Online peer support for gambling harm: Perspectives from people with lived experience and service providers

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Acknowledgements and disclaimer

Executive Summary

Background

Online peer support involves individuals with lived experience of a particular difficulty, such as gambling harm, providing emotional and/or practical support to others facing similar challenges, via digital platforms. This may include online forums, video meetings, social media groups, and direct messaging services, and can be both formal and informal. While such support has been shown to reduce isolation, foster shared identity, and enhance self-efficacy in mental and physical health contexts, little research has examined its role in the journey of recovery from gambling harm. This study addresses that gap by exploring the perspectives of (i) individuals with lived experience of online peer support for gambling harm, and (ii) professionals who provide gambling harm support. It explores the perceived role, benefits, and risks of online peer support.

Approach

We conducted in-depth, semi-structured interviews with 24 individuals who had lived experience of using online peer support for gambling harm, and 24 professionals who provide gambling harm support. Participants were recruited via gambling support services, social media, and word of mouth. Data were analysed using reflexive thematic analysis, supported by input from a lived experience panel, who also contributed to interview design, to ensure accuracy and relevance.

Key Findings

Three core themes related to experiences of online peer support were identified from lived experience accounts:

- **Healing through connection**: Peer support was described as a reciprocal process rooted in mutual understanding. Emotional validation, reduced feelings of shame, and a sense of belonging were central to its perceived value. Participants emphasised the unique credibility of advice from those with lived experience, the importance of community, and the motivational impact of seeing others' recovery successes.

- **When support spaces become unsafe**: Risks included exposure to triggering content, lack of moderation, harmful group dynamics, scams, and harassment. Such experiences could undermine trust in the peer support platform and disengage participants, particularly in unmoderated or poorly structured spaces.

- **Accessibility and crisis prevention**: Online peer support provided a low-barrier entry point to recovery, a 24/7 safety net, and a source of crisis prevention. Real-time platforms, especially WhatsApp, enabled immediate emotional and practical responses, sometimes averting relapse.

Service provider perspectives highlighted complementary themes, and provided particularly useful insights into pragmatic aspects of online peer support engagement. For example, they were able to give a broader overview of the various ways in which different service users engaged with online peer support, as well as providing information about the challenges people providing online peer support can encounter. The main themes were:

- **Navigating access to online support**: Entry routes into support varied, but awareness of online peer support amongst those who could potentially benefit remained limited. Accessibility was dependent upon technology use, readiness to engage, awareness, and individual circumstances and support needs.

- **Modes, preferences, and structures of support**: Effective provision required flexibility, choice, and tailoring to individual needs (including practical requirements such as scheduling, as well as differences in nature or intensity of support needed).

- **Evolving and individualistic recovery**: Recovery pathways were non-linear; for some, online peer support became a long-term fixture, and being a member of these support communities was an important aspect of their identity.Others used online peer support only temporarily, before discontinuing support entirely or switching to a different form of support.

- **Complexities of the peer supporter role**: While lived experience facilitated trust, it was not a substitute for professional support, and appropriate training for peer supporters taking on formal roles was important. Clear boundaries, safeguarding measures, and ongoing support for peer facilitators were considered essential.

Overarching Insights
Two overarching concepts were identified:

- **Instant support, constant connection**: The immediacy of the real-time communication that some forms of online peer support – such as instant messaging services - offer was particularly effective for crisis prevention and sustaining engagement amongst individuals seeking support for gambling harm.

- **One size doesn't fit all**: online peer support with recovery for gambling harms must be flexible, adaptable, and person-led, reflecting varied needs, preferences, and life circumstances.

Conclusions and recommendations

We found that online peer support offers a valuable complement to professional treatment for gambling harm, providing accessible, immediate, and authentic connections that reduce isolation, build trust, and inspire hope through shared experience. While we did not directly measure reduction in gambling harm, many participants' accounts suggest that, through

these mechanisms, online peer support can be instrumental in reducing gambling harm or helping people avoid reoccurrence of harm.

Online peer support often provided people with a gateway into more formal services, and was used to maintain connection to others and as a form of support in between more formal sessions. Equally, however, for many people online peer support was the only form of support they used. It can be transformative, enabling openness, fostering belonging, and offering role models for recovery, with privacy, anonymity, and online disinhibition further supporting disclosure. Safe spaces, such as women's-only groups, were highly valued for enabling sensitive discussions and connecting dispersed communities.

Effectiveness of online peer support depends on safe, inclusive, and well-structured environments, underpinned by proportionate moderation and safeguarding to address risks such as triggering content, harmful dynamics, scams, and breaches of confidentiality. Real-time platforms such as WhatsApp can be particularly effective for connection and crisis prevention, though platform choice should balance immediacy with security, accessibility, and the capacity for moderation. For example, whilst WhatsApp offers immediate connection which might facilitate crisis prevention, it is often not moderated which may leave people exposed to dangers around security in the form of unwanted or unhelpful advice.

Flexible approaches offering both synchronous and asynchronous options accommodate diverse needs, preferences, and stages of recovery, with autonomy, such as gradual engagement from 'camera off' to full participation, supporting inclusion.

The role of a peer supporter (someone, paid or unpaid, affiliated with a support organisation and providing formal, ongoing support to others, e.g. through forum moderation, group facilitation, or one-to-one coaching) is complex and emotionally demanding. It requires training in facilitation, safeguarding, and boundary setting, alongside ongoing supervision. Informal connections beyond structured sessions can be life-saving but also benefit from clear boundaries.

Awareness of online peer support remains limited, highlighting the need for promotion, particularly to underrepresented groups. To enhance both uptake and effectiveness, future initiatives should be co-designed with these groups (e.g., non-White communities). Co-design should extend beyond surface-level consultation to encompass platform architecture, functionality, content, and promotional materials, ensuring that peer support spaces are representative, culturally relevant, and responsive to diverse needs.

Limitations of this research – discussed in more detail in the full report, include the relatively homogeneous sample (predominantly white, and approximately middle aged) and the possibility that self-selecting participants held a relatively favourable view of online peer support. In addition, we captured perceived benefits and challenges, which, whilst important and relevant, do not necessarily equate to effectiveness. Further research, drawing on diverse samples, should explore long-term engagement patterns, evaluate the effectiveness of online peer support at different points on the recovery journey, compare

moderation models, and assess platform-specific risks and benefits to inform service design and policy.

Contents

Background

Online peer support refers to any scenario in which someone with lived experience of a particular difficult or challenging life experience provides emotional and/or practical support to others going through the same experience, via the Internet, and can be both formal and informal. Online support forums and chatrooms; virtual meetings via video call (in groups or one-to-one); discussions within social networking platforms such as 'Facebook'; and direct text-based messaging via applications such as 'WhatsApp'; all come under the umbrella of online peer support.

The broadest definition of a 'peer supporter' can encompass anyone offering any type of support to another person who shares the same experience as them – in this case, gambling harm. For the purposes of this report, however, we use the term 'peer supporter' to refer to people who are associated (either through voluntary or paid work) with organisations offering peer support, and who are working in a specific role, with defined remit and responsibilities. This mirrors the terminology commonly used within this sector. Common roles of peer supporters include facilitating or moderating online forums, messaging groups, or meetings, or providing online one-to-one support, for example as a recovery coach. When referring to those who provide informal support to others (e.g. by responding to others on forums, or participating in online groups) and who do not hold a particular role or affiliation with an organisation, we use language such as 'people offering peer support' or 'those supporting peers online'.

There is a growing literature on the benefits and limitations of online peer support for a variety of issues, including mental health conditions (Fortuna et al., 2020; Marshall et al., 2024; Merchant et al., 2022; Yeo et al., 2025), physical health conditions (Yeo et al., 2025)

and parenting (Niela-Vilén et al., 2014). Research across diverse domains suggests that online peer support offers several distinctive benefits which may help explain its appeal. A key advantage is the sense of shared identity and lived experience, which fosters emotional validation and reduces feelings of isolation (Fortuna et al., 2020; Yeo et al., 2025). A systematic review of research into support for mental health summarised that individuals engaging in peer-led spaces often report feeling more understood by others who have "been through it," compared to traditional formal services where power dynamics or perceived clinical distance can limit disclosure (Fortuna et al., 2020). This is because the narratives of people with lived experience are (according to another systematic review of studies using a variety of methodologies) considered more credible and relevant than guidance offered by professionals (Ali et al., 2015).

Studies in mental health contexts have shown that online peer support can reduce isolation, normalise mental health experiences and provide mutual encouragement which fosters openness, self-efficacy and hope through observing others' mental health journeys (Marshall et al., 2024; Naslund et al., 2016). The anonymity and flexibility of digital platforms – though not without risk (e.g. Nitschinsk et al., 2025) - are also frequently cited as strengths, enabling users to participate on their own terms, choosing when, how, and to what extent they engage (Mirbahaeddin & Chreim, 2024; Simmons et al., 2023). Furthermore, research suggests that peer support can increase perceived social support, and serve as a valuable supplement to formal treatment (Melling & Houguet-Pincham, 2011; Rayland & Andrews, 2023; Simmons et al., 2023). In parenting contexts, for example, online peer forums have been found to provide timely reassurance, normalise common challenges, and offer practical coping strategies during periods of stress or uncertainty (Niela-Vilén et al., 2014). Together, these findings highlight the relational, informational, and structural advantages of online peer support, making it a particularly attractive option for those who may be marginalised, stigmatised, or tentative about seeking professional help.

While online peer support offers a range of benefits, it also presents several inherent risks. Several studies have highlighted concerns around lack of professional moderation in online peer support contexts, which may lead to the spread of misinformation, unregulated advice, or content which may be harmful (Treadgold et al., 2025). Users may be exposed to emotionally triggering posts, including graphic disclosures or stories about relapses, which may lead to distress, particularly among those in early recovery (Deng et al., 2023). The informal nature of peer support can also lead to a blurring of boundaries (Kinnafick et al., 2025), inappropriate or hostile interactions (Deng et al., 2023), or exclusion (Easton et al., 2017). Furthermore, without proper guidance, online spaces intended for support may be used for other purposes, reducing their effectiveness and potentially causing further harm (Abou Seif et al., 2022).

While there is an emerging body of research examining online peer support for mental health conditions (e.g. Merchant et al., 2022) and addictions (e.g. Fruitman, 2023), the

number of studies explicitly investigating online peer support for gambling harm is low (Penfold et al., 2025). However, many third sector gambling support providers in Great Britain offer some form of online peer support, and it has great potential to enable individuals who are reluctant to engage with formal, face-to-face services (e.g. due to stigma (Lloyd et al., 2025)) to access support. Therefore, it is important to learn more about its effectiveness and acceptability, and to better understand the experiences of those who use it.

The Current Research

This research sought to address this gap in knowledge by exploring the use of online peer support by people who experience gambling harm, as well as from the perspectives of professionals who provide support to people who experience gambling harm. Specifically, it had the following objectives:

Primary objectives

- To explore motivations for seeking and barriers to accessing or engaging with online peer support.

- To examine experiences of online peer support, including perceived benefits, challenges, harms, or risks.

- To understand how online peer support fits within the wider support system, including interactions with formal treatment, informal social networks, and other help-seeking strategies.

Secondary objectives

- To explore differences in patterns of engagement across time and platforms.

- To identify specific features or aspects of online peer support that are experienced as particularly helpful.

- To explore individual needs and preferences, and how these shape perceptions of usefulness or acceptability.

- To consider perceptions of the role or value of moderators and/or professionals within peer-led spaces, particularly in relation to safety, trust, and authenticity.

Exploring these areas is essential for building a fuller understanding of how online peer support is accessed, experienced, and valued by those affected by gambling harm. While online peer support is often thought of as an accessible, more approachable type of support in comparison to other, more formal services (Peart et al., 2024), little is known about the specific factors that draw individuals to it, or what prevents others from engaging, in the context of gambling harm. Therefore, our objective of understanding motivations and barriers aims to generate insights that can help service providers tailor their support to the

needs of those using it. Similarly, our objective of gaining insight into how people engage with different formats or platforms over time is driven by the aim of being able to inform decisions around design, moderation, and sustainability. Our objective of investigating the perceived benefits and risks is aimed at ensuring online peer support environments are both supportive and safe. The objective of exploring preferences and needs, and perceived helpful features is intended to help guide service development, while the objective of examining how individuals use online peer support alongside (or instead of) formal help is aimed at demonstrating the role it plays within broader recovery pathways - potentially enabling service providers to make informed decisions about how online peer support might best fit within their wider offer of support options. Finally, the objective of understanding how moderators or professionals are viewed within online peer support spaces aims to inform training and safeguarding practices. Together, these insights are vital for service providers looking to provide effective, inclusive, and person-centred support in an online context.

In order to gain an in-depth understanding of such factors from a first-person perspective, this research utilised in-depth qualitative interviews with peer support users about their experiences and perceptions of online peer support for gambling harm. This was part of a wider mixed-methods research programme, also involving a quantitative survey and an analysis of online interactions. The research also incorporated the experiences and views of people who provide gambling harm support within professional organisations. Although there is limited published literature examining the perspectives of service providers on online peer support, their insights may offer valuable contributions. Including this group allows for a better understanding of how service providers perceive online peer support, and whether (and in what ways) they endorse or signpost clients toward such services. It also sheds light on how they view online peer support in relation to broader support options. This includes thoughts about whether, in their experience, individuals tend to engage with online peer support before, during, after, or instead of other forms of help, and how useful they perceive it to be in these different contexts.

By exploring these areas across both user and provider perspectives, this research provides insights about how and why people turn to online peer support in the context of gambling harm, what they value about it, and where there may be unmet needs or areas for improvement. The results of this research can, therefore, be used to inform service providers in the development and refinement of online peer support services to ensure they are inclusive and responsive to the lived realities of those affected. It is also hoped that the results can help to inform the improvement of other informal online peer support experiences.

Study methodology

This study used semi-structured qualitative interviews, i.e. a researcher carried out a one-to-one interview with each participant, in which they asked a series of open-ended questions (described below), using prompts to encourage further discussion where necessary.

