

Understanding what drives gambling harms for affected others in Great Britain

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Emily Moimoi
Maia O'Young Vlies

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Introduction

Gambling harms are complex. Not only are they experienced by family members and friends of those who gamble (known as affected others), but these harms are substantial, often mirroring the harms the person who gambles experiences (Dowling et al., 2025a; Langham et al., 2016). The impact of gambling harm is wide-reaching with an estimated six affected others negatively affected by a single person who gambles (Dowling et al., 2025a; Goodwin et al., 2017). Significantly, uptake of support and treatment among affected others remains low (GambleAware, 2025) with limited research into the broader drivers of gambling harms for affected others.

This paper seeks to understand the broader drivers of harm for affected others, going beyond the more direct impacts they may experience from family members or friends who gamble, and exploring how wider socioecological factors can mediate, drive, and shape the harms affected others experience. In particular, it explores how the stigmatising perceptions affected others hold toward harmful gambling, reinforced by the normalisation of gambling as a harmless leisure activity, contributes to how affected others themselves experience gambling harms.

This review brings together findings from GambleAware funded research and peer reviewed literature to provide an overview of how affected others experience gambling harm.

Aims

This review aims to synthesise insights into the underlying drivers of gambling harms among 'affected others' to address the below research questions:

1. What are the lived experiences of affected others in Great Britain?
2. What are the broader drivers of gambling harm among affected others, such as the social, environmental, political, and other contextual factors which mediate gambling harm?
3. What is affected others current experience of support and treatment provision and what needs to improve?

Methodological approach

A narrative synthesis was undertaken to identify key findings from GambleAware's most recent Treatment and Support Surveys (2023) and (2024)¹, alongside findings from other GambleAware funded research and wider peer reviewed literature which relate to the aims of the review. All relevant GambleAware-funded publications were reviewed, with particular emphasis on the Treatment and Support Survey (2023) and (2024). Key findings were extracted and organised into initial thematic categories, which were then iteratively refined through

¹ The Treatment and Support Survey is an annual online survey conducted by YouGov, of over 18,000 adults, which explores the usage of and reported demand for advice, support and treatment amongst those who gamble and those affected by another's gambling in Great Britain. For more information on sampling approach and methodology please see: [Annual GB Treatment And Support Survey - GambleAware](#)

collaborative analysis and discussion. Following this, a supplementary review of the wider academic and grey literature was conducted to contextualise the emerging themes and strengthen the overall analysis.

Terminology used within the review

A variety of terms are currently used to refer to the family, friends or peers of people who gamble. These include, but are not limited to, 'concerned significant other', 'affected family member', and 'affected other' (Lind et al., 2022). We, as authors, recognise that the term 'affected other' is inherently 'othering' and is not person-centred. However, in the absence of research and consensus amongst family, friends and peers of people who gamble as to their preferred terminology, the term 'affected others' has remained widely used by the Gambling Commission, government agencies, within treatment and support provision, and peer reviewed literature. For consistency this review will also continue to use the term 'affected others.'

The use of language when labelling or referencing people who experience gambling harms, including those who are negatively affected by another's gambling, has the potential to increase stigma or cause distress (Blaszczynski et al., 2020; GambleAware, 2024a). GambleAware recommends that first person, descriptive and non-reductive language is used by researchers and stakeholders to actively shift the perception of people who experience gambling harm away from an impersonal, marginalising and/or stigmatising view (Blaszczynski et al., 2020; GambleAware, 2024a).

Whilst out of scope for the current review, we recommend that future research explore the preferred terminology to ensure language does not further harm those negatively affected by another's gambling.

