite being unique and heterogeneous groups, they share the experience of living on the margins of British society.

This section explores how gambling is used by some as a means to gain social connection or to address feelings of loneliness among people who experience social exclusion. This applies primarily to women, ethnic minority people, those with disabilities, neurodivergent people and older people. As will be illustrated below, for many, the protective mechanism gambling provides from social exclusion or negative emotions is perceived to be less harmful than the harms gambling can bring. This demonstrates how gambling harm is often compounded by other harms.

Key findings

- Those who face social exclusion and discrimination are more likely to use gambling to cope with negative emotions and to gain a sense of belonging
- Although gambling can act as a protective mechanism against loneliness it can lead to harm, with people hiding the harms they are experiencing to maintain social connection
- Gambling venues and online gambling platforms can be experienced as a safe and non-judgemental place for those who do not feel included in other social settings

Figure 34
How financial challenges, poverty, social disenfranchisement intersects with other areas of inequality, drivers and barriers of gambling harm



This section explores how gendered norms can contribute to some women feeling excluding from society, which can lead some to use gambling as a means to gain a sense of belonging and combat feelings of loneliness.

It also identifies how people who are not accepted within their social and community context are more likely to face social exclusion and turn to gambling to cope with feelings of loneliness, discrimination and other negative feelings.

It discusses how gambling venues, which are densely populated in more deprived areas, and online gambling, provide greater appeal for anonymity and community.

Gambling as a way to connect with others and escape loneliness

Gambling can be used as a means to connect with others and combat loneliness for those who face social exclusion (IFF Research et al., 2023; Martin et al., 2024; Moss et al., 2023b). For example, some women have reported experiencing a sense of isolation, boredom and loneliness, which is driven, for many, by gendered expectations that women should stay at home as the primary caregivers (IFF Research et al., 2023). This can reduce their chances to make connections outside of the house or increase their financial independence.

For many women, the social aspect of gambling, specifically meeting in gambling venues, can serve as a way to develop and maintain social connections with women in similar life stages (IFF Research et al., 2023). These connections create a sense of community and inclusivity (IFF Research et al., 2023). As outlined in the quote below, gambling can be a way to meet a broader need, such as to build community.

> *"The sense of belonging, from being a part of that group and having a common hobby was delightful... [It] made me feel like a part of a community, like a start of a friendship."*
>
> - Woman who gambles, England
>
> Source: IFF Research et al., 2023, p. 21

It is important to acknowledge that gambling can be used as a way to bond and socialise with others, while addressing feelings of loneliness, without causing harm. However, there is the risk that gambling can escalate from a harmless social activity to gambling alone and beyond one's means, increasing potential harm (IFF Research et al., 2023). Moreover, women who experience gambling harm may feel shame around perceived failures to prioritise their family's needs before their own. This is again based on a gendered expectation and double standard (IFF Research et al., 2023). The impact of sexism on women and how this can influence their experience of gambling harm is explored further in the '**Stigma and discrimination**' section of this report.

Other experiences of turning to gambling to combat feelings of loneliness include those who had recently migrated to Britain (Moss et al., 2023b), those with complex health needs, such as schizophrenia (Martin et al., 2024), and neurodivergent people (IFF Research., 2025). These groups report finding relief from the isolation they were experiencing through the social aspect of gambling, specifically the connections they made with others who gamble (Martin et al., 2024; Moss et al., 2023b).

Among older adults, a study found that PGSI scores were higher among those who reported that their gambling was motivated by loneliness compared to those who did not (Martin et al., 2024). There is clearly a fundamental importance of addressing loneliness among those at risk of gambling harm, and the factors that may be causing the loneliness.

Gambling as a way to connect with others in a safe and non-judgemental place

Gambling has been found to provide a safe and non-judgemental place for those looking for social connection or entertainment, as well as for people who find it difficult to obtain these attributes in other social settings (Martin et al., 2024; Moss et al., 2023b).

Some asylum seekers and migrant communities have reported that gambling provides an opportunity for entertainment and social connection due to the limited barriers to entry (Martin et al., 2024). It is also important to note, as explored in the '**Geography and neighbourhood**' section, that gambling venues are more densely populated in areas of greater deprivation where marginalised communities are more likely to live.

Similarly, older people in Great Britain report gambling to be an enjoyable activity which brings a sense of excitement and stimulation, with some older people having felt they are not welcome in other social venues, but feel warmly welcomed in gambling venues (Martin et al., 2024).

Gambling venues are also reported by some Minority group members as safe and non-discriminatory places where people become like 'brothers and sisters' (Moss et al., 2023b). In addition, some Minority groups have reported that they are unable to find culturally-appropriate, inclusive or accessible options for social connection or entertainment outside of gambling venues (Martin et al., 2024). Among those with a disability and experiencing social exclusion, online gambling was reported as an inclusive and accessible activity, which also provides intellectual stimulation.

The social benefit from gambling can act as a barrier to reducing gambling harm

The social benefits gambling may provide can be a large barrier to reducing gambling harm (Gosschalk et al., 2024b). For some they may not even realise it is the gambling causing the harm. For example, women who develop and maintain friendships through gambling can struggle to differentiate between gambling and socialising. They are more likely to downplay the risks of gambling due to the important role gambling plays in their lives (IFF Research et al., 2023).

This also affects men, as identified in GambleAware's Annual GB Treatment and Support Survey (Gosschalk et al., 2024b). The survey showed how social circles which revolve around watching sport and placing bets can act as a barrier to reducing men's gambling to maintain 'time together'. This is illustrated in the quote below.

> *"If it's part of something that you do regularly with your friends or your family, then I think it can be quite difficult. Especially if that's the way that you kind of spend that time together, that can be quite hard to kind of reduce."*
>
> - Male, 31, PGSI 13
>
> Source: Gosschalk, Webb, et al., 2024b, p. 44

Publications funded by GambleAware referenced in this section

- **Gambling Harms and Coping With Marginalisation and Inequality: Marginalisation, Isolation and Criminalisation in Great Britain** (Martin et al., 2024)
- **Minority Communities & Gambling Harms: Qualitative and Synthesis Report Lived Experience, Racism, Discrimination and Stigma** (Moss et al., 2023b)
- **Building knowledge of women's lived experience of gambling and gambling harms across Great Britain** (IFF Research et al., 2023)
- **Annual GB Treatment and Support Survey 2023** (Gosschalk et al., 2024b)

Financial challenges, poverty, and socioeconomic disenfranchisement

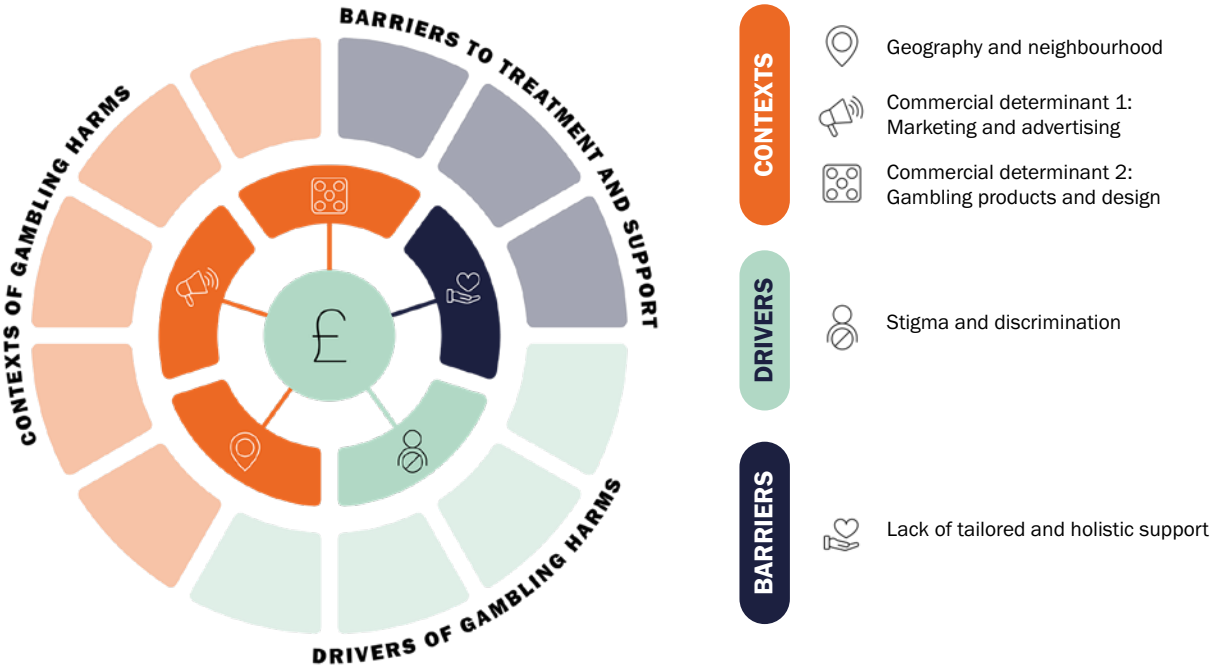
The burden of gambling harms is exacerbated among those who experience poverty measures such as housing instability, unemployment, low income, neighbourhood disadvantage and homelessness (Hahmann, 2020). Financial drivers of gambling are also central to people's experience of gambling harm. This is concentrated among those who are already facing poverty and socio-economic disenfranchisement – specifically marginalised and minority groups (Moss et al., 2023b).

This section explores how the motivation to gamble as a means of making money is exacerbated among those who are facing financial difficulties. Gambling is often used as a perceived viable means of improving one's financial situation. This is concentrated among communities who are economically disenfranchised or facing social exclusion, as they often have limited financial and employment opportunities. This section also discusses how the type of employment, such as unstable or peripheral employment, can increase the likelihood of using gambling to supplement income or as a form of entertainment. Lastly, this section explores how the impact of racism in employment contributes to gambling being used as a means to cope, both emotionally and financially.

Key findings

- Limited employment or educational opportunities can increase the likelihood to view gambling as a way to relieve financial pressure
- Those in unstable employment are more likely to experience gambling (and gambling harms) in an attempt to supplement their income.

Figure 35
How financial challenges, poverty, social disenfranchisement intersects with other areas of inequality, drivers and barriers of gambling harm



The gambling harms associated with deprivation and financial difficulty are exacerbated and driven by key determinants. Specifically, these are:

- geographies of deprivation and greater exposure to gambling venues
- marketing of gambling as a viable means of improving one's financial situation
- the motivations behind engaging in certain high-risk gambling products to win money
- a response to structural racism where there are limited employment opportunities among those who are not part of the White majority.

