

# UNDERSTANDING GAMBLING HARMS IN LGBTQ+ COMMUNITIES

## PHASE 1 AND PHASE 2

Findings from a national survey, a follow up  
online community, and interviews

NOVEMBER 2025



University of Brighton

GambLGBTQ+

switchboard

connecting you to LGBTQ+ support

GambleAware

Advice | Tools | Support

### Suggested citation

Sawyer, A., Zeeman, L., Smith, M., Johnson, H., Sherriff, N. on behalf of GambLGBTQ+ research team (2025). Understanding gambling harms in LGBTQ+ communities: Findings from a national survey, a follow up online community, and interviews. *Brighton: University of Brighton*

## GAMBLGBTQ+

GambLGBTQ+ is a collaboration between the University of Brighton, YouGov, Brighton and Hove LGBT Switchboard, and LGBTQ+ communities, including those with lived experience of gambling harms.

## REPORT CONTRIBUTIONS

This report draws on contributions from a number of organisations:

- University of Brighton: Alexandra Sawyer (she/her), Laetitia Zeeman (she/her), Matt Smith (they/them), Helen Johnson (she/her), Nigel Sherriff (he/him). University of Brighton were GambLGBTQ+ project leads, and for this report wrote the context, conclusions, and recommendations.
- Brighton and Hove LGBT Switchboard: Jane Woodhull (she/her), Jason Saw (he/him), Robert Sainsbury (he/him). Brighton & Hove LGBT Switchboard represented LGBTQ+ community interests during the design of this study and reviewed report content.
- YouGov: Kate Gosschalk (she/her), Sophy Hinchcliffe (she/her), Lois Harmer (she/her), Zöe Chamberlain (she/her), Jack Mackintosh (he/him), Evelina Bondareva (she/her), Stefan Long (he/him), Olivia Sanchez-Torres (she/her), Eleanor White (she/her). YouGov was commissioned to carry out the research and provide analytical input. Their role was focused on data collection and analysis.

## ACKNOWLEDGEMENTS

We thank all the participants who generously shared their time and experiences – their openness and insight have been invaluable to this project. We also thank our Project Steering Group members and the Lived Experience Advisory Panel. A final thanks to all the report reviewers for their constructive feedback, and to Gus Sylvester for her careful proofreading and attention to detail.

This work was funded by GambleAware. GambleAware is the leading independent charity and strategic commissioner of gambling harm education, prevention, early intervention, and treatment across Great Britain. They are dedicated to keeping individuals safe from gambling harms. They work in close collaboration with the NHS, clinicians, local and national government, gambling treatment providers, as well as other mental health services.

For further information please contact the project team: [lgbtqgambling@brighton.ac.uk](mailto:lgbtqgambling@brighton.ac.uk)

### The GambLGBTQ+ research output consists of a series of reports:

- Understanding gambling harms in LGBTQ+ communities: Findings from a national survey, a follow up online community, and interviews (this report).
- Understanding gambling harms in LGBTQ+ communities: Findings from a national survey, a follow up online community, and interviews. Technical report.
- Understanding gambling harms in LGBTQ+ communities: Findings from a photovoice study.

### Lay summaries of these reports are available as follows

- Understanding gambling harms in LGBTQ+ communities. Phase 1 Findings from a national survey.
- Understanding gambling harms in LGBTQ+ communities. Phase 2 Findings from an online community and in-depth interviews.
- Understanding gambling harms in LGBTQ+ communities. Phase 3 Findings from a photovoice study.

### All reports are available in the public domain found here:

GambLGBTQ+ Blog or <https://blogs.brighton.ac.uk/gambling-harms>

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# EXECUTIVE SUMMARY

## OVERVIEW OF THE RESEARCH

This report presents the findings of research conducted within the LGBTQ+ community to understand the gambling behaviour and harms experienced by the community, along with their demand for advice, support and treatment. It looks to explore links between gambling behaviour and other factors such as sense of community, discrimination and abuse, mental health, and other potentially harmful behaviours such as smoking, alcohol use or taking drugs.

The data collection took place between October and December 2024, including an online quantitative survey of 3,038 respondents, a one-week online community with 53 LGBTQ+ people who took part in the survey, and 15 one-to-one in-depth interviews with LGBTQ+ people to explore quantitative findings and initial qualitative findings from the online community further.

## SUMMARY OF FINDINGS

Approximately six in ten (59%) LGBTQ+ people said they had gambled in the past 12 months; this was a slightly lower participation rate than the heterosexual and cisgender population (62%). However, LGBTQ+ people were slightly more likely than heterosexual and cisgender people to be experiencing some level of problems with gambling (Problem Gambling Severity Index: PGSI 1+) (18% LGBTQ+ vs. 15% heterosexual/cisgender), indicating that those who gamble were more likely to experience problems from it. Among the LGBTQ+ population, males identifying as bisexual (PGSI 1+ - 24%) and those from an ethnic minority background (PGSI 1+ - 25%) were more likely to have a PGSI score of 1+.

LGBTQ+ people were no more likely than the heterosexual and cisgender population to be experiencing high levels of gambling harm (PGSI 8+ - both 3%).

Gambling affects not only the person who gambles, but also others around them. Just under half (47%) of LGBTQ+ respondents said they have someone close to them who gambles. One in nine (11%) LGBTQ+ adult respondents have a close relationship with someone who gambles and have experienced a negative impact from this person's gambling – that is, are classified as 'affected others' for the purpose of this research. The chance of making money (47%) was the most common reason LGBTQ+ people who gamble cited for taking part in it, though around a third (32%) reported doing so for fun or excitement. A small proportion (4%) said they gamble due to feeling depressed or anxious; transgender or non-binary people were more than twice as likely to mention this (9%). Adverse life circumstances and early exposure to gambling were also seen as prominent factors in leading individuals to gamble, either to cope with financial or emotional strains, or due to habits and traditions developed with family members from early childhood. Those uncomfortable with their LGBTQ+ identity in Great Britain (GB) were more likely to be experiencing any level of gambling problems (PGSI 1+ - 26% vs. 16%), with transgender and non-binary individuals facing particular vulnerabilities.

LGBTQ+ people experiencing problems from their gambling reported a range of negative impacts. Among LGBTQ+ people experiencing 'problem gambling' (PGSI 8+), around four in five reported they had lied to hide the extent of their gambling (84%), used savings or borrowed money (80%), felt isolated (79%) or needed to reduce everyday spending (77%). Sizeable minorities reported the loss of something financially valuable (29%), a breakdown of close relationships (23%), committing a crime to finance gambling or pay debts (16%), or violence/abuse (12%).

Most respondents in the qualitative community felt that challenges linked to being LGBTQ+ (such as stigma and discrimination) had not directly impacted their gambling. Many cited other factors like financial or mental health as more significant. However, some described a more complex, intersectional relationship, where experiences of discrimination, poor mental health, and a desire to escape reality may have influenced their gambling. The survey also reveals intersections between gambling problems and other risk behaviours, with higher PGSI scores linked to worse mental health, smoking, drinking, and drug use, suggesting these behaviours serve similar escapist functions.

Demand exists for advice, support and treatment for cutting down gambling among the LGBTQ+ population. Among those experiencing any level of problems from their gambling (PGSI score of 1+), around one in four (24%) reported wanting advice, support or treatment, with a similar proportion (26%) having accessed some in the past year. Regardless of whether respondents in the qualitative phase saw links between their gambling and their LGBTQ+ identity, they mostly felt that making LGBTQ+ specific treatment and support services available would be a positive step towards helping LGBTQ+ people who gamble. Respondents said that LGBTQ+ services like this would make people feel more comfortable sharing their experiences and provide a sense of community, while addressing the specificities of being LGBTQ+ and experiencing gambling harms.

In the qualitative research, respondents advocated for stronger regulatory measures, including enhanced affordability checks (financial assessments conducted by gambling operators to determine whether a player can comfortably afford their level of gambling), stricter self-exclusion systems (processes where players can ask a gambling operator to exclude them from gambling on their site for a set length of time), improved age verification, and more restrictive advertising regulations to better protect minority populations from developing problematic gambling relationships.

# TERMINOLOGY AND DEFINITIONS

## GAMBLING-SPECIFIC TERMINOLOGY

Table 1 gives an overview of some of the key gambling-related terms used in reports and/or the wider literature.

Table 1. Key gambling-related terms used in project reports and/or the wider literature

Gambling harms	The preferred term within gambling research, ‘gambling harms’ refers to any adverse impacts that may arise from gambling causing problems or distress to the person and/or those around them.
The Problem Gambling Severity Index (PGSI) <sup>1</sup>	The Problem Gambling Severity Index is a survey tool commonly used as a proxy for assessing risk of problem gambling, by measuring endorsement of a series of statements relating to behaviours that indicate risks of harmful gambling. A score is then allocated to an individual based on their response to these statements, including “no risk”, “low risk”, “moderate risk” and “high risk”.
‘Problem gambling’	Refers to a PGSI score of 8 or over, indicating that those who gamble will likely experience ‘negative consequences’ and ‘a possible loss of control’. The term is considered stigmatising and will only be used in reference to the PGSI (see Walsh et al., n.d.).
Affected others	For the purpose of this report, affected others are defined as those who know someone close to them who gambles, even if only occasionally, and have experienced some negative impact from this gambling. However, this differs from the definition used within GambleAware’s Treatment and Support research where affected others are those negatively affected by the gambling of someone else (a less broad definition).

## SEXUAL ORIENTATION, GENDER IDENTITY, AND GENDER EXPRESSION TERMINOLOGY

This report uses the LGBTQ+ acronym while fully acknowledging the existence of diverse identities within the groups it represents. It is also understood that self-determination is central to the human rights protection of people considering themselves lesbian, gay, bisexual, transgender or queer, and that no fixed identities should be derived from this acronym. Table 2 gives an overview of some of the key terms used in this report and/or the wider literature.

1 The Gambling Commission: ‘Problem gambling screens’ (link [here](#))

Table 2. Sexual orientation and gender identity-related terms used in project reports and/or the wider literature

<b>Cisgender</b>	Sometimes abbreviated to 'cis', this term refers to those whose gender identity matches the sex they were assigned at birth, i.e. encapsulating those who do not identify as trans, gender variant, or non-binary.
<b>Gender</b>	Refers to people's perception and experience of maleness and femaleness, and the social construction that allocates certain behaviours into male and female roles. Also, may include non-binary gender for those who fall outside of a male/female binary.
<b>Sex</b>	Refers to two categories in which people are typically divided on the basis of chromosomes and reproductive anatomy. Typically assigned at birth, it is not always aligned with a person's gender.
<b>Gender expression</b>	Refers to people's manifestation of their gender identity, for example, the choices people make around presentation and style of clothing. Typically, people seek to make their gender expression or presentation match their gender identity/identities, irrespective of the sex that they were assigned at birth.
<b>Gender identity</b>	Refers to each person's internal and individual experience of gender, which may or may not correspond with the sex they were assigned at birth.
<b>Gender reassignment</b>	Also known as gender confirmation, this refers to the ways in which trans people align their physical bodies with their internal sense of self. This process may, but does not have to, involve medical assistance including hormone therapies and any surgical procedures that trans people undergo to align their body with their gender.
<b>Heteronormativity</b>	Refers to the set of beliefs and practices that maintain opposite sex attraction as a norm. It implies that heterosexuality is the only conceivable sexual orientation and the only way of being 'normal'.
<b>Intersex or VSC</b>	Intersex is used in this report as an umbrella term to denote a number of different variations in a person's bodily characteristics that do not match strict medical definitions of male or female. These characteristics may be chromosomal, hormonal, and/or anatomical and may be present to differing degrees. Many variants of sex characteristics (VSC) are immediately detected at birth, or even before. Sometimes these variants become evident only at later stages in life, often during puberty.
<b>LGBTQ+</b>	An umbrella term referring to people who identify as lesbian, gay, bisexual, trans, queer, non-binary, and other communities including those who are intersex and asexual.
<b>Sexual orientation</b>	Refers to each person's capacity for profound affection, emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.
<b>Trans</b>	Is an inclusive term referring to those whose gender identity and/or a gender expression differs from the sex they were assigned at birth. It includes but is not limited to: Trans women (women assigned 'male' at birth); trans men (men assigned 'female' at birth); non-binary (who identify outside of the male/female binary); those who cross-dress; and a range of identities including androgyne, polygender, genderqueer, agender, transgender, or gender variant.



## PROBLEM GAMBLING SEVERITY INDEX (PGSI) SCORE

Throughout the report the data is analysed by PGSI score, a commonly used measure of gambling related problems.<sup>2</sup> The PGSI scale consists of nine items ranging from ‘chasing losses’ to ‘gambling causing health problems’ to ‘feeling guilty about gambling’. Each item was assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item were given the following scores: never = 0; sometimes = 1; most of the time = 2; almost always = 3. When scores for each item were summed, a total score ranging from 0 to 27 was possible.

Respondents were placed into the categories listed in Table 3 according to their score on the PGSI scale. The report uses non-reductive language to describe these groups to reduce stigmatising labels, following GambleAware’s latest guidance on language to reduce stigma (Walsh et al., n.d.).

**Table 3. PGSI score categories**

Category	PGSI score
Person experiencing no reported gambling problems	0
Person experiencing low level of problems with gambling	1-2
Person experiencing moderate level of problems with gambling	3-7
Person experiencing ‘problem gambling’	8+
Person who is experiencing any level of problems with gambling	1+

## REFERRING TO THE LGBTQ+ COMMUNITY

The LGBTQ+ community has been analysed by sexual orientation and gender identity. Respondents have been categorised on a self-selecting basis – that is, they identified themselves within the survey questions. This survey followed the questions asked in the 2021 census directly (which were also used to weight the data).<sup>3</sup> Respondents were asked what best describes their sexual orientation and as such have been analysed as ‘gay or lesbian people’, ‘bisexual people’, and ‘people of another sexual orientation’.

To gather gender identity, respondents were asked how they were described at birth and if their current gender identity is the same as their sex registered at birth. They were then prompted to share their identity if not the same as assigned at birth. Respondents who told us they do not have the same gender identity as registered at birth are referred to throughout this report as ‘transgender and non-binary people’. This report also refers to ‘intersex people’, those who reported being intersex or having a variation of sex characteristics.

Respondents have been disaggregated as female identifying as gay or lesbian and male identifying as gay or lesbian (and the same for those identifying as bisexual). This has been disaggregated using the same method as the 2021 census, by using the respondent’s sex at birth.

This report should be read in conjunction with the Understanding gambling harms in LGBTQ+ communities technical report found here: **GambLGBTQ+ Blog**<sup>4</sup>

<sup>2</sup> The Gambling Commission: ‘Problem gambling screens’ (link [here](#))

<sup>3</sup> Office for National Statistics: ‘Household questionnaire’ (link [here](#))

<sup>4</sup> The GambLGBTQ+ Blog URL follows here: <https://blogs.brighton.ac.uk/gambling-harms/dissemination/>

# BACKGROUND AND METHODOLOGY

## CONTEXTUAL BACKGROUND

Gambling is of increasing importance in discussions regarding public health, as well as in popular discourse, arguably gaining attention due to accessibility of gambling, technological developments, and the ubiquity of gambling and gambling advertising in the UK. While it is possible to gamble without adverse effects, gambling and the associated harms are a global public health concern.

LGBTQ+ people are well documented as experiencing more health inequalities than their heterosexual and cisgender peers, including both physical and mental health inequalities, as well as inequalities in access to care (e.g. McDermott et al., 2021; Reisner et al., 2016; Sherriff et al., 2019; Zeeman et al., 2019). This can be a result of a range of intersecting factors including cultural and social norms, minority stress, and victimisation, discrimination and abuse towards LGBTQ+ people.<sup>5</sup> Efforts to address these inequalities should look to address these intersecting factors in a whole systems approach.<sup>6</sup>

The 'moral panic' concerning transgender and non-binary lives in the UK has deleterious consequences for their health and wellbeing (Connolly et al., 2025; Hines, 2020). Narratives about gender and identity in UK media are increasingly polarised, with a notable decrease in tolerance for transgender and non-binary people (Billard, 2023; Clery, 2023; Smith, 2025). Transgender and non-binary people are increasingly the subject of newspaper articles, television debates, parliamentary debates, and legal battles (Duffy, 2025; Pearce et al., 2020). Most recently the UK supreme court ruled that the terms "woman" and "sex" in the UK Equality Act refer only to a biological woman and biological sex and exclude transgender women with a Gender Recognition Certificate (Holt, 2025). With this in mind, promoting the health of these communities and focussing attention on their needs and rights is more pertinent now than ever before.

Despite the health inequalities faced by LGBTQ+ people, there is limited research available on the experiences of gambling and gambling harms in this community (Zeeman et al., 2025). The research that is available reports mixed findings around the prevalence of gambling harms amongst LGBTQ+ populations (Bailey et al., 2023). In particular, existing research often has relatively limited sample sizes which can be unrepresentative and location-specific, limiting generalisability to other contexts and populations. There is also little published qualitative research on the lived experience of LGBTQ+ people experiencing gambling harms.

This research aims to fill in some of the gaps in this limited research pool. The report presents the findings of quantitative and qualitative work conducted within the LGBTQ+ community to understand the gambling behaviour and harms experienced by the community, along with their demand for advice, support, and treatment. This study also looks to explore correlations between gambling behaviour and other factors such as a sense of community, discrimination and abuse, mental health, and other potentially harmful behaviours such as smoking, alcohol use, or taking drugs.

**GambLGBTQ+** is a research programme aimed at exploring gambling behaviours, experiences, and impacts within LGBTQ+ communities in Great Britain. This report presents the findings from the first two phases of the GambLGBTQ+ research project. To provide context for these findings, we begin with an overview of the programme's scope, objectives, and methodology.

<sup>5</sup> Minority stress refers to the unique and chronic stress experienced by members of stigmatised minority groups due to their social status. This stress arises from factors like prejudice, discrimination and internalised negative attitudes, leading to poor mental and physical health outcomes.

<sup>6</sup> A whole systems approach applies systems thinking to collaboratively understand and address complex issues by engaging a broad range of stakeholders, such as communities, health organisations, and local councils.

This study used a sequential explanatory mixed-method design to explore gambling in LGBTQ+ communities in Great Britain. **Phase 1** was a nationally representative survey of gambling and gambling harms in LGBTQ+ communities in Great Britain. Phase 2 and 3 provide in-depth insight into the lived experience of gambling harms in LGBTQ+ communities. **Phase 2** involved a follow-up online community and interviews with respondents from the national survey. **Phase 3** involved targeted community outreach via photovoice action research (a qualitative method that uses photography and interviews as a way for respondents to represent and reflect on what is of importance for them), to understand gambling and gambling harms in LGBTQ+ people from intersecting marginalised communities. **Phase 4** involved a stakeholder consultation and dissemination event to inform service recommendations.

## Overview of research aims (Phase 1 and Phase 2)

The research aims are outlined below:

- Establish the prevalence of gambling and gambling harms amongst LGBTQ+ communities in Great Britain, and amongst different groups within the LGBTQ+ umbrella. Compare this prevalence to the heterosexual and cisgender population in GambleAware's Treatment and Support research.
- Understand the wider impacts of gambling for LGBTQ+ people (e.g. financial harm, negative impact on relationships and work). Specifically in the qualitative research, drawing out the lived experiences of gambling harms in LGBTQ+ people.
- Explore the risk factors associated with gambling harms and the protective factors against gambling harms among LGBTQ+ people.
- Understand the impact of victimisation and discrimination on gambling behaviours among LGBTQ+ people.
- Explore engagement with gambling harm prevention support and treatment services.

## METHODOLOGY

This project used a mixed methodology (i.e. collecting and merging quantitative and qualitative data). This allowed us to develop a more complete understanding of the experiences of LGBTQ+ people and their gambling behaviour.

This study consisted of an online quantitative survey of 3,038 respondents. It also included several qualitative elements, comprised of 1) cognitive interviews with 15 people to test survey design, 2) a one-week online community with 53 LGBTQ+ people who took part in the survey, followed by 3) 15 one-to-one in-depth interviews with LGBTQ+ people to explore quantitative findings and initial qualitative findings from the online community further. The survey took place in October and November 2024, followed by the online community in November 2024 and the in-depth interviews in December 2024.

This research was informed by a LEAP (lived experience advisory panel) and a PSG (project steering group). Both of whom helped to inform the questionnaire and discussion guide development.

All phases of the research adhered to high ethical standards, with Tier 2 CREC approval from the University of Brighton. The University of Brighton's Cross-School Research Ethics Committee C (CREC-C) reviewed and approved the survey (Ref: 2024-14173-Sawyer) and the Cross-School Research Ethics Committee A (CREC-A) reviewed and approved the follow-up qualitative components including the online community and in-depth interviews (Ref:2024-14321-Zeeman).

## Quantitative survey method

This survey was conducted using YouGov's online panel, consisting of 400,000 active panel members who have signed up to do surveys in the UK, with respondents contacted by email. The survey was tested using 15 cognitive interviews with LGBTQ+ people before the survey was launched (11 who gamble and 4 who do not). After cognitive testing, the survey was then piloted to a smaller sample of 100 to ensure all questions were appropriate and well understood. The final sample size is 3,038 LGBTQ+ adults in GB. The sample is weighted to be representative of all LGBTQ+ adults aged 18+ by sexual orientation, gender identity, age, region, and education level (see appendix for achieved and weighted samples). Fieldwork for the survey was conducted between 10th October and 6th November 2024.

Throughout the report, significance testing is done to the 95% confidence level, and any difference is indicated by either a green (statistically significantly higher) or red arrow (statistically significantly lower) on charts. The margin of error for this project is +/- 2%.

## Qualitative online community

Throughout the report, quantitative survey data is accompanied by interpretive insights and quotations from the qualitative data. Following the survey, YouGov invited 53 respondents from the quantitative survey to take part in a one-week online community from the 18th to 29th November 2024 to understand their experiences as LGBTQ+ people, and their experiences with gambling. Respondents who opted into the qualitative research during the survey were selected to reflect a range of GB regions, age groups, sexual identities, genders, ethnicities, and social grades. We ensured diversity in experience of gambling activities and gambling harm levels, and in the usage of advice, support, and treatment.

The online community enabled respondents to share written responses to pre-programmed creative tasks (questions designed collaboratively by the YouGov and University of Brighton team) on an online platform, providing in-depth historic and day-to-day insights into their lived experiences. All respondents in the online community were asked to complete questions on a variety of topics, including their experiences of and attitudes towards gambling, their experience of being LGBTQ+ in GB, their mental health, their views on how best to protect people against gambling harms, and their experience of accessing gambling-related treatment and support.

## Qualitative in-depth interviews

Once researchers at YouGov, the University of Brighton and Brighton and Hove LGBT Switchboard had reviewed findings from the online community and assessed research gaps, a discussion guide was developed for one-to-one in-depth interviews. From the online community, 15 respondents were invited to take part in a 45–60-minute telephone or Zoom interview between the 9th and 19th December 2024, to discuss their experiences further and reflect on the online community research experience. Respondents who provided particularly detailed responses in the online community were prioritised for invitation to the in-depth interview stage, and were selected to reflect a wide range of demographic backgrounds. Only those with experience of gambling were invited to take part in the follow-up interviews, with a view to gain a deeper understanding of their personal experiences with gambling and support seeking. Likewise, it felt important to include respondents who had cited a variety of motivations to gamble, and to delve deeper into the experiences of those who had reported experiencing stigma and discrimination as a result of being LGBTQ+.

In line with the Market Research Society (MRS) Code of Conduct, respondents in both qualitative research phases were remunerated for their time: a £90 retail voucher for participation in the online community, and a £30 retail voucher for participation in an in-depth interview. Respondents were signposted towards relevant support services where needed throughout the online community, and at the end of the in-depth interview. More information is included in the technical report available here:

<https://blogs.brighton.ac.uk/gambling-harms/dissemination/>

The qualitative data from the community and in-depth interviews were analysed using inductive thematic analysis, which involves establishing categories and then identifying systematic links between them. All text was cross-referenced with respondents' demographic and background information, allowing responses to be understood within the context of respondent demographics. The thematic analysis was undertaken by four researchers who conducted the fieldwork, to enable a deeper and more nuanced understanding of the data (Ahmed et al., 2025). Another senior member of the team reviewed the key themes and structure to provide an additional perspective on coherence.

### **Comparisons with the heterosexual and cisgender sample**

Comparisons of gambling prevalence, PGSI scores and usage/demand for advice, support and treatment are made with the 2024 Annual Treatment and Support Survey conducted by YouGov on behalf of GambleAware (Gosschalk et al., 2025). These comparisons are for adults who are both heterosexual and cisgender (n=15,008). This annual survey, comprised of a total of nearly n=18,000 adults, explores gambling behaviours, as well as demand and usage of advice, support and treatment for gambling.