Overview of interview questions

A set of questions ('interview guide') was compiled, to encourage participants to speak openly about their experiences of, and attitudes towards, online peer support. In addition to being tailored to our research questions, the choice of topics and questions was informed by a review of the existing academic literature (including several recent systematic reviews of online peer support, e.g. Fortuna et al, 2020, Ali et al., 2015), to identify areas of particular interest and/or gaps in the current knowledge base. For example, privacy has been identified in previous studies as a salient concern some individuals have about online peer support, so to learn more about this, a question probing thoughts about this was included. We also consulted with our panel of five individuals with lived experience of gambling harm to (a) gain feedback on proposed areas of focus, and (b) gather suggestions for additional areas of focus. Our panel of people with lived experience consisted of several members who participate in other lived experience panels (e.g. those affiliated with GambleAware), as well as individuals not affiliated with any other specific formal panels. A summary of the key contents of the interview guides is provided in Table 1.

Table 1: Summary of interview topics, with examples of questions asked

Discussion area	Overview – online peer support users	Example question (from peer support user interviews)	Overview – service providers	Example question (from service provider interviews)
Introduction	Introduction and warm up	Can you share a bit about your experience with gambling?	Introduction and warm up	Can you tell me a bit about your role and experience working with people affected by gambling harm?
Engagement	Ways in which participant has used online peer support (types of support, ways of engaging)	Can you describe your typical use of online peer support?	Professionals' observations of how and when people use online peer support	In your experience, to what extent are people who experience gambling harm using online peer support?
Benefits	Experienced benefits of online peer support	What do you find most helpful about using online peer support?	Perceived/ observed benefits of online peer support	In your experience, does online peer support offer any benefits for people experiencing gambling harm?
Risks/ Challenges	Experienced risks/ challenges of online peer support	Have you encountered or are you aware of any challenges or negative experiences while participating in online peer support?	Perceived/ observed risks/challenges of online peer support	Has anyone ever shared with you any challenges they have faced when participating in online peer support?
Attrition/ disengagement	Experiences, observations and perceptions of attrition from online peer support	How have you engaged with online peer support over time?	Observations of and perceptions about attrition from online peer support	Do you notice that people tend to stay involved in online peer support, or disengage over time?
Personal characteristics	Views of how online peer support does/could support people from diverse backgrounds	Do you feel any aspects of your personal or cultural identity (e.g., age, gender, ethnicity) have influenced your choice to use online support?	Views of how online peer support does/could support people from diverse backgrounds	Do you believe certain personal or cultural characteristics (e.g., age, gender, ethnicity) affect a person's likelihood of engaging in online peer support for gambling harm?
Closing	Opportunity for participant to add any additional observations on online peer support	Is there anything else you'd like to add about your thoughts on online peer support for gambling harm that we haven't covered?	Opportunity for participant to add any additional observations on online peer support	Is there anything else you'd like to add about your thoughts on online peer support for gambling harm that we haven't covered?

Recruitment of participants

48 Participants (24 people with lived experience of gambling harm and 24 people who provide gambling harm support) were recruited through advertisements on social media, speculative emails to support service organisations and/or employees of these organisations, emails to clients subscribed to relevant service provider mailing lists, and word of mouth. Advertisements included links to an online information sheet, consent form, and sign-up sheet, and researchers contacted consenting participants to arrange an interview at a time convenient to them. All participants with lived experience of gambling harm had engaged with some form of online peer support. We defined this to participants as follows:

> 'Any online interactions where people who have experienced harm from gambling come together to support one another. This could include online forums or chatrooms, WhatsApp groups, or any other kinds of online peer support you might have come across'.

Participants were required to have 'used online support in some way', which they were advised could also include viewing online forums without making posts. No criteria relating to frequency of use were specified. Participants were also required to live in Great Britain and be able to speak and understand English. A £30 shopping voucher was offered for participation, as a token of thanks.

In line with Braun and Clarke's reflexive thematic analysis (2019), data sufficiency was assessed in terms of richness and depth rather than numerical saturation. Our sample comprised 24 participants in each cohort, which exceeds the approximate range of 10–20 participants typically recommended for a medium-sized reflexive thematic analysis study, and provided a sufficiently rich dataset to address the research aims.

Tables 2 and 3 summarise the characteristics of the participants who took part (with job roles simplified to generic descriptions, in order to preserve anonymity). Lived experience was not something we required those working in service provision to have in order to take part, but almost all of these participants did, incidentally, report prior experience of gambling harm, as is noted in Table 3.

Lived experience of gambling harm was self-reported, with options comprised of 'no prior experience of gambling harm', 'prior lived experience of gambling harm' or 'currently experiencing gambling harm'.

Table 2: Summary of characteristics of participants with lived experience of online peer support for gambling harm

Participant	Gender	Age	Ethnicity	Lived experience
PSU 1	Male	30s	White	Prior LE of gambling harm
PSU 2	Male	30s	White	Prior LE of gambling harm
PSU 3	Female	30s	Asian	Prior LE of gambling harm
PSU 4	Male	50s	White	Prior LE of gambling harm

PSU 5	Female	50s	White	Prior LE of gambling harm
PSU 6	Male	50s	White	Prior LE of gambling harm
PSU 7	Female	60s	White	Prior LE of gambling harm
PSU 8	Female	50s	White	Prior LE of gambling harm
PSU 9	Female	50s	White	Prior LE of gambling harm
PSU 10	Male	50s	White	Prior LE of gambling harm
PSU 11	Female	50s	White	Currently experiencing gambling harm
PSU 12	Female	20s	Black	Prior LE of gambling harm
PSU 13	Female	30s	White	Currently experiencing gambling harm
PSU 14	Female	30s	White	Currently experiencing gambling harm
PSU 15	Female	50s	White	Prior LE of gambling harm
PSU 16	Male	30s	White	Prior LE of gambling harm
PSU 17	Male	50s	White	Prior LE of gambling harm
PSU 18	Male	40s	White	Prior LE of gambling harm
PSU 19	Male	50s	White	Prior LE of gambling harm
PSU 20	Male	40s	White	Prior LE of gambling harm
PSU 21	Male	30s	White	Prior LE of gambling harm
PSU 22	Male	20s	White	Prior LE of gambling harm
PSU 23	Male	40s	White	Currently experiencing gambling harm
PSU 24	Male	50s	White	Prior LE of gambling harm

Table 3: Summary of characteristics of participants working in service provider roles

Particip ant	Gender	Age	Ethnicity	Role	Lived experience
SP 1	Male	20s	White	Therapeutic practitioner role	Prior LE of gambling harm
SP 2	Female	30s	White	Therapeutic practitioner role	Prior LE of gambling harm
SP 3	Male	40s	White	Managerial/strategic role at gambling charity	Prior LE of gambling harm
SP 4	Male	40s	White	Therapeutic practitioner role	Prior LE of gambling harm
SP 5	Male	50s	White	Therapeutic practitioner role	Prior LE of gambling harm
SP 6	Female	50s	White	Managerial/strategic role at gambling charity	Prior LE of gambling harm
SP 7	Male	60s	White	Gambling Therapist	As an affected other
SP 8	Male	50s	White	Provides independent gambling advice and support	Prior LE of gambling harm
SP 9	Male	40s	White	Complex Needs Practitioner	As an affected other
SP 10	Male	40s	Eastern European	Therapeutic practitioner role	As an affected other
SP 11	Female	30s	Mixed	Therapeutic practitioner role	No lived experience
SP 12	Female	40s	White	Managerial/strategic role at gambling charity	Prior LE of gambling harm
SP 13	Male	40s	White	Therapeutic practitioner role	Prior LE of gambling harm
SP 14	Male	40s	Asian British	Volunteer at gambling charity	Prior LE of gambling harm
SP 15	Male	50s	White	Therapeutic practitioner role	Prior LE of gambling harm
SP 16	Female	30s	White	Managerial/strategic role + support provision role at gambling charity	Prior LE of gambling harm
SP 17	Male	40s	White	Therapeutic practitioner role	Prior LE of gambling harm
SP 19	Male	40s	White	Therapeutic practitioner role	Prior LE of gambling harm
SP 20	Female	40s	White	Managerial/strategic role at gambling charity	Prior LE of gambling harm
SP 21	Male	30s	White	Service provider role	Prior LE of gambling harm
SP 22	Female	40s	White	Therapeutic practitioner role	Prior LE of gambling harm
SP 23	Female	30s	White	Therapeutic practitioner role	Prior LE of gambling harm
SP 24	Male	40s	White	Gambling harm support service design background	Prior LE of gambling harm
SP 25	Male	40s	White	Therapeutic practitioner role	Prior LE of gambling harm

Interview procedure

Interviews were semi-structured, i.e. they focused on a core set of open-ended non-leading questions, with prompts used by the interviewer to encourage discussion where responses were brief. Order of questions was flexible, and deviations, where additional content of relevance to the research questions came up, were welcomed. Interviews lasted between 30 and 120 minutes, with a typical duration of approximately 1 hour.

The interviews were carried out remotely by experienced researchers from the University of Wolverhampton and Magenta Research Ltd, between January and June 2025. Secure video call software (MS Teams) was used. All participants were interviewed using MS Teams. Interviews were recorded and an auto transcription feature was used though transcripts

were checked by a member of the research team afterwards. All participants were given the choice of whether their interview was conducted with video or audio only. Interviews were recorded and transcribed word-for-word for analysis.

Ethical practice

Ethical approval for the study was obtained from the School of Psychology ethics committee at the University of Wolverhampton (Reference: *1124KPUOWPSY*). The research was conducted in accordance with the ethical principles of the British Psychological Society (BPS 2021). Participants were provided with full information about the study in advance, in order to allow them to provide informed consent to take part. This included information about recording, storage and deletion of data along with details about what would be covered in the interviews, and the protocol we would follow in case of any distress or safeguarding concerns. Anonymity of participants in this report has been preserved by redacting any information that might identify individuals (e.g. specific organisations and job titles are not referenced). Signposting to relevant support services was provided to all participants.

Analysis

We analysed the interviews using reflexive thematic analysis (Braun & Clarke, 2019). This involves scrutinising the transcripts one by one, line-by-line, in a structured, inductive manner. We used NVIVO software to organise our data and codes. We approached the analysis from a predominantly '*critical realist'* perspective, which meant recognising that our interpretations were inevitably shaped by our own backgrounds, worldviews, and lived experiences. The research team was interdisciplinary and included one researcher with lived experience of gambling harms and another with lived experience as an 'affected other.' These diverse perspectives were seen as a strength, enriching and deepening our interpretation of the data.

At the same time, we acknowledged that the world exists beyond our own views, and we sought to identify the underlying factors influencing participants' experiences. Rather than pre-empting what we would find or what would be most important, we aimed to be 'led by the data' and identify what came out across participants' accounts as being particularly salient, before grouping things together into conceptually coherent 'themes', which are summarised in the findings section below. KP coded all interviews with participants with lived experience, and CH coded all interviews with service providers. During the initial stages of analysis, all members of the research team read a transcript selected at random from each group, and discussed the content in an analysis meeting. This was in order to ensure that the varied perspectives of the interdisciplinary team of researchers, were drawn upon in the analysis. This facilitated critical dialogue and deeper, more layered interpretation of the data. Further full team discussion was engaged in once all transcripts had been coded and initial themes had been identified, in order to review and refine the themes and theme names, and consider how they related to the research questions. In a remote meeting, we presented summaries of the themes along with illustrative quotations to our lived experience panel to check that the themes reflected their perspectives and

experiences, and that the names of the themes and explanations were clear and useful. We also shared a slide deck of the same information, for panel members to engage with at their own pace outside of the meeting. During these discussions, no disagreements arose with regards to the grouping of codes into themes.

Findings

The study identified a vast array of experiences, highlighting the myriad benefits, motivating factors, underlying mechanisms and risks and challenges associated with online peer support for gambling harm. A summary of the benefits, risks and challenges from both online peer support users and service providers are presented in Tables 4 and 5, below. In line with a reflexive thematic analysis approach (Braun & Clarke, 2025), we do not provide prevalence data – i.e. we do not specify how many participants spoke about each benefit, risk or challenge. The tables illustrate the range of benefits described rather than their frequency. These are followed by a more in-depth thematic account of the findings, supported with verbatim quotes from the transcripts. While the thematic analysis was not explicitly structured around benefits and challenges, these aspects consistently emerged throughout the more in-depth themes. In various ways, participants' experiences reflected both the positive impacts and the difficulties and challenges of online peer support, which were woven into the broader patterns identified in the analysis.

Summary of benefits

Benefits of online peer support identified by participants are presented in Table 4. We have grouped these into four broad categories, for ease of summarising, though some perceived benefits (e.g. 'connection') span multiple categories. Emotional benefits included feelings of connection and acceptance, along with reduced shame. Closely related social benefits included a judgement-free space and sense of community. Practical benefits included things like anonymity and accessibility, and developmental benefits included increased knowledge or awareness of gambling harm and increased confidence in one's ability to recover.

Table 4: Summary of perceived benefits of online peer support

Emotional	Social	Practical	Developmental
Feeling safe	Shared experience	Privacy	Changing perspectives on self and gambling
Encouragement	No judgement	Confidentiality	Insight into severity of problems
Connection	Diversity of perspectives	Capacity (to serve larger numbers of people)	Learning from others
Alleviating shame	Community	Anonymity	Gaining confidence
Support can be given and received	Less social pressure (than offline)	Advice can be given and received	Transferable skills
Understanding	Social barriers are broken down	Accessibility	Self-improvement
Acceptance	Strength is found in others	Access to other forms of support	

Feeling less alone	Not gambling is rewarded (by approval/praise from other members)	Accountability	

Summary of risks and challenges

Table 5 summarises the perceived risks and challenges identified by participants. These are grouped into four broad categories (though as with benefits, some things could span more than one category). Safety and safeguarding encompassed things like data privacy risks and exposure to potentially distressing content; interpersonal and group dynamics encompassed things like differences of opinion and communication styles; structural and engagement challenges included things like challenges with ensuring timetabling and structuring of group sessions is suitable for everyone; and accessibility and inclusivity barriers included difficulties such as lack of tailoring of support to those with neurodivergence or intellectual disabilities.