Prevalence and nature of gambling harms experienced by affected others

Prevalence of gambling harm amongst affected others

The latest Gambling Survey for Great Britain (GSGB) 2024² commissioned by the Gambling Commission, found that nearly one in two adults (47.9%) reported that someone close to them gambled, even if only occasionally, with 5.2% of affected others experiencing one or more severe consequences (Gambling Commission, 2025). Similarly, GambleAware's Annual Treatment and Support Survey (2024)³ classified 8.1% of the adult population in GB, or around 4.3 million adults, as being negatively affected by another's gambling (Gosschalk

² This survey was conducted using a push-to-web approach, with data collected from 19,714 adults aged 18 years and older living in Great Britain. Fieldwork was carried out between January 2024 and January 2025, consisting of four waves running quarterly. The survey is commissioned by the Gambling Commission and carried out by the National Centre for Social Research in collaboration with the University of Glasgow <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-gambling-participation-annual-report-year-2-2024-official>

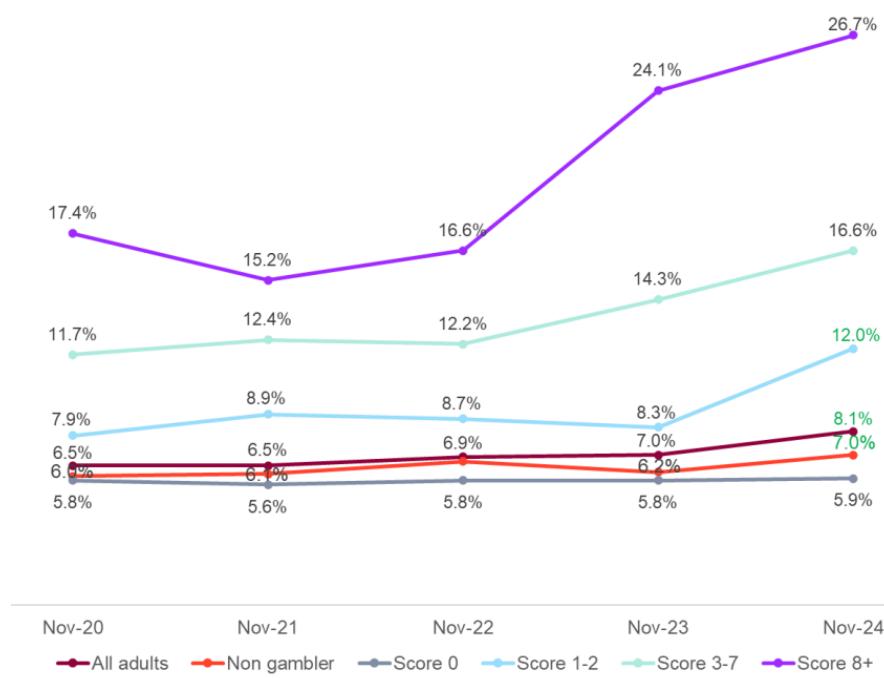
³ This is an online survey of 17,933 GB adults, including 2,947 with a PGSI score of 1+, conducted between 25th November to 23rd December 2024. Data was then weighted by age, gender, UK region, NRS social grade and ethnic group, to make the sample representative of the overall GB adult population. To determine whether someone identified as an 'affected other', participants who knew someone who gambled were asked, 'Do you feel you have personally been negatively affected in any way by this person / these people's gambling behaviour? This could include financial, emotional or practical impacts' <https://www.gambleaware.org/our-research/publication-library/articles/annual-gb-treatment-and-support-survey-2024/>

et al., 2025) - a figure representing a small but statistically significant increase from 7% in 2023 (Gosschalk et al., 2024b).

Importantly there is a relationship between those who experience harms from their own gambling and who also self-describe as an affected other (Gosschalk et al., 2024b; Li et al., 2017). As seen in Figure 1 below, among people who experience a higher level of problems from gambling (a Problem Gambling Severity Index (PGSI)⁴ score of 8+), 26.7% also reported as an affected other. In contrast, amongst people who gamble and experience a low level of problems from gambling (a PGSI score of 1-2), 12% reported as an affected other. This demonstrates that people with higher PGSI scores are more likely to also self-report as an affected other (Gosschalk et al., 2025). Understanding the connection between one's own gambling and being affected by another's is outside the scope of this review, but more research is needed to understand this relationship.

Figure 1:

Proportion who are an affected other, by PGSI category



Source: Gosschalk et al., 2025

Who is impacted by gambling harms?