# GAMBLING PREVALENCE IN LGBTQ+ COMMUNITIES

## KEY FINDINGS

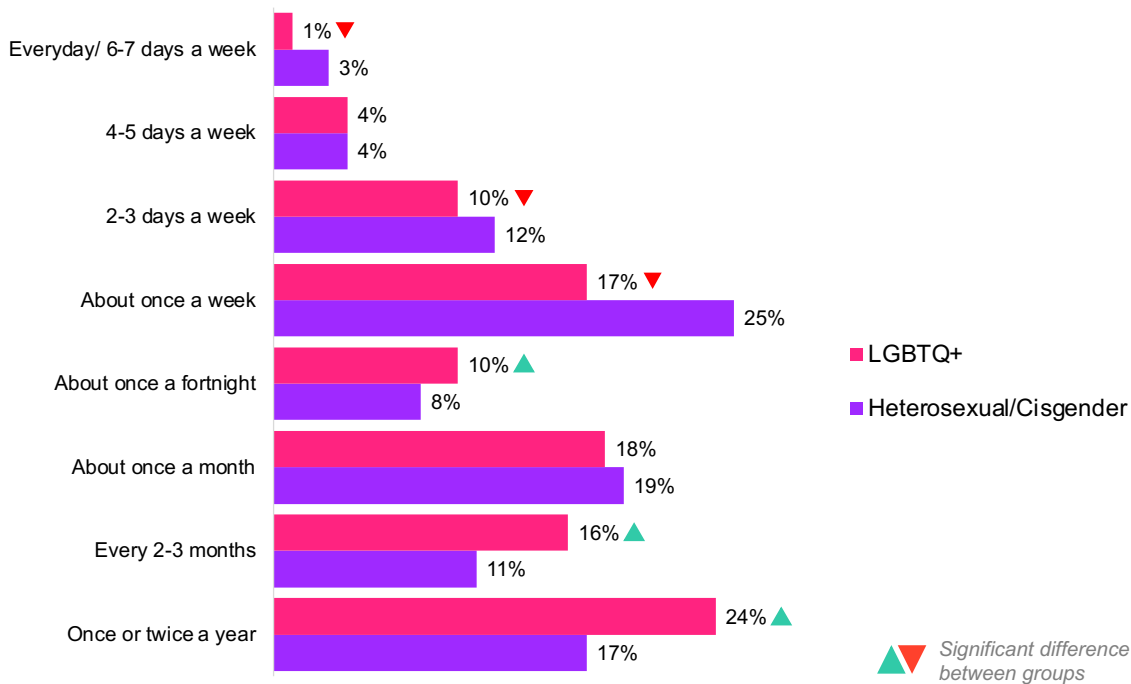
- Approximately six in ten (59%) LGBTQ+ people have participated in gambling activities in the past year, slightly fewer than the heterosexual and cisgender population (62%).
- However, LGBTQ+ people were more likely to be experiencing any levels of problems with gambling (PGSI 1+) compared to heterosexual and cisgender people (18% vs. 15%).
- While males identifying as gay or lesbian were the most likely to have recently participated in gambling activities (69%), they were no more likely than all LGBTQ+ people to be experiencing any levels of problems with gambling (both PGSI 1+: 18%).
- Although LGBTQ+ people from an ethnic minority background were more likely to be non-gamblers (50%) than their white counterparts (39%), they were more likely to be categorised as experiencing any levels of problems with gambling (PGSI 1+) (25% vs. 16% white). This is driven by this group being three times as likely as white LGBTQ+ people to be experiencing 'problem gambling' (PGSI 8+: 9% vs. 3%).
- Similarly, although gambling prevalence in the last year among males identifying as bisexual (60%) is comparable to all LGBTQ+ adults (59%), they are more likely to be experiencing any levels of problems with gambling (PGSI 1+: 24%). This is driven by a higher proportion who are experiencing 'problem gambling' (PGSI 8+: 6%).

## GAMBLING PARTICIPATION

Overall, around six in ten (59%) LGBTQ+ people reported participating in gambling activities in the past 12 months, which was slightly lower than the prevalence among people who are heterosexual and cisgender (62%). Looking at differences across sexual orientation, males identifying as gay or lesbian were the most likely to have recently participated in gambling activities (69%), while females identifying as bisexual (54%) or females identifying as another sexual orientation (42%) were less likely to have recently participated compared with all LGBTQ+ adults. Those who are transgender or non-binary (56%) were less likely than those who are heterosexual and cisgender to have participated, while those who identify as intersex were more likely (80%).

When asked about how often LGBTQ+ people who gamble spend money on gambling activities, around a third (32%) said they did so at least weekly, while six in ten (60%) reportedly did so at least monthly. Six percent said they gamble four to seven days per week. Overall, heterosexual and cisgender people who gamble reported gambling more frequently than LGBTQ+ people. For example, 44% of heterosexual and cisgender people who gamble said they do so at least weekly, compared to around a third (32%) of LGBTQ+ people who gamble. A similar pattern emerges when looking at those who gamble at least monthly (72% heterosexual/cisgender vs. 60% LGBTQ+).

**Figure 1. Frequency of gambling (LGBTQ+ people who gamble vs. heterosexual/cisgender people who gamble)**

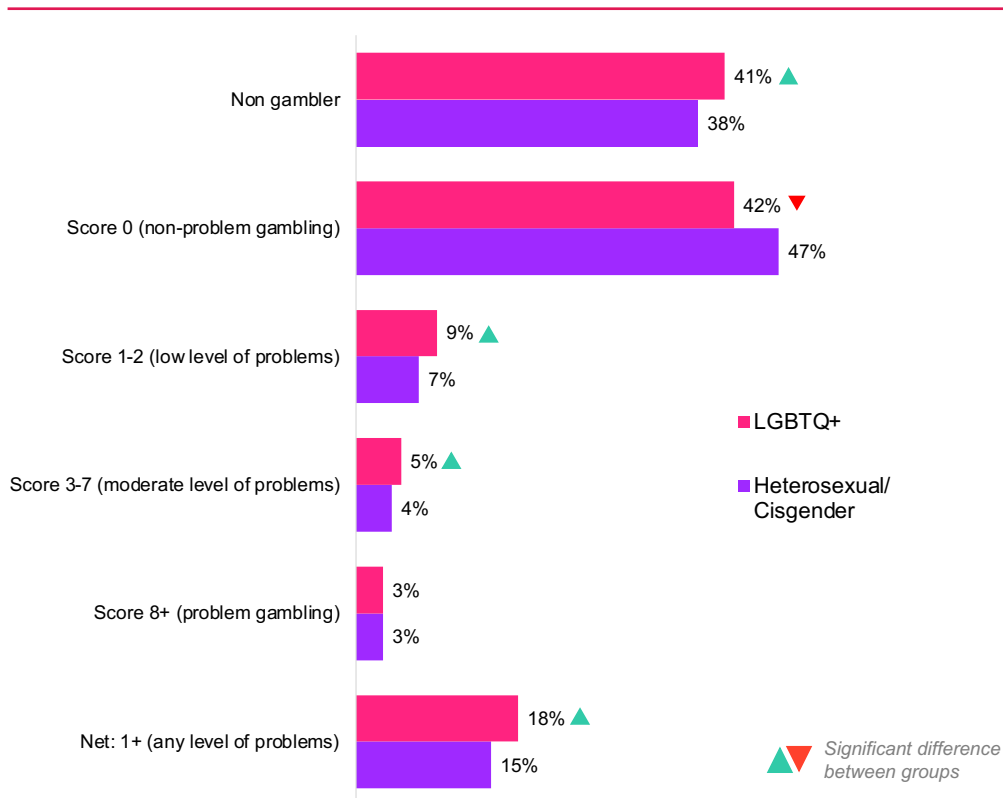


P2\_Q4. Thinking about all the gambling activities covered in the previous questions, would you say you spend money on these activities...

Base: All people who gambled in the past four weeks (LGBTQ+: n=1,832; heterosexual/cisgender: n=9,338)

The survey also examined problems from gambling experienced by LGBTQ+ people using their PGSI score. Overall, 18% of LGBTQ+ people were categorised as experiencing any level of problems with gambling (PGSI 1+), which is higher than heterosexual and cisgender people (15%). This was driven by those who were categorised as PGSI score 1-2 (indicating a low level of problems with gambling) and PGSI score 3-7 (indicating a moderate level of problems with gambling); and there were not notable differences for those categorised as PGSI 8+ (experiencing 'problem gambling'). This indicates that while a smaller proportion of LGBTQ+ people reported participating in gambling, those that did were more likely to be doing so at low to moderate problem levels.



Figure 2. PGSI score (LGBTQ+ people vs. heterosexual/cisgender people)<sup>7</sup>

PGSI\_score. Base: All LGBTQ+ (n=3,038); all heterosexual/cisgender people (n=15,008)

Among LGBTQ+ people, transgender and non-binary people were more likely than all LGBTQ+ adults to be categorised as experiencing low levels of problems with gambling (PGSI 1-2: 13% vs. 9%). Intersex people were also more likely than all LGBTQ+ people to be experiencing any levels of problems (PGSI 1+: 54%), driven by those experiencing moderate levels of problems (PGSI 3-7: 12%) and 'problem gambling' (PGSI 8+: 33%).<sup>8</sup>

Turning to look at sexual orientation, males identifying as gay or lesbian were more likely than all LGBTQ+ adults to be experiencing no reported gambling problems (PGSI 0: 51%). Females identifying as bisexual were more likely than all LGBTQ+ adults to be non-gamblers (46%), while males identifying as bisexual were more likely to be categorised as experiencing any levels of problems (PGSI 1+: 24%), driven by those experiencing moderate levels of problems with gambling (PGSI 3-7: 7%) and 'problem gambling' (PGSI 8+: 6%). Further analysis of gambling prevalence at the intersection of gender identity and sexual orientation will be explored in future outputs.

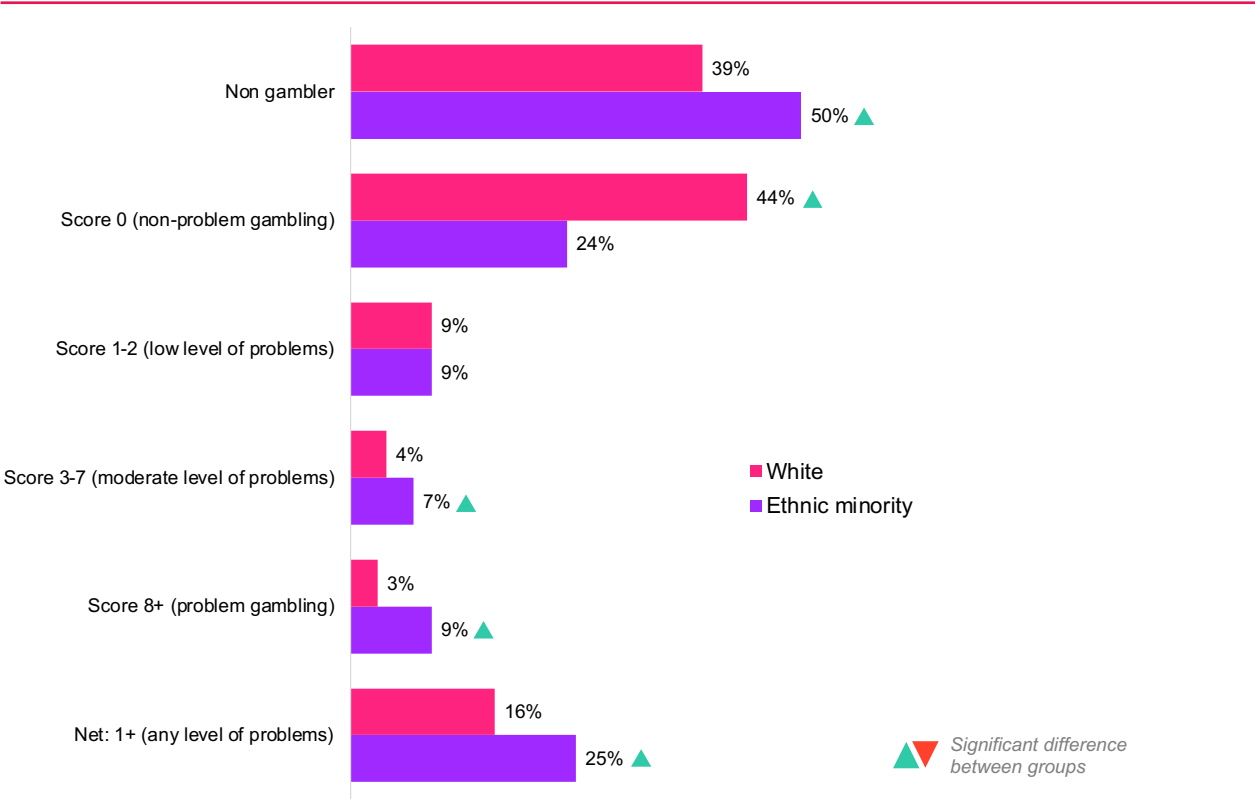
Looking to ethnicity, LGBTQ+ people from an ethnic minority background were more likely to be non-gamblers (50%) than their white counterparts (39%). That said, white LGBTQ+ people were more likely to be gambling at non-problem levels (PGSI score 0) compared to those from an ethnic minority background (44% vs. 24%). Additionally, LGBTQ+ people from an ethnic minority background were more likely to be categorised as experiencing any levels of problems with gambling (PGSI 1+) compared to those from a white ethnic background (25% vs. 16%). The majority of this difference is accounted for by this group being more likely than white LGBTQ+ people to be categorised as experiencing moderate levels of problems with gambling (PGSI 3-7: 7% vs. 4%), and three times as likely to be experiencing 'problem gambling' (PGSI 8+: 9% vs. 3%).

<sup>7</sup> In the charts, the arrows show statistical significance testing where a green arrow means a figure is higher and a red arrow means a figure is lower. For example, the chart shows that LGBTQ+ people are more likely to have a PGSI score of 1+ than heterosexual/cisgender people and this difference is statistically significant.

<sup>8</sup> Note the base size for intersex people is low (n=72). Analysis should be considered indicative only.



Figure 3. PGSI score among LGBTQ+ people (by ethnicity)



PGSI\_score. Base: All LGBTQ+ (n=3,038); all heterosexual/cisgender people (n=15,008)

The table below shows the proportion of each group classified as experiencing any level of problems (PGSI 1+) or 'problem gambling' (PGSI 8+), as well as their overall prevalence of gambling.

**Table 4. Prevalence of gambling and PGSI score by various demographics**

Note from 'sex' onwards, the figures in this table refer to the LGBTQ+ populations

Demographic	% who gamble	PGSI 1+	PGSI 8+
Overall			
LGBTQ+ sample	59%	18%	3%
Heterosexual & cisgender sample	62%	15%	3%
Demographic (among all LGBTQ+ adults)	% who gamble	PGSI 1+	PGSI 8+
Sex			
Male	65%	20%	4%
Female	53%	14%	2%
Intersex or VSC <sup>9</sup>	80%	54%	33%
Sexual orientation and sex at birth			
Female identifying as gay or lesbian	59%	16%	2%
Male identifying as gay or lesbian	69%	18%	3%
Female identifying as bisexual	54%	14%	2%
Male identifying as bisexual	60%	24%	6%
Female identifying as another sexual orientation	42%	10%	2%
Male identifying as another sexual orientation	54%	23%	3%
Gender identity			
Cisgender	60%	17%	4%
Trans, non-binary or other gender	55%	20%	2%
Gender identity and sexual orientation			
Cisgender women identifying as gay or lesbian	59%	16%	3%
Cisgender men identifying as gay or lesbian	69%	18%	3%
Trans/non-binary people identifying as gay or lesbian	60%	22%	2%
Cisgender women identifying as bisexual	55%	13%	2%

<sup>9</sup> Note the base size for intersex people is low (n=72). Analysis should be considered indicative only. VSC stands for variations in sex characteristics. Some people are labelled male or female at birth, but some are born with physical differences in sex anatomy, reproductive organs, chromosomes, and/or hormone function that do not fit typical expectations. These differences are known as variations in sex characteristics, differences in sex development, intersex traits, or sometimes by specific medical terms (like Congenital Adrenal Hyperplasia or Androgen Insensitivity Syndrome).

Gender identity and sexual orientation (continued)			
Cisgender men identifying as bisexual	60%	26%	8%
Trans/non-binary people identifying as bisexual	56%	20%	3%
Cisgender women identifying as another sexual orientation	43%	11%	2%
Cisgender men identifying as another sexual orientation	53%	20%	4%
Trans/non-binary people identifying as another sexual orientation	46%	21%	1%
Ethnicity			
White ethnic background	61%	16%	3%
Ethnic minority background	50%	25%	9%
Age			
18-34	52%	19%	5%
35-54	68%	17%	3%
55+	72%	11%	1%

## GAMBLING BEHAVIOURS

### KEY FINDINGS

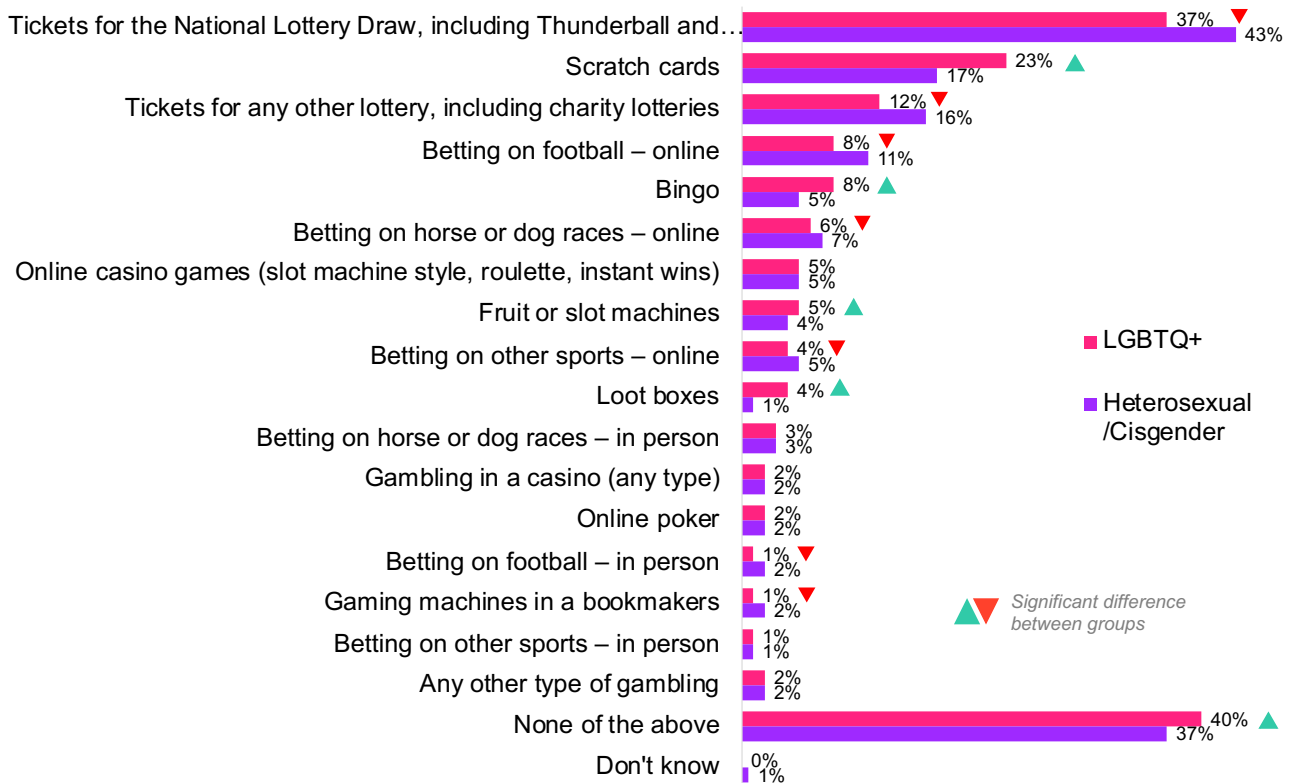
- In the past 12 months, the most common gambling activities among LGBTQ+ people were buying National Lottery tickets (37%), followed by almost a quarter (23%) who bought scratch cards.
- LGBTQ+ people were more likely than heterosexual/cisgender people to have bought scratch cards (23% vs.17%), played bingo (8% vs.5%), used fruit and slot machines (5% vs.4%), and purchased loot boxes (4% vs.1%).
- In the qualitative research LGBTQ+ people reported that online gambling provided protection from potential scrutiny and allowed them to avoid the impact of being 'out' in public spaces, and some reported in-person gambling restricting their behaviour as a consequence of judgement or social pressure.
- Most commonly LGBTQ+ people gamble for the chance of making money (47%) and winning big (45%). Transgender, non-binary or people of another gender who gamble were more than twice as likely than all LGBTQ+ adults to cite doing so because of feelings of depression/anxiety (9% vs.4%).

### APPROACH TO GAMBLING

The most common gambling activity that LGBTQ+ people reported participating in over the past 12 months was purchasing National Lottery tickets online (37%), followed by almost a quarter (23%) who bought scratch cards, and 12% who cited buying other types of lottery tickets.

In comparison to heterosexual and cisgender people, LGBTQ+ people were more likely to have bought scratch cards (23% vs. 17%), played bingo (8% vs. 5%), used fruit and slot machines (5% vs. 4%) and purchased loot boxes (4% vs. 1%). However, they were less likely to have spent money on other gambling activities such as lottery tickets – whether National Lottery (37% vs. 43%) or other lottery tickets (12% vs. 16%) – and online betting on football (8% vs. 11%).

Figure 4. Prevalence of gambling in the past 12 months (LGBTQ+ people vs. straight/cisgender people)



Q1. Which, if any, of these have you spent money on in the past 12 months? Please tick all that apply.  
 Base: All LGBTQ+ (n=3,038); all heterosexual/cisgender people (n=15,008)

Generally online gambling was more prevalent than land-based gambling among LGBTQ+ people. For example, 8% reported betting on football online vs. 1% who did so in person, and a similar pattern emerged for betting on horse/dog races (6% online vs. 3% in person), other sports (4% vs. 1%), and casino games (5% vs. 2%).

LGBTQ+ people who participated in the qualitative phase of research emphasised their preference for gambling online, due to the perceived convenience and ease of access, but also the lack of social judgement and privacy concerns when compared to land-based gambling.

*“When you’re online you get your own privacy, you get the freedom to do what you want without eyes on you.” (34, Trans woman, Bisexual, A person who gambles, PGSI – 7, In-depth interview)*

*“[My main form of gambling is...] Online gambling, I prefer this because it’s much more convenient and can be done from anywhere and at any time.” (31, Male, Gay, A person who gambles + affected other, PGSI – 18, Online community)*

Land-based gambling was an area where some respondents felt they could be subjected to scrutiny. Some reported restricting their behaviour as a consequence of judgement or social pressure when participating in land-based gambling.

*“When I started [gambling] it was more in-person stuff, which actually was easier to manage because I’d be buying that in the shop and I’d have to go in... I wouldn’t want them to think I’m buying way too much... Whereas, online you don’t have that kind of, I don’t know. Shame?”* (21, Female, Lesbian, A person who gambles, PGSI – 6, In-depth interview)

Within the online gambling space, respondents used a mixture of apps and websites. Apps were attributed to an even more elevated feeling of convenience and ease, which was viewed as both a positive and negative thing. On the one hand, apps felt reliable and accessible, but on the other hand they felt more “tempting” and harder to exercise control over. Many respondents cited their gambling behaviour escalating as a consequence of app use, and deleting apps was a common measure taken to reduce overall gambling.

*“I did have the National Lottery app... I deleted it because I was like, ‘This is too easy’ ”* (42, Female, Lesbian, A person who gambles, PGSI – 2, In-depth interview)

The overall sensory experience and perceived greater chance of ‘winning big’ was described as a significant driver of online gambling, leading respondents to gambling types such as online games, slots, and casinos. Respondents mentioned the ‘tiny chance you might win big’ from a small bet, which kept them engaged despite feeling the odds were against them.

*“I also use online slots on different casino websites, I enjoy the thrill of the spins and the excitement that in a single win you can win a huge amount of money.”* (32, Male, Gay, A person who gambles, PGSI – 22, Online community)

Generally, respondents were struggling to reconcile a feeling that they are participating in a system that is ‘rigged’ against them, whilst still trying to ‘strategise’ their way to a win. This point is evidenced in the below quote but can also be found in an edited thematic video produced alongside this report output, located here: <https://blogs.brighton.ac.uk/gambling-harms/dissemination/>

*“I know that the house always wins, but there is always that chance, so it is appealing. I’ve learned the hard way that it’s not a viable way of increasing wealth at all.”* (37, Male, Bisexual, A person who gambles, PGSI – 23, In-depth interview)

Alongside this, the similarity of online gambling to gaming was cited as an appealing driver, with colourful lights and whimsical game design. There was an intuitive link between gambling and gaming more broadly – some respondents talked about moving over to games as a distraction from gambling, as a satisfying alternative. However, there was still the opportunity to overspend through in-game purchases, reflecting a wider financial and spending struggle experienced by some within the qualitative sample.

*“[On Pokémon Go] I’m like, ‘Oh, I can spend this. It’s only £1.79.’ And then, you look through your transactions for the past 2 weeks, and it’s like, ‘Oh, I’ve spent £50.’ Even though when you look at the £50 package, you’re like, ‘That’s ridiculous.’ I understand that that’s how they get you, but I still fall for it every time.”* (29, Female, Bisexual, A person who gambles, PGSI – 6, In-depth interview)

## Shifting gambling behaviours

Respondents' gambling behaviours have shifted over time due to a variety of personal, financial, and emotional influences. Many respondents cut down or stopped gambling after experiencing significant financial losses or recognising the strain it placed on their budgets. This was especially the case with spending money on gambling when their finances were already strained, making their gambling feel increasingly hard to rationalise.