Gambling as a perceived way to improve one's financial situation

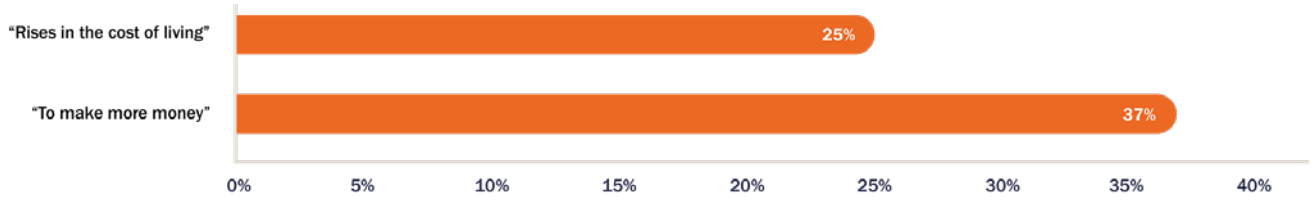
As identified in the '**Geography and neighbourhood**' section of this report, gambling harm is far more likely to occur among people living in more deprived areas (Evans & Cross, 2021). Economic disenfranchisement and poverty are therefore key considerations which inform people's motivation and desire to gamble. This translates into more harm for those who are more socially excluded and who experience broader financial challenges. Gambling can be used by some as a means to improve their financial situation and this experience is more pronounced among women and other minoritised groups (IFF Research et al., 2023, Moss et al., 2023b).

Women's financial challenges and gambling harms

On average, women have limited financial options compared to men. The female employment rate as of 2024 is 71.8% compared to 78.2% for men (Francis-Devine et al., 2025). Women are also more likely to be employed on a part-time basis than men and the median gender pay gap as of April 2024 is 13%.

Gambling has been seen by some women as a means to improve their financial situation (IFF Research et al., 2023). Highlighting this, the most common reasons for increasing gambling involvement reported by women in GambleAware's Annual GB Treatment and Support Survey (combined 2020-2024), were 'to make more money' (37%) and 'rises in the cost of living' (25%) as seen in Figure 36 below.

Figure 36
Reasons most commonly reported among women for increasing their gambling



Source: GambleAware Annual GB Treatment and Support Survey (2020-2024)

This shows how women can turn to gambling in an attempt to relieve financial household pressures or to escape poverty (IFF Research et al., 2023). However, this can lead to further financial harm through chasing losses, alongside contributing to stress and emotional harm. These factors tend to affect women in particular as they often struggle to seek support when gambling harms escalate, due to fear of being met with judgement (IFF Research et al., 2023; Weston-Stanley et al., 2025).

Despite being expected to provide and care for their families, due to gendered expectations discussed in greater detail in the '**Stigma and discrimination**' section, women often have less financial control of household income than their male partners (Moss et al., 2023b). This extends to women who are affected by another's gambling.

As illustrated earlier, women are more likely to be affected others than men (8% vs 6%) and affected others are more likely to be classified in social grades C2DE than ABC1 (8% vs 6%) (Gosschalk et al., 2023b). Affected others experience a broad range of harms, with the most common being relational, followed by emotional and financial (Gosschalk et al., 2024b).

Among the affected others cited in the Annual GB Treatment and Support Survey (2023), 52% reported experiencing financial harms (Gosschalk et al., 2023b). These included reduced household income (33%), inability to fund family projects (e.g. major purchases, holidays) (32%) and financial hardship, such as not being able to afford household essentials or pay off debts (31%) (Gosschalk et al., 2024b). Gambling harms among some female affected others are further exacerbated by their lack of awareness of support options, because they believe the gambling 'problem' does not extend to them (IFF Research et al., 2023).

Women in lower National Readership Survey (NRS) social grades[26] (C2DE) and those with childcare responsibilities are statistically much more likely to have gambled in the last 12 months compared to women in higher social grades (ABC1) and those without responsibility for children (IFF Research et al., 2023). These women are also more likely to participate in online casino games, bingo and scratch cards (IFF Research et al., 2023).

26 NRS social grades are a UK demographic classification system, originally developed by the **National Readership Survey** (NRS) in the 1950s, to categorize households based on the occupation of the **chief income earner** (CIE). The six grades are: A (higher managerial, administrative and professional), B (intermediate managerial, administrative and professional), C1 (supervisory, clerical, and junior managerial, administrative and professional), C2 (skilled manual occupations), D (semi-skilled and unskilled manual workers), and E (unemployed, casual and lowest grade workers, and state pensioners).

As explored in the '**Commercial determinant 2: Gambling products and design**' section of this report, casino games are associated with a high level of harm. Although bingo and scratch cards are often less harmful, scratch cards are the second most engaged in (by volume) activity by people experiencing any level of problems from gambling (PGSI 1+) (Wang et al., 2025). This is due to the sheer extent of participation in this activity (Wang et al., 2025).

Motivation plays a key role in engagement in different gambling activities (Wang et al., 2025). The motivations for engaging in online casino games have been found to include:

- desire for money
- to escape boredom
- for excitement.

(Wang et al., 2025).

Motivations for engaging in scratch cards include:

- to win money
- (in relation to bingo) for fun and excitement in a social context.

(Wang et al., 2025).

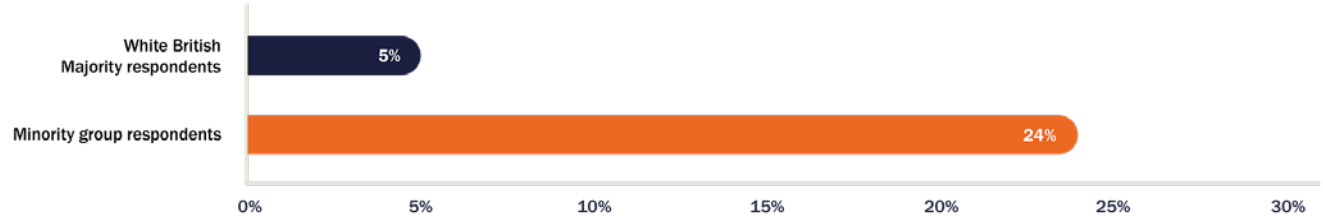
This provides some context in relation to why women in lower social grades – who have fewer financial options, disposable income and social connections, due to limited employment opportunities (IFF Research et al., 2023) – can be more likely to engage in casino games and scratch cards for money and excitement.

Minoritised communities' financial challenges and gambling harms

The interconnections between racialisation, discrimination, poverty and gambling harm are complex and important. While Minority group and White British Majority respondents similarly report financial reasons as being a primary driver of gambling (57% vs 58%), Minority group participants are much more likely to report that gambling is used as a source of additional income, or to make ends meet (14% vs 8%) (Moss et al., 2023b).

Furthermore, as seen in Figure 37 below, among those with an annual income of less than £26,000, there was a 24% prevalence of 'problem gambling' (PGSI 8+) among those from Minority groups, compared with a 5% prevalence among those from the White British Majority (Moss et al., 2023a).

Figure 37
Low income earners experiencing higher levels of gambling harms (PGSI 8+)



Source: Moss et al., 2023a

Direct experiences of racism in the workplace, as per the quotation below, have led some minority community members to turn to gambling as a means to supplement their income, in an attempt to avoid being subject to racist discrimination (Moss et al., 2023b).

> *"I work as a receptionist in a nightclub but the racism was too much so I couldn't work anymore and I got myself involved in gambling to make ends meet... they treated me differently from every other person, like, the whites who were there, because I'm Black."*
>
> - Male, Afro-Caribbean
>
> Source: Moss, et al., 2023b, p. 31

Among ethnic, religious and language minority groups, income and financial hardship have been identified as key predictors as to why they may participate in gambling, as well as for the severity of harm from gambling (Moss et al., 2023b). Other minoritised communities, such as those experiencing homelessness, have been found more likely to see gambling as a way to earn an income and to potentially escape poverty with a 'life-changing win'. They have also been identified as being more likely to make 'risky behaviour choices' to improve their situation (Martin et al., 2024).

Other groups who are experiencing challenges with securing employment, such as those with a learning disability or people who have recently immigrated to Britain, have also been found to use gambling as an attempt to increase income (Martin et al., 2024). This can be driven by barriers to normative employment opportunities, with many reporting that gambling feels like a financial necessity (Martin et al., 2024). Likewise, the way gambling is advertised, as explored in the '**Commercial determinant 1: Marketing and advertising**' section of this report, contributes to increasing the likelihood of seeing gambling as a viable means of escaping poverty.

Unemployment, job type and gambling harm

Those who are experiencing unemployment are twice as likely to experience low or moderate levels of gambling problems (PGSI 1-7) compared to the general population (14.6% vs 7.5%) (Martin et al., 2024). Among young people, for every 1% increase in youth unemployment there is a 2% increase in the probability of participating in gambling. Furthermore, the type of employment and/or job one holds intersects with gambling harm. A relationship between stable employment and stable or reduced gambling behaviour was identified, meaning those who are less likely to have stable employment are more likely to participate in gambling in a way that causes harm.

This finding is supported by GambleAware's Annual GB Treatment and Support Survey, where those who are in unskilled or skilled manual jobs, which often offer less stable employment, are more likely to

experience gambling harm than those who are in professional, managerial, administrative or supervisory roles (Gosschalk et al., 2023).

When looking at unemployment and insecure employment, migrant communities and those working in frontline service roles are more likely to be in insecure, lower-paying jobs and work unsociable hours (Martin et al., 2024). As explored in the '**Geography and neighbourhood**' section, gambling venues are often the only available food and/or entertainment options readily accessible and open for those who work unsociable hours due to being open 24/7. This means people in these types of jobs are more likely to be exposed to these forms of gambling, increasing chances of experiencing harm. This is particularly true where people on lower or more precarious incomes are looking for a way to increase income (Martin et al., 2024).

Furthermore, these circumstances can make it difficult to attend some support sessions, with factors such as time and distance creating a structural barrier to accessing support and treatment. This is explored in more detail in the '**Lack of tailored and holistic support**' section of this report.

Publications funded by GambleAware referenced in this section

- **Minority Communities & Gambling Harms: Quantitative Report** (Moss et al., 2023a)
- **Minority Communities & Gambling Harms: Qualitative and Synthesis Report Lived Experience, Racism, Discrimination and Stigma** (Moss et al., 2023b)
- **Building knowledge of women's lived experience of gambling and gambling harms across Great Britain** (IFF Research et al., 2023)
- **Stigmatisation and Discrimination of People Who Experience Gambling Harms: Qualitative Analysis** (Weston-Stanley et al., 2025)
- **Relative Risk of Gambling Products Within Great Britain: Findings From a Rapid Literature Review and Secondary Analysis Project** (Wang et al., 2025)
- **Gambling Harms and Coping With Marginalisation and Inequality: Marginalisation, Isolation and Criminalisation in Great Britain** (Martin et al., 2024)
- **Annual GB Treatment and Support Survey 2023** (Gosschalk et al., 2024b)
- **Annual GB Treatment and Support Survey 2022** (Gosschalk et al., 2023)

Barriers to treatment and support

The earlier two sections provide an overview of the broader contextual inequalities and drivers that lead to an unequal burden of gambling harm. This section explores the barriers to treatment and support - the factors that restrict the availability and accessibility of support options to reduce gambling harm.

As discussed throughout this framework, inequalities are built into the fabric of society in Great Britain. Those who face inequalities are subject to stigma, discrimination and social exclusion. These inequalities in life chances and lived experience extend into participation in service provision and civil society at large (Bansal et al., 2022; Das-Munshi, et al., 2018; Evans et al., 2012; Hayanga et al., 2021). Therefore, those who face inequalities in Great Britain by extension bear a disproportionate burden of gambling harms and are disproportionately underserved by support and healthcare provision.