Table 5: Summary of perceived risks and challenges of online peer support

Safety and safeguarding	Interpersonal / group dynamics	Structural and engagement challenges	Accessibility and inclusivity barriers
Anonymity and data protection risks	Can be 'cliquey'	Can be too passive / not active enough	Lack of awareness about what online support is available
Risk of scams	Differences in communication style	Different preferences for group session structure	Does not necessarily account for neurodivergence
Risk of being 'triggered'	Differences of opinion	Not enough people	Mental capacity of users (e.g. neurodivergence might affect people's ability to engage)
Boundary issues	People not adhering to social rules	Clashing timetables	Gender imbalance
Safeguarding issues	Trolls / hostile or inappropriate comments (e.g. referencing: gambling wins)	Tech issues	Difficulties understanding each other due to differences in mental capacity and issues with communication
Searching for peer support on Internet can retrieve gambling websites	People may be at different stages of recovery	Moderation issues	
	Lack of physical connection	Dependent on skills of peer supporter	
	Impersonal tone	It can be difficult to confront gambling problems	
		Disengagement	

Before describing the themes identified within the interviews with service providers and people who had used online peer support, it is relevant to note an interesting difference between the two groups, in the kind of peer support they primarily focused on. In particular, service providers tended to speak about formalised, structured online peer support - something delivered in controlled and monitored contexts by peer supporters. This perspective is likely influenced by their own positioning within (or affiliated with) gambling harm support organisations, where they are particularly familiar with this form of support. They did sometimes refer to informal peer support, but this featured less frequently in their accounts. In contrast, participants within the sample of people with lived experience of online peer support typically described it in broader terms, frequently mentioning informal networks and daily interactions within settings such as Whatsapp groups, rather than focusing predominantly on structured service roles. Nonetheless, many also spoke of experiences of receiving support from people in formalised 'peer supporter' roles, and some spoke of holding, or having held, such roles.

Perspectives of individuals with lived experience of using online peer support

Overview of themes

Three main themes, each with several subthemes, and an overarching theme were identified in online peer support users' accounts of their views and experiences of online peer support. These themes are presented in Figure 1, and discussed in more detail below. Because the analysis was reflexive and inductive, the goal when identifying and naming themes was not to map these directly back onto the research objectives, but to allow meaning to be constructed through an iterative and interpretive process (Braun & Clarke, 2019). In this way, we sought to be driven by participants' accounts rather than grouping insights into predetermined categories. The themes that follow, therefore, provide collective insights relevant to our objectives, rather than being organised into a predefined framework. However, broadly speaking, motivations for seeking online peer support, ways of engaging with online peer support, and benefits and helpful features, are all illuminated within theme 1 ('healing through connection') and theme 3 ('accessibility and crisis prevention'). Challenges, risks and barriers, and perceptions of the role of professionals or moderators, are encompassed within theme 2 ('when support spaces become unsafe'). Finally, insights into individual needs and preferences, and into how online peer support fits into the wider support system, are distributed across all three themes.
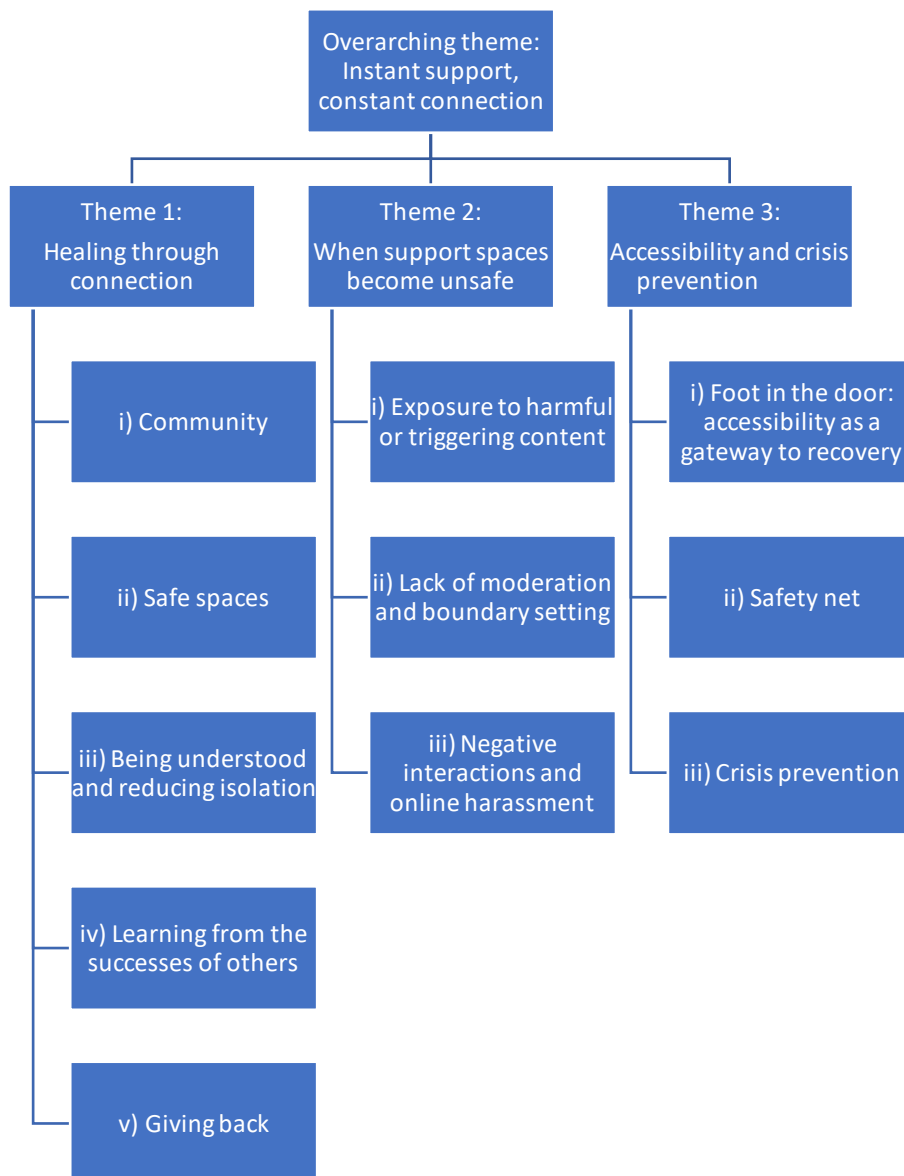
Figure 1: Summary of themes from interviews with people with lived experience of gambling harm who had used online peer support

Theme 1: Healing Through Connection

This theme describes the central role of social relationships in the perceived benefits of online peer support for gambling harm. Participants described how connection with others who shared similar experiences led to emotional validation; facilitated openness; and supported behavioural change. Rather than viewing support as a one-way provision of help, participants highlighted a reciprocal process of recovery that was rooted in shared understanding and mutual encouragement. This theme provides insight into how people engage with online peer support, as well why they do so, emphasising the characteristic benefits of this support modality that are particularly valued

i) Community

Participants frequently described a strong sense of community within online peer support spaces – including Whatsapp groups, online group meetings and online forums - which

many identified as central to their recovery. Unlike formal services excluding peer support, which were often perceived as judgmental or inaccessible, they found these online communities offered a non-judgmental and welcoming environment, where shared lived experience formed the foundation of trust and connection. One participant reflected on the emotional resonance of these spaces, stating:

> *"And you feel, you just feel power of a community - even if you never met them and that, that feeling is everything actually."* (Participant 12)

This sense of community extended beyond the platforms themselves, often forming the basis for deep personal relationships that helped counteract the isolation many had experienced as a result of gambling harm:

> *"You don't make friends when you're a gambler, you keep everybody away from you, so to say now that I've got probably 20 people in my phone that I know if I sent a message this morning, I'm getting a phone call back … you just feel a part of something for once in your life and actually you feel, you know, you just feel that I've got support. Yeah. It's massive. Absolutely massive."* (Participant 18)

For some, the act of participating in these spaces became a reciprocal process, where giving support was as valuable as receiving it. One participant explained, further, how offering support to others contributed towards the formation of strong networks which in turn offered support back in times of need:

> *"That's why it's important that if you are in these online forums, try to contribute as much as you can. Try to help out, you know, when new people come in. Try to actually offer help to them. That way you make a whole lot of friends and you know they actually care for you very well, no matter what you're going through, they will always be there."* (Participant 12)

Others described how this sense of connection was maintained through consistent, informal interactions:

> *"There are people, like, checking on each other. I check on a couple of people, people check on me… it's just the consistency of that, just, keeps me going."* (Participant 13)

Importantly, the idea of community was not limited to one platform. Participants mentioned forums, messaging groups, and even social media platforms like TikTok as places where informal online peer support communities flourished:

> *"I've seen, in more recent years, I've seen in the emergence of people actively creating social media accounts on places like TikTok and vlogging about their experiences, and it then generates in a number of almost a little mini community of people rallying around that person asking questions."* (Participant 23)

For many, this community served not only as a source of support, but as a mechanism of identity reconstruction, helping them feel seen, safe, and valued during a time of significant personal transformation. As discussed in more detail in theme 3 ('crisis prevention'), in

some cases these communities explicitly helped people cope with urges to gamble, preventing a potential reoccurrence of gambling harm.

ii) Safe spaces

While a shared experience of gambling harm formed the foundation of many online peer support communities, some participants also described how personal characteristics, such as gender or cultural background, could shape their sense of connection and belonging. For some, finding community in women-only spaces was particularly important. These gender-specific environments were often experienced as safer, more understanding, and better suited for exploring sensitive or gendered aspects of their experiences. One participant described the ease of connection in these spaces, saying:

> *"You can talk about menopause, periods, children, you know, all of those little things that you perhaps wouldn't want to talk to a man about, and they probably wouldn't want to hear about. In all fairness … it, it gives you that, that joined up support - because there are some things that only women understand."* (Participant 8)

Others reflected on how ethnicity and cultural background influenced their experience of online peer support (something that was specifically commented on by non-White participants). While many online spaces were described as welcoming, one participant noted that they often didn't see their own cultural experiences reflected in existing groups and discussions. They expressed a hope that, in the future, more culturally-specific online peer support groups would emerge to serve underrepresented communities:

> *"Black women like me, 'cause, you know, one thing I've actually come to realise is no matter how diverse these online groups are, you know… the stigma [within this community] is actually quite stronger than we think it is and probably having a separate group for that purpose might actually help them to actually engage more… black women like myself, you know, I would like them to know that they're not weak. They're not alone. There is no shame in needing help."* (Participant 12)

This reflection underscores how the sense of community, while powerful, is not always equally accessible to all. It highlights the importance of representation and cultural resonance in fostering inclusive support spaces, so that the benefits of community for supporting psychological wellbeing and recovery from gambling harm, can be equally accessible to those from diverse cultural and ethnic backgrounds. For some, community is not only something to be found, but something that still needs to be created, shaped around the specific needs, identities, and lived experiences of those who are underrepresented.

iii) Being understood and reducing isolation

Participants consistently emphasised the importance of interacting with individuals who "truly understood" their experiences. The recognition of shared struggles helped reduce feelings of isolation and stigma, fostering a sense of psychological safety that participants did not always experience in more formal settings. One participant said:

> *"The biggest [benefit of online peer support], the feeling that it's not just you, you're not alone."* (Participant 4)

This sense of recognition was not just comforting; it was transformative. As one participant put it, when describing reading an online forum:

> *"So I read through the messages. I realised I wasn't alone… It was real, raw, and supportive. So, I knew I just had to, you know, you know, engage myself there to actually know if this is something that can actually help me 'cause I needed help. And that was just it."* (Participant 12)

Others described how peer interactions online, in a variety of spaces, created a sense of psychological safety that enabled greater openness than more formal contexts:

> *"Even if you don't know a person, you can already understand each other in a way that other people can't."* (Participant 15)

Importantly, shared lived experience was seen as offering a level of understanding that professionals - even empathetic ones - could not fully provide:

> *"I've got a fantastic therapist that does gambling kind of addiction therapy and there's that last little bit that just don't get that you're never going to fully understand. Whereas, if somebody else that has this issue they do you know, so they just totally get it, you know."* (Participant 5)

Several participants reflected on moments where hearing others' disclosures within online group video calls allowed them to verbalise emotions or thoughts they had previously suppressed, sometimes even in explicitly therapeutic settings:

> *"Hearing other people say they felt the same way, you know, and it was maybe things I still hadn't even spoken about in therapy that all of a sudden, because somebody else was brave enough to say it in a group setting, I then said it."* (Participant 18)

Through this shared understanding, online peer support groups not only reduced isolation but also fostered deeper emotional processing and healing, creating spaces where participants felt both seen and safe and therefore able to 'open up' about gambling harm and heal through connection and community.

iv) Learning from the successes of others

Participants described how exposure to peers' lived experiences and, in particular, stories of recovery, provided both practical insights and feelings of hope. Seeing others succeed helped reframe their own struggles, shifting beliefs from helplessness to possibility and challenging prior perceptions that gambling 'addiction' is intrinsic and inescapable:

> *"Reading success stories [is the most helpful] because then you know that it's possible, because you do get to a sort of, like a point where you start thinking 'Oh, this is it. This is just me. This is what I'm like… I'm never gonna get out of this, this is how I'm gonna live forever."* (Participant 1)

For many, these examples became motivational anchors during times of vulnerability, with concrete accounts of others' successes helping them to resist urges to gamble when they occurred:

> *"Sometimes just when I read a post, like, a comment from, like, someone; that has pushed me through a very tough moment. It just gives me the strength to, like, you know, do the same. Even when I get the urge, it's helped me, like, stay on track more often and it has given me this hope that I can actually overcome this."* (Participant 13)

Participants consistently highlighted the credibility of advice drawn from lived experience, which some explicitly contrasted with that offered by professionals without personal experience of gambling harm. One of the ways in which this increased credibility helped with recovery, was through giving participants the confidence to persevere with strategies, trusting that they would be effective over time. As one noted:

> *"I need to know what I'm going to go through in the next two or three weeks. I need to know. How do I just stop? I need someone to tell me they've been there and got through it. Because if you're telling me, you know, 'look, it's only three weeks and you'll be through it' and I say 'well have you been there and done it that well?' No. Then how do you know?"* (Participant 18)

This peer-based learning extended beyond emotional support, shaping everyday decision-making and reinforcing recovery commitments through providing role models. When talking about staying engaged with online peer support, one participant said:

> *"It'll spur you on saying, well, if they're doing it as well, OK, yes, I've had some minor setbacks, but they're still doing it. So I want to be exactly like them."* (Participant 2)

Over time, some participants even described an internalised shift, where other people's positive (and negative) recovery narratives became their mental frame when thinking about gambling:

> *"My brain is now full of the positive stories and the also the negative stories of what's happened to people. And it's all I think about now when I think of gambling.* (Participant 1)

Through this process, online peer spaces acted not only as sources of support but also as living archives of experience-based knowledge; spaces where hope, strategy, and proof of change were continually shared and reinforced.

v) Giving back

Online peer support was not experienced solely as a one-way source of help. Instead, many participants described it as a reciprocal process where giving support to others played a key role in sustaining their own recovery from gambling harm. Supporting peers served as both a motivational tool and a form of self-accountability, reinforcing participants' commitment to change.