According to GambleAware's Annual Treatment and Support Survey (2024), those most likely to be affected others include women (9% compared to 7% of men), people from ethnic minority backgrounds (11% compared to 8% of White respondents), and young people (10% of those aged 18–34 compared to 6% of those aged 55+) (Gosschalk et al., 2025). According to the Treatment and Support Survey (2023) affected others are also more

⁴ The Problem Gambling Severity Index (PGSI) is a commonly used and validated measure of gambling related problems. Anyone with a PGSI score of 1 or more (PGSI 1+) is classified as 'experiencing any level of problems with gambling' and anyone with a score of 8 or more (PGSI 8+) is classified as experiencing 'problem gambling'.

likely to be people from lower socio-demographic backgrounds or who face economic hardship, including people classified as C2DE⁵ (8% compared to 6% of ABC1s), or those living in the bottom 30% IMD areas (8% compared to 6% of those living in the top 30% IMD areas)⁶ (Gosschalk et al., 2024b).

Nearly one in five (19%) affected others were negatively impacted before the age of 18, most often by a parent (74%) (Gosschalk et al., 2024). Multiple studies have explored how early family exposure to gambling can increase the likelihood of gambling participation in later life (Hunter et al., 2025; IFF Research et al., 2023; Nower et al., 2022; Ohtsuka & Chan, 2014; Subramaniam et al., 2017).

Types of gambling-related harm experienced by affected others

The harms from gambling experienced by affected others often mirror the harms of the person who gambles, and encompass financial, emotional, relational, and mental health harms (Close et al., 2023; Langham et al., 2015; Li et al., 2017). However, how affected others experience these harms can be quite different from the person who gambles. For example, one study found that people who gamble reported that neglecting responsibilities was one of the earliest and least severe indicators of relationship harms, whereas affected others found this the most damaging to their relationships (Li et al., 2017). For affected others, the gambling harms most commonly reported are negative effects on the relationship and on their own mental health (Alma Economics, 2023; Gambling Commission, 2025; Spence et al., 2025).

Within the Treatment and Support Survey (2024) the harms most commonly reported by affected others include an inability to trust someone who gambles (48%) and feeling sad (38%) or angry (37%) (Gosschalk et al., 2025). In the Gambling Commission's GSGB (2024) the adverse consequences experienced most commonly reported⁷ by affected others include (Gambling Commission, 2025):

- Experienced embarrassment, guilt or shame (10.3%)
- Experienced health problems (11.5%)
- Experienced conflict or arguments (9.0%).

The harms affected others experience are non-linear, and can be long lasting and ongoing, in some cases having an impact several years beyond when the gambling behaviour has changed or ended (Close et al., 2023; Gosschalk et al., 2024b).

“The impacts are still ongoing, we still have a strained relationship based on lies”

- Female, 25, affected by mother-in-law

(Gosschalk et al., 2024b, p.73)

⁵ C2DE refers to the social grade classification system, and typically includes skilled and unskilled manual workers, casual or lowest-grade workers, and those relying on state benefits. Social grade data is from the National Readership Survey 2016. For more information see: [Social Grade | National Readership Survey](#)

⁶ The Index of Multiple Deprivation (IMD) datasets are small area measures of relative deprivation across each of the constituent nations of the United Kingdom. For more information see: [Index of Multiple Deprivation \(IMD\) | CDRC Data](#)

⁷ A combination of reports as 'very often,' 'fairly often,' or 'occasionally'

The experience of gambling harm can vary depending on a range of factors which will be explored below.

How perceptions of harmful gambling impact affected others

This section explores two common perceptions affected others can hold toward those who experience harmful gambling:

- a. The perception of harmful gambling as an illness (Marko et al., 2023).
- b. The perception of harmful gambling as a personal failing (IFF Research et al., 2023; Marko et al., 2023; Weston-Stanley et al., 2025).

These two perceptions can lead affected others to place the responsibility for the gambling harms their family member or friend experiences primarily on themselves, or wholly on the person who gambles (Azemi et al., 2023; Marko et al., 2023). As a result these perceptions can drive harm for affected others through increasing emotional distress (such as self-blame or disappointment) (Azemi et al., 2023), relationship breakdown (Landon et al., 2018), and importantly, through reducing their likelihood to seek and access support and treatment and therefore address the harms they themselves experience (Gosschalk et al., 2024b).