*"I know that if I had more of the spare funds, I'd waste so much on gambling. I think the only reason that I don't is because I realise that my partner goes out and works really hard to get the money for us. So, I can't. I'd feel really guilty if, [he was] working through the night in his hard job, and all I'd done for the day was just about keep our son alive and spent £10 on lottery tickets, you know?"* (26, Female, Bisexual, A person who gambles + affected other, PGSI – 2, In-depth interview)

Another respondent said they "used to use prize competition sites on Facebook... I would easily buy £100 worth of tickets a time... I have come off them all now," reflecting their conscious effort to regain control. Similarly, the rising cost of living prompted several respondents to reassess their spending priorities:

*"I have cut down on gambling over the last year as I have less money than I once did."* (20, Female, Bisexual, A person who gambles, PGSI – 4, Online community)

Drivers to changing gambling behaviour were not just financial - some respondents also noted the impact that their gambling was having on their relationships and/or mental health. For example, one respondent noted that they reduced their gambling because their partner was struggling with gambling themselves. Across the qualitative sample, there was an acknowledgement that their gambling impacted overall mood and wellbeing, which sometimes had a knock-on effect on loved ones and their own ability to be 'present.'

*"I stopped buying scratch cards and lottery tickets because my ex-partner was really obsessive and would buy excessive amounts."* (30, Female, Lesbian, A person who gambles + affected other, PGSI – 16, Online community)

*"I never had any money and losing loads makes me depressed and binge eat or become angry."* (42, Female, Lesbian, A person who gambles, PGSI – 19, Online community)

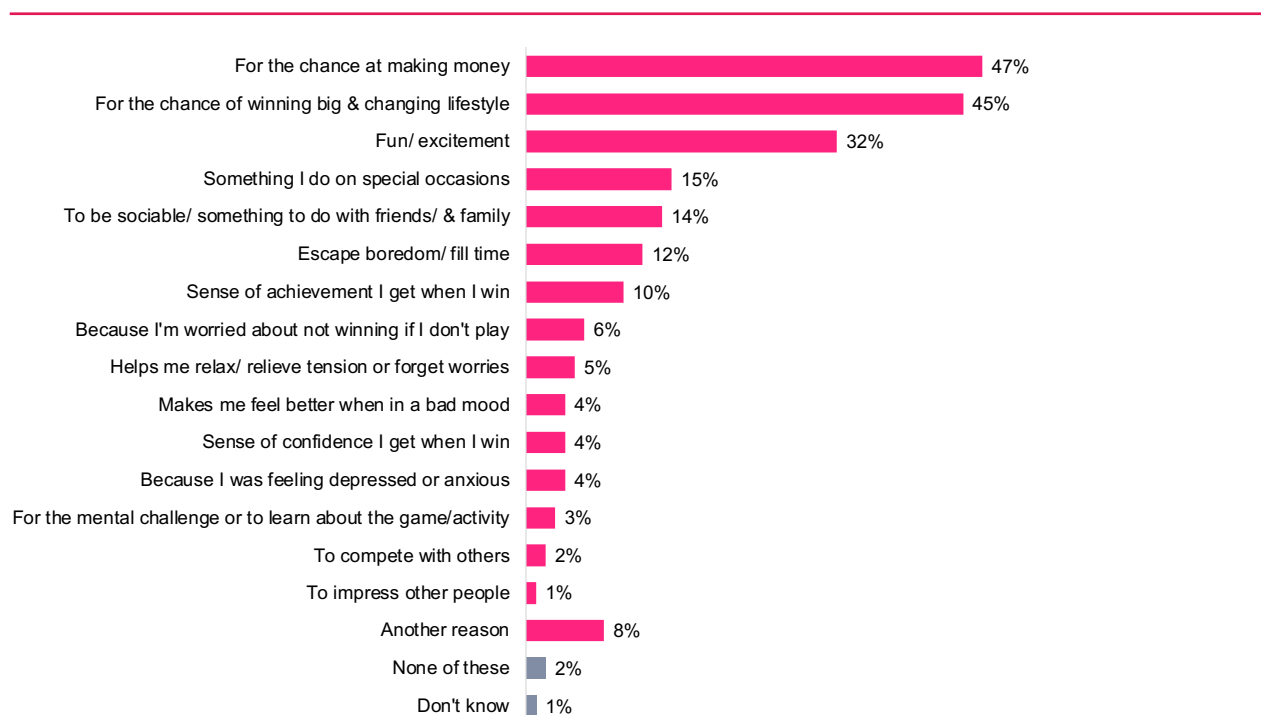
*"There have been times where I've spent over £500 chasing a £500 jackpot that supposedly appeared to be on the brink of being won in less than 2 hours. This usually sends me into a very dark depression which makes me quite irritable that I was so gullible to lose so much money so easily."* (36, Male, Gay, A person who gambles, PGSI – 15, Online community)

There was also a clear evolution in the types of gambling respondents engaged in, often progressing from low-stakes or casual forms of land-based gambling to more regular activities, often online. For example, one respondent described a shift from "pub slot machines" to "online slots," whilst another moved from scratch cards and lottery tickets to online gambling. There is a perception that gambling is now more accessible than ever due to technological advancements, with many engaging in several different types simultaneously. Changes in perception also influenced behaviour, with gambling initially seen as a 'fun', social activity, but later hidden due to shame. These narratives highlight how gambling behaviours are not static but shaped by both external pressures and internal emotional journeys.

## ENTRY TO AND MOTIVATIONS FOR GAMBLING

The main reasons LGBTQ+ people who gamble cited for taking part were related to money, as just under half cited a chance of making money (47%) and winning big to change their lifestyle (45%). Around a third (32%) cited fun/excitement, while fewer cited doing so for special occasions (15%), to be sociable (14%) and to escape boredom or fill time (12%). A smaller proportion cited reasons around worry of not winning if they don't play (6%), feeling better when in a bad mood (4%) or when depressed/anxious (4%).

Figure 5. Reasons LGBTQ+ people participate in gambling



GMB1. Which of the following, if any, are reasons why you have taken part in gambling? Please tick all that apply.  
Base: All LGBTQ+ people who gamble (n=1,832)

While the chance of making money was the most frequent reason across all sexual orientations, males identifying as gay or lesbian were more likely to have cited the chance to win big money to change their lifestyle (50% vs. 45% all LGBTQ+ people), and males identifying as bisexual were the least likely to cite this reason (38%). Females identifying as bisexual were more likely to cite to be sociable (21%), while males identifying as bisexual were more likely to cite being worried if they don't play (9%), mental challenge of the game (6%) or to compete with others (4%). Transgender, non-binary, or people of another gender who gamble were more likely than all LGBTQ+ adults to cite doing so because they were feeling depressed/anxious (9% vs. 4%). One individual that participated in the qualitative phase spoke about taking part in gambling activities to fund gender affirmation surgery, among wider financial concerns.

*"I still haven't been able to go through the surgical process, the physical surgery... I need to be happy with what I'm looking at in the mirror and trying to come up with these big sums of money is not practical without going into sex work...when I started winning off gambling...I started putting more and more money in and I was trying to chase that £20,000-£30,000 win because that's how much money I needed."* (34, Trans woman, Bisexual, A person who gambles, PGSI – 7, In-depth interview)



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The chance of making money and 'winning big' was a clear driver in respondents' entry into gambling within the qualitative findings (both in the online community and in-depth interviews), especially against the adverse financial positions some respondents were in, such as debt and insolvency (both because of gambling and for other reasons). However, as well as financial motivations, respondents described beginning to gamble as a coping mechanism for managing complex life circumstances, such as the breakdown of core relationships, and the aftermath of traumatic or disruptive events like Covid-19. This led individuals to become less risk-averse with 'less to lose', try to 'switch off' from feelings of loneliness and financial stress, and look to seek out financial independence through gambling.

***"I think, then [after the breakdown of his relationship] I became a lot less risk-averse about putting lots of money into gambling."*** (41, Male, Gay, A person who gambles + affected other, PGSI – 12, In-depth interview)

***"My coping mechanism was to gamble to switch off, you know, from the worry, the thoughts, the loneliness, the feeling empty."*** (30, Male, Gay, A person who gambles, PGSI – 3, In-depth interview) Early exposure

The chance of making money and 'winning big' was a clear driver in respondents' entry into gambling within the qualitative findings (both in the online community and in-depth interviews), especially against the adverse financial positions some respondents were in, such as debt and insolvency (both because of gambling and for other reasons). However, as well as financial motivations, respondents described beginning to gamble as a coping mechanism for managing complex life circumstances, such as the breakdown of core relationships, and the aftermath of traumatic or disruptive events like Covid-19. This led individuals to become less risk-averse with 'less to lose', try to 'switch off' from feelings of loneliness and financial stress, and look to seek out financial independence through gambling.

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## Early exposure

Qualitative findings demonstrated the impact of early exposure for respondents, in introducing LGBTQ+ people to gambling at an early age and subsequently normalising it. This was evidenced in both the online community, where respondents mapped out timelines of their journeys with gambling, and the in-depth interviews. Some images of this activity from the online community can be found below.

Respondents were asked the following:

We'd like you to create a timeline to better understand your gambling journey.

Please use the 'pin' tool to indicate the date and describe the key moments in your journey with gambling. This could include the first time you gambled, issues you may have experienced, relevant life events, or support received. Please include as many of the key moments as possible.

**Image 1. Screenshot from the online community**

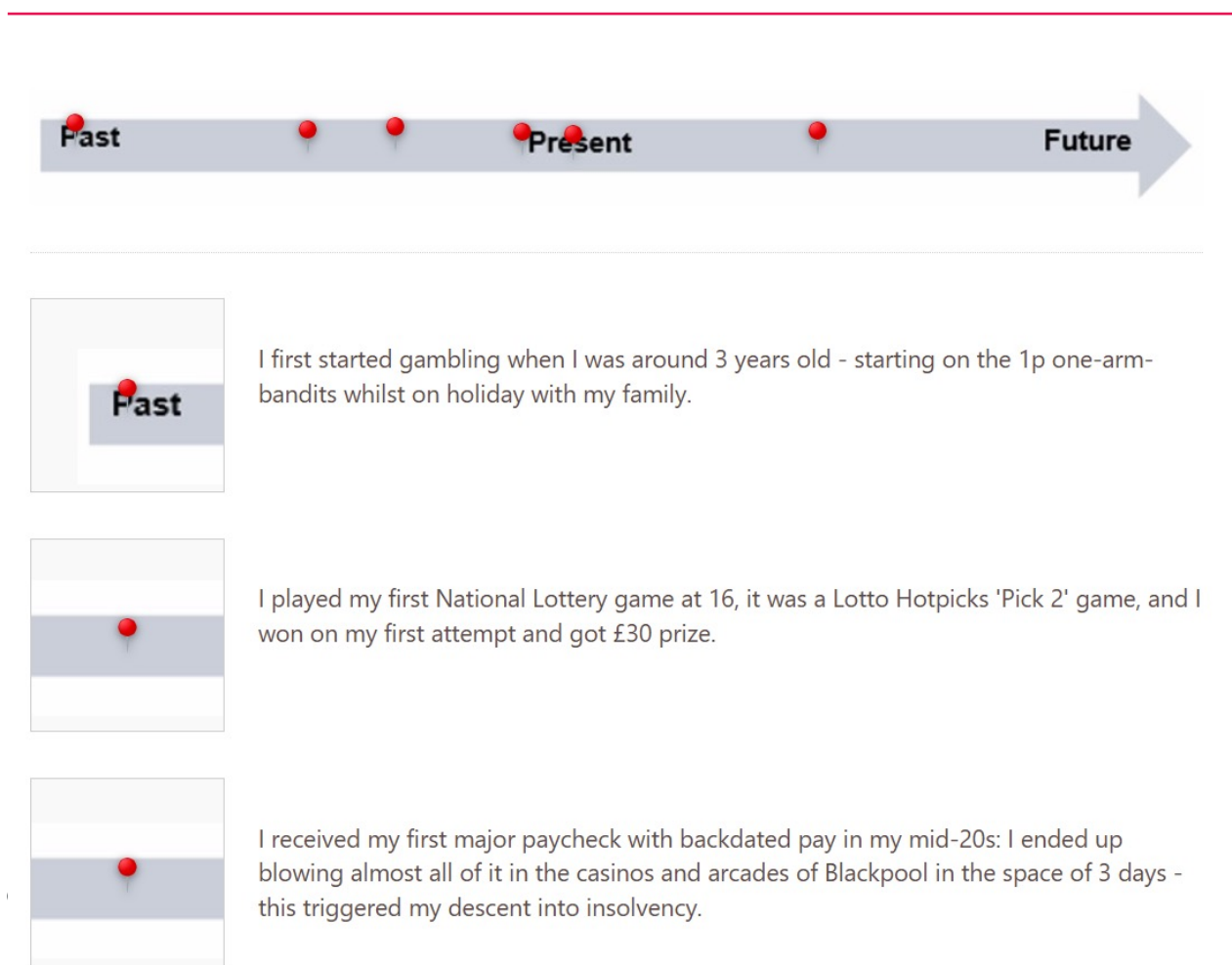
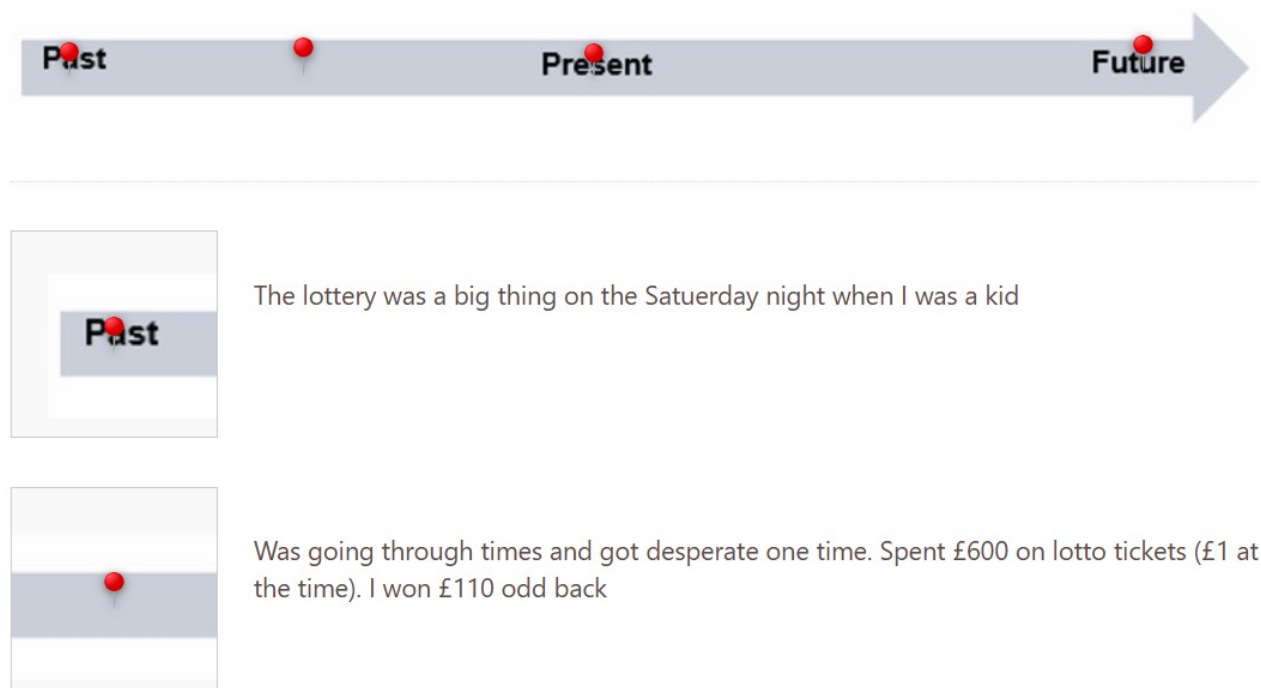


Image 2. Screenshot from the online community



Respondents recalled gambling playing a significant and nostalgic role in family experiences and traditions such as betting on the Grand National, watching older relatives bet on horse racing, participating in sweepstakes, penny slots at the seaside and receiving scratch cards and lottery tickets in birthday cards. When reflecting on these experiences as adults, within the context of current gambling problems experienced, some felt as though it shaped their attitudes towards gambling in a harmful way, as it normalised gambling for them.

*"My dad used to do long-distance truck driving when I was 7 or 8. Because he'd have to leave for work before I'd gone to school or before I was awake, he'd buy a scratch card and leave it on the TV stand for me to scratch off before I went to school...it's kind of weird, because it's not the kind of thing you'd encourage an 8-year-old to do, is it, really?...It might have normalised it more than it should have...with my son now, I wouldn't do the same thing because... I wouldn't want him to get into a habit of it and see it as a normal thing."* (26, Female, Bisexual, A person who gambles + affected other, PGSI – 2, In-depth interview)

## Re-entry to gambling

It was also often the case that LGBTQ+ people experienced a 're-entry' into gambling in the overall qualitative sample, wherein they gambled when they were first legally able to aged 16, and then participated either lightly or not at all in gambling activities, until there was a significant 'tipping point'. Tipping points were triggered by a variety of circumstances such as challenging life events, advertising, social influence from family members and friends, and changes in disposable income. Once gambling was 'rediscovered', that was when some respondents' gambling behaviour began to escalate in terms of time and money spent and range of activities they participated in, and they started to experience gambling related harms. For example, one respondent mentioned gambling from a young age during holidays but then returning to it more heavily after starting full-time work, noting:

*"I played my first National Lottery game at 16, it was a Lotto Hotpicks 'Pick 2' game, and I won on my first attempt and got a £20 prize, [but it wasn't until] I received my first major pay check with backdated pay in my mid-20s: I ended up blowing almost all of it in the casinos and arcades of Blackpool in the space of 3 days – this triggered my descent into insolvency." (36, Male, Gay, A person who gambles, PGSI – 15, Online community)*

However, it is important to note that not all respondents experienced a great degree of escalation in their gambling behaviour once rediscovering it – relationships with gambling overall varied and were highly context dependent.

# LIVED EXPERIENCE OF GAMBLING AND GAMBLING HARMS IN LGBTQ+ COMMUNITIES

## KEY FINDINGS

- Most qualitative respondents felt that challenges they have experienced as a result of being LGBTQ+ have not directly impacted their gambling behaviours. However, a marked number of respondents pointed to the intersectional nature of their relationship with gambling, indicating that factors surrounding their LGBTQ+ identity could be key components.
- Those who had experienced discrimination, harassment or abuse were more likely than those who had not experienced these things to then experience any level of harm from their gambling (PGSI 1+: 24% vs. 14%).
- Among intersex people surveyed, approximately seven in ten (69%) have avoided being open about their gender identity, with over half doing this at least sometimes (55%).
- The majority of transgender and non-binary people reported they avoid being open about their gender identity in the street (63%), on public transport (59%), in any other public premises (53%), and in their neighbourhood (51%).
- Most qualitative respondents reported feeling more comfortable being LGBTQ+ now than they did in the past due to improved social attitudes. However, while it was felt that attitudes towards LGB people have generally improved, those towards trans and non-binary identities have either plateaued or worsened. Respondents stressed that those who visually vary from cisgender, heteronormative notions of identity are generally at greater risk of stigma and discrimination.
- LGBTQ+ people who drink, smoke, or take drugs regularly were more at risk of gambling harms. A similar pattern was noticed among LGBTQ+ people with poor mental health.
- Many respondents in the qualitative research referred to their relationship with gambling, substances and other risk-taking behaviours in much the same way – as a short-term escape from mental health challenges.
- Among those experiencing ‘problem gambling’ (PGSI 8+), around four in five reported they lied to hide the extent of their gambling (84%), used savings or borrowed money (80%), felt isolated (79%) or needed to reduce everyday spending (77%).
- Just under half (47%) of LGBTQ+ people know someone who gambles, and around one in four (24%) of this group have ever experienced any negative impacts from others’ gambling. One in nine (11%) LGBTQ+ adults are therefore classified as affected others in this research.

## RESPONDENTS’ FEELINGS ABOUT THEIR GAMBLING

For many respondents in the qualitative community and in-depth interviews who reported being ‘happy’ with their current level of gambling, this stemmed from feeling that their gambling is not having a negative impact on their lives. While some respondents reported having never had a challenging relationship with gambling, others described feeling a sense of achievement for having regained control of their previously damaging habits, and implemented measures to ensure that they do not repeat past mistakes.

*"I very rarely do any gambling now... which is a great achievement from spending most of my wages each week on gambling." (53, Male, Gay, A person who gambles + affected other, Online community)*

*"I'm aware that there's always a possibility I could do it again... but I feel because I've been through the shame and embarrassment so many times... [that] I'm in a good place now. I don't ever want to feel like that again." (37, Male, Bisexual, A person who gambles, PGSI – 23, In-depth interview)*

However, respondents still saw room for improvement and described wanting to reduce their gambling or quit in the future. For those who have struggled with gambling harms before, the fear of losing control again can be persistent.

*"It's not out of control but it's not a complete non-issue... it's on my mind that I wish I didn't impulsively spend money I don't have on scratchcards and get tempted by subscriptions." (42, Female, Lesbian, A person who gambles, PGSI – 2, Online community)*

*"I haven't done any serious gambling in a little while however I do still worry one day that I will take leave of my senses and start that type of gambling again." (30, Male, Bisexual, A person who gambles, PGSI – 3, Online community)*

A minority of respondents reported feeling unhappy with their current level of gambling. These respondents largely described the negative emotions that come with feeling 'addicted' to gambling, such as shame, disappointment, disgust, and guilt, and frustration at being unable to stop.

*"I'm not happy with my gambling, I wish I could quit or make it be fun again - Gambling for a time was the only time I used to leave the house (when not at work) because there are very few spaces in my local area that I could go... and it still be 'fresh' or 'interesting'." (36, Male, Gay, A person who gambles, PGSI – 15, Online community)*

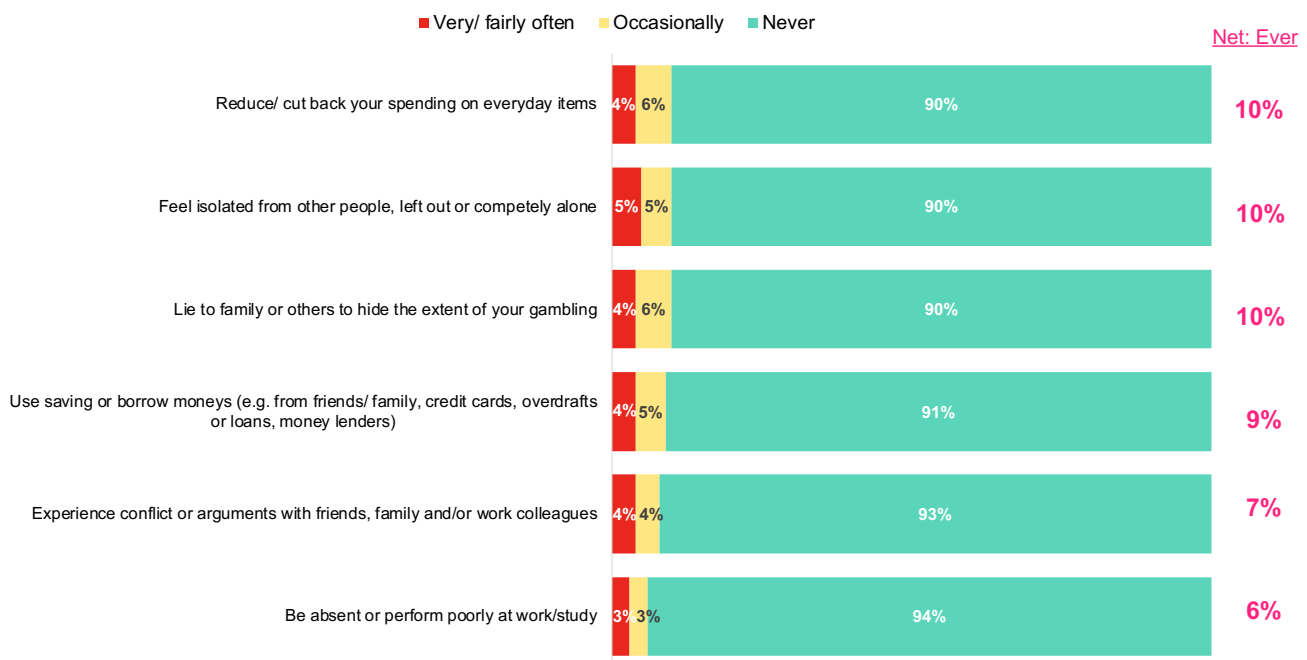
*"I feel guilty. I feel a bit disgusted with myself. I feel a bit stupid for being pulled in... but then there's a little voice that says, 'Yeah, but somebody has to win'... it just makes you feel a bit grubby." (54, Female, Bisexual, A person who gambles, PGSI – 1, In-depth interview)*

## EXPERIENCES OF GAMBLING HARMS

### Negative impacts from gambling

LGBTQ+ people who gamble were then asked how often they had experienced any negative impacts from their gambling behaviour over the past 12 months. While the vast majority (at least 90%) reported never experiencing any of the listed negative impacts, around one in ten said they have had to reduce/cut back spending on everyday items (10%) or had to use savings or borrow money because of their gambling (9%). A similar proportion reported feeling isolated from others, left out or completely alone, or have had to lie to someone to hide the extent of their gambling from others (both 10%).

Figure 6. Frequency of LGBTQ+ people experiencing harms due to gambling



GMB2. Thinking about your own gambling, how often in the last 12 months has your own gambling led you to any of the following?