"It actually helps a whole lot you know, being the, provide[r of] the support, that way you're actually reminding and assuring yourself that you can never go back to this because imagine giving support to someone to stop doing something and you go back to it. So I hold myself accountable that way and actually enjoy it. I actually enjoy it. I feel like I'm doing something meaningful." (Participant 12)

Several individuals described the positive impact that offering online peer support to others had on their own wellbeing, through providing a sense of purpose or meaning, or improving their self-esteem. They described how the act of helping others allowed them to turn their own experiences of harm into something constructive and valuable:

"I just love helping people and just makes it feel, you know, it's I guess that's one of the massive advantages of recovery is that you can start with actually being able to turn all that negative into positive." (Participant 22)

Others emphasised that giving back created a powerful sense of purpose that extended beyond their own needs:

"Even if when I'm done with, you know, when I know I'm completely healed and you know, I don't need online support groups any longer, I'll still continue with it because it just adds meaning to my life." (Participant 12)

This process of "giving back" was not only encouraged informally but also embedded into the structure of formal peer support groups and recovery programmes:

"That's part of the GA recovery programme as well; giving back and doing service, because obviously I've taken a lot from GA so now it's my turn to give that back and then that helps me and helps others." (Participant 20)

Participants also described how helping others strengthened their own recovery, allowing them to reflect on their journey and model recovery for others:

"The more time I was spending on trying to help others was the more time I was spending on my recovery, because I was focusing my energy, my time, my focus on recovery for others. But, in doing so, recovery for me." (Participant 23)

Ultimately, this mutual support fostered a sense of hope not only for those receiving help but also for those giving it, reinforcing the belief that change is possible, and that healing is strengthened through connection. In addition to its important impact on people's sense of self-worth and wellbeing, this feeling of giving back and sense of responsibility were experienced by some as motivational, helping them to maintain their recovery goals, such as staying gamble free.

Theme 2: When Support Spaces Become Unsafe

Whilst online peer support was generally valued for its emotional and practical benefits, and how it was able to support people on their gambling harm recovery journey, several participants described experiences where these spaces became distressing or

overwhelming. This theme describes the risks participants encountered (or in some cases, feared encountering) associated with unmoderated or poorly managed platforms, where the intent to connect and support can be compromised by emotional harm, exposure to triggering content, or a lack of boundaries.

i) Exposure to harmful or triggering content

Several participants raised concerns about the impact of unmoderated or triggering content within peer support spaces, specifically within text-based or social media spaces such as forums or WhatsApp, which are more difficult to moderate. These instances frequently involved graphic disclosures, discussions relating to gambling that may be triggering (such as talking about recent wins), or emotionally intense stories that could overwhelm or destabilise those who have just started their recovery journey.

> *"There's also the occasional messages that can be triggering like someone talking about a big win. And you know, that can actually trigger someone that is just in the process of recovering* [from gambling harm]*"* (Participant 12)

This lack of boundaries created moments where participants felt unsafe or emotionally vulnerable, even within a space intended for healing:

> *"On Reddit, or, like, even on, like, WhatsApp groups, the times where I do come across, like, triggering content and, like, it's not helpful in any way. It just triggers me … they're bragging about their wins or, like, they're sharing, like, betting tips. Like, I'm trying to recover and you're sharing things like this so, it's, like, hard to, like, you know, stay focused and keep on quitting when I see these things."* (Participant 13)

Participants also noted that oversharing or excessively detailed disclosures, for instance during a group meeting check-in, could take them back to emotionally painful places:

> *"You should see from the person just by saying how they say hello and how they communicate, how well they're doing rather than going through this whole thing [detailed recap of times of crisis], which really is quite triggering. Take you back to really dark moments. And I don't, you know that put me off."* (Participant 9)

These experiences were particularly challenging in spaces with no structured moderation, where potentially harmful content was left unchecked:

> *"If somebody starts ranting and raving or somebody starts putting things in the chat that can be derogatory, really harmful, but then again you can click them off and get them to leave the meeting. But the reality is then I don't know if they're at harm … And when I think about what was just being said could be very triggering. So I think it lacks a structure."* (Participant 18)

This participant highlights a dilemma whereby action to protect the wider community from distressing or triggering content, i.e. ejecting someone from an online group, leaves the individual making those comments potentially at risk and unsupported. In other words, in challenging situations like this it may be difficult or impossible to meet the needs of everyone involved. To remove an individual from the group may risk exacerbating gambling

harm for them, but allowing someone to make unmoderated comments could distress others or deter them from participating in the group, impacting those individuals' ability to gain support with addressing gambling harm.

Some participants also described emotional responses to tensions within online peer support meetings such as irritability or frustration that, while not immediately triggering gambling urges, were seen as potential indirect risks:

> *"Something might have happened within my week that has not necessarily triggered me in terms of making me want to gamble, but has maybe led to like, me becoming, like, really frustrated me becoming really sort of intolerant. And those are all things that could potentially result in me gambling again."* (Participant 21)

Together, these accounts illustrate how online peer support spaces, if not effectively managed, can become distressing or counterproductive, particularly when group members are at different stages of recovery from gambling harm and the environment lacks adequate safeguards. This is described more in the next subtheme.

ii) Lack of moderation and boundary setting

While online peer support was often described as accessible and empowering, many participants identified the absence of clear moderation and boundaries as a significant risk. Moderation includes behaviours like the monitoring of discussion in forums or group meetings and intervening when comments could be triggering or distressing – e.g. by removing posts or asking participants to modify their behaviour. Boundaries refer to the limits that can be set (on things like availability, topics for discussion, or ways of communicating) to ensure peer support relationships remain safe, ethical, and sustainable.

In some groups, a lack of oversight led to the unchecked sharing of harmful content, emotional oversharing, and inappropriate interactions.

Some participants reported joining groups that had no moderation at all, leading to inappropriate posts, unfiltered commentary, or even harmful interactions:

> *"I actually came off one or two because you just got people answering them saying, oh, horrible stuff like you might as well go on top yourself and that sort of stuff. And that's just not helpful when you're at rock bottom. That's not helpful for you to read."* (Participant 19)

Others reflected on how groups became overwhelming due to unfiltered or excessive posts, leading to disengagement or withdrawal:

> *"I mean, people were posting all through the night. Your phone would be like ping ping, ping ping, ping, ping, ping or you know vibrate, vibrate, vibrate and it was just too much. And so I came out of their WhatsApp group."* (Participant 9)

Participants also shared examples of groups being misused late at night, for irrelevant or inappropriate content:

> *"It was getting abused at eleven, 12:00 at night. Somebody had a drink… posting cat videos. And we just went, 'oh, we can't have this.'"* (Participant 18)

This quotation also demonstrates how some people felt that this person was misusing the group Whatsapp chats due to being drunk – something that could be more closely monitored in offline groups. Another participant described an incident in a group where people posted insults to other participants; in this instance, someone was removed from the group. Indeed, some participants described safer experiences in groups that were actively monitored and well facilitated, e.g. where comments and/or people were removed if they were deemed offensive or contravened group guidelines:

> *"First of all, was policed well. I think that's key. You know, a safe space that's policed well.* (Participant 21)

It is important to note that, despite language referencing 'policing' here, participants viewed the monitoring and facilitating of online peer support spaces as instrumental in helping them feel safe to share difficult stories and express their feelings – it was not viewed negatively or as a form of censorship. Rather, it helped provide protection from overtly toxic or inconsiderate content.

These reflections emphasise that online peer support is not automatically therapeutic; its effectiveness often relies on whether the space is well-structured, sensitively moderated, and with clear boundaries. For example, in some of the WhatsApp groups associated with face-to-face peer support groups like Gamblers Anonymous, participants are made aware of the rules when they join the group, including guidelines on what can and can't be posted. Requirements include staying on-topic with regards to gambling harm and not using the group for other means, as well as not posting about gambling or gambling wins. Without these safeguards, even well-intentioned communities can cause harm or amplify vulnerability to gambling harm among those seeking help.

iii) Negative interactions and online harassment

Although many participants found online peer support spaces helpful, a few described encountering hostile or exploitative behaviours that significantly undermined their sense of safety and trust. Whereas the earlier subtheme 'exposure to harmful or triggering content' encompassed participants encountering material or behaviours that could inadvertently cause distress or trigger urges to gamble, this subtheme is specifically focused around intentionally toxic or disruptive behaviours. These ranged from disruptive behaviour in live online meetings to direct financial scams and online harassment.

One participant recounted a scam that unfolded within a support group, as described to them by a fellow user of online peer support for gambling harm, that caused the dissolution of the group:

> *"He mentioned being scammed in an online group that he found himself in. He went there seeking support… [was] asked to contribute money for something and from there, after the money was sent, no one heard from the person who the money was sent to… And the group just, you know, closed just like that."* (Participant 12)

Others described experiencing "Zoom bombing", where people who are not part of an online group hijack meetings to share inappropriate or distressing content:

> *"Some people get the link and then come on and they just … put sexual images on the screen. Sometimes they'll just keep swearing or laughing or, you know, just childish behaviour. Yeah. So that's what I call Zoom bombers."* (Participant 17)

Open forums intended for recovery were also susceptible to trolling or verbal abuse:

> *"People were putting abuse and saying things like, 'oh, you're just losers.' And it was like, who's, kind of, monitoring this? So, are we all there for the same reason? Are we trying to help each other? Are we just getting support or are you there just as a bit of a joke to jump on."* (Participant 16)

These negative interactions left participants feeling confused, unsafe, and unsupported, with some questioning the motives of the people using the online forums and thus the credibility of the platforms themselves:

> *"I feel like wherever you go online, unfortunately, it's the way of humans that you will get some negative people or people who for some reason are just there to put people down or, you know, slag people off… you do just get it wherever you go online."* (Participant 1).

As with the previous subtheme, such experiences illustrate the need for clear boundaries, active moderation, and safeguarding measures in online peer support, especially in spaces where vulnerability is high and trust is essential.

Theme 3: Accessibility and crisis prevention

This theme captures the potentially life-saving role that online peer support platforms can play in the context of gambling harm. For many individuals, these platforms offered timely, anonymous, and non-judgmental access to support that may not have been perceived as being available elsewhere. While other round-the-clock options – namely, gambling harm telephone support lines – do exist, these were not mentioned by participants in this study when reflecting on their reasons for choosing online peer support.

The ease of access, both in terms of physical availability (as some forms of online peer support are available 24-hours a day, 7 days a week) and emotional approachability, often marked a critical turning point in a person's help-seeking journey for gambling harm. Online peer support served as a vital 'first step' or gateway, as a safety net, and as a means of crisis prevention for gambling harm.

i) Foot in the door: accessibility as a gateway to recovery

Online peer support was frequently described as a crucial entry point into engaging with support, with many participants describing it as a significant 'first step' towards beginning their recovery journey. For those who felt unable or unwilling to access formal help due to stigma, shame, or fear of judgment due to gambling harms, online platforms provided a less intimidating alternative. The ability to remain anonymous and engage on one's own terms

made it easier to acknowledge their problems and begin the process of addressing gambling harm. As one participant explained:

> *"These online groups, actually, they bridge the gap between isolation and professional help. So, some people aren't ready for therapy or group meetings, but they can text a stranger in a WhatsApp group. You know, it is a low barrier and empowering kind of thing."* (Participant 12)

For some, this anonymity and accessibility meant online support functioned as a *gateway* to more formal services. By first sharing experiences in a less intimidating environment, participants could build confidence, reduce feelings of stigma, and eventually feel more able to engage with professional treatment or face-to-face groups. This sense of privacy and autonomy was especially important for those who feared judgment from loved ones:

> *"Unless you're ready to deal with it beforehand, once your friends and family kind of find out, it just then makes you feel even lower than you are… So if you're able to handle it through anonymity… you've got it under control"* (Participant 5).

For many, initial exposure to online peer support through platforms like WhatsApp also helped them feel accepted and reassured. One participant described how reading posts from others gave them the confidence to join the conversation:

> *"There was a WhatsApp group where all of the attendees could post… people would post that they're struggling and that was brilliant because you've seen all of the empathy pouring out in messages… That opened it up to me thinking, OK, these are some decent people."* (Participant 18).

The opportunity to engage at one's own pace and in written form was also cited as key.

> *"We've got a couple of members that don't like speaking in front of a group… but they'll put long messages and say how they're feeling in the [WhatsApp] group."* (Participant 16)

This flexibility helped participants ease into recovery without the pressure of verbal disclosure or public visibility.