The perception of harmful gambling as an illness

Harmful gambling is commonly perceived by affected others to be the result of an illness, where people who experience problems with their gambling are unable to make rational decisions (Marko et al., 2023; Weston-Stanley et al., 2025). This perception of harmful gambling as an illness that can be 'overcome' is a dominant discourse. Although it may help to reduce stigma and shift the blame from the individual, it can also portray people who gamble as victims who have 'lost control', without agency and self-determination (Weston-Stanley et al., 2025). This can create an unequal power dynamic between the person who gambles 'requiring help' and family, friends and institutions who provide the 'help' (Lund, 2020).

This perception of gambling harm as an illness can lead affected others to take on a 'caregiver' role and feel the need to take on the responsibility of reducing the harms the person gambling, and themselves, experience (Dowling et al., 2025a; Marko et al., 2023). For example, in a study conducted by Collard et al. (2022) some spouses reported how their relationship with the person who gambles changed to a parent/child dynamic, where they had to assume responsibility for family finances, and in some cases provide their partner with an allowance, or check and monitor their whereabouts.

This perception can harm affected others through some taking on financial responsibility by paying back debts incurred by their loved one, which not only erodes trust but can also reduce their own financial stability (Marko et al., 2023; Gosschalk et al., 2024b). Likewise, taking on responsibility to attempt to solve a loved one's

gambling issues can take a large emotional toll on affected others, particularly when they have gone to great lengths to support the person, and that person does not stop or reduce their gambling (Gosschalk et al., 2024b).

The belief among affected others that they must take on the responsibility or intervene in someone's gambling is often driven by care and love for the person who gambles and is experiencing harm (Marko et al., 2023; Dowling et al., 2025). For example, in GambleAware's Treatment and Support Survey (2024) 49% of affected other respondents who reported having sought treatment, support or advice emphasised feelings of care and concern for the wellbeing and safety of the person experiencing gambling harm or for other family members as the reason for seeking treatment, support or advice (Gosschalk et al., 2025). However, for other affected others, the need to take on responsibility may be motivated by fear, and a need to protect both the person who gambles and themselves from further negative consequences, specifically stigmatisation and further financial harm (Hing et al., 2016b).

One such example is the potential need among affected others to protect the person gambling from being labelled as 'weak' or 'wicked' (Hing et al., 2016b). Likewise, affected others may want to protect themselves and not be seen as having failed their spouse, or being viewed as equally to blame for their experience of gambling harms. This can lead affected others to blame themselves or to feel let down and helpless due to their inability to prevent another's gambling harms (Azemi et al., 2023; Gosschalk et al., 2024b).

"I should have detected earlier, but I was very tolerant. I thought gambling would go away, I blame myself for allowing the situation out of hand."
- Female, 21, affected by her father
(Azemi et al., 2023, p. 6)

Moreover, the person who gambles is often perceived to underestimate the impact of their behaviour on those around them, leaving those around them who are negatively impacted feeling isolated and frustrated. This lack of recognition can further affect their emotional wellbeing and damage their relationship with the person who gambles (Gosschalk et al., 2024b; Landon et al., 2018).

As well as this, a need to protect their loved one from judgement may lead affected others to neglect acknowledging and seeking support for the harms they experience themselves (Gosschalk et al., 2024b). As identified in the Treatment and Support Survey (2024) 35% of affected others had not sought support as they perceived that "advice or support is not relevant to me" (Gosschalk et al., 2025). This demonstrates how a lack of awareness of gambling harms, and available support, among affected others can act to exacerbate harm through not seeking support.

"As it is not you with the problem, so I stupidly thought I should be able to deal with it."
 - Female, 43, affected by a sibling
 (Gosschalk et al., 2024b, p. 86)

Although asking family members to take on financial responsibility is a useful strategy to support the person who gambles (Behavioural Insights Team, 2025), more research is needed to understand how this may impact the family member negatively affected by someone's gambling harm.