This section discusses how, first and foremost, there is low awareness of the provision of support and treatment for gambling harm and treatment. It then explores how previous experiences of stigmatisation and discrimination in formal support settings by health and social professionals can extend into a reluctance to seek support for gambling harm (IFF Research et al., 2023; Moss, Wheeler, Sarkany, et al., 2023). This is disproportionately concentrated among women and minoritised communities, demonstrating how a broader public health approach is needed to reduce gambling harm.

Lastly, it highlights how the lack of tailored provision to meet people's structural, cultural, gender-specific, and neurodiverse needs can make the support which is available less accessible for certain groups (Bailey et al., 2023; IFF Research et al., 2023; IFF Research, 2025; Moss, Wheeler, Sarkany, et al., 2023). The barriers to accessing support and treatment for gambling harms include:

- limited awareness of treatment and support
- lack of tailored support
- stigma or discrimination in support settings.

Limited awareness of treatment and support

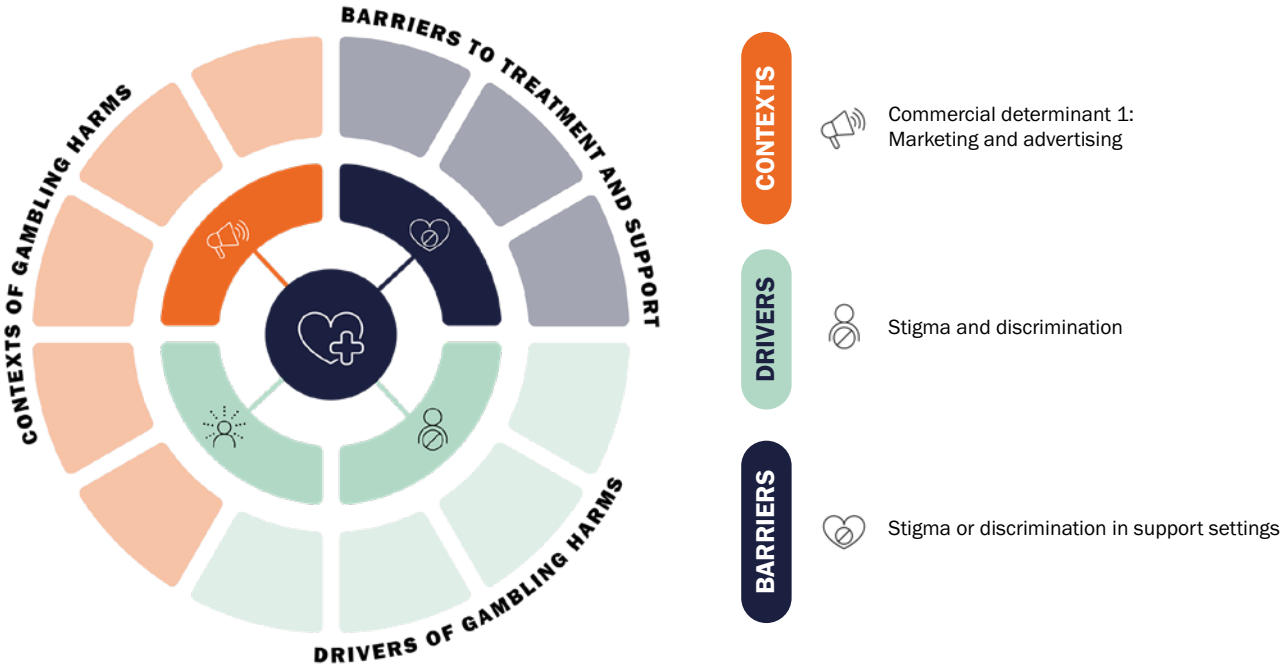
This section focuses on how a limited awareness of what treatment and support is available for gambling harms acts as a barrier to accessing the support which is needed to reduce it. The combined GambleAware Annual GB Treatment and Support Survey (2020-2024) identified *not thinking support and treatment is relevant or suitable* for gambling harm as one of the primary barriers to treatment and support for those experiencing any level of gambling harm (PGSI 1+).

This section identifies the extent to which people who gamble and experience harm are unaware of the support available. Levels of awareness are compared among different groups, specifically focusing on those who experience inequality and a disproportionate burden of gambling harm. Limited knowledge that support can be tailored to different needs is also identified as a key barrier. Lastly, this section explores some of the reasons for low awareness, such as a lack of self-appraisal, in addition to not considering gambling to be a problem or seeing support and treatment as relevant.

Key findings

- Despite awareness raising activities, across Britain there is low awareness of available gambling harm treatment and support
- Those who bear a disproportionate burden of gambling harm have a similar level of awareness of available gambling harm treatment and support to those who face less inequality and gambling harms
- A lack of self-appraisal is a key barrier - such as not thinking of one's gambling as a problem or not thinking support and treatment is relevant
- Many people are unaware of how support and treatment can be tailored to meet their unique needs

Figure 38
How limited awareness of treatment and support intersects with other areas of inequality, drivers and barriers of gambling harm



This section identifies how the lack of awareness of treatment and support is exacerbated by experiences of stigma and discrimination. Some people who face discrimination are also avoiding exploring what support is available as they fear they will be met with judgement.

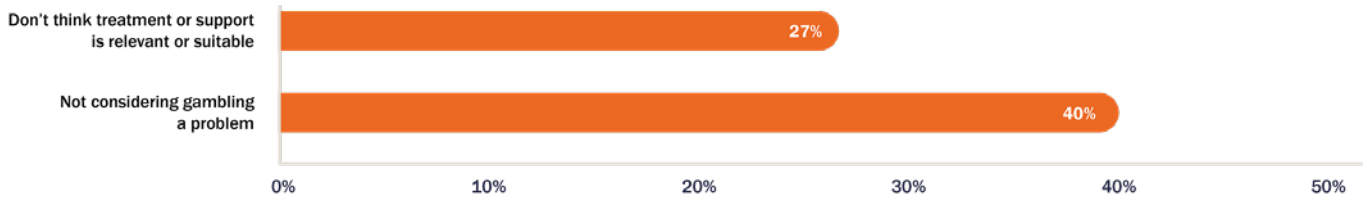
This section also identifies how the ineffective and inconsistent 'safer gambling' messaging used in gambling marketing and advertising contributes to the overall limited awareness of where and how to access support.

Why being aware of support options is vital

In order to access treatment and support, which can reduce harms from gambling, awareness of what is available is paramount (Gosschalk et al., 2024b). The Gambling Commission's Gambling Survey for Great Britain (GSGB) shows that 3.2% of adults who had gambled in the last 12 months sought support. This included 1% seeking support from gambling support services and 1.9% from food banks (Gambling Commission, 2024). In contrast, GambleAware's Annual GB Treatment and Support Survey (2020-2024) found that 6% of adults who had gambled in the last 12 months used any form of support or treatment.

Among those who have accessed any treatment or support in the last 12 months, according to GambleAware's Annual GB Treatment and Support Survey (2020-2024), 23% are experiencing some level of problems from gambling (PGSI 1+). This indicates that only a quarter of people experiencing some level of problems from gambling (PGSI 1+) are seeking treatment and support. The barriers *not considering gambling a problem* (40%) and that they *don't think treatment or support is relevant or suitable* (27%) were the main barriers reported among those with a PGSI score of 1+ as seen in Figure 39.

Figure 39
Barriers reported among those with a PGSI score of 1+ for not seeking treatment and support



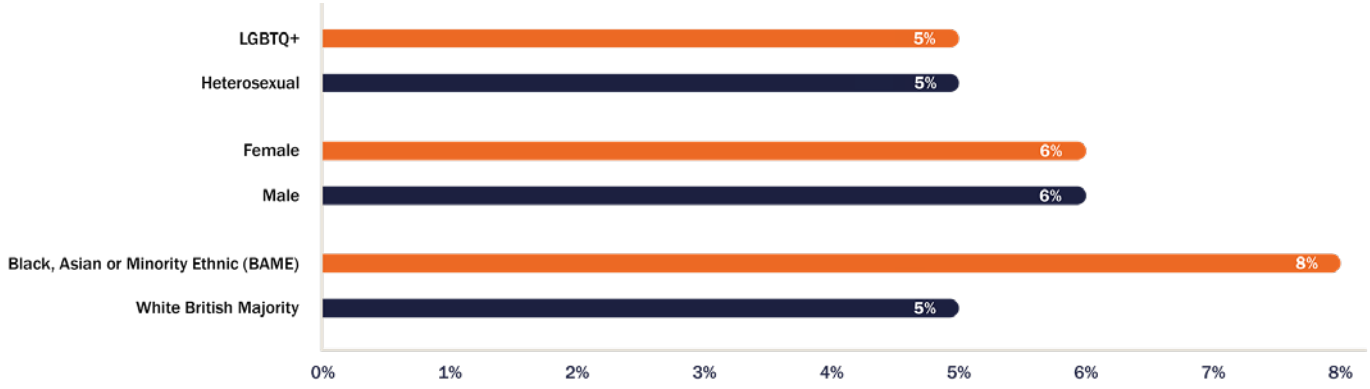
Source: GambleAware Annual GB Treatment and Support Survey (2020-2024)

These barriers to treatment and support may be due to the lack of awareness of the harms gambling can cause, as explained in the section '**Lack of awareness and education**', alongside limited understanding of what support, treatment and advice for gambling harm is available, and what it looks like.

Among participants in GambleAware's Annual GB Treatment and Support survey (2020-2024), being aware that *support was available* was one of the top motivators for those experiencing 'problem gambling' (PGSI score of 8+) when seeking treatment, support or advice – a total of 22% of respondents favoured this. Other key factors were knowing that the treatment was *completely confidential* (22%) and *free of charge* (20%). This indicates the importance of awareness in motivating people to reduce their gambling harms.

As seen in Figure 40 those who are more likely to experience gambling harm, notably those who experience greater inequality, report similar levels of awareness to those who face less risk of gambling harm. In GambleAware's combined Annual GB Treatment and Support Survey (2020-2024), among those experiencing 'problem gambling' (PGSI 8+) – who reported they did not use treatment, support or advice to cut down (due to being unaware that some of these sources existed) – females and males reported similar levels (6% vs 6%).

Figure 39
Barriers reported among those with a PGSI score of 1+ for not seeking treatment and support



Source: GambleAware Annual GB Treatment and Support Survey (2020-2024)

As seen in Figure 40 there were also similar levels among those in the LGBTQ+ community compared to heterosexual people (5% vs 5%). Ideally, these groups should have a greater awareness due to bearing a disproportionate burden of gambling harm. However, those experiencing high levels of gambling harm, and particularly those who experience greater inequality, report similar levels of awareness of treatment, support or advice available as those who face lower levels of gambling harm.

A study exploring the relationship of gambling harm among minority ethnic, religious and language groups found that limited awareness is due to uncertainty on how to access support services and if they meet eligibility criteria, as well as uncertainty about what services offer. Many fear they will be placed in group settings and judged, and are uncertain about whether the support is suitable to their unique cultural needs (Moss et al., 2023b).