Together, these insights demonstrate how online peer support provides a vital and approachable 'foot in the door' for gambling harm support, lowering the threshold for help-seeking and serving as a gateway to ongoing support, whether informal or professional.

ii) Safety net

The 24/7 availability of online peer support was experienced as creating a 'safety net' for individuals navigating gambling harm recovery. Unlike scheduled therapy sessions or other services that might not be immediately or continuously accessible, online peer support forums and chatrooms (such as those attached to services providers like GamCare) and messaging services (such as Whatsapp) were always open. This constant availability offered a sense of security and reassurance whereby participants knew that someone would most likely be there to listen and respond anytime they needed support. The reliability of this

support network helped individuals maintain progress, avoid relapse, and feel less alone during moments of vulnerability.

The knowledge that someone, somewhere, would be available to listen at any time offered powerful reassurance.

> *"Even if it's very late in the night, I can still talk to someone, I can still get support."* (Participant 13)

For some, this meant the difference between acting on an urge to gamble and reaching out for support instead. One participant valued the ability to join an international Gamblers' Anonymous meeting online. They explained how, owing to time zone differences, online group meetings can be found somewhere in the world at any time of day – i.e. they can be engaged with rapidly, when an urge to gamble is first felt:

> *"That is one good thing about the meetings online is there will always be a meeting somewhere in the world no matter what time of day you're on it. So, if I've felt or I'm going to gamble, I could talk to somebody or if I didn't want to talk to somebody, wanted to go on a meeting to get it out, then I would just go on the website and pick a meeting."* (Participant 19)

In some cases, simply knowing a meeting was coming up provided enough structure to reduce distress or temptation:

> *"At any point, if I'm struggling, I think, 'Oh well, there's a meeting in a few hours, I can do a few hours.'"* (Participant 18)

Together, these accounts underscore the unique role that online peer support plays as a low-threshold, readily-available safety net which is there to 'catch' people in moments of need relating to gambling harm (such as when they are feeling vulnerable to gambling urges, or struggling with mental health), sustain recovery between formal sessions, and help prevent relapse through continuous availability and emotional connection. This is linked to the next subtheme, and will be discussed in more detail below.

iii) Crisis prevention

A profound aspect of this theme was the role participants described online peer support playing in preventing emotional and behavioural crises. Several participants described moments of acute vulnerability such as strong urges to gamble, overwhelming distress, a fear of relapse, or in some instances mentions of harming themselves. In these instances, immediate access to compassionate peer responses helped de-escalate the situation. In these critical moments, the ability to share what they were feeling and receive supportive replies provided a vital sense of connection, perspective, and grounding. This real-time interaction helped break isolation, and reminded individuals that help was available, even outside of clinical settings. The immediacy, empathy, and shared understanding found in online peer support groups helped individuals regain control, feel less alone, and stay committed to their recovery journey.

Several participants recounted situations where the urge to gamble became overwhelming, but posting a message in the group led to rapid support and successful avoidance of relapse. For example, one individual explained:

> *"if I was struggling, I could put a message on there saying, 'got some money in my pocket, I'm looking at the fruit machines, what do I do?' And then you'll get at least one person phoning you and you'll probably get messages saying 'do this, do this, do the other' and just talk to you and just say 'just go in your car and I'll talk to you.' And by the time you're in your car, you're away from the fruit machine… That's invaluable."* (Participant 19)

In some cases, ongoing use of peer groups was described not only as supportive at times of intense need but preventative of reaching that point in the first place. Regular engagement helped participants stay grounded, notice warning signs, and avoid emotional decline before it became unmanageable. One participant described how, when not engaging in such preventative engagement, they began to experience recovery as more challenging:

> *"The only reason I'm doing well is because I'm consistently going on the groups and as soon as you don't and you notice tolerance starts lacking, you may be getting a little bit more frustrated, a little bit angry, maybe down. You forget that actually, what took that away before was the groups … I think it's key to have a WhatsApp chat for the group."* (Participant 18)

This theme illustrates how accessibility, immediacy, and shared understanding can act as protective mechanisms in moments of acute risk such as moments of strong gambling urges, not only reducing the likelihood of relapse, but helping individuals feel seen and emotionally supported.

Overarching Theme: Instant support, constant connection

This theme describes the unique contribution of real-time, ongoing interaction facilitated most significantly by instant messaging platforms such as WhatsApp. While some forms of online support (for example forums, groups, or message boards) varied in the extent to which synchronous support was available, WhatsApp allowed for immediate, dynamic and empathetic communication, which participants described as profoundly impactful across all stages of their support and recovery journeys. WhatsApp groups were commonly attached to more formal support, such as Gamblers Anonymous groups (i.e. each group had its over WhatsApp counterpart), but were also used as standalone support (for example, one participant used a forum and discovered a WhatsApp support group which she was added to, and then no longer used any other form of support).

One participant said:

> *"WhatsApp groups… without [them] would make the journey more difficult. I'd have to wait till the next meeting or dread picking up the phone. But with WhatsApp, you can just put a message out and whoever's around will respond."* (Participant 23)

This mode of connection related to every theme identified in the data. In the context of community, for example, WhatsApp groups fostered a strong sense of belonging through rapid exchanges, shared check-ins, and ongoing conversations that shared many similarities with in-person friendships. As one person described:

> "Yeah. So there was this WhatsApp group I'm in… people come in every day, the group keeps growing. When I initially joined, I received a whole lot of support. What we do is, when new people come in, we just carry them along… check up on them… 'I'm always here for you.'" (Participant 12)

When people described particularly notable cases of online peer support acting as a safety net and means of crisis prevention, they also tended to give examples involving WhatsApp:

> "I messaged in the group and said exactly what was happening… and within minutes, three people replied. I was getting calls… some people came to my house… That is the greatest support ever." (Participant 12)

The real-time nature of the platform helped normalise experiences of gambling harm and build trust quickly, encouraging further help-seeking. In some instances, WhatsApp was the only form of online peer support people used, but they seemed to gain just as much value from it as from using multiple forms of support. However, while participants generally described real-time peer support as transformative, a small number also noted that the immediacy of messaging could at times feel overwhelming or intrusive, echoing concerns discussed further in Theme 2.

Ultimately, synchronous connectivity highlights how access to immediate communication with peers was transformative. The ability to reach out and be heard instantly helped individuals feel continuously connected, emotionally safe, and meaningfully supported, even when physically alone. It offered a technological and emotional lifeline, bridging the gap between isolation and community, crisis and support.

Perspectives of individuals working in service provider roles

This section summarises the key themes from the interviews with people working in gambling harm service provision. There are many areas of overlap with the findings from interviews with people with lived experience, and the discussion section that follows draws together the insights from both groups of service providers. These themes and subthemes are presented in Figure 2, and discussed in more detail below.

As with the previous section, these themes were created inductively, driven by the experiences and views of the participants, and are not mapped directly onto our research objectives. However, broadly speaking, theme 1 ('navigating access to online peer support') encompasses content relevant to understanding motivations for seeking online peer support; barriers to accessing online peer support; and ways of engaging with online peer support. It also sheds light on the place of online peer support within the wider support system. Theme 2 ('modes, preference, and structure of support') also offers insight into ways of engaging with online peer support, as well as into individual needs and preferences, and helpful features of online peer support. Theme 3 ('evolving and individualistic recovery')

is closely relevant to understanding the perceived benefits of online peer support. Finally, theme 4 ('the role of peer supporters') helps us understand perceptions of the role of professionals and/or moderators within peer-led spaces, as well as offering insights into perceived challenges, harms, and risks of online peer support.
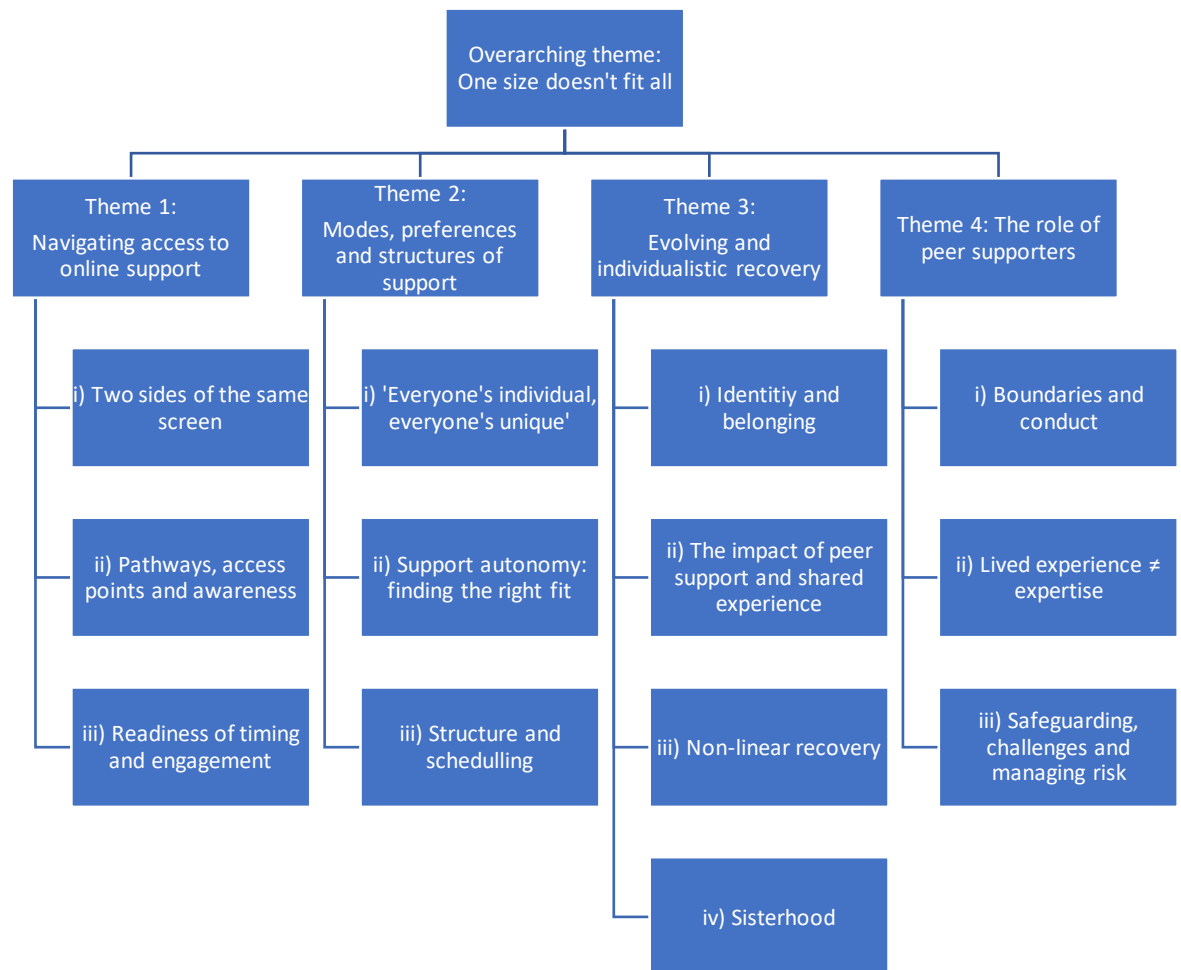
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                        ┌─────────────────────────┐
                        │   Overarching theme:    │
                        │ One size doesn't fit all │
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Theme 1: Navigating access to online support	Theme 2: Modes, preferences and structures of support	Theme 3: Evolving and individualistic recovery	Theme 4: The role of peer supporters
i) Two sides of the same screen	i) 'Everyone's individual, everyone's unique'	i) Identitiy and belonging	i) Boundaries and conduct
ii) Pathways, access points and awareness	ii) Support autonomy: finding the right fit	ii) The impact of peer support and shared experience	ii) Lived experience ≠ expertise
iii) Readiness of timing and engagement	iii) Structure and schedulling	iii) Non-linear recovery	iii) Safeguarding, challenges and managing risk
		iv) Sisterhood	

Figure 2: Summary of themes from interviews with individuals working in service provider roles

Theme 1: Navigating Access to Online Support

This theme refers to the varied routes via which people arrive at online support spaces for gambling harm support. It also captures how people's ability to engage with such support, as well as the benefits they derive, can be shaped by technological, personal, and situational factors – as detailed within the three subthemes below:

i) Two sides of the same screen

This subtheme reflects how the very features that can make online support appealing to some experiencing gambling harm can present challenges for others. Service providers reflected that digital platforms can enhance accessibility, reduce geographical and financial restraints, and provide a sense of privacy which can promote openness. However, some were concerned that specific populations, usually older individuals, may be excluded from

online support opportunities – due to inability or unwillingness to engage via this modality. Experiences of technology as a barrier were described both directly (e.g. clients struggling to access online support) and more hypothetically as a concern when planning interventions. From a lived experience perspective, participants in this study were those who had managed to use online support, meaning the voices of people unable to engage at all are unlikely to be fully captured.