The perception of harmful gambling as a personal failing

Another perception which drives harm for affected others is the belief that friends and family members who gamble are wholly responsible for the harmful gambling they engage in, as they have personally failed to engage in gambling responsibly (IFF Research et al., 2023; Marko et al., 2023). This perception is informed by the gambling industry's narrative that individuals are in control and wholly responsible for the harms they experience (Hing et al., 2016b). This can result in an 'us' vs 'them' mentality, where those who experience gambling harm are seen as a flawed minority - a few individuals who are not able to gamble responsibly and are 'ruining' it for everyone else (Hing et al., 2016b; Weston-Stanley et al., 2025, p.7).

This can result in affected others perceiving people who experience gambling harms as selfish, irresponsible, or lacking self-control (Weston-Stanley et al., 2025). This can drive harm for affected others specifically emotional distress over why their partner, friend or family member cannot stop gambling if it "all comes down to exercising self-control" (IFF Research et al., 2023, p. 27), and therefore it is within their power to stop the harms their gambling is causing (IFF Research et al., 2023).

"I don't blame the machines, plenty of people do the slots and don't run into trouble. It all comes down to exercising self-control."
 - Affected other who also gambles, Scotland
 (IFF Research et al., 2023, pg. 27)

The frustration as to "why can't they put me first," reported by a woman impacted by her spouse, can reduce trust and lead to relationship breakdown (Gosschalk et al., 2024b, p.76). Even when affected others are able to acknowledge how broader factors outside of personal choice and control may influence someone's gambling harm, many still believe that personal responsibility plays some role, and can blame the individual when they continue to gamble despite experiencing harms (Weston-Stanley et al., 2025).

'We repeatedly offered to help him, so that, I mean, that's his fault – I blame him for that.'
 – Affected other
 (Weston-Stanley et al., 2025, pg. 26)

Furthermore, the perception that gambling harms are the result of an individual's personal failing and lack of responsibility can lead affected others to feel ashamed of the person for being irresponsible. Consequently, affected others often keep the gambling-related harms they are experiencing a secret to avoid disclosing that a

loved one is gambling, and thus avoid judgement, discrimination or status loss from others (Chalmers et al., 2024; Newall et al., 2024). This can result in affected others being less likely to seek or to disclose their experiences of harm to family or friends (Hing et al., 2016a; Newall et al., 2024).

As well as the impact on the likelihood of seeking support, not speaking to anyone about the harms they are experiencing can escalate emotional harms, specifically anger, frustration, hurt and loneliness (Gosschalk et al., 2024b).

"I felt very hurt and lost, very lonely too as I had no one to talk to about it. At the time I was angry and frustrated with him."

- Female, 35, affected by a spouse/partner and a sibling
(Gosschalk et al., 2024b, pg. 76)

Furthermore, if affected others are reluctant to seek support for themselves or to encourage the person who gambles to access help due to stigmatising perceptions, this can reduce the likelihood of reducing harm for both groups. Multiple studies have demonstrated how involving affected others in the treatment for those who gamble can have a positive impact for both groups (Banks et al., 2018; Ingle et al., 2008), including higher attendance and adherence to treatment and lower rates of relapse reported (Jiménez-Murcia et al., 2017).

What drives stigmatising perceptions of harmful gambling among affected others

Affected others experience various gambling-related harms. The aim of this paper is to demonstrate that these harms are not solely the result of family member or friend's gambling but are influenced by broader social and environmental factors. As will be explored below, the normalisation of gambling through factors such as attitudes and behaviours of family and friends, a lack of education around gambling harms, and gambling marketing all influence and shape how affected others perceive harmful gambling. In turn, these perceptions contribute to driving further gambling-related harms for affected others.

Gambling is considered a common part of British society, with nearly 1 in 2 people (48%) having gambled within the last four weeks (Gambling Commission, 2025). This demonstrates that gambling as a legitimate leisure activity has widespread acceptance and as evidence demonstrates is perceived by many as a bit of "harmless fun" (Chalmers et al., 2024; Ipsos MORI et al., 2020; Gosschalk et al., 2024b, Parke et al., 2014). However, experiencing gambling harm is less accepted in British society, and can be highly stigmatising when viewed as a result of an illness (or an addiction) or personal failing (Marko et al., 2022; Pitt et al., 2017).

These factors can contribute to a lack of understanding or awareness of gambling harms amongst affected others, and can lead to uncertainty about where to get help once harms arise and how to navigate relationships with someone who is experiencing gambling harm (Azemi et al., 2023).