Base: All LGBTQ+ people who gamble (n=1,832)

As PGSI score increased, so did the likelihood of experiencing any of the listed impacts asked about in the survey. For example, among those experiencing 'problem gambling' (PGSI 8+), around four in five reported they lied to hide the extent of their gambling (84%), used savings or borrowed money (80%), felt isolated (79%) or needed to reduce everyday spending (77%). There were also higher rates of those categorised as PGSI 8+ who reported experiencing the loss of something financially valuable (29%), a breakdown of close relationships (23%), committing a crime to finance gambling or pay debts (16%), or violence/abuse (12%).

When the respondents in the qualitative community and in-depth interviews were asked which harms they have experienced as a result of gambling, the most commonly experienced form of harm was feelings of guilt. Respondents described in detail how the knock-on effects of gambling, such as losing money, sleep problems and being unable to concentrate at work, can lead to feelings of guilt, anger, anxiety and regret. In turn, these emotions can develop into more persistent feelings of low self-esteem and self-worth:

*"Shame and despair due to being so disappointed in myself. Debt issues, financial worries. Very low self-esteem, regrets, dread about the future."* (37, Male, Bisexual, A person who gambles, PGSI – 23, Online community)

*"Anxiety, stress and fatigue... Usually I will play late at night and can find myself staying up till the early hours of the morning so the next day I feel fatigued and tired as I won't have really slept."* (32, Male, Gay, A person who gambles, PGSI – 22, Online community)



When discussing the financial implications of losing money, many described making small but frustrating losses, while others recalled losing potentially life-changing amounts. In some cases, this left respondents without enough money to cover basic expenses (e.g. bills, food and transport) and caused issues with debt and borrowing. Respondents highlighted the strain that gambling can put on interpersonal relationships:

*"I've lost large amounts of money on a couple of occasions such as £600 and this made me feel quite depressed... At one point, I was even doing it in work and worried about being caught. It has caused arguments with my partner."* (51, Male, Gay, A person who gambles, PGSI – 3, Online community)

*"I've borrowed a lot of money from my parents to fund my gambling, and whilst I've totted up the total - I don't think I'll ever be able to repay them."* (36, Male, Gay, A person who gambles, PGSI – 15, Online community)

Given that the qualitative respondents were all in different stages of their gambling journey, their means of managing the negative impacts of their gambling were varied. Several respondents noted that when gambling now or in the past, they have had no way of controlling their behaviour or managing the impacts. They described a process of pushing through negative emotions, making themselves feel better and then starting the cycle again.

*"I didn't really manage them to be honest I just got on with it until my next gambling session or until I came to my senses and stopped altogether."* (30, Male, Bisexual, A person who gambles, PGSI – 3, Online community)

*"I just get on with [it]. The feelings around guilt and shame typically only last a couple of days and then I pick myself up and take it as a positive that it's time to change... It typically lasts until my next gambling binge."* (32, Male, Gay, A person who gambles, PGSI – 22, Online community)

## Qualitative links between gambling and being LGBTQ+

Most respondents in the qualitative community felt that their LGBTQ+ identity has not had an impact on their gambling habits, with some reporting that other factors like financial status and physical and/or mental health feel more significant. However, a marked number of respondents said they had never considered the association before, and upon reflection felt that there may be indirect links between their gambling and their LGBTQ+ identity.

In light of this, it felt particularly important in the interview stage to gain a more holistic understanding of respondents' life experiences, including what their typical day looks like, what life was like for them growing up, and what aspects of themselves they believe are most formative of their identity. The open-ended nature of the questions and natural flow of discussion enabled respondents to think and speak entirely of their own accord, thereby helping us to gain a better picture of the main factors that have led them to gamble. It is also likely that the break between the community and in-depth interviews afforded respondents a period of introspection in which to process their responses in the community and reflect on them further.

*"I've never really thought about there being a link between [my LGBTQ+ identity and gambling]. I think that's one of the things that got me really thinking when I took part in the YouGov discussion."* (37, Non-binary, Gay, A person who gambles, PGSI – 5, In-depth interview)



We found that respondents' journeys into gambling are complex, and usually the result of multiple intersecting factors, which make it hard or impossible to detect a singular cause for starting to gamble. It became clear in both the online community and in-depth interviews that for many, their LGBTQ+ identity is one component in a wider array of coinciding factors that have led them to gamble.

*"I think it's a very... complex thing. I think [it probably started with] struggling as a teenager with my identity, and my mental health... having to leave school, not going to university... I just never got to where I could have got to... some of the gambling over the years comes from the feeling [that] I should have got further."* (42, Female, Lesbian, A person who gambles, PGSI – 2, In-depth interview)

*"There's factors before the gambling. And you think, why did I start doing that? The drug-taking was to kind of numb everything... there comes a point where you have to have a realisation and think, maybe [being LGBTQ+] did have something to do with it."* (34, Trans woman, Bisexual, A person who gambles, PGSI – 7, In-depth interview)

Some respondents discussed how the issues that can arise as a result of being both LGBTQ+ and having a disability or being neurodiverse, such as feelings of loneliness and struggles with money, can interact to increase an individual's likelihood and motivations to gamble:

*"I'm LGBT, disabled and a stay-at-home parent. Being disabled and a new parent means I struggle with money already and struggle with loneliness. The LGBT identity can make me feel more alone and gambling is a way to speak to others and fill time in the day."* (24, Non-binary, Queer, A person who gambles + affected other, PGSI – 24, Online community)

*"I think my mental health issues and neurodiversity pushes me towards gambling as well as being LGBT. I like the dopamine buzz of checking a ticket and it kind of feeds the ADHD bit of my brain."* (26, Female, Bisexual, A person who gambles + affected other, PGSI – 2, Online community)

Perhaps most of all, respondents described seeing gambling as a 'safe space' where they can go to escape difficult emotions, including those that arise as a result of being LGBTQ+. The term 'escapism' came up repeatedly in both the online community and the in-depth interviews, as respondents described the urge to escape their reality and find safety in an alternate 'world':

*"I didn't come out [as gay] till it was quite late. I was probably 22, 23. I don't know whether I felt [gambling] was a safe space to get away from what I was feeling at the time... it was nice to have people saying how lucky I was and how good my life was from winning money when everything else was going on in my head."* (32, Male, Gay, A person who gambles, PGSI – 22, In-depth interview)

*"When I am in a relationship, I tend to gamble a lot less... But as soon as the relationship starts going wrong or things like that, then I tend to return to those ways."* (42, Female, Bisexual, A person who gambles + affected other, PGSI – 19, In-depth interview)

Other respondents commented on how feelings of low self-esteem, stemming from negative experiences surrounding their LGBTQ+ identity, have weakened their sense of self-worth. In their eyes, low self-worth combined with a desire to numb painful thoughts and emotions has made them more prone to engaging in risky or self-destructive behaviours:

*"Being outed in high school and never quite feeling like I fit in... I'm very prone to feeling like an outcast in the world. So, I think [gambling is] probably all linked to that."* (26, Female, Bisexual, A person who gambles + affected other, PGSI – 2, In-depth interview)

*"Coming out as a teenager, traumatic experiences, a mental health crisis, due in large part to my sexual identity... it led to me being quite destructive and one of those destructive behaviours was gambling." (42, Female, Lesbian, A person who gambles, PGSI – 2, Online community)*

*"Being born into a society where you're told you're a minority... you may then form a self-perception that you're worth less than other people... you think, 'Well, I'm not worth as much as that other person, so I've got less to lose.'" (41, Male, Gay, A person who gambles + affected other, PGSI – 12, In-depth interview)*

## AFFECTED OTHERS

Gambling can have an impact not just on those who gamble, but also on those close to them. In other research conducted by GambleAware, 'affected others' is a term that refers to people who have experienced negative impacts due to the gambling of someone they know, either currently, or in their past. This may include family members, friends, work colleagues or anyone else connected to the individual who gambles.

In this research, an 'affected other' was broadly defined as a person who has a close relationship with someone who gambles (even if occasionally), and who has experienced some negative impact from this person's gambling.

### Prevalence of affected others

Just under half (47%) of LGBTQ+ respondents said they have someone close to them who gambles. Among this group, over a quarter (27%) said this person is someone in their family (other than a partner/spouse), while more than one in ten (12%) said their partner/spouse gambles. One in six (17%) reported having a friend who gambles. Further, just over four in ten (42%) of those with someone close to them who gambles reported currently living with the person they are close to who gambles.

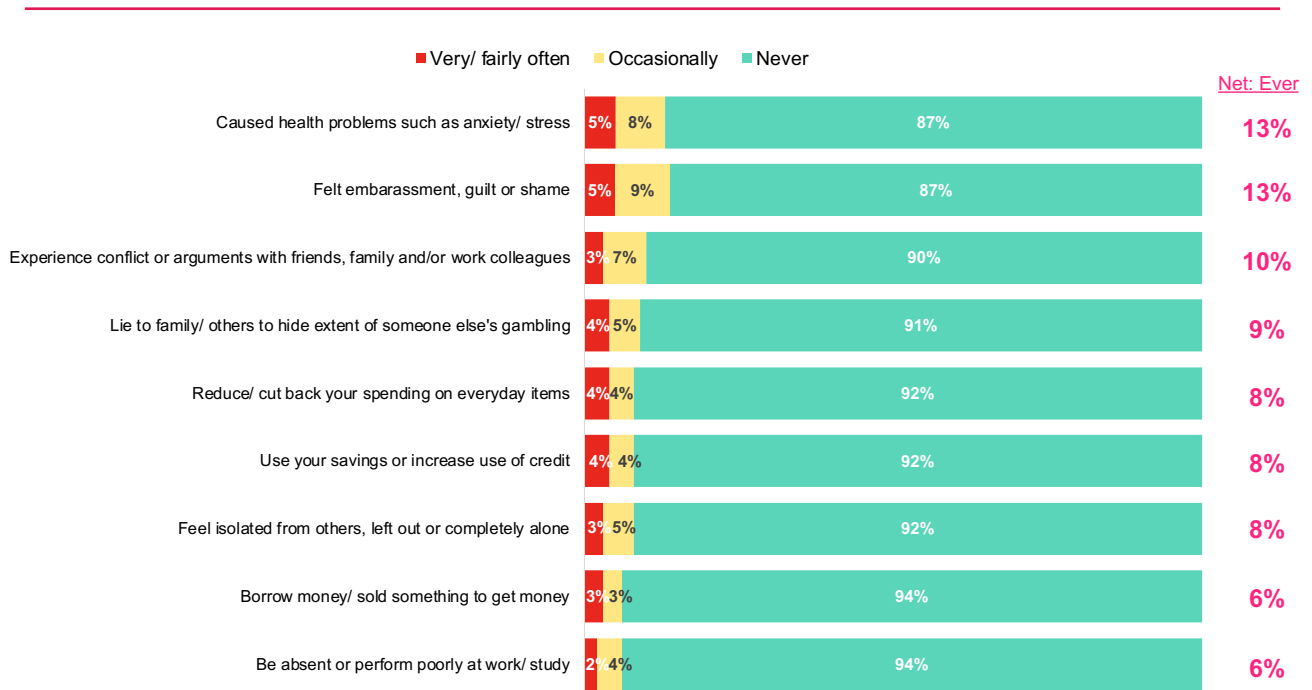
One in nine (11%) LGBTQ+ respondents have a close relationship with someone who gambles and have experienced a negative impact from this person's gambling – that is, are classified as affected others.

Of all LGBTQ+ respondents, males identifying as bisexual were most likely to be affected others (14%), while males identifying as gay or lesbian were the least likely (6%). There were no differences by gender identity, though younger LGBTQ+ people (aged 18-34) were more likely to be affected others (15% vs. 7% of 35-54s and 4% of those aged 55+). Likelihood to be an affected other also increased in line with PGSI score. For example, fewer than one in ten (6%) people who do not gamble were an affected other, compared to 28% of people who gamble with a PGSI score of 1+, and 55% of those experiencing 'problem gambling' (PGSI 8+).

### Impact of the person's gambling on the affected other

LGBTQ+ people who have someone close to them who gambles were then asked how often in the last year they have experienced negative impacts from this. Of this group, around one in five (18%) had ever experienced any of the listed impacts. The most common impacts experienced were stress/anxiety, or feeling embarrassed, guilty or ashamed over the past year (both 13%). Six percent said they had other negative experiences as a result of a loved one's gambling, such as financial struggles or interpersonal struggles like conflicts or lying to hide the extent of gambling.

Figure 7. Frequency of experiencing negative impacts from someone else's gambling



AO3. Thinking about someone else's gambling, in the last 12 months, have you experienced any of the following? /

AO4. In the last 12 months, how often has someone else's gambling led you to do any of the following?

Base: All LGBTQ+ with a close relationship to someone who gambles (n=1,448)

Further to this, while the vast majority of those with a close relationship to someone who gambles have not experienced this, 5% of LGBTQ+ affected others have had close relationships break down due to someone else's gambling, while 1% have lost something of significant financial value or experienced violence/abuse. Additionally, approximately 4% have been led to seek help, support or information.

Affected others who only participated in the online community reported on their experiences with gambling by friends, family or their partners. Those who had close ties to someone who gambles – especially immediate family or intimate partners – described a range of emotional, financial, and psychological impacts that have long-lasting effects on their daily lives and relationships.

Affected others frequently reported experiencing trust issues upon discovering a loved one's gambling, particularly after realising they have been lied to. Many described feeling disappointed, hurt and angry upon learning about the hidden gambling. They spoke about how this impacted communication and the overall quality of the relationship, with some noting a decline in meaningful time spent together and increases in arguments, and others saying it ultimately led to a breakup of the relationship. These trust issues extended beyond the original relationship, with some expressing ongoing difficulties in forming new relationships and trusting others, leading to feelings of loneliness and isolation.

*"Still paying off some debts. Relationship ended and I've not been able to trust anyone romantically since so I've not had a relationship since then. I'm skinner than I should be. More suspicious of the intentions of other people. I'm lonelier and sadder than I was."*  
(51, Female, Bisexual, Affected other, PGSI – 0, Online community)

Others chose to cut off contact with the person – most often a close family member. This decision was viewed by some as a form of self-protection, particularly among those who had experienced past abuse or other emotional and financial harm, which had contributed to a decline in their mental health. These respondents reported feeling unaffected by the person's gambling now and are happy with their decision to distance themselves.

*“Still remaining no contact but the issue remains that day to day, I struggle with Complex Post-Traumatic Stress Disorder flashbacks to what I went through as a child with her [mother] gambling and other issues. I’m remaining no contact to protect myself.”* (43, Non-binary, Bisexual, Affected other, PGSI – 0, Online community)

Additionally, some affected others mentioned being burdened with financial problems and were faced with unpaid bills, accumulating debts or the fear of having no food and losing one's home, all of which cause further stress and a decline in their mental health. They reported that communicating about the financial difficulties caused by gambling was often difficult, frequently leading to arguments within the family or with their partner.

*“My mother would complain about it openly when he [father] would spend the mortgage money or food shopping money on gambling. She would have to scramble to get it from somewhere/someone else... It made us all very stressed about our financial security and that we might lose our home.”* (43, Male, Gay, A person who gambles + affected other, PGSI – 4, Online community)

Many affected others felt angry that the person used money for gambling instead of essential needs like paying bills or for food, while many also felt worried and anxious about the person's gambling behaviour and its potential consequences, such as financial loss and the risk of homelessness. When the person gambling was a friend, affected others more commonly reported feelings of worry and guilt over their inability to help their friend. Additionally, they had difficulties with approaching and talking to the friend about their gambling issues.

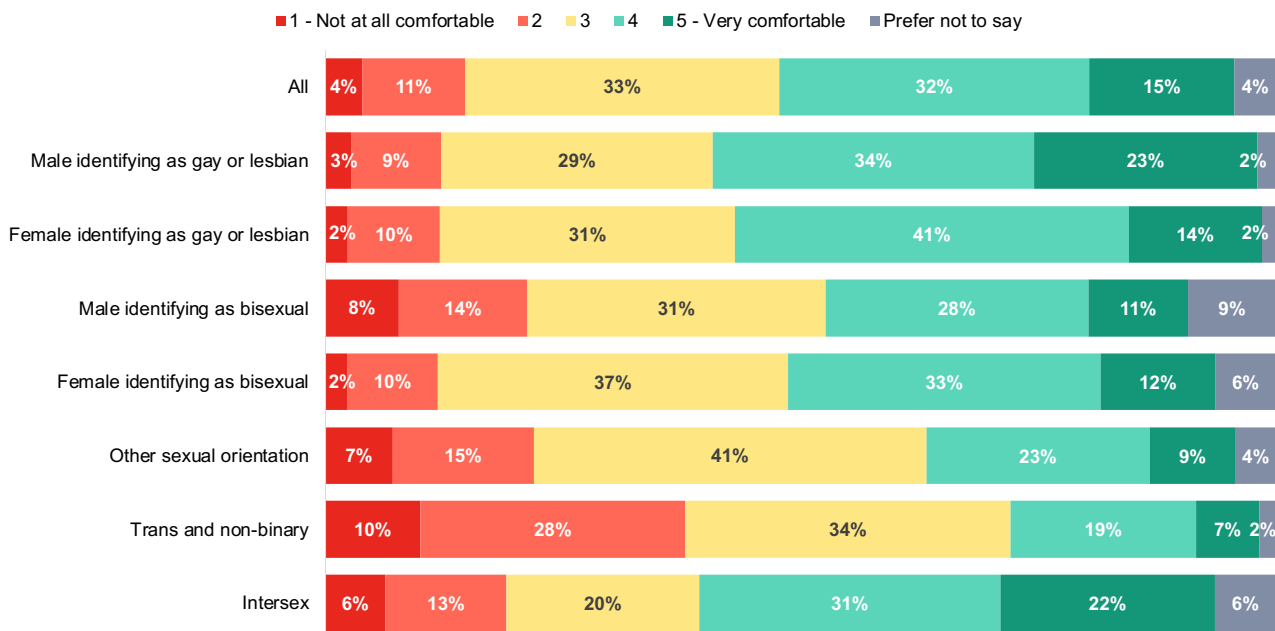
*“She has told me that she has not paid her rent in the past because of this so it is always a worry in the back of my mind... If I try and talk to her about this I get a response which isn't very nice so I end up not saying anything but it is still there this has been going on for years. I fear one day she will become totally broke and homeless.”* (36, Male, Gay, Affected other, PGSI – 0, Online community)

## **LGBTQ+ EXPERIENCES OF COMMUNITY, DISCRIMINATION, AND STIGMA**

The survey included questions about respondents' experiences of community, stigma and discrimination. These questions are analysed in this section to understand the impact on gambling behaviour.

### **Perceived comfort being an LGBTQ+ person in Great Britain**

LGBTQ+ people were asked how comfortable they feel being an LGBTQ+ person in Great Britain on a scale from one to five. Close to half (48%) said they feel comfortable (either 4 or 5 – very comfortable), while 15% said they feel not comfortable (1 – not at all comfortable or 2). While respondents were more likely to say they feel comfortable rather than not comfortable, a notable proportion (33%) gave a response in the middle of the scale (3).

**Figure 8. Comfort with being an LGBTQ+ person in Great Britain**

LGBTQ5. On a scale of 1 to 5, how comfortable do you feel being an LGBTQ+ person in Great Britain? If you would prefer not to answer, a 'prefer not to say' option is provided.

Base: All LGBTQ+ (n=3,038); Male identifying as gay or lesbian (n=875); Female identifying as gay or lesbian (n=443); Male identifying as bisexual (n=395); Female identifying as bisexual (n=915); All other sexual orientation (n=339); All trans and non-binary (n=405); Intersex or VSC (n=72)

Gay or lesbian people were one of the only groups where the majority (albeit a small one) said they feel comfortable (male identifying as gay or lesbian: 57%, female identifying as gay or lesbian: 55%), followed by intersex people (53%), bisexual people (male identifying as bisexual 38%, female identifying as bisexual 45%) and those with another sexual orientation (33%). Transgender and non-binary people were the only group more likely to report they feel not comfortable (38%) than comfortable (26%); there is a notable minority who reported the middle of the scale (3: 34%).

LGBTQ+ people who do not feel comfortable were significantly more likely to be experiencing any level of problems with gambling (PGSI 1+) than those who were comfortable (26% vs. 16%). Similarly, those who were comfortable were more likely to be categorised as experiencing no reported gambling problems (PGSI 0) than those who were not comfortable (45% vs. 38%). When looking at this further, those who were not comfortable were more likely to be experiencing low levels of problems with gambling (PGSI 1-2) than those who were comfortable (16% vs. 7%), but no more likely to be experiencing either moderate levels of problems with gambling (PGSI 3-7: 6% vs. 4%) or be experiencing 'problem gambling' (PGSI 8+: 4% vs. 4%).

The qualitative research brought the above findings to life; most respondents in the interviews and online community felt that society's treatment of LGBTQ+ individuals has improved over the past few decades and reported feeling more comfortable being LGBTQ+ now than they did in the past. However, many respondents emphasised that there are marked differences in the way that different LGBTQ+ people experience everyday life in the UK. On one hand, respondents discussed how increased visibility of LGBTQ+ individuals in the media, and legislation protecting the rights of LGBTQ+ people, have helped break down barriers and generally improved the lives of many LGBTQ+ people.

*“There are still some hateful people around but... I think a lot of people have softened in their approach as laws and regulations have come in, recognising equality.”* (43, Male, Gay, A person who gambles + affected other, PGSI – 4, Online community)

On the other hand, several respondents stressed that while feelings of comfort and safety among LGB people have generally increased, trans and non-binary people feel increasingly endangered in everyday life.

*“I think society in the UK is pretty tolerant of gay people but trans people like myself get a very hard time.”* (51, Trans man, Gay, A person who gambles, PGSI – 3, Online community)

*“UK society isn’t really very open to LGBT people. The horrific discourse on transgender people, especially trans women, proves that.”* (43, Non-binary, Intersex, Bisexual, Affected Other, Online community)

Overwhelmingly, respondents felt that progressive ideas about gender and sexuality have started to deteriorate, with debate around gender having become extremely polarised in their eyes. Many blamed media figures and politicians for this, arguing that they have used transgender people as scapegoats for their political agenda, and turned the public against them.

*“I was happier in my early transition days than I am now. This is mainly down to how society are now treating trans people. It was very taboo back in 2006. [It] wasn’t all over social media, magazines, TV so we could live comfortably and blend in. Today, it’s become a huge fashion trend and it’s being forced in every corner you look in.”* (34, Trans woman, Bisexual, A person who gambles, PGSI – 7, Online community)

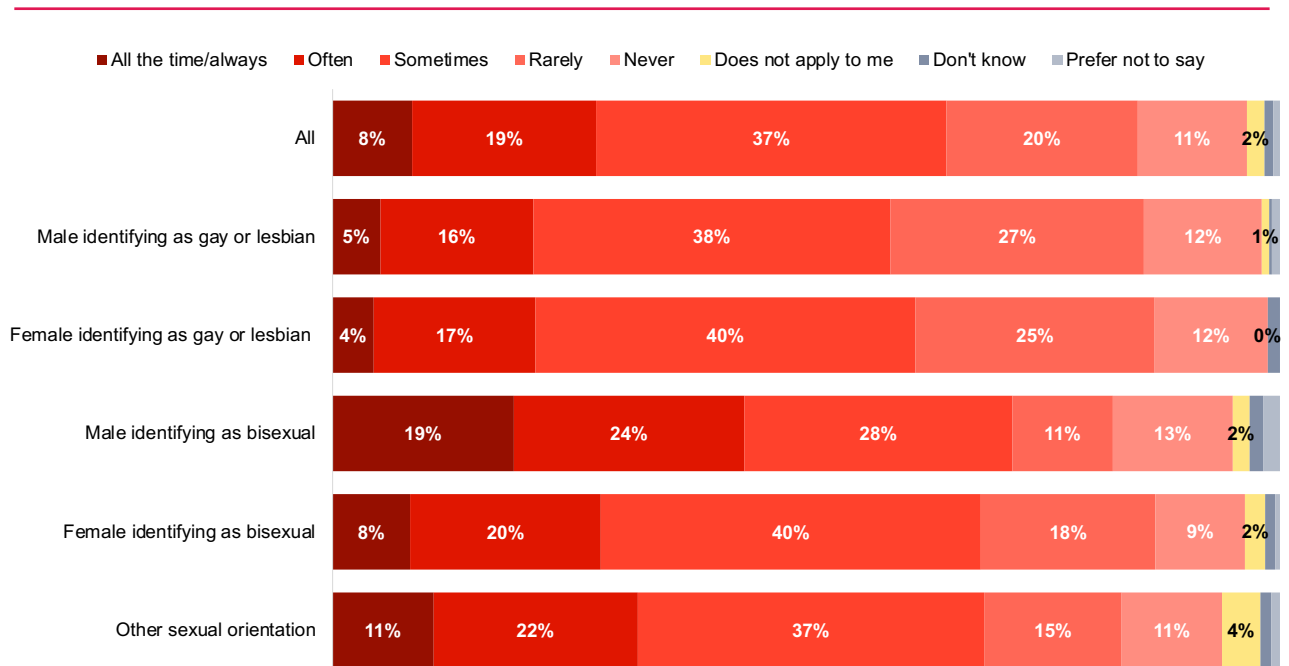
*“Transness has become a political game over the last 5 years in particular. Conversations around pronouns, hormones, surgeries, young people, sports and so much more have become really polarising topics.”* (24, Non-binary, Queer, A person who gambles + affected other, PGSI – 24, Online community)

## Open expression/visibility of their identity

Survey respondents were asked questions about their experiences of hiding their sexual orientation or gender identity. The vast majority (85%) of LGBTQ+ people reported they had hidden their sexual orientation at some point for fear of a negative reaction from others. Close to two-thirds (65%) said they avoid being open at least sometimes but less than one in ten (8%) said they hide their sexual orientation all the time.