This highlights the substantive impacts previous experiences of stigmatisation and discrimination in support settings can play in reducing the desire of minority groups to reach out for support and treatment. This is explored further in the '**Stigma or discrimination in support settings**' and '**Stigma and discrimination**' sections of this report.

Among women, awareness of support that is specifically tailored for them is low, with many believing their only support options are their GP or Gamblers Anonymous (IFF Research et al., 2023). Some women also believe they are not deserving of support because their experience of harm simply does not warrant it. This has been found to lead to some women ignoring safer gambling messages as outlined in the quotation below. This is also exacerbated among female affected others.

> ***"I didn't think I had a problem, so I didn't look at any [gamble responsibly] messages."***
>
> - Woman who gambles, Scotland
>
> Source: IFF Research et al., 2023, p. 56

Those who face other marginalisations and social exclusions, notably those with learning difficulties and disabilities, migrants, refugees, and minority gender identities and sexualities, have also been found to have low awareness of gambling harm support (Bailey et al.,2023; IFF Research et al., 2023; Martin et al., 2024). Neurodivergent people who experience low levels of harm have reported low awareness of specific gambling services or apps. However, they have been found to have a general awareness of self-help tools and support groups (IFF Research, 2025).

Similar to the experience of some women, some neurodivergent people at greater risk of gambling harm feel their gambling is not severe enough and lack awareness of the support available (IFF Research, 2025). However, some neurodivergent people mentioned how advertising in gambling environments made them aware of support services (IFF Research, 2025). While this is positive, in general the signposting to support in gambling advertising is minimal, ineffective and inconsistent, as highlighted in the '**Commercial determinant 1: Marketing and advertising**' section (Gosschalk, et al., 2023a).

Publications funded by GambleAware referenced in this section

- **Annual GB Treatment and Support Survey 2023** (Gosschalk et al., 2024b)
- **Minority Communities & Gambling Harms: Qualitative and Synthesis Report Lived Experience, Racism, Discrimination and Stigma** (Moss et al., 2023b)
- **Building knowledge of women's lived experience of gambling and gambling harms across Great Britain** (IFF Research et al., 2023)
- **Gambling Harms and Coping With Marginalisation and Inequality: Marginalisation, Isolation and Criminalisation in Great Britain** (Martin et al., 2024)
- **Gambling Harms and Neurodivergence: Understanding the Context and Support for Neurodivergent People in Gambling Phase 2 Report** (IFF Research, 2025)
- **LGBTQ+ People and Gambling Harms: A Scoping Review** (Bailey et al., 2023)

Lack of tailored and holistic support

It is paramount for formal gambling harm support to be accessible and effective for those who bear a disproportionate burden of gambling harm, notably those from ethnic minority communities and those in unstable employment. Although gambling specialist services, and community organisations, are tailoring support to meet the needs of marginalised communities, there are still gaps. The below support and treatment data demonstrates that formal treatment is supporting those who bear a larger concentration of harm, notably males and younger adults.

When looking at the annual statistics from the National Gambling Support Network, the distribution of clients receiving support vary in aligning with where gambling harms are concentrated (GambleAware, 2024a). For example, the majority of clients accessing tier 3 and 4 support[27] are:

- males (70%)
- aged between 30-34 years old (20%)
- from White ethnic backgrounds (90%)
- employed (70%).

(GambleAware, 2024a).

There are various support options for gambling harm, including:

- specialist services through the National Gambling Support Network[28] (NGSN)
- the NHS, GPs and mental health services
- support groups
- family and friends
- self-help tools and strategies.

(Alma Economics, 2023b; GambleAware, 2024a; Gosschalk et al., 2024b).

This section explores how limited tailored cultural and gendered support is a barrier to gambling harm support and treatment. It also identifies how limited holistic care – which addresses other harms alongside the gambling harm – can reduce the effectiveness of support.

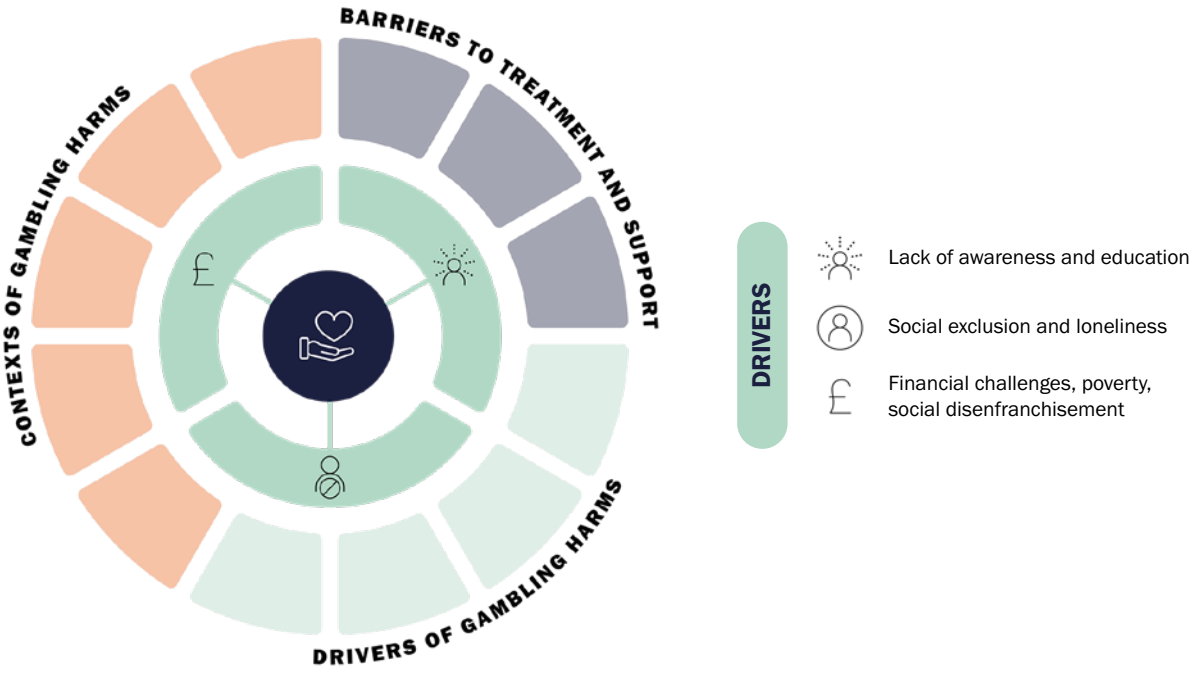
27 Tier 3 treatment includes a comprehensive assessment and a goal-orientated mutually agreed care plan. Tier 4 is residential rehabilitation treatment care. This offers a holistic, in-depth rehabilitation programme that provides emotional, practical and long-term support and includes facilitated therapeutic treatment. A total of 7,463 clients were treated (Tier 3 or 4) within the National Gambling Support Network Services (who reported to the Data Reporting Framework (DRF) in 2023/24).

28 The **National Gambling Support Network** is a network of organisations across England, Scotland and Wales. They provide free treatment, advice and support on a range of gambling-related issues.

Key findings

- A lack of tailored support to meet people's different physical, gender-specific and cultural needs can reduce access to treatment and support - this further entrenches inequalities across broader public health issues
- A lack of holistic support that addresses the harms from gambling, such as poor mental health or debt, contribute to the barriers for reducing gambling harms
- A lot of good practice on effective interventions in Great Britain is not well evidenced in quantitative and qualitative evaluation studies.

Figure 41
How lack of tailored and holistic support intersects with other areas of inequality, drivers and barriers of gambling harm



This section demonstrates how broader inequalities, such as poverty and unemployment, reduce the likelihood of accessing and completing treatment due to physical barriers such as time and costs.

Experiences of stigmatisation and discrimination – either from health professionals or from friends/family – can reduce levels of comfort and safety in seeking support, particularly among women.

These barriers impact certain groups more, driving inequalities in their broader social and health outcomes.

Lastly, the lack of awareness of gambling harm across institutions and wider support systems can prevent a holistic approach to supporting those experiencing gambling harm.

Lack of structural, cultural and gendered support

A lack of tailored and relevant support which meets people's variable realities and needs, is a substantial barrier to support and treatment. This barrier is especially concentrated among those who are minoritised, specifically women, minority groups and neurodivergent people. It is important to note that the NGSN and other community based organisations are taking proactive steps to co-design services with minoritised communities to provide tailored care. These cultural, gender-based and structural barriers are discussed below.

Cultural barriers

A lack of cultural competency within gambling treatment provision has been reported among ethnic, religious and language minorities (Moss et al., 2023b). This can reduce the likelihood of minority groups completing treatment, when compared with individuals from a White background (GambleAware, 2024a; Levy et al., 2020).

Within treatment, this is shown through a lack of ethnic and gender diverse representation among professionals. It includes some minority ethnic communities feeling that their unique realities, needs and challenges will not be understood by service providers (Moss et al., 2023b). Similarly, in group support settings, if peers are not representative of one's community or culture, community members have reported feeling less comfortable sharing their lived experience due to the fear of being judged and stigmatised (Moss et al., 2023b; Weston-Stanley et al., 2025). This exacerbates gambling harm as identified in the '**Stigma and discrimination**' section of this report.

> *"In terms of seeking support, there are still some barriers, because people won't actually be very free to share their experience or their challenges with people they don't actually know very well. If those organisations have people from their ethnic background, this would be very, very helpful."*
>
> - Age 40, Male, Hispanic, Muslim, Moved to the UK more than 10 years ago
>
> Source: Moss, et al., 2023b, p. 56

An evaluation of small community organisations which work with minoritised communities (funded through GambleAware's Community Resilience Fund), found that for many minority ethnic groups, gambling is a misunderstood and hidden harm, even more so than drugs or alcohol (Scott et al., 2024).

Furthermore, for some minority groups, gambling harms are a taboo topic and reaching out for support goes against their cultural norms (Moss et al., 2023b). Organisations working with these communities have had to adapt their approach to discussing gambling harms, notably delivering gambling harm messages discreetly, such as alongside alcohol or tenancy discussions (Scott et al., 2024).

This reflects the finding that some minority groups feel they will be judged and stigmatised by people from their own background if they were to seek support for their gambling. It highlights how services need to be aware of people's individual and cultural experiences in order to tailor support and reduce inequalities. This is a challenge for support services as there is minimal research on the effectiveness of interventions for minoritised and marginalised communities, including how to adapt services to meet diverse population needs (Weston-Stanley et al., 2024). However this is occurring within the NGSN with providers tailoring support to meet different needs.

Barriers specific to gender

Not only do many women who are impacted by gambling harms believe gambling support and treatment is designed for men (IFF Research et al., 2023), but there is a lack of support for women that is guided by women, support for women as affected others, and support provided in women-only spaces (Gosschalk et al., 2024b; IFF Research et al., 2023). Those with caregiving responsibilities have reported childcare responsibilities as a barrier to attending formal support. This shows that support provision must take into consideration women's needs if it is to be relevant and break barriers in access and attendance (IFF Research et al., 2023; Weston-Stanley et al., 2025).