> *"Not everyone has access to technology, some people, some people do prefer face to face and in person."* (Service Provider 13)

Some service providers discussed how their organisation attempted to support clients who had difficulties with using online peer support:

> *"We do have people who can't, or believe that they can't access them, but we just call them and talk them through it. So, it's simple enough."* (Service Provider 12)

Overall, while many discussed potential challenges related to technology use, much of this narrative was speculative, with only a small number providing concrete examples of such issues occurring in practice with their clients, particularly given notable improvements in populations' digital literacy over time:

> *"In the very early days, a lot of older people who were sort of in their 40's/50's/60's couldn't use a mobile phone, didn't know how to use the internet, so it was a huge barrier… [while] there still are people around that still find modern technology challenging… it's becoming less and less and less of a problem."* (Service Provider 21)

Beyond practical considerations, service providers also reflected on how technology could shape their support experience emotionally. Some believed the accessibility and privacy afforded by online platforms could be highly beneficial, allowing clients to open up more easily than they might in face-to-face settings. The ability to engage from the comfort of one's own home was seen as empowering and conducive to recovery:

> *"Quite often people are, you know, you're more comfortable in your own home than anywhere else. So being able to speak freely and it's just, you know yourself, no one else around you."* (Service Provider 25)

However, some providers noted that this same privacy could create risk in certain contexts. Unravelling strong emotions or trauma can be problematic, given that following-up where a client leaves a call suddenly can be difficult or impossible:

> *"I think one of the big things is always if someone goes offline, if someone hangs up the phone and you're not there with them. So… are you talking about something triggering? Is there is trauma, is that coming up?"* (Service Provider 22)

These accounts highlight the complex role that technology takes in facilitating online support, and how benefits and risks can vary across individuals and situations. Service

providers also reflected on how the same digital platforms used for gambling could be re-purposed for recovery. As one explained:

> *"Obviously with people more and more interacting with different forms of technology and the way in which they gamble remotely, they're more adaptable to switching, you know, using those platforms that they've always used for their social media, their gambling, and all that sort of stuff to then use those platforms to seek support."* (Service Provider 13)

Some service providers described signposting clients to digital blocking tools, such as GamStop, to help make the online environment safer by restricting access to gambling sites. While these measures were seen as useful, it was acknowledged that workarounds remained possible, for instance through the use of non-UK gambling sites.

ii) Pathways, access Points, and awareness

The routes into online support were varied and reflected the diverse ways people interacted with online support more broadly. Some service providers' clients were signposted to their service through other organisations, including the NHS, while others found it more organically through Google searches. Many believed more needs to be done to increase awareness of online support options.

Many providers' clients were introduced to online support through the National Gambling Helpline, which was a common first point of contact, meaning online peer support was often the first form of help to be engaged with:

> *"So, we get the majority of people who come in directly from the National Gambling Helpline… that's usually, like, the first point of contact."* (Service Provider 1)

Other routes to online peer support included signposting by a GP; and finding online support opportunities 'by chance', e.g. when conducting internet searches related to gambling, either for themselves or for a loved one:

> *"We see a lot of people who… stumbled across a bit while because they've typed into Google like 'I need help with gambling,' or something like that". (*Service Provider 1)

Despite these varied pathways, service providers stressed that awareness of online support options remains limited amongst those who could benefit from it. In a striking example, one provider described how lived experience attendees at a recent gambling conference were unaware of all the available services:

> *"I was at conference [and] there's people in the room with lived experience that didn't even know that all this help and support existed."* (Service Provider 13)

They emphasised the need for greater promotion and visibility, particularly given the ubiquitousness of gambling advertising:

> *"You'll see gambling adverts left and right, but you don't see any advertisements for support for gambling harm and you'll get that arbitrary 'When the fun stops, stop', 'Call this number' at the bottom of an advert. But it doesn't tell you anything about what that support is."* (Service Provider 12)

Service providers' accounts highlighted how, despite the existence of multiple access points into online support for gambling harm, visibility of services is a limiting factor for people wanting to reduce their gambling harm or maintain recovery from gambling harm that requires addressing by proactive awareness-raising.

iii) Readiness and timing of engagement

The decision to access online support is contingent not only upon an individual's awareness of what services are available, but also upon their 'readiness' to engage in support. Service providers noted how the client needed to acknowledge their need for, and ensure their own readiness to engage with, support – which sometimes only occurred after reaching a point of crisis:

> *"Usually people reach out for support, don't they, when they, kind of, hit rock bottom, don't they? Because obviously they've been in denial for quite some time [before] the realisation of 'Oh this really is a problem. I need to reach out'."* (Service Provider 9)

Reaching a point where harms from gambling were so severe that they necessitated (swift) action was a common motivation or catalyst for seeking support. The affordances of online peer support (e.g. its anonymity, accessibility, and ability to offer non-judgemental, shared understanding – as summarised in the earlier table of perceived benefits) all contributed to many choosing this particular modality when finding themselves at such a point of crisis. For example, because online peer support can be accessed immediately, as soon as someone decides to engage with it, it is well-placed for use at a point of crisis (as described within the peer support user themes). Because it is anonymous, it also provides a low-barrier means of rapidly accessing support for those who have previously avoided help-seeking, for example due to fear of stigma.

Readiness was also described as involving being at a point where one was prepared to make a personal commitment to engaging with support. As one provider explained:

> *"For people who want to engage in it, though, I think you have to want to do it… You have to make the effort."* (Service Provider 16)

Service providers also described how assessing a client's readiness to receive support, and what kind of support would suit them, was an important part of their role. This included considerations around suitability for online peer support group spaces they themselves moderated, taking into account implications for the individual client as well as for other group members, e.g. where behaviour risked dominating or disrupting discussions.

> *"A lady just wasn't ready. She was commenting so much in group… it was triggering to others and raised a concern to us about her safety and a decision had to be made that right now wasn't the right time for her to join group."* (Service Provider 23)

In the example above, a service provider describes referring a client to one-to-one support and removing them temporarily from group discussions during early recovery, as the severity of the harm they were experiencing and their desire to discuss it in detail risked distressing the group and leaving insufficient time for others to participate in the discussion. This illustrates how online peer support can be integrated within the wider context of a variety of support modalities, and how the most appropriate type of support can vary over time and across individuals – as well as how there can be a delicate balance between the needs of a group and the needs of individual members.

Providers' reflections underscore how engagement with online support is not solely determined by availability and awareness, but by an individual's needs at that point in time, along with their readiness to accept support and begin their recovery journey.

Theme 2: Modes, Preferences, and Structures of Support

This theme explores service providers' accounts of how their clients engage with online peer support services they themselves provide and facilitate after the initial connection is made – encompassing how modes, preferences, and structural elements of online peer support shape ongoing engagement. It captures individual differences in perspectives between service providers, as well as their thoughts about clients' varied needs.

i) 'Everyone's individual, everyone's unique'

It was recognised that long-term recovery is an individualised process, shaped by clients' unique circumstances, and therefore online peer support must be tailored to individuals to ensure inclusivity and maximal impact:

> *"[We try to] make sure that we are as inclusive as possible and help as many people as possible in recovery."* (Service Provider 3).

It was frequently noted how offering choice, flexibility, and multiple avenues of support is essential, and enacted this in their own practice - encouraging clients to explore different formats and pathways:

> *"We [peer support organisation] encourage everybody to try everything and find what works for them. And I think that's what true recovery is; finding out your way doesn't have to be the same as anybody else"* (Service Provider 17)

A variety of online peer support formats, such as text-based or video calls, was considered beneficial as it offered clients a choice of options:

> *"Whether [recovery] be through a 12-step group or an online forum, it's important that there's so many different options available to people."* (Service Provider 21)

What constituted 'good' support could be influenced by a myriad of factors. While service providers' own professional and lived experiences shaped their views on what works best, there was a shared understanding that recovery will look different for everyone.

> *"I have a preference in terms of what I think is more helpful, but I would never impose that on them because, yeah, it's what they want,"* (Service Provider 22)

Accessing other options would sometimes involve collaborating with other organisations or charities who may be better able to support a client's needs:

> *"It's always ensuring you provide the best support for that person, and sometimes that is 'Go there, not here'. Yeah, so."* (Service Provider 15)

Overall, providers framed optimal online peer support for gambling harm as prioritising flexibility, choice, and responsiveness to the individual. This included a range of formats offered through gambling support organisations, such as 1-to-1 support and counselling or coaching from trained 'peer supporters' with lived experience, group video calls, WhatsApp groups, and online forums.

ii) Support autonomy: finding the right fit

This subtheme explores the importance service providers placed on clients having autonomy in how they engaged with support, including choice over the format, level of interaction, and mode of delivery. It is closely related to the previous subtheme, but rather than being about having a variety of options available, this subtheme refers to the importance of individuals having autonomy over making the choice about how they engage.

Service providers understood that for some clients, having autonomy over their video camera was important. The option to remain visually anonymous could act as an enabler of engagement with online peer support, and in some cases facilitated clients to engage in a low-risk way, before progressing to showing their face over time:

> *"That introduction part is huge - of getting people from 'I don't want to do groups' to actually 'OK, I'm going to watch these groups for a few weeks, then I'm going to maybe turn my mic on and take part of that way, then maybe turn my camera on'."* (Service Provider 19)

Service providers also explained how forums could serve as a first step, which allowed people to observe and engage at their own pace. Over time, comfort levels could build, leading to more direct forms of interaction at a pace that suited the individual. As one provider explained:

> *"It's kind of ascending steps… actually, to engage with other people just by looking at a forum is the next step."* (Service Provider 10)

Service providers felt that giving clients control over how they took part in online peer support was key to getting and keeping them engaged. At the same time, they emphasised

that this autonomy needed to be balanced with ensuring participation remained appropriate and did not negatively impact other group members.

iii) Structure and scheduling

This subtheme encompassed how the structure and scheduling of online peer support groups could significantly influence the quality of engagement and the overall support experience.

Some highlighted the value of having a defined structure within groups where specific topics were outlined in advance, in order to avoid discussions being derailed:

> *"Having the groups slightly structured is, can be really beneficial, so maybe topics that are discussed rather than it being a kind of free for all week after week."* (Service Provider 5)

It was also noted how keeping a group structured and focused on recovery was important to make good use of attendees' time, and ensure that no voices were lost from the group. One provider feared that too much unstructured 'chatter' by vocal group members could lead to quieter group members going unsupported, and disengaging:

> *"If you've got someone in the background who's not talking ... and these people going about their doner kebab they had last night, she's now lost faith... [thinking] 'Is this what recovery is about? Is this about what I have to do? She's going to lose faith and chances are she's going to step back and that organisation will be no good to her."* (Service Provider 8)

However, others noted that it was important to allow time for more informal discussions, as this could offer important light relief:

> *"It can get very heavy, as you can imagine… So we're just totally lightening it up, doing something totally different."* (Service Provider 6)

A commonly favoured approach by facilitators of online peer support groups was to build in semi-structured opportunities for members to connect and share on a personal level, for example at the beginning and/or end of a meeting, allowing for a balance between social and recovery-focused conversations – both of which were recognised as valuable:

> *"We always end the session with the checkout. Check out, check in, check out"* (Service Provider 15)

Scheduling of sessions was also seen as an important factor in maximising engagement, with providers cognisant of group members' other commitments. Some service providers dealt with this by collaborating with group members in scheduling, aiming to identify the most accessible timings for the majority, rather than making assumptions. One service provider reflected on how their organisation learned the importance of seeking client feedback after pausing sessions over Christmas without consultation, only to learn from clients that support would have been particularly valued during that period. While they did not

elaborate on why Christmas was an important time for support, wider literature suggests that financial pressure around this time of year can exacerbate gambling harm (GamCare, 2024). We might also speculate that Christmas can be a lonely time for individuals without an offline support network, i.e. for those whose social networks are predominantly comprised of people in their online peer support groups.

Theme 3: Evolving and Individualistic Recovery

This theme encompasses the idea that recovery from gambling harm (in the context of online peer support) is highly individualised and continuously evolving. It is non-linear, related in nuanced ways to identity and belonging, and underpinned by shared experiences.

i) Identity and belonging

Recovery communities can play a significant role in shaping how individuals see themselves during and after gambling harm – as our service providers with lived experience also clearly articulated. This subtheme is about how individuals vary in the extent to which, and way in which, they relate to online peer support networks, and the role these can play in people's sense of identity. This is something that varied across individuals, but also over time, and therefore there are parallels with the later subtheme of 'non-linear recovery', which encompasses the recovery journey more broadly.

Online peer support was seen as helping to rebuild clients' confidence and enabling them to build relationships that could be maintained beyond the group setting, sometimes in the long term:

> *"It starts to rebuild confidence… [and] enables people to build up a kind of community of support, so that when they build those connections, they can then maintain them."* (Service Provider 6)

Some noted that, while many clients eventually move on from online peer support, a smaller group remained invested, seeing continued involvement as central to their recovery:

> *"There's less of them, but a subset of people, who, they buy fully into this idea of peer support. And actually, it's like, this is, this works and I'm just going to keep doing this and I'm going to keep helping people and they get really invested."* (Service Provider 1)

In contrast, others also spoke about clients who engaged with treatment and online peer support for a time, then stepped away completely once they felt they had gained what they needed:

> *"Some people… come into treatment, they go out, that's it for them and that's that that's it for the rest of the life. And they don't have anything more to do with it. That's fine as well."* (Service Provider 10)

For some online peer support services, this disengagement was not only expected but actively encouraged, with recovery programmes aiming to help clients become independent and integrated into wider community life:

> "What we're trying to do is create their independence… help them get out into their communities and we're helping them get outside of their gambling harm space." (Service Provider 17)

It was recognised that identity and belonging in recovery can take different forms. Some individuals maintain long-term involvement in online peer support while others transition away once they feel ready.

ii) The impact of peer support and shared experience

This subtheme explores how online peer support and shared experience influenced recovery from gambling harm, and heavily echoes findings from the interviews with individuals with lived experience. Service providers emphasised the value of connecting with others who had experienced gambling harm, describing how this mutual understanding could foster trust and motivation.