While there was no difference in the proportion who reported having done this across sexual orientations, gay or lesbian people were less likely to report doing this at least sometimes (male identifying as gay or lesbian: 59%, female identifying as gay or lesbian: 62%), when compared with bisexual people (male identifying as bisexual 72%, female identifying as bisexual 68%) or people of another sexual orientation (69%).

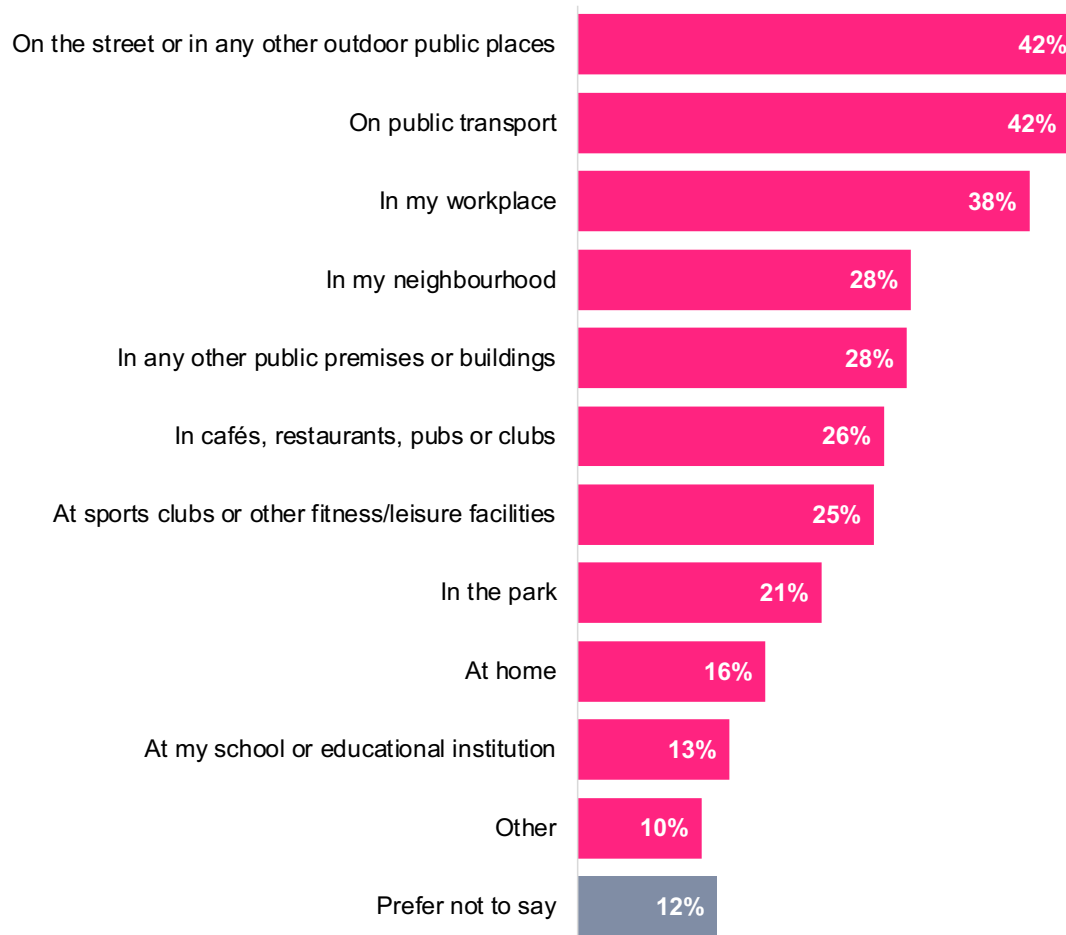
Figure 9. Frequency of avoiding expressing sexual orientation



LGBTQ6. Do you ever avoid being open about your sexual orientation for fear of a negative reaction from others?

Base: All LGBTQ+ (n=3,038); Male identifying as gay or lesbian (n=875); Female identifying as gay or lesbian (n=443); Male identifying as bisexual (n=395); Female identifying as bisexual (n=915); All other sexual orientation (n=339)

Those who reported they avoid being open about their sexual orientation were then asked where they have avoided doing so. Most commonly, people said they avoid being open on the street or in public places (42%), on public transport (42%) and in their workplace (38%) – though really a range of places are cited.

**Figure 10. Where expressing sexual orientation is avoided**

LGBTQ7. Where do you avoid being open about your sexual orientation for fear of a negative reaction from others? Please tick all that apply.

Base: All who avoid being open about their sexual orientation (n=2,607)

When looking at the gambling behaviour of those who avoid being open about their sexual orientation, those who have avoided being open were more likely to be non-gamblers (42%) than those who have never avoided being open (35%). However, those who have avoided being open (15%) were just as likely as those who have never avoided being open (17%) to experience any level of gambling harms.

Gay or lesbian people were more likely to report they avoid being open on the street (male identifying as gay or lesbian: 53%, female identifying as gay or lesbian: 51%) and on public transport (male identifying as gay or lesbian: 46%, female identifying as gay or lesbian: 50%) compared to all LGBTQ+ adults. Notably men identifying as gay or lesbian were more likely than all LGBTQ+ people to avoid being open in public premises or buildings (32%), in their neighbourhood (31%), in cafés, restaurants, pubs or clubs (29%), at sports clubs (29%), and at the park (25%). The same is not the case for women identifying as gay or lesbian. Bisexual people were more likely to say they avoid being open about their sexual orientation in their workplace (male identifying as bisexual: 44%, female identifying as bisexual: 44%), and men identifying as bisexual were more likely to say they avoid being open about their sexual orientation at home (28%). However, women identifying as bisexual were less likely than all LGBTQ+ people to say they avoid being open about their sexual orientation in nearly every place listed.



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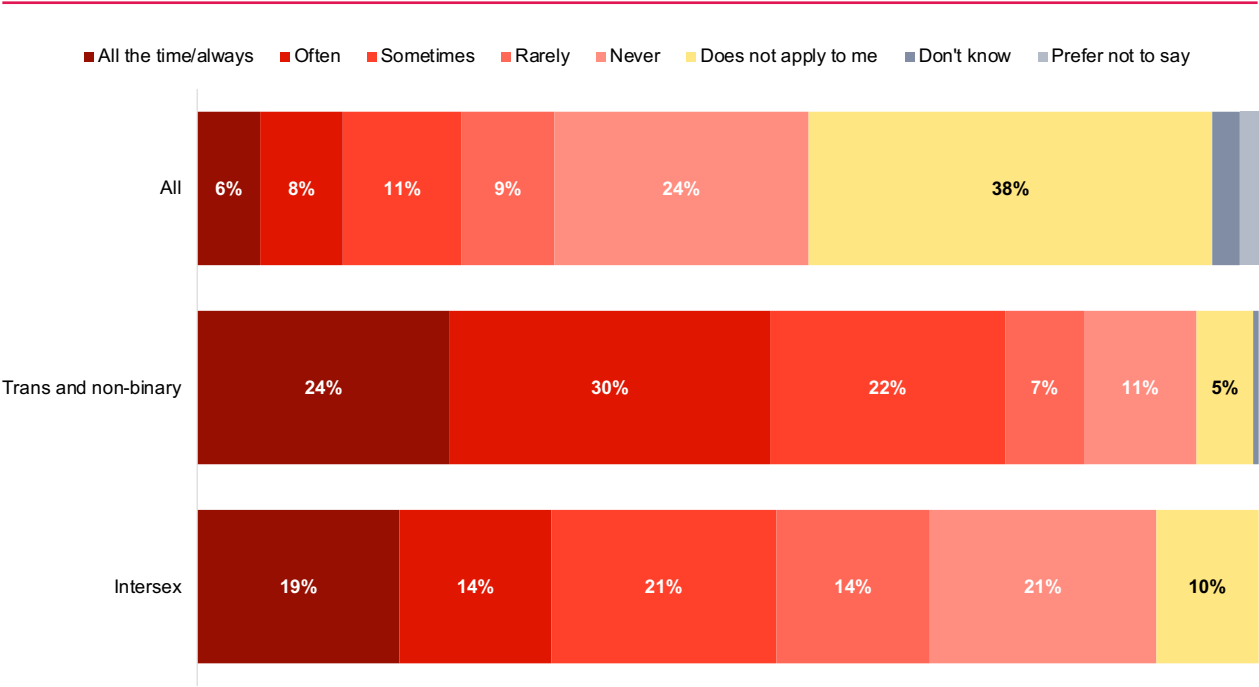
A similar set of questions was asked about gender identity. A smaller proportion of LGBTQ+ people (34%) said they avoid expressing their gender identity; a quarter (25%) reported doing this at least sometimes. However, when looking at trans and non-binary people, most (84%) reported that they have avoided being open about their gender identity. Notably, trans and non-binary people were more likely to report doing this frequently, with three quarters (76%) doing this at least sometimes. Around a quarter (24%) of trans and non-binary people said that they always avoid being open about their gender identity.

Among intersex people surveyed, approximately seven in ten (69%) have avoided being open about their gender identity, with over half doing this at least sometimes (55%). Approximately one in five intersex people (19%) reported they avoid being open about their gender identity all the time.<sup>10</sup>

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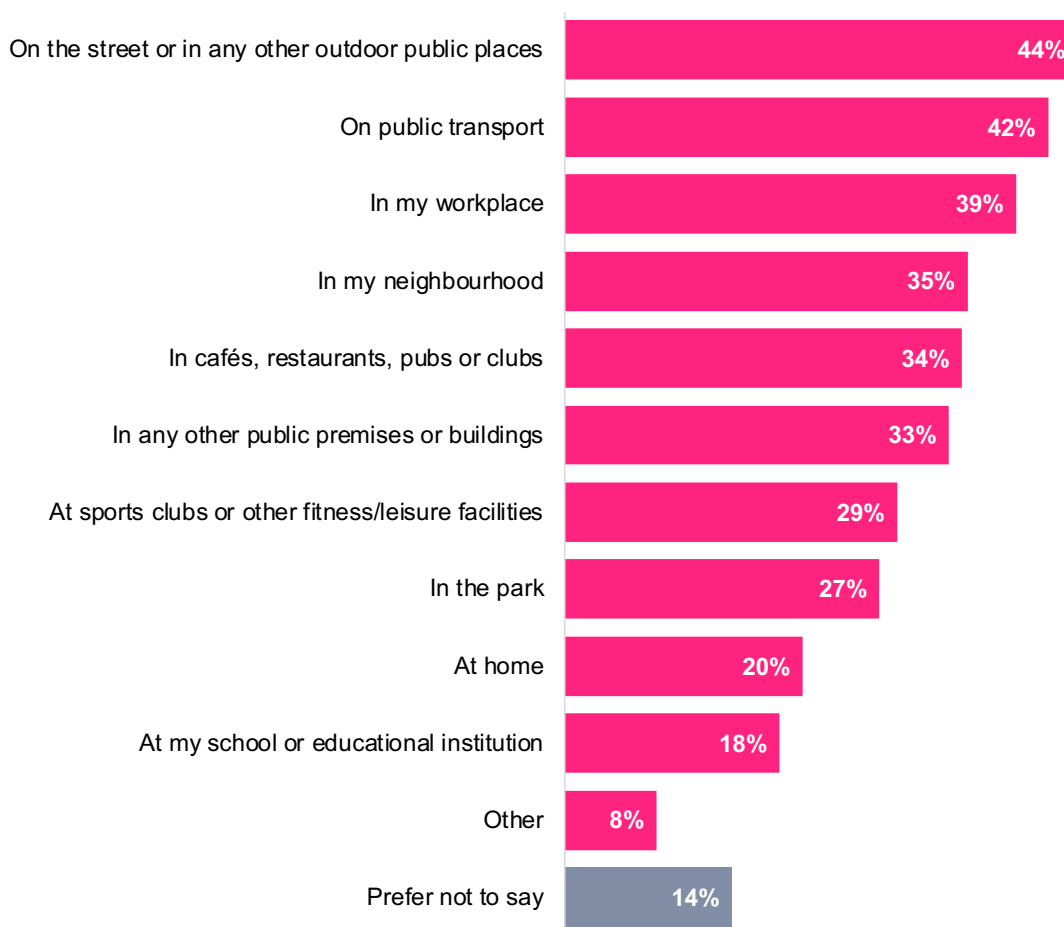
<sup>10</sup> It is noted that while this question refers to the gender identity of intersex people, for many intersex people their intersex or VSC status is not part of their 'gender identity' but part of their 'sex'. When interpreting these results consider that some intersex people may be thinking of their gender identity separately from their intersex or VSC status, while others may be thinking directly of their intersex or VSC status.

Figure 11. Frequency of avoiding expressing their gender identity



LGBTQ8. Do you ever avoid expressing your gender identity for fear of a negative reaction from others (for example, through your physical appearance or clothing, or voice, or pronouns used to refer to yourself)?  
Base: All LGBTQ+ (n=3,038); All trans and non-binary (n=405); All intersex (n=72)

The most common places where LGBTQ+ people avoid being open about their gender identity were on the street (44%), on public transport (42%) and in work (39%). It is notable these places are similar to what was reported about where LGBTQ+ people avoid being open about their sexual orientation.

**Figure 12. Where expressing gender identity is avoided**

LGBTQ9. Where do you avoid expressing your gender identity for fear of a negative reaction from others? Please tick all that apply.

Base: All who avoid being open about their gender identity (n=1,020)

Transgender and non-binary people were more likely to report that they avoid being open about their gender identity in every single place listed in comparison to where gay or lesbian people avoid being open about their sexual orientation. The majority of transgender and non-binary people reported they avoid being open about their gender identity in the street (63%), on public transport (59%), in any other public premises (53%), and in their neighbourhood (51%). Twenty-five percent of transgender and non-binary people reported they avoid being open about their gender identity at home. In comparison, approximately three in ten (31%) intersex people reported they avoid being open about their gender identity at home.

There is a link between those who avoid being open about their gender identity and gambling behaviour. Around one in five (22%) of those who reported ever avoiding being open about their gender identity were experiencing some level of problems with their gambling (PGSI 1+), higher than the proportion who never avoid being open (16%). Despite this, those who avoid being open about their gender identity were no more likely to be experiencing 'problem gambling' (PGSI 8+) compared to those who do not (5% vs. 4%).

In the qualitative online community and interviews, respondents mostly discussed their experience as an LGBTQ+ person as a whole, rather than referring specifically to their sexuality or gender identity. However, it was implied that these factors play a significant role in how safe or unsafe they feel in public or at home. It became clear that their perceived levels of safety fluctuate, depending on where they are, who they are with, and what they look like. Most respondents reported being vigilant at least some of the time:

*"You get people who are homophobic anywhere so it's really not completely safe anywhere."* (36, Male, Gay, Person who gambles, PGSI – 0, Online community)

*"I pretty much feel the same everywhere I go and try to enjoy the situation but... I am always vigilant."* (53, Male, Gay, A person who gambles + affected other, Online community)

There was a feeling that, although the majority of people in any given situation are unlikely to act on an impulse to verbally or physically attack an LGBTQ+ person, it only takes one person to commit a hate crime. For this reason, respondents are more likely to adjust their behaviour and be more cautious in the presence of strangers, or in environments they do not know well. As such, respondents' feelings of comfort and safety should be viewed as subject to change depending on their context.

*"I feel safe saying I am LGBTQ depending on the space. Some places are welcoming, some aren't."* (43, Non-binary, Intersex, Bisexual, Affected Other, Online Community)

Some respondents pointed out that attitudes towards LGBTQ+ people can differ drastically between major cities and more rural communities, with larger cities seen as more accepting, and more rural and conservative areas seen as less open to LGBTQ+ identities:

*"[About her rural town] There's not a lot of people who are 'different' because people don't even try, and move to the city. People just aren't used to change and don't know how to react to it."* (24, Female, Bisexual, A person who gambles + affected other, PGSI – 1, Online community)

*"If you live in London, Manchester or Brighton then there are neighbourhoods where you can be open relatively safely... Anywhere else holding hands or kissing LGB people is always a risk of endangering yourself. More so in rural and conservative voting areas."* (37, Male, Gay, A person who gambles, PGSI – 5, Online community)

Crucially, it was raised that perceived levels of safety can differ based on the extent to which an individual conforms to gender and sexuality norms. It was implied that those who 'pass' more easily as heterosexual or cisgender face less discrimination than those who do not.

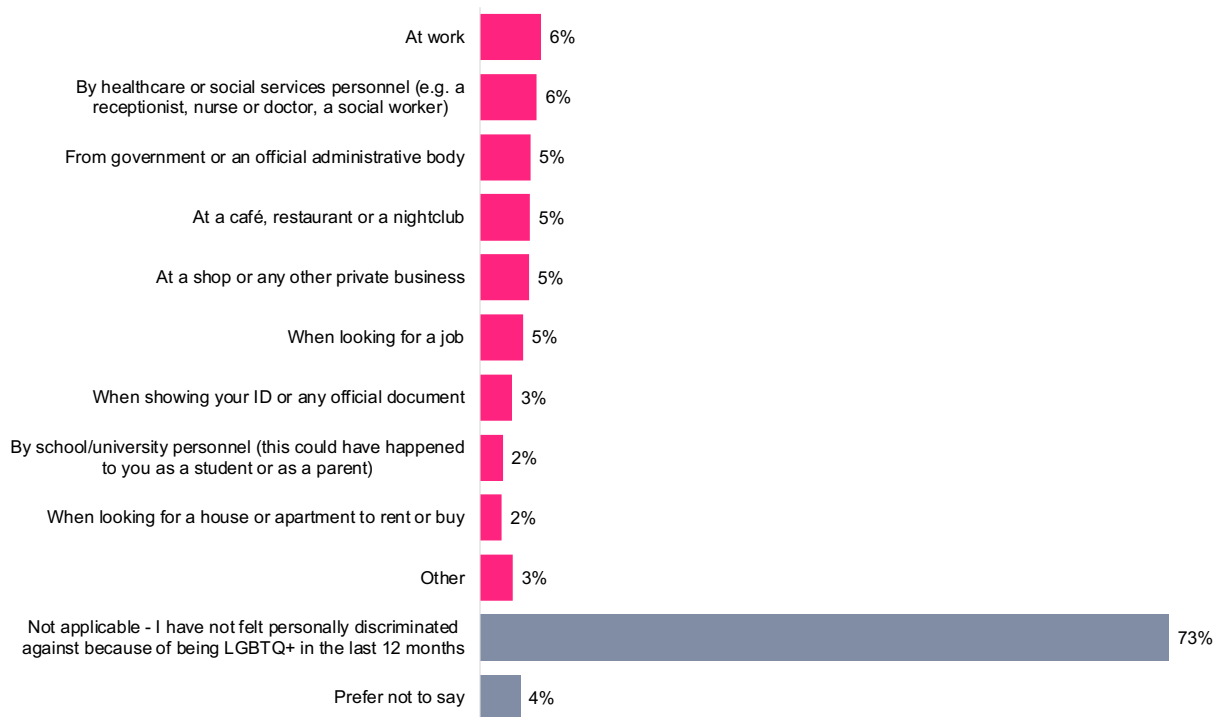
*"I've always had a quite good sense of confidence, but... it can depend on where I am and who I am with... my boyfriend at the moment is pansexual and is quite camp in how he presents. So, there have been times where we've been in certain places that I've felt a bit uncomfortable."* (36, Female, Bisexual, A person who gambles, PGSI – 2, In-depth interview)

*"I've seen very recent video evidence of violence directed towards a friend of a friend simply for wearing jewellery and makeup when they were out. I wouldn't feel comfortable fully expressing myself where I live."* (39, Non-binary, Intersex, Pansexual, A person who gambles, PGSI – 1, Online community)

## Experiences of discrimination, harassment, or abuse

When asked whether they had felt they were discriminated against in the last 12 months, nearly a quarter (23%) of LGBTQ+ people said they had been. Most commonly, LGBTQ+ people had been discriminated against at work (6%) or by healthcare and social services personnel (6%), followed by from government or an official body (5%), a café, restaurant or nightclub (5%), and a shop or private business (5%).

Figure 13. Experience of discrimination in the last 12 months



LGBTQ10. During the last 12 months, have you personally felt discriminated against because of being LGBTQ+ in any of the following situations...? Please tick all that apply.

Base: All LGBTQ+ (n=3,038)

Transgender and non-binary people were more likely to report they were discriminated against in the last 12 months (50%); specifically, they were more likely to report they were discriminated against in all of the places listed. Most commonly this was by healthcare and social services personnel (24%), followed by government or official bodies (20%), and when showing ID or an official document (16%).

It is also notable that LGBTQ+ people from ethnic minority backgrounds were slightly more likely to report they have been discriminated against in the past 12 months (27%) than all LGBTQ+ people. They were more likely to report having been discriminated against at a shop or private business (8%) and when looking for a house (4%).

When asked whether they felt discriminated against for any other reasons, one in ten (10%) LGBTQ+ people mentioned their ethnic origin or immigrant background. It was most common for LGBTQ+ people to mention their sex (22%) or disability (20%).

Looking at the relationship between discrimination and abuse and gambling behaviour, those who reported they were discriminated against in the past 12 months were more likely to be experiencing any level of problems with gambling (PGSI 1+) than those who were not (25% vs. 14%). They were also more likely to be experiencing 'problem gambling' (PGSI 8+) than those who were not discriminated against (8% vs. 2%). Those who did not experience discrimination were more likely to be non-gamblers (42% vs. 38%) or experiencing no reported gambling problems (PGSI 0: 44% vs. 37%).

When respondents in the qualitative community were asked which environments they feel most and least safe in, they reported feeling most unsafe in spaces that uphold more traditional, less progressive values, and in which people are felt to be less accepting of non-normative identities. When discussing how safe they feel at work, respondents expressed a variety of experiences. Those who felt unsafe described being careful about when and where they disclose their identity, for fear of a negative reaction. Meanwhile, those who felt safe at work described an environment in which diversity and difference are overtly embraced and encouraged.

*"I never told the men in the warehouse about my sexuality. But they were aware. I wouldn't consider myself as overly camp or flamboyant but I did get a few comments every now and then."* (36, Male, Gay, A person who gambles + affected other, PGSI – 14, Online community)

*"I feel safer at work as I work with other LGBT people and work in a diverse creative industry where differences are embraced."* (26, Female, Bisexual, A person who gambles + affected other, PGSI – 2, Online community)

Some spaces were seen as being more likely to involve people who both have negative attitudes towards LGBTQ+ people, and are more likely to act on them. Many respondents described feeling under threat in spaces that are associated with traditional ideas of masculinity, or where large groups of men are present. Several associated sporting events and drinking venues with feeling unsafe, making a link between typically heteronormative, 'macho' environments and feeling under threat:

*"A place I am not familiar with, or a sporting event, you are far more guarded and less open because you don't know how that one or two people will respond and there is always the one or two in every environment."* (60, Male, Gay, A person who gambles, PGSI – 3, Online community)

*"When I used to drink I would never feel comfortable in a straight venue. Especially on a Friday/Saturday night. I feel most straight men just go out looking for a fight and see my gay group as [an] easy target."* (36, Male, Gay, A person who gambles + affected other, PGSI – 14, Online community)

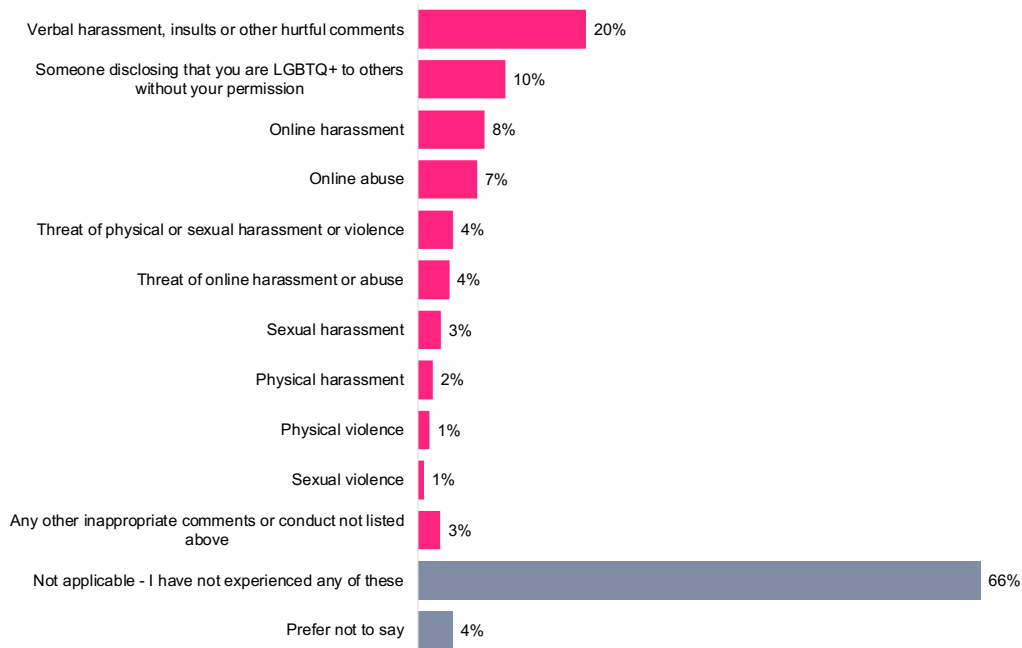
In light of the above, many reported feeling safe/safer in spaces where people are perceived to have more progressive and tolerant views. These include spaces containing younger communities, such as university campuses, as well as LGBTQ+ spaces. Respondents mentioned feeling safer in gay bars and clubs, queer events, and pride parades, or in places where they are more likely to encounter LGBTQ+ people, such as cities with large LGBTQ+ populations, art and cultural venues, and comic book conventions.