Structural barriers

Wait times, geographical distance and cost of travel are key structural barriers to accessing gambling support (IFF Research et al., 2023). This is exacerbated among those who are more likely to work unsociable hours as they have less flexibility with work to prioritise attending support sessions (Gosschalk et al., 2024b; Moss et al., 2023b). As explored in the '**Financial challenges, poverty, social disenfranchisement**' section, this is more likely to affect those who are minoritised, such as refugees or homeless people (Martin et al., 2024).

Structural barriers to accessing gambling treatment which have been identified by neurodivergent people include complex application processes, long waiting lists and a lack of reminders (IFF Research, 2025). Difficulty navigating service systems has also been reported by those with dyslexia or dyspraxia, who face challenges with written information. This places neurodivergent people at a disadvantage when accessing traditional support services, which are not tailored to their unique needs. They can experience cognitive overload where they feel overwhelmed by information and this can lead to confusion or anxiety.

Lack of holistic support

As is clear throughout this framework, gambling harms are multifaceted, complex and exacerbated by existing inequalities. Therefore, support for gambling harms cannot be delivered by gambling treatment specialists alone. Participants who mentioned financial difficulty as their main driver for gambling found they benefitted from support which also involved housing and employment support (Moss et al., 2023b). This broader support enabled them to depend less on gambling to support the key issue at hand of financial insecurity.

This shows that it is crucial to provide holistic support for people experiencing gambling harms, taking into consideration the wider environmental factors influencing their experience of gambling harm. Unfortunately, a holistic approach to gambling is not often adopted and the root drivers of harm, such as social exclusion, poor mental health and deprivation are left unaddressed. Services that can address these broader issues, such as mental health support services are working in isolation rather than collaboratively (Gosschalk et al., 2024b; Martin et al., 2024). A lack of integration between mental health and gambling services, specifically through a lack of screening and workforce training has been identified as a gap in holistic care for gambling and mental health harms (Gosschalk et al., 2024b; Martin et al., 2024).

Services and organisations which support women who have experienced domestic violence – notably including the police and justice system, social services, domestic and family violence support organisations, and even some gambling support services – lack recognition of how gambling contributes to violence (Weston-Stanley et al., 2025).

Awareness of the wider impact of gambling harm is crucial, but the link between the violence partner's experience and the perpetrator's gambling problems is often unacknowledged by services responding to domestic and gender-based violence (IFF Research et al., 2023). This emphasises the importance of institutions being aware of the harm from gambling as outlined in the '**Lack of awareness and education**' section of this report.

A research programme exploring the effectiveness of different interventions for gambling harm identified that there is a gap in services which provide holistic care to address the wider social and political factors at play. It also identified that more established links between mental health, alcohol and drugs services – or in-house expertise – is needed to ensure the effectiveness of interventions in reducing gambling harm (Weston-Stanley et al., 2024).

However, this research noted a lack of quantitative and qualitative evaluation studies examining interventions within Great Britain (Weston-Stanley et al., 2024). This means a lot of the good practice through existing support provision, such as the NGSN, may be missed.

Publications funded by GambleAware referenced in this section

- **Self-help strategies for reducing gambling harms: Scoping study** (Alma Economics, 2023b)
- **Annual statistics from the National Gambling Support Network (Great Britain): 1 April 2023 to 31 March 2024** (GambleAware, 2024a)
- **Annual GB Treatment and Support Survey 2023** (Gosschalk et al., 2024b)
- **Minority Communities & Gambling Harms: Qualitative and Synthesis Report Lived Experience, Racism, Discrimination and Stigma** (Moss et al., 2023b)
- **Disproportionate Burdens of Gambling Harms Amongst Minority Communities: A Review of the Literature** (Levy et al., 2020)
- **Stigmatisation and Discrimination of People Who Experience Gambling Harms: Qualitative Analysis** (Weston-Stanley et al., 2025)
- **Gambling Harms and Neurodivergence: Understanding the Context and Support for Neurodivergent People in Gambling Phase 2 Report** (IFF Research, 2025)
- **Gambling Harms and Coping With Marginalisation and Inequality: Marginalisation, Isolation and Criminalisation in Great Britai**n (Martin et al., 2024)
- **GambleAware's community resilience fund: Evaluation and learning partner year one report** (Scott et al., 2024)
- **Effective interventions for the treatment of gambling that is associated with harm: Rapid evidence review** (Weston-Stanley et al., 2024)

Stigma or discrimination in support settings

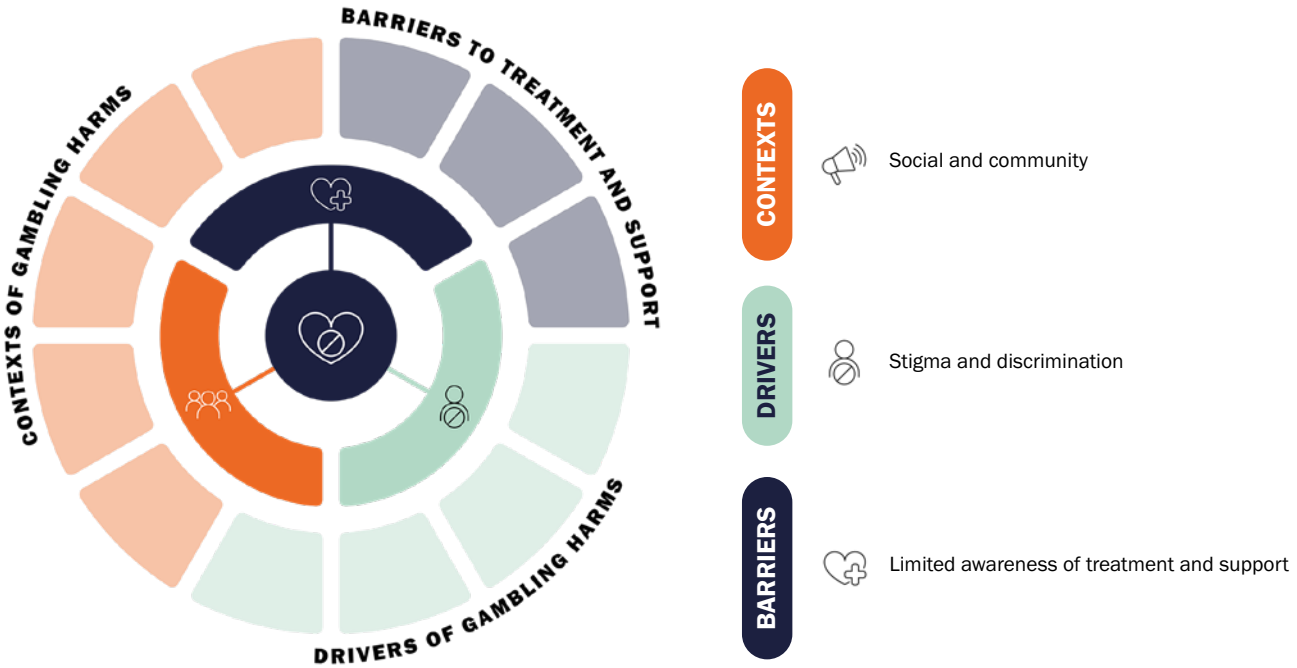
This section explores in more detail how experiences of stigma and discrimination, whether faced within gambling harm support, primary care support (e.g. GPs) or from other institutions (e.g. police), are key barriers to accessing that support going forwards (IFF Research et al., 2023; Moss et al., 2023b; West-on-Stanley et al., 2025). These experiences can make people feel less confident and comfortable to reach out for help, feeling they will be judged or not taken seriously (IFF Research et al., 2023; Moss et al., 2023b).

The barrier is more pronounced among those who are already subject to discrimination and racism in their wider environment. This includes within broader health and social care support.

Key findings

- Previous experiences of stigma or discrimination in social and health support settings can reduce people's confidence in seeking gambling harm support - this drives inequalities among these groups of people as they are less likely to seek support in the future

Figure 42
How stigma or discrimination in support settings intersects with other areas of inequality, drivers and barriers of gambling harm



This section explores how broader experiences of discrimination in everyday life, predominantly for women and minority ethnic groups, feeds an uncertainty of how culturally-safe gambling support will be.

It also identifies how family and peer attitudes towards gambling and gambling harm can reduce people's likelihood of sharing and seeking support due to perceived judgement.

Experiences of stigma or discrimination when accessing treatment and support

As explained in the '**Stigma and discrimination**' section of this report, stigmatisation can drive feelings of guilt, shame and internalised stigma. This in turn can serve as a key barrier to accessing treatment and support for gambling harms (Shipsey et al., 2025). As such, two out of five (39%) people who experience any level of problems with their gambling (PGSI score 1+) report having not spoken to anyone about their gambling problems due to fear of stigmatisation and discrimination (Morris et al., 2024). The main barrier to this was feeling ashamed or guilty (17%).

Among those who experience a high level of problems with their gambling (PGSI score of 8+), 71% report not having spoken to someone about their gambling problems, with 31% reporting feeling ashamed or guilty as the main barrier (Morris et al., 2024). As identified in the '**Stigma and discrimination**' section, the more harms one experiences the more perceived stigma they fear.

It is not only gambling-related stigma that prevents help-seeking, but also the stigmatisation minoritised genders and women are subject to. Previous experiences of stigma-driven discrimination, such as experiences of homophobia, sexism, ableism and racism in everyday situations, can also act as significant

barriers to seeking support. Many have experienced stigma and discrimination within treatment settings themselves, serving to further disincentivise support-seeking (IFF Research et al., 2023; Moss et al., 2023b).

For many women, their ability to openly speak about their experience of both direct and indirect gambling harms is limited, with women often fearing judgemental and stigmatising responses (IFF Research et al., 2023). This can lead to women being less likely to ask family and friends for support, alongside a reluctance to ask others for help with childcare needs. All of these factors serve as barriers to accessing gambling support (IFF Research et al., 2023). This reluctance may also be informed by family and peer attitudes towards gambling, as explored in the '**Social and community**' section.

Women who are accessing support have reported being discriminated against by men within the peer support setting (Weston-Stanley et al., 2025). Treatment professionals have shared that this discrimination is informed by misogynistic attitudes (Weston-Stanley et al., 2025). Many women emphasise that group settings are often male-dominated, leading them to rely on self-help strategies over formal support, which can be less effective for those experiencing a high level of gambling harms (Alma Economics, 2023b).

Similarly, people from LGBTQ+ communities report discriminatory and stigmatising treatment from health professionals (Bailey et al., 2023). This is informed by heteronormative attitudes through the use of pathologising language, alongside a general lack of understanding around common LGBTQ+ challenges and discrimination experienced in British society. This serves as a significant barrier to effective care and increases the likelihood of experiencing shame.

Neurodivergent people have also reported shame, stigma and fear of judgement as significant barriers to accessing gambling support. This is exacerbated by past negative experiences with support services where they have felt misunderstood (IFF Research, 2025).

Minority groups are three times more likely to report feeling that they could not access support without being judged by a health professional compared to members from a White British Majority background (3% vs <1%) (Moss et al., 2023b). This distrust in gambling harm support often results from previous experiences of discrimination in healthcare settings based on their ethnicity or religion (Moss et al., 2023b).