> "Lived experience is just, there's no there's no substitute for that because nobody really feels understood unless, certainly with gambling harm, because you don't really know it and until you until you've been through it." (Service Provider 12)

Online peer support spaces which were built upon the foundations of shared experience could create non-judgemental environments which were conducive to emotional openness:

> "The biggest advantage of the peer support is you don't feel judged… they're all in the same boat." (Service Provider 17)

Providers described how clients in the early stages of recovery often looked to those further along in their journeys as role models as a source of hope and motivation:

> "If you've got people at different stages, you can really see 'Oh, I can be at that point in you know, however long it's going to be, there is this hope'. I think there's so much to it that, you know, it gives a really positive message." (Service Provider 22)

Shared experience could also extend beyond gambling harm itself, with clients sometimes forming deeper connections with others who shared aspects of their identity such as ethnicity or cultural background. Some reflected that these commonalities could foster an additional layer of understanding, particularly when they related to the unique challenges faced by specific demographic groups:

> "I speak to a lot of Muslims for whom gambling and drinking and taking drugs is, is a, like a cultural taboo. And again, it could go either way. You might want to talk about it amongst your community because they understand, but at the same time, because of whatever shame involved, you might want to get yourself out of that. So, it's nice to have the option of all these things." (Service Provider 10)

However, service providers noted that challenges remain, as they felt the demographics of those accessing support in GB do not fully reflect the wider population affected by gambling harm:

> *"Yeah, they don't feel like they're represented. That's kind of been the feedback that we get is that they don't see themselves in the support that's available. Therefore, they feel like it's much harder to engage with."* (Service Provider 17)

Overall, service providers viewed online peer support as a powerful driver of engagement and recovery for a harm commonly misunderstood and highly stigmatised in British society, offering empathy, understanding, and acting as a positive role model, but also identified areas for growth and improvement.

iii) Non-linear recovery

Understanding recovery as non-linear was seen as important for supporting clients with realistic expectations and providing ongoing encouragement throughout their journey. Service providers described how engagement with online peer support often reflected the non-linear nature of recovery, with individuals returning at different points in their journey. As one provider explained, some people might try a session to see if it suits them and then step away, only to re-engage later when the timing or their needs feel right:

> *"Some people just to try to look and suss out whether that's for them, and it might be they come one week and they're like, 'Do you know what? Right now, it's not for me', but that doesn't mean they don't come to some form of peer support later on."* (Service Provider 19)

In contrast, regular attenders early on in their recovery may step back as they progress into their recovery journey. Some felt that detaching from online peer support was a positive thing that indicated progress:

> *"[Engagement] may, like, sort of wean out a bit towards the end of treatment when they're doing well. Which is a good thing. You know, we want them to not need us."* (Service Provider 11)

Service providers also described clients reengaging with online peer support in the event of relapse – something that one provider highlighted as requiring courage:

> *"I've seen it a couple of times where people have obviously come back and they, after a lapse or relapse… I know that takes a lot of courage and guts."* (Service Provider 16)

Service providers emphasised that non-linear recovery requires flexibility and ongoing support. Stepping away from online peer support, returning after a reoccurrence of harm, or adjusting engagement over time were all viewed as natural parts of the non-linear recovery process.

iv) Sisterhood

Many providers spoke specifically of the importance of providing women-only online peer support spaces. They highlighted how low support seeking rates amongst women, and practical barriers to offline support - such as childcare responsibilities - made this a particular priority. Some discussed how female clients who had experienced threatening or abusive relationships with men felt uncomfortable sharing vulnerable information in front of men. Others highlighted how, traditionally, support for gambling harm is a male-dominated area, with some clients having been the only woman at a face-to-face support meeting. They explained how women-only environments could foster a sense of safety and empowerment, and how online services can bring together larger numbers of women into a single space, unconstrained by geography.

Online support spaces could often involve discussions about people's wider life circumstances, which could be entwined with their experiences of gambling harm in nuanced ways, and included, at times, sensitive or gender-specific topics. Providers noted that women could feel more comfortable sharing such details in women-only groups, and one service provider noted how this could also be preferable for some men who might be uncomfortable discussing certain topics:

> *"There's a lot of conversation about sex… [and] periods in PMDD [Premenstrual Dysphoric Disorder] and things like this that are affecting women, and they just don't feel comfortable in speaking about those things in front of men. As much as I'm sure the men would feel uncomfortable hearing it, so creating that women's only space there was definitely a place for it."* (Service Provider 23)

One provider described how, where women-only groups existed, there could be a powerful feeling of protectiveness over the safe space. There was a sense that a male within the group would be highly disruptive:

> *"And throwing a man into the mix, just you know it's like throwing a hand grenade into the room… it blows that apart… their little sisterhood. And we're supporting each other and we're looking after each other, caring for each other."* (Service Provider 7)

Overall, women-only spaces were seen as essential for empowering women to engage with online support throughout their recovery. These 'sisterhood' environments allowed women to freely communicate without the potential perceived and real fear of judgement from men.

Theme 4: Complexities of the role of peer supporters

Service providers described important challenges and considerations that come with providing peer support online – particularly in relation to those in formal online peer support positions within service provider organisations. As most of the service providers interviewed had lived experience of gambling harm, and drew on this in their own support service roles, there was a tendency for their accounts to focus on this side of online peer

support. They spoke of scenarios where people with lived experience directly supported others as an official 'peer supporter', as well as roles where they facilitated larger groups of individuals with lived experience in supporting one another (e.g. when running online peer support group meetings, as a facilitator). Challenges and complexities included issues around boundaries and codes of conduct; the distinction between experience and expertise; and the importance of risk management. The subthemes below discuss each of these areas in detail.

i) Boundaries and conduct

Service providers emphasised how peer supporters across various contexts, from 'recovery coach' to online group moderator, needed to navigate the limits of their role to ensure both their own safety and that of those they supported. Setting clear ground rules, managing expectations, and modelling respectful behaviour were all considered essential components of 'good' online peer support practice. Boundaries were crucial in maintaining professional distance, protecting personal information, and staying within the scope of their responsibilities. Some providers highlighted how maintaining professional boundaries could be difficult for peer supporters, especially when strong emotional connections with clients had been made.

Providers reflected on how power dynamics within peer support groups could shape interactions. Imbalances sometimes emerged when one voice dominated or when participants looked to the peer supporter as an authority figure rather than an equal. To counter this, service providers emphasised that peer support worked best when clients perceived the supporter as a peer rather than a traditional healthcare professional. In these contexts, clients felt more able to open up, share their experiences, and engage with the advice they received without feeling lectured.

Certain peer support models, such as addiction sponsorships, where someone offering peer support is available at all hours, were flagged as particularly challenging. Lack of boundaries could risk placing undue pressure on both the person seeking and the person offering online peer support, particularly if the latter is not adequately trained to manage complex needs, or where safeguarding procedures are unclear. While peer supporters – particularly those in paid roles at well-known organisations – tended to have training on how to set and maintain appropriate boundaries and how to signpost to other services as and when required, this was by no means universal. Those offering support in informal settings, particularly where not affiliated with an organisation, might not have had any specific training, and training, where provided, varied across organisations. Some providers also highlighted the potential vulnerable status of people providing peer support, who may find certain situations triggering or distressing. While this was not the norm, one service provider reflected on a worst-case scenario where someone without appropriate training and vulnerable to harms themselves could end up enmeshed in a distressing or challenging situation through attempting to provide online peer support:

> *"Because vulnerable people supporting vulnerable people, no boundaries, no safeguards. You know, exchanging of personal information, calling each other in crisis at freefall, you know, it's not a good, it's not a good mix."* (Service Provider 13)

One service provider emphasised the importance of being 'ready' before taking on the responsibility of online peer support, ensuring they could offer constructive support without compromising their own wellbeing.

> *"I think there needs to be, the person offering the support needs to be in the right place themselves."* (Service Provider 3)

Even while advocating for boundaries, service providers acknowledged how difficult it could be to maintain these – particularly where shared lived experience brings deep empathy. One provider with lived experience of gambling harm recounted instances where their own professional and personal boundaries became blurred, driven by a genuine desire to help:

> *"[it's] not part of my role, but… if there's somebody really, really struggling, I'm like 'Just e-mail me and I'll e-mail you back if you want to bring your session forward."* (Service Provider 21)

This service provider had a clear appreciation of where their responsibilities began and ended ('it's not part of my role'), but explained how under certain circumstances (i.e. when someone was in crisis) they might make exceptions to their usual boundaried ways of working.

In addition to maintaining professional boundaries, service providers stressed that professional conduct was important for online support to be effective. Service providers needed to present themselves with empathy, actively listen, and show respect:

> *"It's just… making sure they [peer support providers] understand people. Having compassion, having empathy, actively communicating, giving, kind of, timely responses and things like that."* (Service Provider 21)

Maintaining clear boundaries alongside consistent, respectful conduct was seen as essential for creating a safe and effective online support environment for both clients and service providers in order for gambling harm support to be provided, and recovery supported, in a sustainable way.

ii) Lived experience ≠ expertise

Individuals with lived experience of gambling harm highlighted that professional expertise cannot provide the same value as the insights gained from lived experience in support roles. However, while service providers unanimously recognised the value of having lived experience of gambling harm in building trust and rapport - allowing clients to feel understood by someone who had 'walked in their shoes', many also reflected on its limitations. They emphasised that lived experience alone did not necessarily equip an individual to be able to provide effective or appropriate online peer support. Concerns were

raised about whether some peer supporters were provided the necessary training or qualifications to prepare them for working with vulnerable populations.

Another concern was that clients could perceive a peer supporter's recovery as definitive, viewing it as the only correct path to recovery:

> *"If you've been through something like a gambling problem… the way you move forward with that, sometimes people think that that is just the way forward, like, this is the only way you can do this."* (Service Provider 1)

Across all interviews, providers acknowledged that clients rarely presented with gambling harm in isolation and often experienced additional, sometimes complex issues. One service provider suggested that clients with more complex needs may benefit from support provided by someone with greater professional experience, such as clinical therapeutic qualifications. In this context, providers were referring to more traditional talking therapies, including psychological interventions such as CBT, either through the NHS or private providers:

> *"If you're someone who's got a very complex needs and a lot of things going on… you could easily [be] put on to someone who maybe isn't qualified to… support you in the best way, and actually they would be best suited with someone who does have more of that [professional expertise]."* (Service Provider1)

This highlights that, where formal online peer support is 'prescribed' through support service organisations, it is important to have a robust triage process to ensure people receive the right kind of support. However, as discussed within the earlier 'navigating access' section, not everyone arrives at online peer support through referral from a support organisation or goes through such an evaluation process, and some people make their own way straight to online peer support, as the modality they feel most comfortable accessing.

Recognising the high value that many clients place upon peer support led some service providers to caution against assuming that lived experience alone equates to sufficient expertise - highlighting the need for skills and training alongside lived experience. One participant drew comparisons with physical medicine, suggesting that just as medical professionals bring essential expertise to treating those experiencing an illness or injury, therapeutic professionals bring essential expertise to supporting those experiencing gambling harm.

While online peer support is primarily based upon the value of shared experience as opposed to formal expertise, some providers noted that certain forms of support may still benefit from additional qualifications or training. The specific role of the peer supporter will also shape these potential requirements. Roles such as facilitation of online video support group spaces could benefit from specific training in managing group discussions and dynamics, for example. Other roles, such as moderating an online forum, may not require the same type of training in live facilitation skills. Though arguably, all those who deliver

online peer support in any capacity would benefit from training surrounding identifying crisis situations and dealing with safeguarding concerns.

The importance of developing the skills to provide support that is grounded in evidence-based knowledge was also emphasised. For example, one service provider believed that in addition to lived experience, it was valuable to know things like *"how to use motivational interviewing… [and] where people are on that cycle of change in between [recovery] stages"* (Service Provider 13)

While lived experience was regarded as an invaluable asset in online peer support spaces, providers stressed that it should be complemented by formal training and evidence-based skills. Given the complexity of gambling harm and the need for holistic, multi-dimensional support, without this the risk of misunderstanding, inappropriate guidance, or harm was seen to potentially increase.

iii) Safeguarding, challenges, and managing risk

As with all forms of support, it was accepted that offering online options carried certain risks and challenges. Many of the issues discussed involved facilitating online support spaces, such as moderating posts on forums or managing dominant voices in group video calls. Other challenges included dealing with safety concerns, such as disclosures of suicidal ideation.

One provider highlighted the practical and safety considerations of running online groups, stressing the importance of having enough facilitators to manage distress and respond quickly if a client disengaged unexpectedly:

"Any online group has to have two facilitators... to pull somebody out of a group into a breakout room, or to get them onto the phone and check that they're OK if they're displaying signs of distress." (Service Provider 6).

They also reflected on the difficulties that could arise if someone left a group suddenly and the facilitators had concerns about their safety. This led to the feeling that it was imperative to hold up-to-date contact details for group members – which another provider echoed, emphasising the importance of clear safeguarding processes:

"We do have a really robust safeguarding process… we know who everybody is… where they're living, we do have their phone numbers, we can follow up if there are problems." (Service Provider 2)

This emphasis on safeguarding extended beyond video groups to the moderation of online forums. Service providers described the need to review and monitor posts to ensure they did not contain triggering material that could harm other users.

"Before they [forum posts] go live on the website we can view and see whether we're happy with them. We can edit those posts, we can delete them." (Service Provider 1)

Providers recognised the importance of making online peer support spaces as safe as possible, while acknowledging that risk of harm could never be entirely eliminated.

Overarching Theme: One Size Doesn't Fit All

The overarching theme 'One Size Doesn't Fit All' describes how online peer support for gambling harm is engaged with and experienced in many different ways, and is most effective when it is flexible and tailored to the individual. As detailed throughout many of the themes above, people's needs and experiences are shaped by a multitude of factors. People find their way to online peer support via different pathways, and their experiences can vary, influenced by personal history, demographics, stage of recovery, the type and severity of gambling harm, and the support and treatment they have accessed before. Even amongst service users with shared characteristics, service providers had observed individual differences in preferences. for the format and structure of online peer support, as well as its duration; some people choose to engage in online peer support as a long-term part of their lives and identities, whereas others view it as a discrete, finite phase. Individual differences are also seen in the range of benefits and challenges experienced.

Support must remain adaptable and person-led to ensure effectiveness and a positive impact on recovery. As one service provider stated:

> *"Everybody gambles in different ways, I think everybody also recovers in different ways."* (Service Provider 3)

Conclusions and recommendations

This qualitative study of services users' and service providers' experiences of online peer support for gambling harm contributes to a growing literature on online peer support for health and wellbeing (Fortuna et al., 2020; Yeo et al., 2025), and adds to an emerging evidence base on its role in the context of gambling harm (Penfold et al., 2025). Input from participants with lived experience of engaging with online peer support, as well from service providers, affords rich, layered insights into the complex practice of online peer support explored below.