*"I felt very safe on campus at university as I feel the younger generation are more tolerant. I feel safe in places with high LGBT populations. For example the town of Brighton, gay cafes or bars and at pride events."* (24, Non-binary, Queer, A person who gambles + affected other, PGSI – 24, Online community)

*"I only really feel safe expressing myself at queer events or places with a lot of queer and autistic people – like pride events or comic conventions, that sorta thing. Everywhere else feels dangerous."* (26, Trans man, Gay, A person who gambles + affected other, PGSI – 6, Online community)

When asked about their experiences of violence, harassment and abuse in the last 12 months (due to their LGBTQ+ identity), 30% of LGBTQ+ people reported they had experienced this. Most commonly, this was verbal harassment (20%) followed by someone disclosing that they are LGBTQ+ without their permission (10%).

**Figure 14. Experiences of violence, harassment or abuse in the last 12 months**



LGBTQ12. In the last 12 months, did you experience any of the following because you are LGBTQ+? Please tick all that apply. Base: All LGBTQ+ (n=3,038)

Females identifying as gay or lesbian were more likely to report that they had experienced violence, harassment and abuse (37%), than bisexual people (male identifying as bisexual: 30%, female identifying as bisexual: 24%). Trans and non-binary people were more likely to report they had experienced violence, harassment and abuse (59%), while intersex people were also most likely to say this (61%).

Conversely to discrimination, LGBTQ+ people from an ethnic minority background were no more likely to say they experienced violence, harassment and abuse (34%) than all LGBTQ+ adults overall.

Similar to those who have experienced discrimination, those who experienced abuse were more likely than those who had not to also experience any level of problems from gambling (PGSI 1+: 24% vs. 14%), and be experiencing 'problem gambling' (PGSI 8+: 7% vs. 2%). Correspondingly, those who did not experience abuse were more likely to be experiencing no reported gambling problems (PGSI 0: 45% vs. 35%) than those who had. These findings indicate that experiences of discrimination and abuse may correlate with gambling behaviour and the likelihood to be gambling at problem levels.

A select number of respondents who had reported having experienced discrimination in the quantitative survey were asked to write a diary-style entry in the qualitative community, describing their experiences of discrimination. Respondents in the in-depth interviews were then later asked to elaborate on how experiences like this have affected them. The following testimonies, though they present forms of adversity in different contexts, all reveal the complex emotional impacts of facing discrimination. A key finding is the lasting impact that stigma and discrimination can have on an individual's self-esteem:

*"There is a level of discrimination I do feel [and] I'd be lying if I said that it doesn't affect me... when there's comments about my body... or people questioning, 'Are you a man or a woman'? I think that can be really damaging... then I [get home] and I look in the mirror and I think 'what's wrong with me?' 'What do I need to change?'" (34, Trans woman, Bisexual, A person who gambles, PGSI – 7, In-depth interview)*

In the following excerpts, respondents describe the consequences of experiencing mental and physical abuse at the hands of their own family members, as a result of being LGBTQ+. They highlight how being forced to alter or hide parts of themselves, to avoid adversity and conform to the expectations of those who are supposed to protect them, has contributed to enduring feelings of isolation and betrayal.

*"My stigma started at an early age with my father. Anything deemed not masculine in his eyes was wrong... I learned to hide my true self before I was ten... you are led to believe your parents would protect you and accept you for who you are, not punish you... I still feel a lot of resentment, anger and carried the feeling of isolation with me all these years." (60, Male, Gay, A person who gambles, PGSI – 3, Online community)*

*"My father and later my stepfather... forced me to leave the house when I told them I was gay and loved another man. They told me to go and see a doctor to be cured and that I had to stay away... They never acknowledged any wrongdoing, however over the years I was able to visit my parents for dinner with the quiet assumption that I wouldn't talk about the subject." (58, Male, Gay, A person who gambles, PGSI – 2, Online community)*

Other respondents commented on the effect of being targeted in public, and described how their consequent fears of being targeted again contribute to a general sense that GB is unsafe for LGBTQ+ people. They described having to hide themselves and their identities away, in order to evade potential danger. In some respondents' cases, experiencing discrimination and seeing no tangible efforts to hold the perpetrators to account has made them feel that speaking out is a waste of time.

*"I was attacked on a night out after a group approached me for directions... before I knew it 4 men attacked me... it was the worst night of my life... truthfully I turned more to gambling locking myself away at home without criticism or judgement, I have overcome this now but still see so much hate for the queer community." (30, Male, Gay, A person who gambles, PGSI – 3, Online community)*

*"I remember being on a bus and some teenagers saw me kissing my girlfriend, and they started shouting slurs at us, and they followed us off the bus, and tried to attack us... it's probably made me more likely to not feel comfortable loving a partner in public if they're the same sex as me... it [has] probably made me more vigilant as well." (29, Female, Bisexual, A person who gambles + affected other, PGSI – 6, In-depth interview)*

What many of these respondents had in common were experiences of being targeted and feeling vulnerable, which led to lifelong struggles with self-esteem, feelings of isolation and a sense that they can only rely on themselves for protection. In some cases, this resulted in respondents expressing the need to hide or alter parts of their identities, or to a general feeling that other people cannot be trusted. As mentioned previously in this research, there appears to be a pattern between respondents experiencing negative life events, and using gambling as a form of escapism. With this in mind, it seems possible that experiencing discrimination might make a person more likely to gamble, as evidenced in other studies that report association between experiencing discrimination (especially racial/ethnic discrimination and other forms of social marginalisation) and greater risk of gambling involvement or gambling harms (Lloyd et al., 2025; Martin et al., 2024; Moss et al., 2023; Okuda et al., 2016). In the in-depth interviews, several respondents indicated that gambling has afforded them an 'escape' from the difficult emotions caused by feeling marginalised, in this case offering the potential for the respondent to make a 'difference to the world':



*"I don't know if [my experiences are] exclusive to being gay, but they...have resulted in me becoming what my therapist calls a 'wounded healer'... even though you're wounded, you want to heal others... and that definitely is a strong influence in gambling...I think if I can win big in terms of tens of millions of pounds I can... solve everything for everybody, I can make a difference in the world."* (37, Non-binary, Gay, A person who gambles, PGSI – 5, In-depth interview)

## Experiences of connectedness, community and support

Survey respondents completed the Multidimensional Scale of Perceived Social Support (MSPSS)<sup>11</sup>, which is designed to measure their perceptions of support from family, friends and significant others (Zimet et al., 1988). Their mean scores were measured against a scale on which 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; and a score from 5.1 to 7 could be considered high support.

On average, LGBTQ+ people had a moderate overall support score (3.73). Although mean scores were slightly lower for family (3.49), slightly higher for friends (3.81), and highest for significant other (3.88), all scores fell in the moderate support range.

Notably, LGBTQ+ people who are experiencing 'problem gambling' (PGSI 8+) had a slightly lower overall score on the MSPSS scale (3.46), while those with no reported gambling problems (PGSI 0) had a higher score (3.79). Although there were no differences by PGSI score for the family mean, a similar pattern of lower scores among those experiencing 'problem gambling' can be seen among the friends and significant other scores. This indicated that those who reported feeling less connected to social support were also more likely to be experiencing greater problems from gambling.

Survey respondents were also asked the questions that make up the LGBTQ+ community connectedness scale (Frost & Meyer, 2012)<sup>12</sup>. On this scale, a higher mean score indicates a greater sense of community connectedness, with a maximum score of 5. LGBTQ+ people had a community connectedness mean score of 2.72. Men identifying as gay or lesbian had a slightly lower score than all LGBTQ+ people (2.56), while women identifying as gay or lesbian had a higher score (2.97). A similar pattern is noted among bisexual people, as men who identify as bisexual had a lower score (2.45) than all LGBTQ+ people and women identifying as bisexual (2.81). Those with another sexual orientation had a slightly higher score (2.81), as did transgender and non-binary people (3.17) and intersex people (3.02). This indicated that people with another sexual orientation and those who are transgender and non-binary reported higher connectedness than all LGBTQ+ adults. This is perhaps indicative of transgender and non-binary people seeking a sense of community with other transgender and non-binary people outside of heterosexual and cisgender dominated spaces.

Conversely to the MSPSS scores, LGBTQ+ people who are experiencing 'problem gambling' (PGSI 8+) had a slightly higher community support score (3.00) than those with no reported gambling problems (PGSI 0: 2.60).

Respondents in the qualitative community had mixed feelings about the level of connectedness and support they feel. A common theme was the desire for more fulfilling, reliable and reciprocal relationships or support from the people in their lives. Respondents who described feeling sadness, frustration and dissatisfaction with the relationships in their lives, frequently mentioned a lack of reciprocity from friends and family. Some also expressed feeling like a burden on others, or worried that they will become a burden by reaching out for help when they need it:

11 The MSPSS scale is a short instrument designed to measure an individual's perception of support from their family, friends and significant other. It is 12 questions long. For each question, respondents select an option on a scale of Strongly Disagree (score 1) to Strongly Agree (score 7). A higher mean score indicates stronger perceived social support. Available [here](#).

12 The Community Connectedness scale is a short instrument designed to measure an individual's level of connection to a community. It is 10 questions long. For each question, respondents select an option on a scale of Never (score 1) to Always (score 5). A higher mean score indicates stronger perceived community connectedness. Available [here](#).

*"I reciprocate to others' actions and needs, but rarely receive a reciprocal effort from others that makes me feel seen and considered."* (37, Male, Bisexual, A person who gambles, PGSI – 23, In-depth interview)

*"I don't want to put a burden on my family by letting them know that I am struggling with things."* (32, Male, Gay, A person who gambles, PGSI – 22, Online community)

*"I am lucky to have my husband but I can't rely on him with all emotional matters because he has his own issues. I have a few trusted friends but wish I could make friends more easily."* (41, Male, Gay, A person who gambles + affected other, PGSI – 12, In-depth interview)

Those who reported feeling happy with their current relationships cited having a strong network of family, friends and partners, and the positive impact of removing negative influences from their lives:

*"I only surround myself with positive people and optimistic people who are working to better themselves."* (43, Male, Gay, A person who gambles + affected other, PGSI – 4, Online community)

*"I have done a 360 in life and ditched a lot of "friends" in the past 5 years. It's great not being surrounded by negative influences and drama."* (36, Male, Gay, A person who gambles + affected other, PGSI – 14, Online community)

## INTERSECTION OF GAMBLING WITH OTHER BEHAVIOURS

### Behaviour around drinking alcohol, smoking and taking drugs

LGBTQ+ people were also asked about their drinking, smoking, and drug-taking habits to better understand how these behaviours intersect with problems with gambling. Those who currently smoke, drink alcohol regularly, or take drugs regularly were more likely to report experiencing problems with gambling.

Those who reported that they currently smoke or had taken drugs at least once a month in the past year were more likely than all LGBTQ+ people to be experiencing any level of problems with gambling (PGSI 1+) (26% current smoker, compared with 16% non-smoker, and 28% taken drugs monthly, compared with 16% never) and be experiencing 'problem gambling' (PGSI 8+) (7% current smoker, 11% taken drugs monthly) – that is, they were more at risk of experiencing gambling problems. In contrast, those who previously smoked but do not currently were more likely than all LGBTQ+ adults to have a PGSI score of 0, experiencing no reported gambling problems.

When looking at drinking alcohol, those who were classified as at increasing or higher risk, or possible dependence (i.e. with an AUDIT-C score of 5 to 12) were more likely than all LGBTQ+ people to gamble (67% vs. 59%), though similar proportions were classified as experiencing any level of gambling problems (PGSI 1+: 19% and 18%). Notably, slightly more were experiencing 'problem gambling' (PGSI 8+) (4% vs. 3%).

**Table 5. Intersection of gambling problems with drinking, smoking, and drug-taking habits**

Note from 'sex' onwards, the figures in this table refer to the LGBTQ+ populations

	Total	AUDIT-C score 5-12 <sup>13</sup>	Current smoker	Drugs taken at least monthly
Non gambler	41%	33%	30%	31%
Non-problem gambling (0)	42%	48%	44%	41%
Low level of problems (1-2)	9%	10%	12%	12%
Moderate level of problems (3-7)	5%	4%	7%	5%
Problem gambling (8+)	3%	4%	7%	11%
All who gamble	59%	67%	70%	69%
Net: All 1+	18%	19%	26%	28%

PGSI\_Score. Base: All LGBTQ+ (n=3,038); Current smoker (n=535); AUDIT-C score 5-12 (n=1,237); Drugs taken at least monthly (n=281)

When asked if using substances like alcohol, tobacco, and drugs has had an impact on their gambling habits, respondents from the interviews and online community were divided. However, those who reported using substances at higher levels mentioned that these habits have impacted their gambling to some degree. Notably, many respondents described how being under the influence of substances like alcohol or illegal drugs can increase feelings of confidence and reduce inhibitions, making them prone to gambling for longer periods of time, and more likely to take risks.

*"Alcohol consumption sometimes makes me bet impulsively and increases my spending on games."* (28, Male, Gay, A person who gambles, PGSI – 16, Online community)

*"When I am on my particular drug of choice I do feel very confident, like I know I am going to win and I can get it in my mind to go on the sites/apps."* (36, Male, Gay, A person who gambles, PGSI – 0, Online community)

Respondents also raised that consuming substances can make them more likely to visit certain venues where gambling is possible, and implied that the effects might be worse than they might be if they were not under the influence.

*"Drinking sometimes causes silly decisions so once I was in a casino after lots of cocktails and gambled more than I would have sober. Alcohol sometimes makes me take risks that I wouldn't usually."* (24, Female, Lesbian, A person who gambles + affected other, PGSI – 2, Online community)

In many respondents' cases, it appeared that consuming substances and gambling both fulfilled a similar function, to numb painful feelings and achieve a state of happiness. In some cases, respondents described using one 'vice' to overcome the negative emotions caused by another – for example, using gambling to overcome the anxiety caused by drinking.

*"When I was feeling anxious after a drink I used to gamble whilst under the influence of alcohol and not know when to stop putting money in."* (30, Male, Gay, A person who gambles, PGSI – 3, Online community)

13 An AUDIT-C score between 5 and 12 suggests an increasing risk of alcohol-related harm or possible alcohol dependence.

*"I gamble more when I've had a drink. Alcohol takes away my inhibition, it makes me reckless, it gives a warm glow and a mindset of 'what the heck'/throwing caution to the wind. I also gamble more when I'm feeling depressed or sad at how life is going, which is frankly most of the time currently."* (54, Female, Bisexual, A person who gambles, PGSI – 1, Online community)

## MENTAL HEALTH

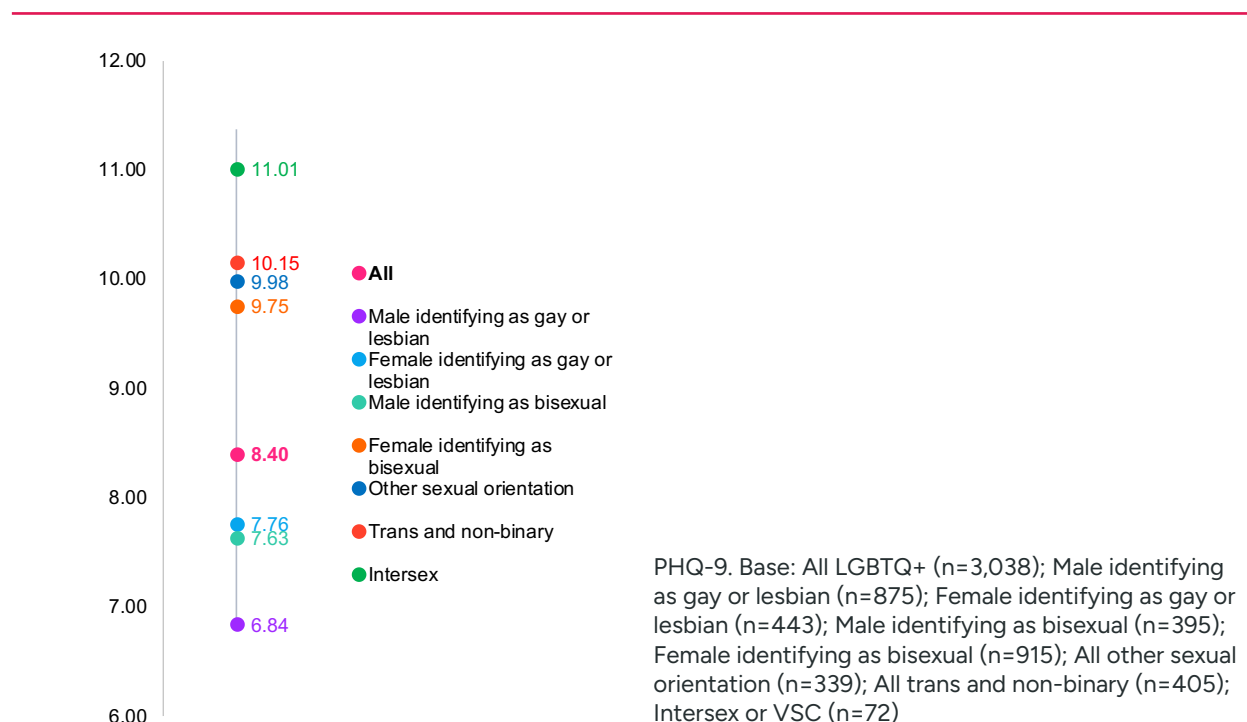
### PHQ-9 (Depression Scale)

LGBTQ+ people were then asked a series of questions on their mental health over the last two weeks, and given a score based on this. The mean PHQ-9 scores which indicate the extent to which respondents are experiencing depression are displayed in the chart below, on a scale of 0 to 27, where a higher score indicates a more severe experience of depression (Kroenke et al., 2001).<sup>14</sup> Generally, a score of 5-9 indicates mild depression, while 10-14 indicates moderate depression.

On average, LGBTQ+ respondents recorded a score of 8.40. Bisexual people (9.16) or people of another sexual orientation (9.98) exhibited higher mean PHQ-9 scores (i.e. more severe depression) than gay and lesbian people (7.22). When disaggregating bisexual and gay and lesbian people by sex we see that females identifying as gay or lesbian (7.76) and females identifying as bisexual (9.75) had a higher PHQ-9 score than their male counterparts (male identifying as gay or lesbian 6.84, male identifying as bisexual 7.63). Transgender and non-binary people exhibited a higher mean PHQ-9 score (most severe depression) at 10.15, while intersex people had the highest mean score at 11.01.

These findings indicate that gay, lesbian and bisexual respondents were experiencing mild depression. In contrast, transgender and non-binary respondents' scores indicated moderate levels of depression.

Figure 15. PHQ-9 Mental health scores among LGBTQ+ groups (means)



<sup>14</sup> The PHQ-9 scale is the depression module of the PRIME-MD diagnostic instrument for common mental disorders. It is 9 questions long and assesses the frequency of experiencing a variety of symptoms associated with depression over the past two weeks. For each question, respondents select an option on a scale of Not at all (score 0) to Nearly every day (score 3). A higher total score (on a scale of 0 to 27) indicates more severe depression. Available [here](#).

LGBTQ+ people who recorded higher mean PHQ-9 scores on average were correspondingly more likely to have higher PGSI scores, indicating that those who were experiencing more severe depression were more likely to also be experiencing problems from gambling. For example, those who experienced no reported gambling problems (PGSI 0) exhibited a mean PHQ-9 score of 7.45 suggesting they were experiencing mild depression. PHQ-9 scores rose to 10.18 among those experiencing any level of problems (PGSI 1+), and 13.17 among those experiencing 'problem gambling' (PGSI 8+) indicating they were experiencing moderate depression.

Notably within the PHQ-9 items a quarter (24%) of LGBTQ+ people reported that they had experienced thoughts they would be better off dead over the last two weeks.

### WEMWBS (wellbeing scale)

Survey respondents completed the short-item Warwick-Edinburgh Mental Wellbeing scale (WEMWBS), a scale developed to monitor mental wellbeing in the general population, where higher mean scores indicate better mental wellbeing.<sup>15</sup> Overall, LGBTQ+ people exhibited a mean score of 20.78. Gay and lesbian people exhibited a higher mean WEMWBS score (male identifying as gay or lesbian 21.53, female identifying as gay or lesbian 21.15) than intersex people (20.98), bisexual people (male identifying as bisexual 20.78, female identifying as bisexual 20.25), people of another sexual orientation (19.86) and transgender and non-binary people (19.92). Those experiencing no reported gambling problems (PGSI 0) exhibited a higher WEMWBS mean score (21.32) – that is, better mental wellbeing – than those categorised as PGSI 1+ (20.24). In other words, LGBTQ+ people experiencing greater gambling problems were more likely to experience worse mental wellbeing.

Respondents in the qualitative research painted a picture of their mental health as fluctuating and highly reliant on external factors. It was implied that some respondents' ability to overcome a period of poor mental health was partly bound to improvements in other, more structural areas of their lives, such as their financial situation, employment/education status, housing status, and proximity to a support network.

Meanwhile, the causes of experiences of poor mental health were wide-ranging. While some referred specifically to gambling-related concerns, many other reasons were mentioned. Among others, respondents frequently cited being stressed and unhappy at work and university, experiencing financial difficulty, and having problems with physical health. While each specific challenge experienced by respondents is significant in itself, the research findings indicate that the causes of respondents' mental ill-health are intersectional. Various respondents mentioned how difficult emotions caused by traumatic experiences, some of them relevant to being LGBTQ+, persist into the present and provide a baseline of poor mental health.

*"I have historic mental ill-health from my childhood... having to grow up too soon, taking on the role of the parent for my 6 siblings, even though I was third youngest. A gambling father and alcoholic mother with suicidal ideation and the triple whammy of being gay all added to this." (60, Male, Gay, A person who gambles, PGSI – 3, Online community)*

*"I have experienced multiple traumatic events that led up to [my] PTSD diagnosis. Some of those events are LGBT related but not gambling related... LGBT bullying, being outed to family, and being abused by a same sex partner. Some are not related for example, childhood trauma or abuse." (24, Non-binary, Queer, A person who gambles + affected other, PGSI – 24, Online community)*

15 The WEMWBS scale was developed to assess mental wellbeing in the general population. It is 14 items long and assesses the frequency of experiencing a variety of positive emotions over the past two weeks. For each question, respondents select an option on a scale of None of the time (score 1) to All of the time (score 5). A higher total score (on a scale of 14 to 70) indicates better mental wellbeing. Scores may be banded into 'low' mental wellbeing (scores 14–42), 'medium' mental wellbeing (scores 43–60), and 'high' mental wellbeing (scores 61–70). Available [here](#).

# TREATMENT AND SUPPORT FOR GAMBLING IN LGBTQ+ COMMUNITIES

## KEY FINDINGS

- LGBTQ+ people with higher PGSI scores were more likely to want to quit or reduce the amount they gamble (compared to those with lower PGSI scores). Among those experiencing any level of problems from gambling (PGSI score of 1+), over one in three (36%) said they want to quit or reduce.
- One in four (24%) LGBTQ+ people who gamble with a PGSI score of 1+ said they wanted to receive some form of advice, support or treatment for their gambling. A similar proportion said they had accessed some in the past 12 months (26%).
- Whilst qualitative study respondents had a range of motivations to stop or reduce gambling, the key barriers to stopping or reducing were a lack of awareness about the support types available, uncertainty about whether support would be effective, alongside continuous exposure to gambling advertising. Some had concerns about discrimination when accessing support and uncertainty about whether they would be eligible for it, due to perceived lower levels of gambling.
- A sense of safety when seeking support was crucial and often meant being able to access anonymous support or inclusive spaces where they would not feel judged because of their identity or gambling addiction. There was also a clear need for holistic services to address other addictions or mental health issues, alongside higher awareness about the support types available.

LGBTQ+ people who gamble were asked about their interest in reducing or quitting gambling, as well as their experiences and expectations around accessing advice, support, or treatment for this.

Given those experiencing any level of harm from their gambling (PGSI score of 1+) were more likely to report usage/demand for advice, support and treatment, the data from the survey in this chapter focusses on the experiences of this group.