Health professionals can in fact often resort to negative stereotypes when providing gambling support (Levy et al., 2020). Minority groups express fear of being treated unfairly within health and social care settings by professionals, attributing this unequal treatment to discriminatory views (Moss et al., 2023b).

Minority groups are less likely to say they feel comfortable talking to a healthcare provider if worried about their gambling than White British Majority respondents (45% vs 54%) (Moss et al., 2023a). A few Minority group members have indeed emphasised that they felt like they would not be taken seriously when accessing support, as illustrated here:

> ***"I'm a minority person, right here it's very difficult for us to access new services. It takes a longer period of time, you know. The time would have been wasted, so I just felt we are refugees, you know, and people would not pay attention to our needs. So, with us there's no point for us seeking for support because we will likely not get it."***
>
> - Male, African, Christian, aged 24 years old
>
> Source: Moss et al., 2023b, p. 57

Experiences of discrimination in healthcare settings are exacerbated by a general wider experience of structural racism in the National Health Service (NHS). This can lead to gaps not only in provision of support, but in inequity in healthcare access and health outcomes (Levy et al., 2020). These inequalities can lead to an overall lack of trust in health services, translating into a lack of trust in gambling support services (Moss et al., 2023b).

In summary, the fear of discrimination acts as a disincentive to access services for those who may have had previous experiences of discrimination, specifically in other health settings (Martin et al., 2024).

Publications funded by GambleAware referenced in this section

- **Stigmatisation and discrimination of people who experience gambling harms: quantitative analysis** (Shipsey et al., 2025)
- **Stigmatisation and Discrimination of People Who Experience Gambling Harms: Qualitative Analysis** (Weston-Stanley et al., 2025)
- **Building knowledge of women's lived experience of gambling and gambling harms across Great Britain** (IFF Research et al., 2023)
- **GambleAware Stigma Polling: Key Findings June 2024** (Morris et al., 2024)
- **Minority Communities & Gambling Harms: Quantitative Report** (Moss et al., 2023a)
- **Minority Communities & Gambling Harms: Qualitative and Synthesis Report Lived Experience, Racism, Discrimination and Stigma** (Moss et al., 2023b)
- **LGBTQ+ People and Gambling Harms: A Scoping Review** (Bailey et al., 2023)
- **Gambling Harms and Neurodivergence: Understanding the Context and Support for Neurodivergent People in Gambling Phase 2 Report** (IFF Research, 2025)
- **Gambling Harms and Coping With Marginalisation and Inequality: Marginalisation, Isolation and Criminalisation in Great Britain** (Martin et al., 2024)
- **Disproportionate Burdens of Gambling Harms Amongst Minority Communities: A Review of the Literature** (Levy et al., 2020)
- **Self-help strategies for reducing gambling harms: Scoping study** (Alma Economics, 2023b)

Conclusions and recommendations

This framework seeks to provide a reference for those interacting with and for gambling harms. This includes those with lived experience of gambling harms and their networks. It aims to result in more effective and culturally-tailored prevention, treatment and support provision, which in turn can result in improved service and healthcare provision for those who need it most. It also seeks to drive changes and improvements in gambling harm commissioning activities, and to strengthen gambling-related regulation.

In order to reduce gambling harm for those who bear its highest burdens, existing inequalities in British society must be addressed through a whole system approach which works for all communities, not only those who are the most visible and assessable. The National Health Service (NHS), third sector gambling support services, civil society and community-based organisations and networks, mental health services, housing services, financial institutions, education providers and other social care services are all needed to provide effective prevention and treatment (Johnstone & Regan, 2020).

This framework aims to inform the following:

- improving services and healthcare provision for those who need it most
- driving changes and improvements in gambling harm commissioning activities
- expanding research aims and methods to include the needs of under-researched groups
- understanding sensitivities and cultural nuances to inform campaigns around safer gambling
- ensure meaningful lived experience in all gambling harm reduction activities
- strengthening gambling-related regulation.

This gambling harms inequalities framework places gambling harms within the broader social, economic and political environment of Great Britain. It has set out the broader inequalities which contribute to, drive and compound gambling harms, alongside the drivers that lead to an unequal burden of them. The framework also establishes how these factors contribute to barriers in seeking treatment and support for gambling harm.

Significantly, this framework adopts a holistic approach, identifying how drivers and areas of inequalities interact with each other to result in the unequal distribution of gambling harms across communities. Communities who, historically, have borne the highest burdens of ill health and social exclusion.

This framework has not explored specific groups experience of inequality and gambling harm, rather it has identified the key underlying drivers of gambling harms and their disproportionate concentration among marginalised communities. Part of this is the process of minoritisation, notably involving the experience of stigmatisation, discrimination, marginalisation and social disenfranchisement within postcolonial British society. Gambling harms are influenced and, in some cases, caused by existing inequalities.

Because of this, it is imperative that a society-wide, public health approach takes into account social structures and distributions of power, privilege and deprivation, in addition to the broader structural and social factors which bear such a critical role in shaping gambling harms in Britain today.

Key recommendations for addressing inequalities in gambling harms

The below recommendations are informed by GambleAware's funded primary and secondary research in this sector, which has informed the substance of this paper. They particularly draw on two key research programmes. These are: GambleAware's Minority Communities research programme, undertaken by Ipsos with Clearview Research and the University of Manchester (Moss et al., 2023a; Moss et al., 2023b), and GambleAware's Stigmatisation and Discrimination research programme, led by NatCen and the University of Wolverhampton (Shipsey et al., 2025; Weston-Stanley et al., 2025):

1. **Recognise inequalities in gambling harm**
   Service providers must acknowledge that individuals from minoritised and marginalised communities are more likely to experience gambling-related harms due to entrenched social and economic inequalities. Tailored, culturally-sensitive support is essential to redress this imbalance.
2. **Foster multidisciplinary collaboration to tackle structural inequality**
   Gambling harms often arise as a result of a complex mixture of issues including unemployment, financial exclusion and social marginalisation. Support services should work in partnership with professionals from a range of sectors to address the wider structural inequalities affecting those who experience inequalities in Great Britain.
3. **Understand and reduce stigma as a barrier to equal access**
   For many individuals from minoritised and marginalised communities, stigma – whether cultural, social or internalised – can create significant barriers to accessing help. Addressing stigma within the context of wider discrimination is vital for creating inclusive and equitable support pathways.
4. **Improve representation to reduce inequality in services**
   Increasing diversity within the gambling support workforce is crucial to ensuring equitable service delivery. Services should aim to reflect the diversity of the populations they serve and avoid treating those who experience inequalities in Great Britain as a monolithic group.
5. **Enhance communication support to address language-based inequality**
   While systemic change takes time, an immediate and practical step is to ensure there is widespread access to high-quality interpreting services. This reduces language barriers and helps deliver more equitable access to support for minoritised and marginalised communities.
6. **Invest in cultural competency to close understanding gaps**
   Training in cultural humility and competence should be prioritised for all staff. Providing safe spaces for reflective practice can help professionals examine unspoken assumptions or 'blind spots' which may unintentionally exclude or alienate individuals from minoritised and marginalised communities.
7. **Promote inclusive research and community engagement**
   Further research is needed to examine how stigma and racism may compound gambling harms and hinder help-seeking. Outreach and consultation with those who experience inequalities in Great Britain, as well as their community leaders, can improve visibility, trust and service relevance.
8. **Raise awareness to address inequities in knowledge and access**
   Culturally-tailored campaigns can help raise awareness within minoritised and marginalised communities about the signs of gambling harm, in addition to available support services. This is key to reducing disparities in who knows how to seek help.
9. **Learn from broader practice to promote equality in support**
   Gambling support services should draw from other sectors – particularly mental health – which have worked to reduce inequalities in access and outcomes. Sharing best practice can support more inclusive care models.

10. **Map access gaps to address geographical inequalities**
    Assessing the location of treatment services in relation to land-based gambling venues –particularly in areas with high populations of those who experience inequalities in Great Britain – can highlight where provision is lacking, allowing for more targeted and equitable service development.
11. **Commit to co-production and lived experience approaches**
    Involving individuals from minoritised and marginalised communities in the design and delivery of services ensures that support is both relevant and respectful. Co-production also helps to address power imbalances by giving a voice to those with lived experience of inequality and gambling harms.

References

Alma Economics. (2023a). *Inequalities, vulnerabilities, and risk factors for gambling harms among children and young people: scoping study.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/inequalities-vulnerabilities-and-risk-factors-for-gambling-harms-among-children-and-young-people-a-scoping-study/**

Alma Economics. (2023b). *Self-help strategies for reducing gambling harms: scoping study.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/self-help-strategies-for-reducing-gambling-harms-scoping-study/**

Aranda, A., Helms, W., Patterson, K., Roulet, T., & Hudson, B. (2023). Standing on the shoulders of Goffman: Advancing a relational research agenda on stigma. *Business & Society, 62*(7). **https://doi.org/10.1177/0007650322114844**

Astbury, G., & Thurstain-Goodwin, M. (2015). *Contextualising machine gambling characteristics by location: A spatial investigation of machines in bookmakers using industry data.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/contextualising-machine-gambling-characteristics-by-location-final-report-a-spatial-investigation-of-machines-in-bookmakers-using-industry-data/**

Bailey, L., Zeeman, L., Sawyer, A., & Sherriff, N. (2023). *LGBTQ+ people and gambling harms.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/lgbtqplus-people-and-gambling-harms-a-scoping-review/**

Bansal, N., Karlsen, S., Sashidharan, S., Cohen, R., Chew-Graham, C., & Malpass, A. (2022). Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography. *PLOS Medicine.* **https://journs.org/plosmedicine/article?id=10.1371/journal.pmed.1004139**

Blaszczynski, A., & Gainsbury, S. (2017). *Tipping point: When public opinion triggers changes to policy.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/tipping-point-when-public-opinion-triggers-changes-to-policy/**

Bournemouth University. (2022). *How to create safer online gambling.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/how-to-create-safer-online-gambling/**

Braig, L., Kelly, M., Maddison, J., Bussey, A., & de Vos, C. (2025). *Young people and gambling-related influencer content: Understanding exposure to and impact of gambling-related influencer content on young people and identifying potential strategies for change.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/young-people-and-gambling-related-influencer-content-understanding-exposure-to-and-impact-of-gambling-related-influencer-content-on-young-people-and-identifying-potential-strategies-for-change/**

Bramley, S., Norrie, C., Wardle, H., Manthorpe, J., and Lipman, V. (2020). *Gambling-related harm among recent migrant communities in the UK: Responses to a 21st century urban phenomenon.* NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute at King's College London and London School of Hygiene & Tropical Medicine. **https://kclpure.kcl.ac.uk/ws/portalfiles/portal/132195949/Bramley_et_ al_2020_Migrant_gambling_report.pdf**

Braverman, P. (2013). Social conditions, health equity, and human rights. *Health and Human Rights, 26.* **https://www.hhrjournal.org/2013/08/26/social-conditions-health-equity-and-human-rights/#:~:text=Examples%20of%20social%20conditions%20include,and%20other%20forms%20of%20discrimination**

Canadian Centre on Substance Use and Addiction. (2021). *Developing Lower-Risk Gambling Guidelines.* Lower-RiskGamblingGuidelines.**https://gamblingguidelines.ca/resource/developing-lower-risk-gambling-guidelines-report/**