Benefits and helpful features of online peer support

Across all interviews, there was recognition of the considerable value of online peer support – echoing findings from the wider literature that online peer support is a beneficial resource for mental health (e.g. Yeo et al., 2025). Those with lived experience described it as transformative and, in some cases, life-saving, and service providers agreed there is no substitute for lived experience within gambling harm support. Benefits spanned practical, emotional, and social and developmental domains. The synchronous, round-the-clock nature of online peer support was key to many of these benefits, and individuals with lived experience, in particular, were vocal about the value of this feature. This aligns with research into online community dynamics more generally, which suggests synchronous communication can facilitate social connection and cohesion (Li et al., 2021).

Risks and challenges of online peer support

All service providers reflected that, alongside potential benefits, online peer support comes with real risks. These include safety and safeguarding concerns; exposure to harmful or triggering content; and interpersonal challenges such as hostile or distressing interactions with others - which could impact people's wellbeing, and even create urges to gamble. Structural and engagement issues; and accessibility and inclusivity barriers were also identified. These echo risks that have been identified within the wider online peer support literature (Easton et al., 2017). Both groups of participants emphasised the importance of measures to safeguard those providing, as well as those receiving, online peer support– echoing existing recommendations for online peer support in other fields (Abou Seif et al., 2022). Service providers described some existing protocols that were used to support safe engagement, such as multiple facilitators in groups and the taking of contact details for group members to enable follow-up in the event of concerns. However, there was variability in the existence or implementation of such protocols across different online peer support spaces.

The place of online peer support within wider support contexts

A theme within service provider interviews was the distinction between lived experience and expertise, with some participants emphasising that lived experience alone does not equip someone to fully meet the complex needs of individuals experiencing gambling harm. Conversely, individuals with lived experience of gambling harm emphasised how professional expertise cannot offer the same benefits as lived experience of individuals working in support roles. There is a dearth of robust empirical literature comparing effectiveness of clinical and lived experience-based support, and the relative value of these approaches likely depends on the desired outcomes (Høgh Egmose et al., 2023). This illustrates the importance of multi-strand approaches to support provision, with different modalities and providers having the potential to bring different benefits. For instance, clinical support may prove to be particularly beneficial when someone is at a point of crisis and online peer support may be beneficial during later stages of the recovery journey, or vice versa – but empirical research is needed to explore this.

The role of individual needs and preferences

Both groups of participants flagged the importance of a diversity of support options – in line with the overarching key theme that one size does not fit all when it comes to online peer support – a fact which has also been highlighted within gambling harm recovery more generally (Penfold & Ogden, 2024). Service providers who had worked with many clients highlighted individual differences in service users' preferences around modality, timing, structure and content. A related concept was autonomy. As discussed further within 'ways of engaging with online peer support'; service providers and people with lived experience emphasised how online peer support can offer valuable opportunities to take control over how, when or where you engage – which can in turn allow it to be aligned well with individuals' personal preferences.

Views on the role of professionals in online peer support

There were differences in service providers' erspectives on the extent to which group meetings should be formally structured by the professional/peer supporter leading the meeting, and the amount of time that should be devoted to informal social connection. Most participants with lived experience highly valued informal social interactions - and often saw community as the heart of online peer support, whereas service providers tended to emphasise the importance of balancing social connection with time devoted to covering key recovery-focused work, with the facilitator of groups or meetings typically responsible for managing this. These slightly different priorities across the two groups could be attributable to the fact that service providers tended to draw on examples of structured, scheduled online peer support group meetings, whereas participants with lived experience frequently drew on a range of online peer support interaction types, and often spoke about informal support networks maintained via technology such as WhatsApp. Perceptions of the role of the professional were thus closely influenced by the type of online peer support being spoken about, with 'professionals' less present and having less of a role (if any) within more informal spaces and interactions. Both groups of participants recognised the importance of building group cohesion and rapport, however – aligning with findings from the wider research on effective online support group design (Preuhs et al., 2023).

Ways of engaging with online peer support

The importance of autonomy in relation to *how* people engage with online peer support was emphasised by both groups of participants. For example, participants explained how the ability to tailor one's level of anonymity and involvement in online peer support groups could offer an accessible gateway into support, and encourage people to engage. The value of facilitating autonomy in online gambling support has also been emphasised in the wider literature, for its potential to support ongoing motivation for change (Rodda et al., 2018). Flexibility in relation to extent of engagement has also been flagged as important within research into online peer support for mental health (Smit et al., 2022).

Provision of support communities specifically for particular demographic groups was also discussed by both service providers and those with lived experience – with women's-only groups the most notable success story in this area. They provided a virtual safe space where women could speak about gender-specific issues, and offered a valuable addition to offline peer support groups where there has traditionally been a dominance of male attendees (Rogers et al., 2020).

Barriers and gaps in online peer support

Several participants speculated that similar benefits to those reported by women engaging with women's only groups might be derived from creating other demographic-specific groups, for instance to offer individuals from minority ethnic or religious groups a dedicated online peer support space. This was not typically available in services participants had encountered. Given that other recent studies have also highlighted a need for the

development of culturally-sensitive peer support (Moss et al., 2023), this presents an important area for development. Support providers also identified gaps in provision for other groups – including those with neurodivergence, intellectual disabilities, or limited digital literacy. Here, the implication is not that separate groups should be created, but that accommodations should be made to increase the accessibility of groups to individuals with these characteristics. There is an emerging body of literature exploring how to adapt online services to accommodate these needs, which could be drawn on in order to inform online peer support for gambling (e.g. (Sheehan & Hassiotis, 2017).

Pathways, timelines, and motivations for seeking and providing online peer support

In relation to initiation of engagement with online peer support, there were interesting insights from both groups. Service providers noted that people needed to be 'ready' to engage, in terms of willingness to commit to recovery – particularly before joining online peer support groups. However, individuals with lived experience also noted how online peer support, particularly low-intensity, low-commitment modalities such as reading others' forum posts, could be beneficial at any stage of harms or recovery, and could be a crucial step in someone recognising that they needed help, or in finding the motivation to engage with more interactive support options. These findings reinforce prior research suggesting that digital environments can engage hard-to-reach populations, including those reluctant to access face-to-face treatment due to shame or fear of judgment (Lloyd et al., 2025).

Both groups reflected that individuals who were very early on in seeking support and experiencing severe harm, may not always be well-suited to online peer support groups, where intense distress disclosures or discussion of recent gambling could be triggering to other members, or dominate the discussion – echoing risks identified within the literature on online peer support for self-harm (Abou Seif et al., 2022). This reiterates the importance of a portfolio of different support options to meet the differing needs of individuals – including those at different stages of their support and recovery journey.

At later points in the recovery journey, i.e. after a certain period of engagement in online peer support and had elapsed, there were individual differences in whether and to what extent people wanted or needed to continue to engage with online peer support once they were no longer actively experiencing gambling harm. Service providers also varied in their opinion about whether or not online peer support should culminate in attaining independence from online peer support. This is reflective of wider discussions about gambling harm recovery timelines (e.g. Pickering et al., 2020). Many of the individuals with lived experience we spoke to viewed online peer support as an ongoing part of their lives, that might become less essential for their recovery, but which they nevertheless valued the long-term maintenance of. Transitioning from being a 'receiver' to a 'provider' of online peer support was common, and several participants described this as being beneficial to their wellbeing, and central to their identity – again, consistent with findings from the wider

literature on the benefits derived from providing peer support to others (MacLellan et al., 2015).

Most of our participants working in service provision, in fact, had their own lived experience of gambling harm, and they shed light on how complex the role of being a formal 'peer supporter' can be. They emphasised the importance of professional boundaries to protect both peer supporters and clients – something that can present a challenge, as research in other peer support fields has also found (Kinnafick et al., 2025). Participants described how shared experience fosters empathy, which is invaluable within the peer support role, but which also amplifies sense of emotional connection, responsibility, and potential for distress. Support service providers advised that it is critical to be 'ready' before moving to a peer supporter role, in terms of recovery being well-established, and training being in place.

Participants from the group of individuals with lived experience tended to have a slightly different perspective. They did not necessarily believe that provision of support to peers needed to occur at a particular stage of recovery; emphasising the benefits that could be drawn from mutual online peer support at all stages. This can be explained by the fact that service professionals tended to think of providers of peer support as individuals acting within formal (sometimes paid) roles within a support service, whereas the lived experience participants took a broader view of what it was to offer online peer support, including a wide array of informal networks and interactions.

Strengths and limitations of this research

A strength of this study is its in-depth, qualitative approach, which allowed for nuanced insights into the lived experiences of individuals using online peer support. The diversity of voices, including both service users and providers, and including both positive and negative experiences, helps paint a balanced and realistic picture of online peer support. In addition, the inclusion of reflections on an array of different specific platforms is a strength. However, the study also has limitations. There was lack of diversity in terms of ethnicity of participants, meaning the voices of non-white users of online peer support for gambling harms were under-represented in our data. Similarly, the majority of participants were 'middle-aged', with a comparative lack of young and older individuals, meaning experiences of those in these age groups are under-represented. Participants were self-selected and may have been particularly engaged with online peer support because it had aligned well with their own needs and preferences, or may have continued engaging because they did not experience any significant harms or challenges – all of which could bias findings towards more positive accounts. Most of the service providers recruited had lived experience of gambling harms, so their accounts of service users' experiences of online peer support may have been influenced by their own lived experience of online peer support. While this adds depth to their understanding of their clients' experiences, it may have made it more difficult to notice or recall experiences that were different from their own. As with all qualitative research, findings are not intended to be generalised, but rather to offer insight into how online peer support is experienced in specific contexts.

Implications and recommendations

The findings have important implications for service design and policy, and Table 6 summarises key recommendations drawn from this work. These recommendations focus on (i) service design and delivery (e.g. integrating online peer support within gambling support services to complement more formal, professional treatment options, with flexibility and choice over ways of engaging built in to support individual needs and preferences); (ii) safety, safeguarding and moderation (e.g. ensuring protocols are in place for moderation of forums and virtual group meetings, to manage risk and support users in engaging equitably and safely); (iii) training and support of people working in peer supporter roles (e.g. offering training, clear role profiles and boundaries, and supervision); (iv) inclusion and representation (e.g. developing or modifying online support provision to ensure it is accessible and relevant to individuals from under-represented groups); and (v) awareness raising and engagement promotion (e.g. promoting online peer support via relevant organisations to ensure those who may benefit are aware of what it is and how to access it). We acknowledge that not every recommendation will be attainable or appropriate within every context. Some recommendations – such as balancing social connection with recovery work within session planning, where online peer support is already in place - could potentially be implemented without significant cost implications. However, resource availability is a key potential barrier for others – such as creation of new specialised groups or implementation of training programmes for peer supporters. We recommend that policymakers and commissioners of gambling harm support allocate resources to online peer support, given its potential value, while recognising that further research is needed into its economic viability and long-term sustainability.

Online peer support should be recognised as a legitimate and valuable component of the wider support service provision for gambling harm. Its accessibility, immediacy, and ability to connect people with shared lived experience offer unique benefits that complement, rather than compete with, formal services. Platforms where people can connect in real time to share direct messages with small groups of people they come to know well - such as WhatsApp or similar group messaging services - may offer a particularly useful bridge between isolation and engagement, especially for those hesitant to seek formal help. However, these benefits are not guaranteed. The risks associated with unmoderated or poorly managed spaces underscore the need for clear moderation strategies, safeguarding protocols, and platform specific guidance.

Service providers and peer led organisations could benefit from co-developing guidelines with people with lived experience to ensure that peer spaces remain inclusive, supportive, and safe. Further research is needed to explore how best to balance structure with informality, and how different types of moderation (e.g. peer-led vs professional) are perceived. Longitudinal studies could also help identify how individuals move between peer and professional support over time, and what factors shape sustained engagement or dropout. Research into the risks and benefits of acting as a provider of online peer support

is also critical, in order to understand how best to train and support individuals providing this important resource.

Table 6: Summary of recommendations

Service design and delivery

- Work collaboratively with people with lived experience of gambling harm to integrate online peer support, where feasible, as a recognised component of gambling harm support services, complementing professional treatment.
- Offer a range of formats to accommodate different needs, preferences, and accessibility requirements, developed through community feedback.
- Ensure flexibility and user choice so participants can engage at their own pace.
- Include both synchronous and asynchronous engagement options to maximise accessibility and choice.
- Structure group meetings to balance recovery-focused content and social connection.
- Consider timing and scheduling of groups collaboratively with participants to maximise accessibility.
- Provide technical access support – e.g. technical support calls or easy-access guides.

Safety, safeguarding and moderation

- Implement clear moderation guidelines for those working in moderator roles, to reduce exposure to harmful content
- Provide platform-specific safeguarding protocols, including procedures for responding to risk
- Include multiple facilitators for online group sessions wherever feasible – particularly where members are experiencing current high levels of harm
- Actively manage group dynamics to ensure all voices are heard respectfully.
- Establish clear processes for managing group disruption, including how to sensitively remove individuals and ensure they are supported in accessing follow-up support.
- Provide user safety advice tailored to the modality/platform (e.g. how to report inappropriate content).

Peer supporter training and support

- Provide formal training for peer supporters in facilitation skills, safeguarding, and boundaries.
- Offer ongoing supervision and emotional support to reduce risk of burnout and distress.
- Clarify role boundaries to avoid support service user over-reliance on peer supporters.
- Include training on diversity in recovery journeys.

Inclusion and representation

- Develop targeted outreach to underrepresented groups to improve accessibility and cultural relevance.
- Facilitate the creation of specialist groups (e.g., women-only spaces, culturally specific forums).
- Co-design services with people with lived experience from diverse backgrounds.

Awareness and engagement

- Increase promotion of online peer support via relevant gambling harm services, GPs, national helplines, community organisations, and targeted advertising.
- Ensure clear, accessible information about what online peer support involves and how to access it.

Future research

- Conduct longitudinal research to explore how people engage with online peer support over time, including drop-out and re-engagement patterns.
- Compare moderation models (e.g., peer-led vs. professional) to identify best practices for safety, engagement, and effectiveness – ensuring outcome measures reflect lived experience priorities.
- Assess platform-specific risks and benefits to guide service design
- Explore the feasibility and effectiveness of 24/7 online peer support within formalised services, particularly for crisis prevention.

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