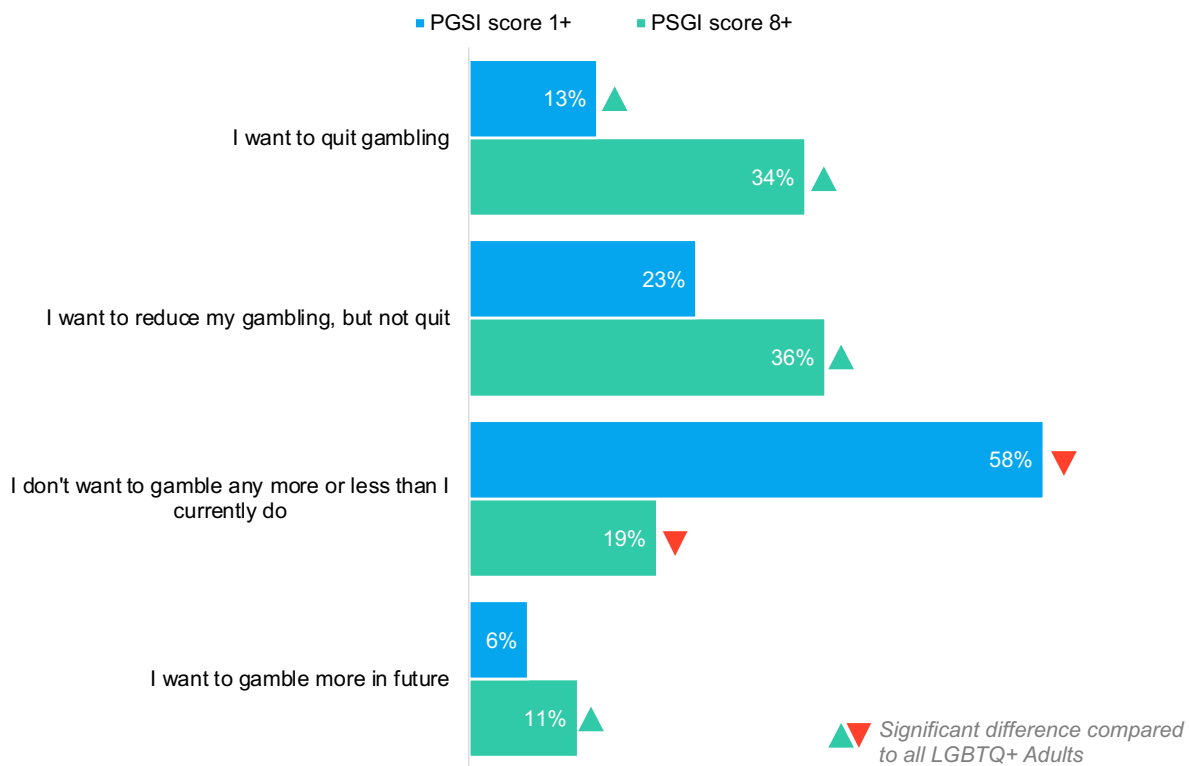
## REDUCING OR QUITTING GAMBLING

### Interest in reducing or quitting gambling

Among LGBTQ+ people who gamble (59% of the LGBTQ+ population), four in five (81%) did not want to change the amount that they currently gamble.

LGBTQ+ people with higher PGSI scores were more likely to want to quit or reduce the amount they gamble (compared to those with lower PGSI scores). For example, 13% of those experiencing any level of problems from gambling (PGSI 1+) said they would like to quit, rising to 34% of those experiencing 'problem gambling' (PGSI 8+); and 23% of PGSI 1+ said they would like to reduce their gambling, rising to 36% of PGSI 8+. However, those experiencing 'problem gambling' (PGSI score of 8+) were also more likely than all LGBTQ+ adults to say they would like to increase the amount they gamble in the future (11%).

Figure 16. Current thoughts on own gambling



G5. Which of the following best describes your current thoughts on your own gambling?

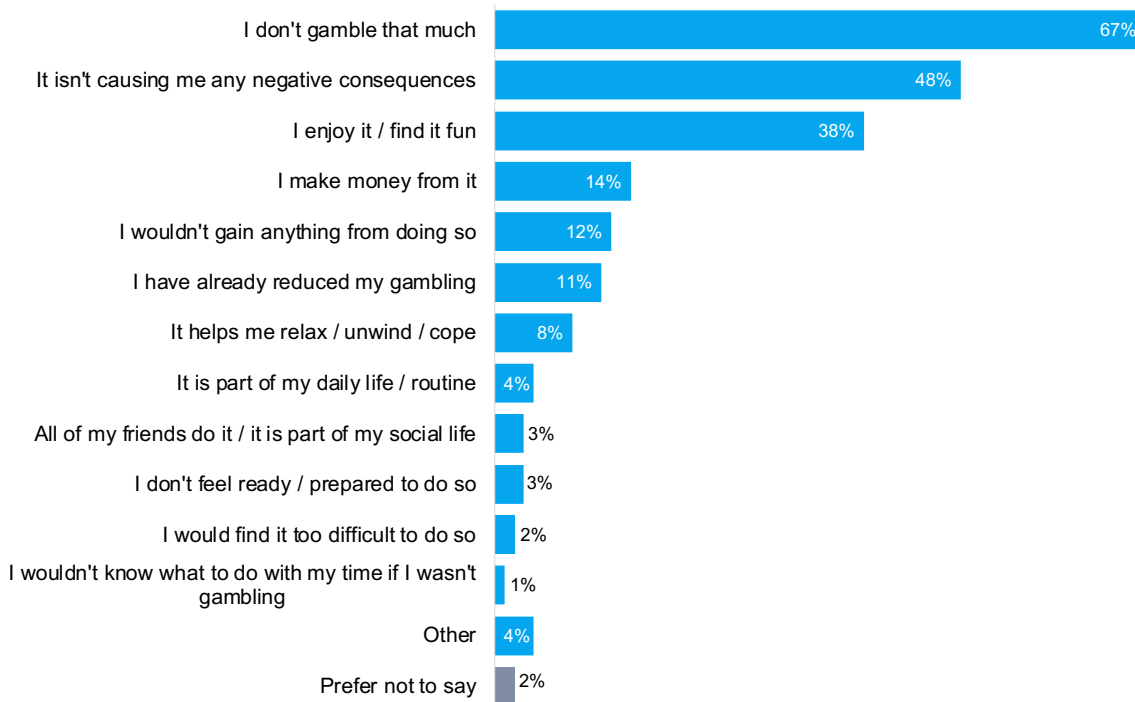
Base: All PGSI 1+ (n=508); All PGSI 8+ (n=83)

Among those with a PGSI score of 1+, there were not statistically significant differences when looking at the data by sexual orientation or gender identity.

### Motivations and barriers to reducing or quitting gambling

Among LGBTQ+ people with a PGSI score of 1+ who said they do not want to decrease their current level of gambling, this was most commonly due to not believing they gamble that much (67%), followed by a perception their gambling had no negative consequences (48%). There were no meaningful differences in the reasons for not reducing current levels of gambling by sexual orientation or gender identity.



**Figure 17. Reasons for not reducing current level of gambling**

G6. Which, if any, of the following reasons best explains why you do not want to reduce your current level of gambling? Please select all that apply.

Base: All PGSI 1+ who do not want to reduce their current level of gambling (n=341)

Whilst respondents in the qualitative interviews and community had a range of motivations to stop or reduce gambling, the key barriers to stopping or reducing were a lack of awareness about the support types available and how to access it, uncertainty about whether support would be effective, alongside continuous exposure to gambling advertising. There was also a concern about discrimination when accessing support and uncertainty about whether they would be eligible for it, due to perceived lower levels of gambling.

Qualitative respondents had mixed attitudes towards reducing their gambling or stopping it entirely. For those open to reducing their gambling, there was still some uncertainty about support-seeking, including where to seek it out or awareness of what types of support were available to them, which acted as a barrier in their support-seeking journey. A few felt support was difficult to access, due to some support not being offered locally to them.

***"Whilst I want to reduce my level of gambling - most of the social groups (gamblers anonymous etc.) are not 'local' to me or close to a bus route I use."** (36, Male, Gay, A person who gambles, PGSI – 15, Online community)*

***"I feel support is for bigger gamblers. Although I do feel stress and regret. I don't feel 'worthy' of support."** (24, Female, Lesbian, A person who gambles, PGSI – 2, Online community)*



The online community findings show that respondents would be most motivated to reduce money spent on gambling because of the direct negative impacts on their finances. However, others identified the benefits of reducing time spent on gambling to do other activities they enjoy, or spend more time with friends and family. Respondents were also more inclined to want to reduce their gambling across certain gambling types – mostly online gambling such as slots, betting, raffles and scratch cards, tied to how ‘addictive’ they find these types and the capacity to lose lots of money in a short period of time.

In both the online community and in-depth interviews, respondents shared that some of the barriers around reducing gambling for them included frequent exposure to gambling advertisements and promotions, feeling a continuous urge to gamble, alongside maintaining a hope to win. Some felt apprehensive about reaching out for support, either due to previous negative experiences as a result of being LGBTQ+, or because they were worried that they might be discriminated against.

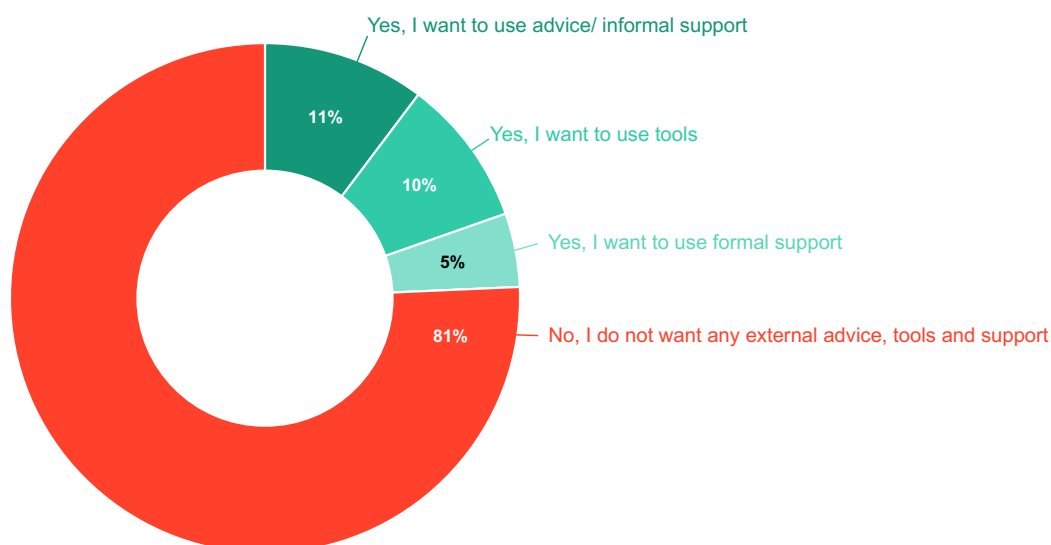
*“[Barriers affecting efforts to stop gambling] Consistent adverts going to my emails. Promotions and free spins or discount codes. Also notifications on my phone.” (36, Male, Gay, A person who gambles + affected other, PGSI – 14, Online community)*

*“Being queer there just isn’t the correct support out there... when I tried to seek guidance and support from a GP, he was clueless and was quick enough to jump to judge me [my identity] which made me feel worse rather than better for seeking help.” (30, Male, Gay, A person who gambles, PGSI – 3, Online community)*

## EXPECTATIONS AND SUPPORT PREFERENCES

When asked whether they currently want any external advice, tools or support to help quit or reduce their gambling or their risk of harm when doing so, the majority (81%) of LGBTQ+ people with a PGSI score of 1+ reported not wanting any. There was low demand for external advice, tools and support, relatively evenly split between advice/informal support (such as from friends/ family, websites, online forums, advice helplines) (11%) and tools (such as self-exclusion software like GamStop, blocking software like GamBan, bank blocks) (10%). Five percent said they want formal support (e.g. provided by a GP, or mental health or addiction services).

Figure 17. Reasons for not reducing current level of gambling



G12x. Do you currently want any external advice, tools and support to help you quit gambling/ reduce your risk of harm when gambling/ reduce your gambling? Please select all that apply.

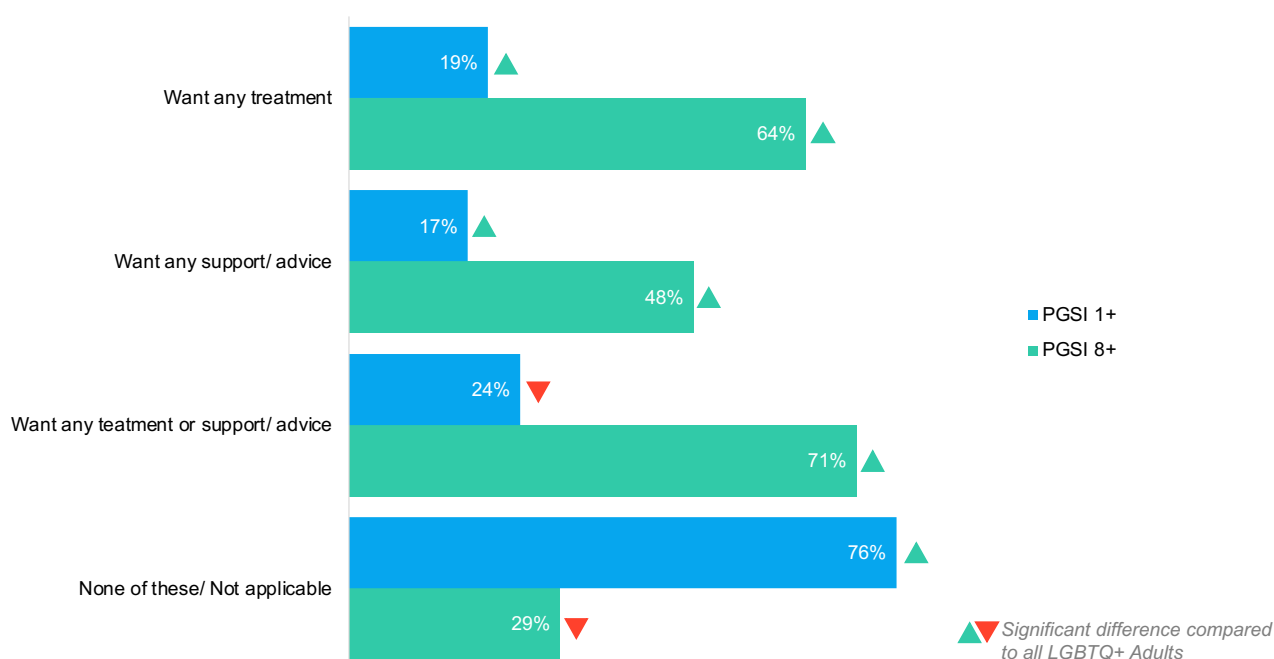
Base: All PGSI 1+ (n=508)

There was little difference between LGBTQ+ groups in terms of whether they wanted external advice, tools and/or support, and if so, what kind. Those with higher PGSI scores were more likely to want external advice, tools and/or support. For example, 1% of those experiencing no reported gambling problems (PGSI 0) said they wanted access to external advice, tools and/or support to reduce gambling, rising to 19% of those experiencing any level of problems with gambling (PGSI 1+), and increasing further to 64% of those experiencing 'problem gambling' (PGSI 8+).

LGBTQ+ people who gamble were also asked whether they currently want to receive advice, support or treatment for cutting down their gambling. A range of different sources – including from their GP, mental health services, friends and family – were asked about, which have been categorised into types of support/advice and treatment services.

One in four (24%) LGBTQ+ people who gamble with a PGSI score of 1+ said they wanted to receive some form of advice, support or treatment for their gambling. Compared to heterosexual/cisgender population within the Treatment and Support Survey, this is slightly lower (29%). Similar proportions said that they wanted treatment (19%) and advice/support (17%). This means that the majority (76%) do not want advice, support or treatment from any of the sources asked about, or do not think they need to cut down their gambling.

**Figure 19. Demand for advice, support or treatment**



Q8. Would you currently want to receive support, advice or treatment with cutting down your gambling from any of the following? Please tick all that apply.

Base: All PGSI 1+ (n=508); All PGSI 8+ (n=83)

Among those with a PGSI score of 1+, there were no meaningful statistical differences in demand for advice, support or treatment by gender identity or sexuality.

When looking at PGSI scores, those with higher scores were more likely to report a demand for treatment (1% PGSI 0, vs. 19% PGSI 1+, 64% PGSI 8+), or any advice/support (1% PGSI 0, vs. 17% PGSI 1+, 48% PGSI 8+). This same pattern applied to the heterosexual/cisgender population within the Treatment and Support Survey among both those interested in treatment (1% PGSI 0, vs. 21% PGSI 1+, 55% PGSI 8+), or advice/support (1% PGSI 0, vs. 20% PGSI 1+, 43% PGSI 8+).

A sense of safety when seeking support was crucial and often meant being able to access anonymous support or having inclusive spaces where they would not feel discriminated against or judged because of their identity or gambling. There was equally a clear need for holistic services to address other issues, such as mental health or other addictions, alongside higher awareness about the range of support types available.

For qualitative respondents, feelings about support seeking varied depending on how they felt about their gambling and support in general. Some respondents, particularly during the in-depth interviews, reported feeling negatively about support, either due to previous negative experiences with support providers, or due to embarrassment and a fear of being judged. Seeking support felt like a failure on their part to manage their behaviour on their own. Many respondents raised that the fear of stigmatisation has fuelled their decision to stay quiet about their gambling habits:

*“I’ve got really good friends and family around me, and I’m quite honest about my feelings, but this is something that I’ve... kept to myself... it feels embarrassing, it feels like a waste of money... it almost feels like a moral failing.”* (36, Female, Bisexual, A person who gambles, PGSI – 2, In-depth interview)

These complex feelings drove a preference for anonymous settings with strangers, which mitigated the feeling of judgement somewhat. A smaller minority were open to support groups, but concerned that they might be discriminated against, due to groups often being held in environments that make them uncomfortable, such as religious institutions. This further emphasises the importance of safe environments for these communities.

*“It feels good to make headway in fixing an area of my life that upsets and stresses me, but there’s always the feeling of shame associated with the fact that I feel I’m stupid for ever getting in this situation.”* (26, Female, Bisexual, A person who gambles, PGSI – 2, Online community)

*“The support groups tend to be held in church halls or community centres – and they make me feel uneasy – expecting them to be highly religious or otherwise preachy.”* (36, Male, Gay, A person who gambles, PGSI – 15, Online community)

## Perceptions towards LGBTQ+ specific support

Many respondents felt that having LGBTQ+ specific support would be valuable for them, as it would reassure them that they wouldn’t be judged for their gambling ‘addiction’ or their identity. As we have seen, in both the online community and in-depth interviews, respondents’ experiences indicate that many LGBTQ+ individuals live in anticipation of judgment and discrimination. Therefore, visiting sources of treatment and support that are not explicitly inclusive of or exclusively for LGBTQ+ identities could be a daunting, if not completely off-putting prospect.

*“A lot of LGBTQ+ people already worry about stigmas based on sexuality and gender, so to then have to go into what is very stereotypically a predominantly male-based Gamblers Anonymous meeting, [it would be hard to feel] comfortable with sharing life experiences.”* (32, Male, Gay, A person who gambles, PGSI – 22, In-depth interview)

Some respondents also stressed that, as things stand, the LGBTQ+ community faces its own problems relating to exclusivity and prejudice, such as ableism, transphobia, and biphobia, and that it should therefore not be assumed that all LGBTQ+ people can find support and acceptance within the community itself, for whatever issues they might face.

*“There are so many different groups within the wider community, bears, twinkies, daddies, chasers, fem, butch, lipsticks, LGB trans exclusionary, TERFS. None are inclusive, unless you belong within one specific group.”* (60, Male, Gay, A person who gambles, PGSI – 3, Online community)

*“I don’t feel safe in queer spaces thanks to transphobia and biphobia. That’s if I can even access them, my physical disabilities mean I often need to use a wheelchair, so many queer spaces aren’t accessible.”* (43, Non-binary, Bisexual, affected other, Online community)

However, some respondents did not think this support would be necessary, mostly because they either felt comfortable with mainstream support, or because they did not see the correlation between their identity and gambling. Some also found it hard to imagine what LGBTQ+ specific support would look like in practice.

In general, those that would like to receive LGBTQ+ specific support would expect it to provide a space for support groups with other individuals who have similar struggles. Respondents would also expect it to be tailored and holistic, encompassing other forms of help that deal with issues, such as mental health and other addictions, as they feel that there is a strong need for these types of support within the LGBTQ+ community.

*“I would reach out. I think a company solely based on LGBT help would be ideal and you know they would not be judgmental in the slightest.”* (34, Female, Bisexual, A person who gambles + affected other, PGSI – 7, Online community)

*“I would definitely reach out if I knew where to go as I would feel more comfortable knowing that I can speak fully about all aspects of my life without the fear of being judged by straight people.”* (32, Male, Gay, A person who gambles + affected other, PGSI – 22, Online community)

## General support preferences

During the online community, respondents were asked about the type of support they would want to be available in general. Respondents mentioned a variety of options, such as wider availability of support groups, a buddy or a support app, online forums with access to professional advice, free one-to-one support and 24/7 phone lines. A few mentioned that the support contact details should be embedded within gambling apps, in order to ensure that people can reach out immediately to somebody if they are struggling. Affected others highlighted the importance of services for family and friends of those who gamble, including guidance on how to have conversations about gambling.

In terms of what they would expect from charities, respondents wanted to see better education on gambling issues and them taking on an advocacy role; helping to tackle stigma around gambling addiction, lobbying to introduce laws to ban gambling promotions, and increased advertising of support, as many feel they are unaware about what support is available.

*“A way of banning yourself from all bookmakers, casinos and gambling arcades.”* (31, Male, Gay, A person who gambles, PGSI – 0, Online community)

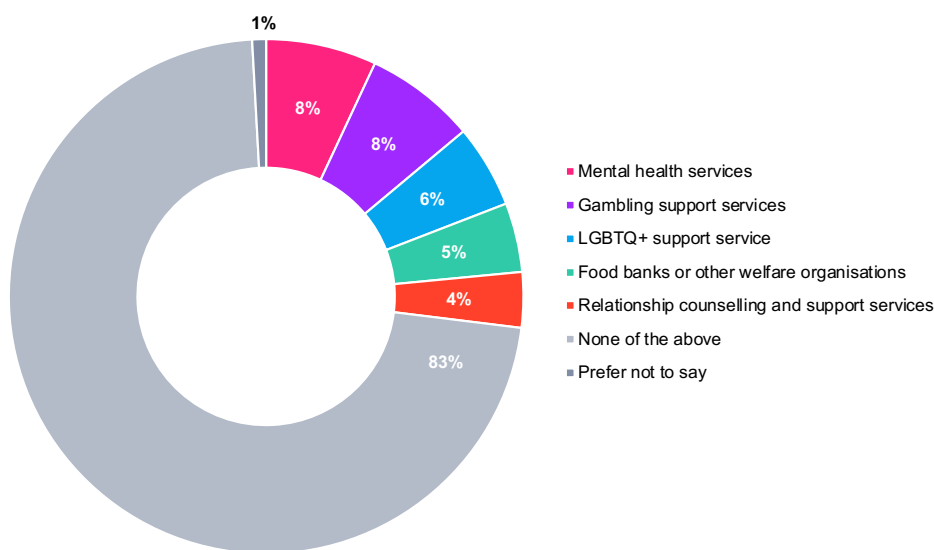
*“A full support from my internet service provider and mobile phone network. Perhaps also a system built into android or iPhone to bar ALL gambling adverts.”* (36, Male, Gay, A person who gambles + affected other, PGSI – 14, Online community)

*“Regular human connection. It’s too easy for people to abandon those afflicted and in their loneliness they turn back towards gambling.” (Male, 34, Bisexual, A person who gambles, PGSI – 0, Online community)*

## EXPERIENCES OF ACCESSING SUPPORT

LGBTQ+ people who gamble were then asked whether their own gambling has led them to seek help, support or information in the last 12 months. Among those with a PGSI score of 1+, a majority (83%) said they had not sought help, support or information. For those who had, they most commonly accessed mental health services (8%), gambling support services (8%), or LGBTQ+ support services (6%).

Figure 20. Help, support or information sought in the last 12 months



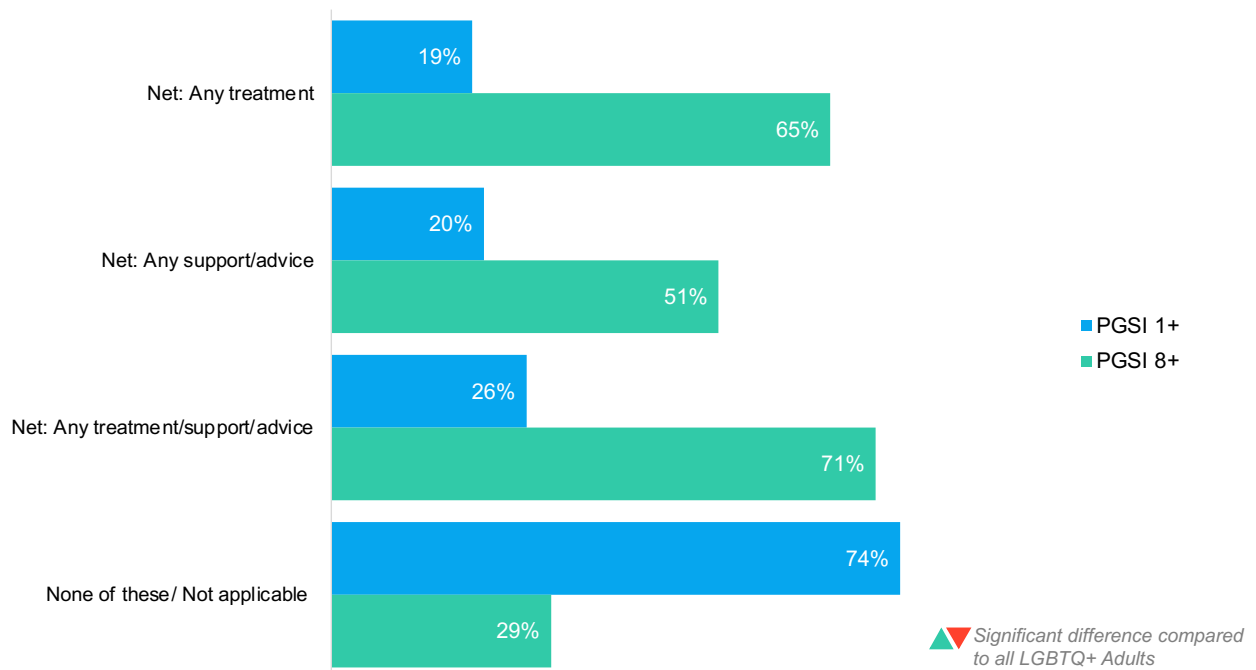
GMB4. In the last 12 months, has your own gambling led you to seek help, support or information (whether online, in-person or by telephone) from any of the following? Please tick all that apply.  
Base: All PGSI 1+ (n=508)

There were not statistically significant differences by sexuality or gender in the proportion who said they had sought LGBTQ+ support services.