Chalmers, H., Clarke, B., Wolfman, A., & Karet, N. (2024). *Qualitative research on the lived experience and views of gambling among children and young people.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/qualitative-research-on-the-lived-experience-and-views-of-gambling-among-children-and-young-people/**

Close, J., & Lloyd, J. (2021). *Lifting the lid on loot-boxes chance-based purchases in video games and the convergence of gaming and gambling.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/lifting-the-lid-on-loot-boxes/**

Close, J., Martin, I., White, G., Lau, R., & May, J. (2023). *Frameworks and measurement of gambling related harm: a scoping study.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/frameworks-and-measurement-of-gambling-related-harm-a-scoping-study/**

Commission on Crime and Gambling Related Harms. (2023). *The Commission on Crime and Gambling Related Harms: Final Report.* **https://howardleague.org/publications/commission-on-crime-and-gambling-related-harms-final-report/**

Das-Munshi, J., Bhugra, D., & Crawford, M. (2018). Ethnic minority inequalities in access to treatments for schizophrenia and schizoaffective disorders: Findings from a nationally representative cross-sectional study. *BMC Medicine, 16*(55). **https://link.springer.com/article/10.1186/s12916-018-1035-5**

Department for Culture, Media and Sport. (2023). *High stakes: gambling reform for the digital age.* Department for Culture, Media and Sport. **https://www.gov.uk/government/publications/high-stakes-gambling-reform-for-the-digital-age/high-stakes-gambling-reform-for-the-digital-age**

Dinos, S., Windle, K., Crowley, J., & Khambhaita, P. (2020).*Treatment needs and gap analysis in Great Britain: Synthesis of findings from a programme of studies.* GambleAware. **https://www.gambleaware.org/media/m42bbh4t/treatment-needs-and-gap-analysis-in-great-britain-a-synthesis-of-findings1.pdf**

Entman, R. (1993). Framing: Toward clarification of a fractured paradigm. *Journal of Communication, 43,* 51-58. **https://doi.org/10.1111/j.1460-2466.1993.tb01304.x**

Evans, J., & Cross, K. (2021). *The geography of gambling premises in Britain.* University of Bristol. **https://www.bristol.ac.uk/geography/research/pfrc/themes/vulnerability/gambling/the-geography-of-gambling-premises-in-britain/**

Evans, N., Menãca, A., Andrew, E., Koffman, J., Harding, R., Higginson, I., Pool, R., & Gysels, M. (2012). Systematic review of the primary research on minority ethnic groups and end-of-life care from the United Kingdom. *Journal of Pain and Symptom Management, 43*(2), 261-286. **https://www.sciencedirect.com/science/article/pii/S0885392411003757**

Ferris & Wynne. (2001). *The Canadian Problem Gambling Index. Final report.* Canadian Consortium for Gambling Research. **https://www.greo.ca/Modules/EvidenceCentre/Details/the-canadian-problem-gambling-index-final-report**

Ford, B., Wheaton, J., Nairn, A., & Collard, S. (2024). *Narratives, practice, representation: What is the everyday practice and portrayal of gambling in social groups?* University of Bristol. **https://research-information.bris.ac.uk/en/publications/narratives-practice-representation-what-is-the-everyday-practice-**

Forrest, D. & Wardle, H. (2011). Gambling in Asian communities in Great Britain. *Asian Journal of Gambling Issues and Public Health, 2*(1), 2-16. **https://link.springer.com/content/pdf/10.1186/BF033-42121.pdf**

Francis-Devine, B., Zaidi, K., & Murray, A. (2025). *Women and the UK economy.* House of Commons Library. **https://commonslibrary.parliament.uk/research-briefings/sn06838/**

GambleAware. (2024). *Annual Statistics from the National Gambling Support Network (Great Britain).* GambleAware. **https://www.gambleaware.org/media/dcejgkpl/annual-statistics-report-23-24.pdf**

GambleAware. (2024b). Gambling marketing in Great Britain: What needs to change and why? GambleAware. **https://www.gambleaware.org/media/diwj4dwt/gambling-marketing-in-great-britain-what-needs-to-change.pdf**

Gambling Commission. (2021). *Game design and product characteristics.* **https://www.gamblingcommission.gov.uk/licensees-and-businesses/guide/page/game-design-and-product-characteristics**

Gambling Commission. (2024). *Gambling Survey for Great Britain – Annual report (2023): Official statistics.* **https://www.gamblingcommission.gov.uk/report/gambling-survey-for-great-britain-annual-report-2023-official-statistics**

Gambling Commission. (2025). *Exploring the relationship between gambling activities and Problem Gambling Severity Index (PGSI) scores.* **https://www.gamblingcommission.gov.uk/report/exploring-the-relationship-between-gambling-activities-and-problem-gambling/pgsi-report-introduction**

Gambling Commission & Ipsos. (2024). *Young people and gambling 2024: Official statistics.* Gambling Commission. **https://www.gamblingcommission.gov.uk/report/young-people-and-gambling-2024-official-statistics**

Gosschalk, K., Cotton, C., Gunstone, B., Lacey, S., Phillips, A., Rossi, R., & Mottershaw, A. (2024a). *Executive summary: Improving safer gambling messaging on operator advertising.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/executive-summary-improving-safer-gambling-messaging-on-operator-advertising/**

Gosschalk, K., Webb, S., Cotton, C., Gunstone, B., Bondareva, E., & Zabicka, E. (2024). *Annual GB Treatment and Support Survey 2023.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/annual-gb-treatment-and-support-survey-2023/**

Gosschalk, K., Webb, S., Cotton, C., Harmer, L., Bonansinga, D., & Gunstone, B. (2023). *Annual GB Treatment and Support Survey 2022.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/annual-gb-treatment-and-support-survey-2022/**

Gunstone, B., & Gosschalk, K. (2019). *Gambling among adults from Black, Asian and Minority Ethnic communities: a secondary data analysis of the gambling treatment and support study.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/gambling-among-adults-from-black-asian-and-minority-ethnic-communities-a-secondary-analysis-of-the-gambling-treatment-and-support-study/**

Hahmann, T., Hamilton-Wright, S., Ziegler, C., & Matheson, F. (2020). 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**

Hall, S., & Back, L. (2009). At home and not at home: Stuart Hall in conversation with Les Back. *Culture Studies, 23*(4). **https://doi.org/10.1080/09502380902950963**

Hayanga, B., Stafford, M., & Bécares, L. (2021). Ethnic inequalities in healthcare use and care quality among people with multiple long-term health conditions living in the United Kingdom: A systematic review and narrative synthesis. *International Journal of Environmental Research and Public Health, 18*(23). **https://www.mdpi.com/1660-4601/18/23/12599**

IFF Research. (2025). *Gambling harms and neurodivergence: Understanding the context and support for neurodivergent people in gambling.* GambleAware. **https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence_understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf**

IFF Research, University of Bristol, & GamCare. (2023). *Building knowledge of women's lived experience of gambling and gambling harms across Great Britain.* GambleAware. **https://www.gambleaware.org/media/bvunkhjw/building-knowledge-of-women-s-lived-experience-of-gambling-and-gambling-harms-across-great-britain.pdf**

IFF Research, Sweet A, & Morris, T. (2025). *Gambling harms and neurodivergence: Understanding the context and support for neurodivergent people in gambling.* GambleAware. **https://www.gambleaware.org/media/ukrkd0x2/gambling-harms-and-neurodivergence_understanding-the-context-and-support-for-neurodivergent-people-in-gambling.pdf**

Ipsos Mori. (2020). *The effect of gambling marketing and advertising on children, young people and vulnerable adults.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/the-effect-of-gambling-marketing-and-advertising-on-children-young-people-and-vulnerable-adults/**

Ipsos Mori. (2023). *Problem Gambling Severity Index: Extended summary report.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/problem-gambling-severity-index-extended-summary-report/**

Ipsos Mori. (2024). *Bet Regret: Summary of key learnings & insights from a four-year marketing strategy.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/bet-regret-summary-of-key-learnings-insights-from-a-four-year-marketing-strategy/**

Johnstone, P. & Regan, M. (2020). Gambling harm is everybody's business: A public health approach and call to action. *Public Health, 184,* 63-66. **https://doi.org/10.1016/j.puhe.2020.06.010**

Keene, D., & Padilla, M. (2014). Spatial stigma and health inequality. *Critical Public Health, 24*(4). **https://doi.org/10.1080/09581596.2013.873532**

Kickbusch, I., Allen, L., & Franz, C. (2016). The commercial determinants of health. *The Lancet Global Health, 4*(12), 895-896. **https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30217-0/fulltext**

Kramer, M. (2005). Self-characterizations of adult female informal caregivers: gender identity and the bearing of burden. *Research & Theory for Nursing Practice, 19*(2), 137. **https://openurl.ebsco.com/EPDB%3Agcd%3A12%3A16957324/detailv2?sid=ebsco%3Aplink%3Ascholar&id=ebsco%3Agcd%3A18360606&crl=c&link_origin=scholar.google.com**

Langam, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2016). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health, 16*(80). **https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2747-0**

Levy, J., O'Driscoll, C., & Sweet, A. (2020). *Disproportionate Burdens of Gambling Harms Amongst Minority Communities A Review of the Literature.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/disproportionate-burdens-of-gambling-harms-among-minority-communities-a-review-of-the-literature/**

Link, B., & Phelan, J. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27,* 363-385. **https://doi.org/10.1146/annurev.soc.27.1.363**

Lloyd, C., Catney, G., Ferguson, S., McLennan, D., & Norman, P. (2022). *A deprivation index for the UK: Exploring spatial variations within and between nations. UKDI Short Briefing issue 1.* Nuffield Foundation. **https://www.nuffieldfoundation.org/wp-content/uploads/2022/02/UKDI-Short-Briefing-1.pdf**

Lloyd, J., Penfold, K., Nicklin, L., Martin, I., Martin, A., Dinos, S., Chadwick, D., Weston-Stanley, P., Shipsey, F., Brearlye-Bayliss, H., Bennetto, R., Cohen, E., & Meredith, J. (2025). *Stigmatisation and discrimination of people who experience gambling harms in Great Britain: Synthesis report.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/stigmatisation-and-discrimination-of-people-who-experience-gambling-harms-in-great-britain-synthesis-report/**

Local Government Association, & Public Health England. (2023). *Tackling gambling related harm A whole council approach.* Local Government Association. **https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-council-approach**

Macgregor, A., Biggs, H., & Shields, J. (2019). *The effect of gambling marketing and advertising on children, young people, and vulnerable people: qualitative research report.* GambleAware. **https://www.gambleaware.org/media/nevhtmro/the-effect-of-gambling-marketing-and-advertising_quants-report.pdf**

Macgregor, A., Elliott, C., & Shields, J. (2020). *The effect of marketing and advertising on children, young people and vulnerable people: quantitative research report.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/the-effect-of-gambling-marketing-and-advertising-on-children-young-people-and-vulnerable-adults/**

Marko, S., Thomas, S., Pitt, H., & Daube, M. (2023). The impact of responsible gambling framing on people with lived experience of gambling harm. *Frontiers in Sociology, 8.* **https://doi.org/10.3389/fsoc.2023.1074773**

Marmot M. & Wilkinson, R. (2005). *Social determinants of health (2nd ed.)*. Oxford University Press.