Those with higher PGSI scores were more likely to have sought help, support or information in the ways listed above. For example, 1% of those with no reported gambling problems (PGSI 0) had done so, rising to 16% of those experiencing any level of gambling problems (PGSI 1+), and 62% of those experiencing ‘problem gambling’ (PGSI 8+).

The majority (74%) of those experiencing any level of problems with gambling (PGSI score of 1+) did not report accessing advice, support or treatment to cut down their gambling in the past 12 months<sup>17</sup>. Around one in four (26%) said they had which includes 19% who said they had accessed treatment services and 20% who had accessed advice/support. Compared to the heterosexual/cisgender population (30%) within the Treatment and Support Survey, this is slightly lower.

<sup>17</sup> Note this includes those who do not think they need to cut down their gambling

**Figure 21. Usage of advice, support or treatment in the past 12 months**

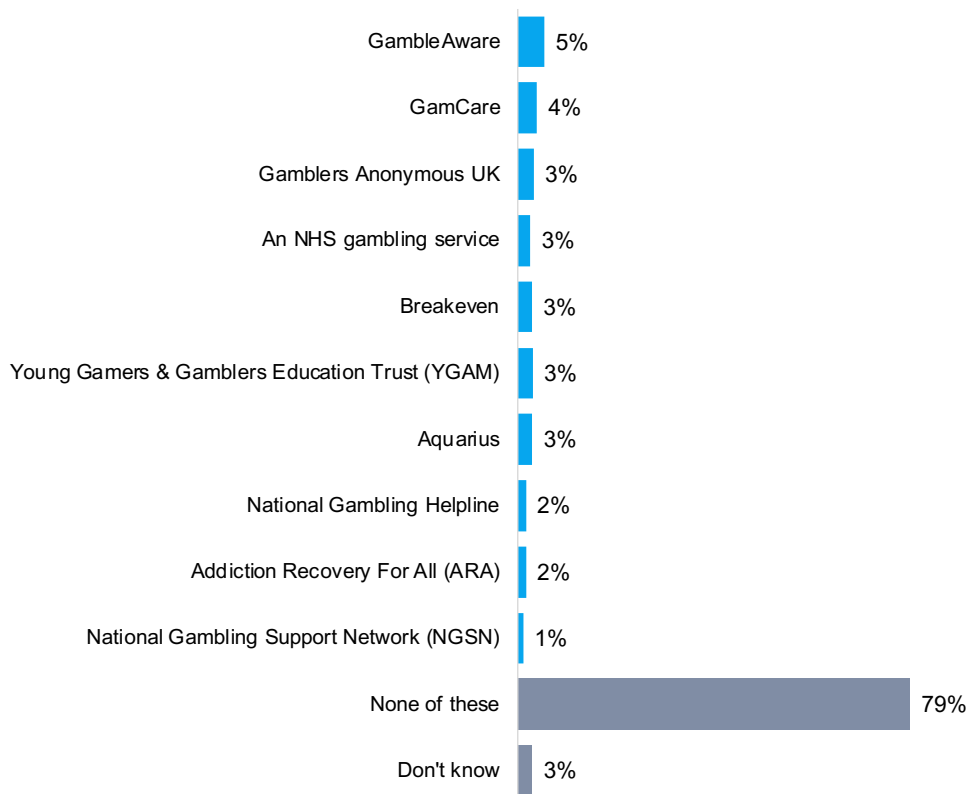
Q7. In the last 12 months, which, if any, of the following have you used for support, advice or treatment with cutting down your gambling? Please tick all that apply.

Base: All PGSI 1+ (n=508); All PGSI 8+ (n=83)

Supporting previous findings, those with higher PGSI scores were more likely to have sought any of the listed forms of advice, support or treatment for cutting down their gambling in the past year. The most notable differences were for health providers, including NHS mental health services (7% PGSI 1+ vs. 29% PGSI 8+), private mental health services (5% PGSI 1+ vs. 24% PGSI 8+), or a GP or other primary care provider (6% PGSI 1+ vs. 20% PGSI 8+). LGBTQ+ people with higher PGSI scores were also more likely to have accessed LGBTQ+-specific support services such as helplines or support groups (3% PGSI 1+ vs. 11% PGSI 8+).

As noted earlier in this chapter, the small base sizes when splitting out sexuality by sex at birth make it hard to detect meaningful differences between groups. However, females identifying as gay or lesbian and who had a PGSI score of 1+ were less likely to have sought any advice, support or treatment than those who are bisexual (13% female identifying as gay or lesbian vs. 26% male identifying as bisexual, and 26% female and identifying as bisexual). This is driven by the fact they were less likely to have sought treatment (7% female identifying as gay or lesbian vs. 19% male identifying as bisexual, and 18% female and identifying as bisexual).

When asked to select which organisations they had accessed for advice, support or treatment in the past 12 months, the majority (83%) of LGBTQ+ people with a PGSI score of 1+ said they had not accessed any. For those who had accessed an organisation, this was most commonly GambleAware (5%), followed by GamCare (3%) and Gamblers Anonymous UK (3%).

**Figure 22. Organisations used for advice, support or treatment in past 12 months (top 10)**

GMB5. And in the last 12 months, which, if any, of the following organisations have you used for support, advice or treatment with cutting down your gambling? Please tick all that apply.

Base: All PSGI 1+ (n=508)

As previously indicated, those with higher PGSI scores were more likely to have sought any of the listed organisations for advice, support or treatment for cutting down their gambling in the past year; for example, 0% of those with no reported gambling problems (PGSI 0) said they sought support from GambleAware, rising to 5% of those experiencing any level of problems (PGSI 1+), and 19% of those experiencing 'problem gambling' (PGSI 8+).

In the online community, respondents were asked to share formal and informal methods that helped them stop or reduce their gambling. Many found self-exclusion and limits effective, alongside avoiding known triggers (i.e. watching sports events, visiting casinos, deleting gambling apps and blocking gambling advertisements). For some, support from family and friends was also helpful in keeping them distracted and/or preventing them from spending money on gambling. Some also mentioned keeping busy with other activities or hobbies, to avoid thinking about gambling. A few benefitted from a journey of education – through developing their awareness on gambling problems, they could reflect on their own gambling.

***"When I was gambling, contacting my bank and reaching out for support was probably the best move. Just blocking the card from any gambling transactions stopped me from further damaging my finances."*** (34, Female, Bisexual, A person who gambles + affected other, PGSI – 7, In-depth interview)

***"Friends and family, the removing and limiting of online accounts and online videos and advice. The control offered by these options made me feel safer."*** (34, Male, Bisexual, A person who gambles, PGSI – 0, In-depth interview)



However, respondents mentioned support not always being effective, as they would sometimes go back to gambling, even after seeking support. For instance, some noted that self-exclusion online does not always work as they are able to find other avenues and websites where they can gamble without restrictions, therefore impacting their ability to stop gambling entirely. Others noted previous negative experiences with support, such as their GP being unhelpful or discriminatory, leading them to not receiving the support needed at the time. Regional variance was also a factor – some faced difficulty accessing support groups due to not having any local to them, therefore affecting their experience of support and what they felt was accessible.

*“I once went to the GP and I asked him for support and I felt more judged than anything, I felt as if I had just wasted my time because he kind of just brushed everything off as if I was a bad person.” (37, Male, Gay, A person who gambles, PGSI – 3, In-depth interview)*

*“GamStop is a great tool, I’ll always recommend it. But... there are ways around it.” (37, Male, Bisexual, A person who gambles, PGSI – 23, In-depth interview)*

### Usage of advice or support among affected others

The research also explored advice and support among LGBTQ+ affected others. Approximately one in five (18%) sought help in the past year from a variety of organisations including: food banks or other welfare organisations (9%), LGBTQ+ specific services (6%), gambling support services (6%), mental health services (5%) or relationship counselling and support services (3%).

While not all affected others sought support, those who did often turned to services that addressed the specific nature of the harm they experienced. Those facing financial hardship due to a partner’s or family member’s gambling sought financial support – for example to sort their debts. Others who had traumatic experiences with someone else’s gambling sought mental health support to cope with their past experiences. One affected other described group therapy as being particularly effective, emphasising the value of connecting with others who had undergone similar experiences.

*“I’ve had mental health support and debt advice. I still feel very anxious and isolated but I’m paying off the debts. I spoke to my GP and used some of the websites and the Helpline. It was a bit of help. The best support has been group therapy with others who have had similar experiences.” (51, Female, Bisexual, Affected other, PGSI – 0, In-depth interview)*

Affected others were most often uncertain about how to support someone with gambling problems. Those who made efforts to talk to someone and offer help were often met with defensiveness and denial, making meaningful dialogue difficult. As a result, some expressed a desire for guidance on how to approach and communicate effectively with someone about their gambling issues. On a more positive note, those who opened up about their own gambling problems often reported feeling supported by friends and family.

*“I tried to encourage them to talk to our GP, a counsellor, ring a helpline. They were in complete denial.” (51, Female, Bisexual, Affected other, PGSI – 0, In-depth interview)*

*“She will not admit her gambling was an issue ... You can’t make someone accept they have a problem when they refuse to, and you can’t make them accept help.” (43, Non-binary, A person who gambles + affected other, PGSI – 0, Online community)*

*“I told him he should stop or gamble less, but it had no impact. ... I’m not sure what would have helped as he is very stubborn and doesn’t like help.” (24, Lesbian, A person who gambles + Affected other, PGSI – 2, Online community)*



# ATTITUDES TOWARDS REGULATION

## KEY FINDINGS

- Respondents generally felt that there is a lack of effective regulation when it comes to gambling, particularly due to high levels of advertising, loopholes that enable those blocked from gambling to find other avenues to gamble, and insufficient verification of information, particularly online.
- Respondents generally wanted to see less gambling advertising, more prominent messages about potential gambling harms, alongside better age verification and affordability checks to ensure that people do not gamble more than they can afford.

Respondents in the online community were asked to share their thoughts about the UK gambling regulations and legislation. Many felt that the gambling industry lacks sufficient regulation and that the current legislation is not fully effective in preventing harms associated with gambling. Online gambling stood out as feeling less effectively regulated, due to loopholes that enable access to gambling for those under the age of 18 and those who have set limits or opted for self-exclusion. Additionally, respondents highlighted that gambling operators were not doing enough to check the accuracy of information, such as the name or age of individuals, when signing up online. The perceived lack of regulation also stemmed from the amount of gambling advertising respondents were exposed to, and 'insufficient' messages about the associated harms. Respondents felt that more needed to be done to ensure that individuals were not spending more than they could afford on gambling.

*"I think there should be more onus on betting sites in monitoring gambling, and there should be an automatic cut off if an individual loses too much money."* (32, Female, Bisexual, Affected other, Online community)

*"More regulation is required... Gambling is a serious issue in society. When I was gambling high amounts, nobody contacted me for months to check I had the legitimate income to do so."* (51, Male, Gay, A person who gambles, PGSI – 3, In-depth interview)

There was an appetite for increased regulation of advertising in particular. Respondents felt advertising 'glamorises' gambling and that the warnings contained in advertisements are too subtle and insufficient in raising effective awareness on gambling harms. Some felt that gambling advertising should be banned entirely due to the key role they perceived it to play for individuals developing problems with gambling.

*"There should be more regulation. Simply adding "gamble responsibly" into ad campaigns is insufficient. There should be more marketing about gambling addiction to raise awareness."* (43, Male, Gay, A person who gambles, PGSI – 4, In-depth interview)

*"Gambling advertising should be BANNED as it only promotes an ongoing and potentially life-threatening habit, just as bad as smoking or alcoholism."* (56, Male, Gay, A person who gambles, PGSI – 7, In-depth interview)

Other alternatives were also mentioned to mitigate gambling harms: stricter age verification procedures, increasing the minimum gambling age to 21, affordability checks, and limits on how much people are able to spend on gambling within a set period of time on an aggregate level. Others called for fewer land-based gambling venues, less gambling advertising and fewer deals that could entice people to gamble (e.g. 'free spin' offers).

*"I'd like to see more imposed limits. Less advertising. Fewer deals on gambling sites. Possibly more monitoring of big spenders on sites to make sure people aren't spending more than they can afford."* (36, Female, Bisexual, A person who gambles, PGSI – 2, In-depth interview)

*"Less pressure from gambling sites. The scare tactics like 'don't miss your FREE 100 spins... when you deposit £15' marketing emails."* (36, Male, Gay, A person who gambles + affected other, PGSI – 14, In-depth interview)

## CONCLUDING REMARKS

This study includes the first large-scale, nationally representative survey of gambling and gambling-related harms among LGBTQ+ people in GB. The research provides robust estimates of the prevalence of gambling harms, alongside key risk and protective factors, offering critical insights to inform inclusive policy and tailored support interventions. In addition to the survey, by exploring lived experiences through online communities and in-depth interviews, the study offers rich insights into the motivations for gambling, the diverse nature of harms experienced, and interactions with support services.

However, the study does have some limitations. First, data collection was conducted online, which may exclude digitally marginalised individuals. Nonetheless, given that 96% of adults in GB have internet access (Office for National Statistics, 2020), this approach remains a robust method for reaching a representative sample. Second, while the overall sample size for the survey was substantial, subgroup sizes for certain LGBTQ+ populations were relatively small. For instance, although efforts were made to include individuals with variations in sex characteristics (VSC), the limited sample size may result in prevalence estimates that appear inflated. Third, comparisons were made between LGBTQ+ groups surveyed in this study and the heterosexual cisgender population surveyed in the same year via the GambleAware Treatment and Support Survey. Although both used representative samples from the same panel and identical questions, the surveys were conducted at slightly different times. As external factors (e.g. political climate, media coverage) may influence responses, surveys should ideally run concurrently.

These findings contribute to a growing body of evidence highlighting the disproportionate burden of gambling-related harms among minority populations including LGBTQ+ communities (e.g. Brodeur et al., 2025; Martin et al., 2024; Zeeman et al., 2025). While overall gambling participation among LGBTQ+ individuals was slightly lower than among heterosexual and cisgender individuals, the higher prevalence of any harm from gambling (PGSI 1+) suggests that LGBTQ+ people who do gamble may be more vulnerable to harm. Particularly at risk were bisexual men and LGBTQ+ individuals from ethnic minority backgrounds, underscoring the importance of recognising intersecting identities when addressing overlapping forms of marginalisation.

These findings are consistent with broader research on gambling and health inequalities. For example, a recent Canadian study of gambling in LGBTQ+ communities also found higher rates of gambling harms among ethnic minority LGBTQ+ participants (Brodeur et al., 2025). Notable inequalities exist among racially minoritised individuals and minority ethnic groups within the LGBTQ+ community, which may compound experiences of disadvantage (Chen et al., 2022; Datta et al., 2017; Trinh et al., 2017). Additionally, previous research has identified bisexual individuals as experiencing poorer physical and mental health outcomes compared to both heterosexual and gay/lesbian populations (Cross et al., 2023). The intersection of ethnicity, sexual orientation, and gender identity may intensify experiences of marginalisation, as evidenced both in this study and across the wider literature.

Survey data revealed that LGBTQ+ individuals who had experienced discrimination, harassment, or abuse were more likely to report gambling-related harm compared to those who had not, with transgender and non-binary participants facing particular vulnerabilities. These findings align with previous research identifying discrimination and stigma as key risk factors of gambling harms among LGBTQ+ populations (e.g. Bush-Evans, 2023; Zeeman et al., 2025), as well as among other marginalised groups such as ethnic minorities, migrants, and individuals experiencing homelessness in GB (Martin et al., 2024; Moss et al., 2023).

Elevated risk of gambling harms was also observed among LGBTQ+ individuals who regularly engaged in drinking, smoking, or drug use, and among those reporting poor mental health, patterns consistent with broader gambling research (e.g. Wardle et al., 2024). Qualitative data further illustrated how gambling, substance use, and other risk-taking behaviours were often perceived as interconnected coping mechanisms for psychological distress. Participants described these behaviours as temporary escapes from anxiety, depression, or trauma.

Importantly, most participants did not directly attribute their gambling to their LGBTQ+ identity. Instead, they cited factors such as early exposure to gambling, financial pressures, and mental health challenges. However, some described more complex intersecting factors where experiences of discrimination, poor mental health, and a desire to escape reality collectively influenced their gambling behaviours. This highlights the nuanced and complex realities faced by subpopulations within the LGBTQ+ community, with specific implications for their diverse health needs. Further research is needed to explore the structural and psychosocial drivers of gambling harm in LGBTQ+ populations.

Currently, there is limited evidence on the specific support needs of LGBTQ+ individuals affected by gambling harms (Zeeman et al., 2025). This study indicates a clear demand for advice, support, and treatment services tailored to LGBTQ+ communities. Those who provide these services should acknowledge these complexities, not only to ensure equitable access to support, but also to foster inclusive and culturally sensitive environments where all individuals feel respected and welcomed. Making LGBTQ+ specific treatment and support services more readily available would be a positive step towards helping LGBTQ+ people who gamble, and those affected by another person's gambling. Here people would feel comfortable sharing their experiences where the unique intersections of identity and harm are acknowledged and addressed.

Whilst the findings align with minority stress theory, which posits that chronic exposure to stigma, discrimination, and social exclusion contributes to elevated stress and health risks among marginalised populations (Frost & Meyer, 2023), the findings also point to the need for broader systems-level change as part of a preventative public health approach. Prevention strategies must move beyond individualised notions of vulnerability and risk in minority LGBTQ+ populations to address the wider gambling ecosystem. This includes stronger regulatory measures in GB, such as enhanced affordability checks, stricter self-exclusion protocols, and an improved age verification system. The findings highlight the pressing need for more restrictive advertising regulations to better protect minoritised populations from targeted and exploitative gambling marketing.

This research underscores the urgent need for a comprehensive and preventative approach to gambling harm where gender, sexuality, and other factors intersect, one that centres lived experience whilst addressing broader structural systems to promote greater health equity.

## RECOMMENDATIONS

### EXPLORE THE PROVISION OF LGBTQ+ SPECIFIC SUPPORT SERVICES

While current uptake of these services is relatively low compared to other support services this could be attributed to a lack of awareness as findings from this research suggest that LGBTQ+ people need a tailored approach to their gambling. This low uptake may be due to a lack of LGBTQ+ specific support services currently available. While a small minority, in this research one of the most common instances of reported discrimination in the last year is in a medical setting or by medical staff. A holistic, affirming, non-discriminatory approach for LGBTQ+ people would be valuable in providing a safe space for treatment and support for gambling harms. Further research, with codesign approaches, could be conducted to investigate how best to raise awareness of LGBTQ+ specific support services and what would be most needed within the community.

### RECOGNISE THE INTERSECTION BETWEEN MARGINALISED IDENTITIES

Inequalities faced by LGBTQ+ individuals occur at the intersection of multiple marginalised identities. These factors highlight the need to take an intersectional approach, recognising that things like ethnicity, class, gender, age and disability can combine with sexual orientation and gender identity to affect people's health and deepen existing inequalities. An intersectional lens is key to the development of any programmes, policies, and approaches to reduce health inequalities (and gambling harms) experienced by LGBTQ+ people who are also within other minority groups.

### PROVIDE TRAINING AND EDUCATION FOR HEALTH PROFESSIONALS AND SPECIALISTS

There is a need for cultural competency education and training of health professionals and specialists working to reduce LGBTQ+ gambling harm. Some health professionals find it difficult to engage with LGBTQ+ populations through lack of confidence, worry about 'getting it wrong' and lack culturally competent training (Donisi et al., 2018). Raising awareness, uptake and implementation of standardised modular training would therefore be useful to support practitioners in raising and discussing difficult issues relating to LGBTQ+ gambling harms, and to ultimately reduce inequalities.

### TARGET SUPPORT FOR GENDER-DIVERSE PEOPLE

Findings from this research repeatedly suggest that gambling harms, discrimination and mental health outcomes are worse for transgender and non-binary people. Regardless of the way treatment and support services progress, they should be inclusive, trauma informed, and with an emphasis on building trust with these groups. Developing gambling support services with the involvement of gender-diverse people would be beneficial.

### UNDERSTAND GAMBLING AS A COPING MECHANISM

This research highlights that for many gambling is a method of escape or a way of coping with the mental health issues and stress that they face. Further research could be conducted to understand the relationship between minority stress and gambling, and the mental health support models that would be most useful. This research could aim to investigate what 'healthy' support models could be offered to address minority stress in those who gamble.

## **INVESTIGATE THE PREVALENCE OF GAMBLING ONLINE AMONG LGBTQ+ PEOPLE**

Where qualitative evidence has suggested LGBTQ+ people are more likely to gamble online, further research could be useful to understand the link between sexual orientation and gender identity and online gambling. What circumstances facilitate LGBTQ+ people gambling online? Does this pattern appear for other potentially harmful behaviour? How and why does digital platform marketing appeal to LGBTQ+ people?

## **STRENGTHEN GAMBLING REGULATION AND PUBLIC MESSAGING WITH LGBTQ+ PEOPLE IN MIND**

Given the extensive promotion of gambling through advertising in the UK, implementing restrictions or a complete ban on advertising is an urgent regulatory measure necessary to safeguard public health. When advocating for stronger gambling regulation, including enhanced safeguards and affordability checks, it is important to consider the specific experiences and needs of LGBTQ+ people. Public messaging around gambling harms should reflect that these issues can affect anyone, including LGBTQ+ communities and young people. Tailored messaging and support that speaks directly to LGBTQ+ audiences, should be developed in collaboration with them, to ensure any messaging is inclusive, accessible and informed by lived experience.

## **ENSURE RESEARCH INCLUDES SEXUAL ORIENTATION AND GENDER IDENTITY**

It is important to collect data that includes sexual orientation and gender identity in gambling research. This helps to understand how common gambling harms are and who is most at risk. By breaking down the data by gender and sexuality, researchers and decision-makers can better see how gambling harms affect different groups.

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## APPENDIX

**Table 6. Achieved sample used in the quantitative survey**

LGBTQ+ identity	% Unweighted	N Unweighted
Cisgender	87%	2,633
Transgender and non-binary	13%	405
<b>Sex</b>		
Male	45%	1,375
Female	52%	1,591
Intersex or VSC	2%	72
<b>Sexual orientation</b>		
Males identifying as gay or lesbian	29%	875
Females identifying as gay or lesbian	15%	443
Males identifying as bisexual	13%	395
Females identifying as bisexual	30%	915
Male identifying as another sexual orientation	3%	101
Female identifying as another sexual orientation	7%	227
<b>Age</b>		
18-24	19%	591
25-34	32%	974
35-44	20%	616
45-54	14%	425
55-64	9%	265
65+	5%	167
<b>Region</b>		
North East	4%	122
North West	11%	332
Yorkshire and the Humber	9%	261
East Midlands	7%	210
West Midlands	8%	230
East of England	8%	246
London	15%	466

South East	13%	409
South West	9%	287
Wales	5%	156
Scotland	11%	319
65+	5%	167
18-34	52%	19%
35-54	68%	17%
55+	72%	11%
Ethnicity		
White	89%	2,702
Ethnic minorities	11%	336

**Note** On occasions the percentages may not add up to 100% precisely due to the rounding up or down of decimal places

Table 7. Weighted sample from the quantitative survey

LGBTQ+ identity	% Unweighted	N Unweighted
Cisgender	88%	2,674
Transgender and non-binary	12%	364
<b>Sex</b>		
Male	44%	1,348
Female	53%	1,612
Intersex or VSC	3%	78
<b>Sexual orientation</b>		
Males identifying as gay or lesbian	28%	863
Females identifying as gay or lesbian	16%	486
Males identifying as bisexual	12%	363
Females identifying as bisexual	28%	855
Male identifying as another sexual orientation	4%	114
Female identifying as another sexual orientation	9%	263
<b>Age</b>		
18-24	28%	842
25-34	29%	873
35-44	18%	546
45-54	12%	378
55-64	8%	243
65+	5%	157
<b>Region</b>		
North East	4%	117
North West	11%	340
Yorkshire and the Humber	8%	243
East Midlands	7%	200
West Midlands	7%	222
East of England	8%	245
London	18%	560
South East	13%	407

South West	9%	261
Wales	4%	130
Scotland	10%	313
<b>Ethnicity</b>		
White	87%	2,633
Ethnic minorities	13%	405

**Note** On occasions the percentages may not add up to 100% precisely due to the rounding up or down of decimal places