Martin, I., Standing-Tattersall, C., Arcy, A., Weston-Stanley, P., Lau, R., & Dinos, S. (2023). *Stigma programme best practice scoping review.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/stigma-programme-best-practice-scoping-review/**

Martin, I., Trégan, F., Bennetto, R., Black, O. C., Brearley-Bayliss, H., Sawdon, E., & Dinos, S. (2024). *Gambling harms and coping with marginalisation and inequality gambling harms and coping with marginalisation and inequality: marginalisation, isolation and criminalisation in Great Britain.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/gambling-harms-and-coping-with-marginalisation-and-inequality/**

McGrane, E., Wardle, H., Clowes, M., Blank, L., Pryce, R., Field, M., Sharpe, C., & Goyder, E. (2023). What is the evidence that advertising policies could have an impact on gambling-related harms? A systematic umbrella review of the literature. *Public Health, 215,* 124–130. **https://doi.org/10.1016/j.puhe.2022.11.019**

Mialon, M. (2020). An overview of the commercial determinants of health. *Globalization and Health, 16.* **https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00607-x**

Ministry of Housing, Communities and Local Government. (2019). T*he English Indices of Deprivation 2019: Technical report.* **https://assets.publishing.service.gov.uk/media/5d8b387740f0b609909b5908/IoD2019_Technical_Report.pdf**

Mirza, H. S., & Warwick, R. (2024). Race and ethnic inequalities. *Oxford Open Economics, 3,* 365-452. **https://doi.org/10.1093/ooec/odad026**

Morris, E., Flynn, R., & Ginnis, S. (2024). *Gamble Aware stigma polling key findings.* GambleAware. **https://www.ipsos.com/sites/default/files/ct/news/documents/2023-11/Stigma%202%20Polling%20Report.pdf**

Morris, L., & Robertson, R. (2024). *Tackling health inequalities: seven priorities for the NHS.* The King's Fund. **https://www.kingsfund.org.uk/insight-and-analysis/long-reads/tackling-health-inequalities-seven-priorities-nhs**

Moss, N., Wheeler, J., & Sarkany, A. (2023). *Minority Communities & Gambling Harms: Quantitative Report. Minority communities & gambling harms: quantitative report.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/minority-communities-and-gambling-harms-quantitative-report-lived-experience-racism-discrimination-and-stigma/**

Moss, N., Wheeler, J., Sarkany, A., Selvamanickam, K., & Kapadia, D. (2023). *Minority communities & gambling harms: qualitative and synthesis report.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/minority-communities-gambling-harms-qualitative-and-synthesis-report/**

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Review of Federal Policies that Contribute to Racial and Ethnic Health Inequities. (2023). *Federal policy to advance racial, ethnic and tribal health equity.* National Academies Press. **https://www.ncbi.nlm.nih.gov/books/NBK596405/**

NHS England. (2023). *Health Survey for England, 2021 part 2.* NHS Digital. **https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2**

NHS England. (n.d.). *National Healthcare Inequalities Improvement Programme.* **https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/**

Office for Health Improvement & Disparities. (2022). *Guidance: Health disparities and health inequalities: applying All Our Health.* **https://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health**

Office for Health Improvement and Disparities & Public Health England. (2023). *Gambling-related harms evidence review: Summary.* **https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2**

Office for National Statistics. (2020). *Analysing regional economic and well-being trends.* **https://www.ons.gov.uk/economy/nationalaccounts/uksectoraccounts/compendium/economicreview/february2020/analysingregionaleconomicandwellbeingtrends**

Office for National Statistics. (2023). *The geographic divide in general health, disability and unpaid care: Census 2021.* **https://www.ons.gov.uk/visualisations/censushealthdisabilitycare/**

Office for National Statistics. (2024). *Life expectancy for local areas in England, Northern Ireland and Wales: between 2001 to 2003 and 2020 to 2022.* Office for National Statistics. **https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/lifeexpectancyforlocalareasoftheuk/between2001to2003and2020to2022**

Office for National Statistics. (2025). *Quarterly personal well-being estimates – non-seasonally adjusted.* Office for National Statistics. **https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/quarterlypersonalwellbeingestimatesnonseasonallyadjusted**

O'Hara, P. (2006). *Social inclusion health indicators: a framework for addressing the social determinants of health.* Inclusive Cities Canada & Edmonton Social Planning Council. **https://era.library.ualberta.ca/items/969b8b10-06c4-4cef-8bb1-d545acc48d70/view/c46ab661-09c4-4b30-aa6f-39a496f53129/2006_socialinclusion.pdf**

Pliakas, T., Stangle, A., & Siapka, M. (2022). *Building knowledge of stigma related to gambling and gambling harms in Great Britain: A scopign review of the literature.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/building-knowledge-of-stigma-related-to-gambling-and-gambling-harms-in-great-britain-a-scoping-review-of-the-literature/**

Porter, K., Rutkow, L., & McGinty, E. (2018). The importance of policy change for addressing public health problems. *Public Health Reports, 14*. **https://pmc.ncbi.nlm.nih.gov/articles/PMC6243447/**

Quigley, L. (2022). Gambling disorder and stigma: opportunities for treatment and prevention. *Current Addiction Reports, 9,* 410-419. **https://link.springer.com/article/10.1007/s40429-022-00437-4**

Raybould, J., Larkin, M., Tunney, R. (2021). *I*s there a health inequality in gambling related harms? A systematic review. *BMC Public Health, 21*(305). **https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10337-3**

Saunders, M., Rogers, J., Roberts, A., Gavens, L., Huntley, P., & Midgley, S. (2023). Using geospatial mapping to predict and compare gambling harm hotspots in urban, rural and coastal areas of a large county in England. *Journal of Public Health (United Kingdom), 45*(4), 847–853. **https://doi.org/10.1093/pubmed/fdad096**

Sauzet, O. & Leyland, A. (2017). Contextual effects on health inequalities: A research agenda. *European Journal of Public Health, 27,* 4, 587-588. **https://doi.org/10.1093/eurpub/ckx038**

Scott, J., Mouland, S., Lawrie, M., Manning, A., Erwin Hieltjes-Rigamonti, E., & Sangam, K. (2024). *GambleAware's Community Resilience Fund Evaluation and learning partner: Year one report.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/community-resilience-fund-year-one-evaluation-and-learning-report/**

Sherbert Research & CultureStudio. (2025). *The appeal of celebrity ambassadors to children and young people aged 11-17.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/sherbert-research-the-appeal-of-celebrity-ambassadors-to-children-young-people-aged-11-17/**

Shipsey, F., Martin, A., Brearley-Bayliss, H., Bennetto, R., Cohen, E., & Dinos, S. (2024). *Stigmatisation and discrimination of people who experience gambling harms: quantitative analysis.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/stigmatisation-and-discrimination-of-people-who-experience-gambling-harms-quantitative-analysis/**

Social Mobility Commission. (2020). *The long shadow of deprivation: Differences in opportunities across England.* HM Government. **https://www.gov.uk/government/publications/the-long-shadow-of-deprivation-differences-in-opportunities/the-long-shadow-of-deprivation-differences-in-opportunities-across-england-html#executive-summary**

Stangl, A., Lloyd, J., Brady, L., Holland, C., Baral, S. (2013). A systematic review of interventions to reduce HIV-related stigma and discrimination from 2002 to 2013: how far have we come? *Journal of the International AIDS Society, 16.* **https://pubmed.ncbi.nlm.nih.gov/24242268/**

The Health Foundation. (2025). *Trends in life expectancy and healthy life expectancy.* **https://www.health.org.uk/evidence-hub/health-inequalitiestrends-in-life-expectancy-and-healthy-life-expectancy**

Trust for London. (2025). *The age distribution of the population*. **https://trustforlondon.org.uk/data/population-age-groups/**

Ukohva, D., Marionneau, V., Nikkinen, J., & Wardle, H. (2023). Public health approaches to gambling: a global review of legislative trends. *The Lancet Public Health, 9*(1). **https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(23)00221-9/fulltext**

Wardle, H., Bramley, R., Norrie, C., & Manthorpe, J. (2019). What do we know about gambling-related harm affecting migrants and migrant communities? A rapid review. *Addictive Behaviours, 93,* 180-193. **https://doi.org/10.1016/j.addbeh.2019.01.017**

Wang, R., Yankouskaya, A., Arden-Close, E., Bolat, E., & Mcalaney, J. (2025). *Relative risk of gambling products within Great Britain: Findings from a rapid literature review and secondary analysis project.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/relative-risk-of-gambling-products-within-great-britain-findings-from-a-rapid-literature-review-and-secondary-analysis-project/**

Weinstein, J., Geller, A., Negussie, Y., & Baciu, A. (2017). *Communities in action: pathways to health equity.* The National Academies Press. **https://www.ncbi.nlm.nih.gov/books/NBK425848/pdf/Bookshelf_NBK425848.pdf**

Westling, E., Gordon, J., Meng, P. M., O'Hara, C. A., Purdum, B., Bonner, A. C., & Biglan, A. (2025). Harmful Marketing: An Overlooked Social Determinant of Health. *Prevention Science, 26,* 138-148. **https://doi.org/10.1007/s11121-024-01763-x**

Weston-Stanley, P., Brearley-Bayliss, H., Martin, I., & Dinos, S. (2024). *Effective interventions for the treatment of gambling that is associated with harm: Rapid evidence review.* GambleAware. **https://www.gambleaware.org/media/cj2lzeln/effective-interventions-for-the-treatment-of-gambling-associated-with-harm.pdf**

Weston-Stanely, P., Bennetto, R., Cohen, E., Martin, I., & Martin, A. (2025). *Stigmatisation and discrimination of people who experience gambling harms: qualitative analysis.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/stigmatisation-and-discrimination-of-people-who-experience-gambling-harms-qualitative-analysis/**

Wheaton, J., Collard, S., & Nairn, A. (2024). *Experience, risk, harm: What social and spatial inequalities exacerbate gambling-related harms?* University of Bristol. **https://research-information.bris.ac.uk/en/publications/experience-risk-harm-what-social-and-spatial-inequalities-exacerb**

Wilkinson, R. & Marmot, M. (1998). *Social determinants of health: the solid facts.* World Health Organization. **https://iris.who.int/handle/10665/108082**

Williams, E., Buck, D., Babalola, G., & Maguire, D. (2022). *What are health inequalities?* The King's Fund. **https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities**

Wilson, J., Rossi, R., Bransden, N., Amos, M., & Sakis, P. (2024). *Drivers of gambling marketing restrictions – an international comparison.* GambleAware. **https://www.gambleaware.org/our-research/publication-library/articles/drivers-of-gambling-marketing-restrictions-an-international-comparison/**

World Health Organization. (2001) *The world health report: 2001: Mental health: New understanding, new hope.* **https://iris.who.int/handle/10665/42390**

World Health Organization. (2023). *Commercial determinants of health: Key facts.* **https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health**

GambleAware