The influence of family and peer attitudes

Many affected others state they were first introduced to gambling through family members or friends, either through observing and mimicking adults who gambled, or by being actively encouraged to gamble (Chalmers et al., 2024; Royce et al., 2025; Subramaniam et al., 2017). This includes being taught about gambling marketing and gambling activities such as playing bingo, betting on horses, or picking numbers for the National Lottery (Chalmers et al., 2024; Macgregor et al., 2019). These early experiences specifically impact whether children, as affected others, consider gambling a normal, social part of their lives, often associating positive emotions to gambling while limiting and diminishing their awareness of the potential harms gambling can cause (Braig et al., 2025; Chalmers et al., 2024; Hunter et al., 2025).

Perceiving gambling as a positive social activity can also influence whether affected others gamble in later life. Amongst affected others who also gamble, many cited they first started gambling due to a desire to assimilate, cement friendships, or identify and bond with family members or friends who gamble (Ipsos MORI, 2020; Pitt et al., 2017; Westberg et al., 2017). In one study, having close friends who gamble was found to increase the likelihood of gambling later in life by six times (Ipsos MORI, 2020).

Similarly, women who had been introduced to gambling as a positive bonding activity with their fathers as children, were more likely to gamble as adults and to speak more positively about their own current gambling behaviour (IFF Research et al., 2023). This demonstrates that family and peer attitudes play a significant role in influencing positive perceptions of gambling as a normal and social activity (Hunter et al., 2025).

A lack of awareness and education

Affected others in the Treatment and Support Survey (2023) mentioned that gambling harm is a "lesser-known addiction," (Gosschalk et al., 2024b, p. 77) with many reporting they lack awareness of the harms from gambling. For children and young people who are affected others, this lack of awareness may be in part due to the current provision of gambling harm education being delivered inconsistently across schools in Great Britain (Chalmers et al., 2024). Furthermore, the lack of compulsory media and financial literacy in the national school curriculum contributes to leaving children and young people susceptible to harmful online gambling content and messaging (Communications and Digital Committee, 2025; Gibson & Payne, 2024).

This is a key gap in prevention as children and young people struggle to differentiate between gambling and gambling-like activities, often recognising traditional forms of gambling but being unaware of the risks of gambling-like activities such as loot boxes and skins betting in video games, online trading, or content marketing (Braig et al., 2025; Chalmers et al., 2024).

Women who are affected others report being unaware that support options are available for them which is driven by the belief that the gambling 'problem' does not extend to them (IFF Research et al., 2023).

"I have never thought about using [different types of support], I thought they were for people with a problem."

- Female, affected other, Scotland

Source: (IFF Research et al., 2023, p.59)

The influence of gambling marketing and advertising

Marketing and advertising are powerful 'socialising agents', or factors which can transmit norms, attitudes and behaviours to influence consumer habits (Ipsos MORI, 2020; Parke et al., 2014; Pitt et al., 2017). The gambling industry uses marketing tactics to foster trust and participation in gambling brands through portraying gambling as an activity that individuals can engage in responsibly (Ipsos MORI, 2020; Newall et al., 2023). This narrative of personal responsibility is harmful as it ignores the influence of wider factors which can exacerbate harms and lead people to crisis points, instead encouraging the belief that individuals should be able to manage their gambling responsibly (Gosschalk et al., 2024b; Marko et al., 2023; McGrane et al., 2023; Royce et al., 2025).

For affected others, this can create an environment in which blame is easily assigned to the person who gambles rather than the marketing tactics that gambling industries employ to encourage gambling participation, as discussed in the perception that harmful gambling is a result of personal failing explored above.

The role of celebrities, ambassadors and influencers who promote advertising, primarily online, is an emerging concern, by exposing and normalising gambling among children and young people, who are more likely to be affected others than older age groups (Braig et al., 2025; Gosschalk et al., 2025; Riley & Moimoi, 2025; Sherbert Research & The Culture Studio, 2025).

In summary, the normalisation of gambling within Great Britain is perpetuated and reinforced by these broader factors that impact both those who gamble and those negatively affected by someone's gambling. These wider factors drive harm for affected others as they normalise gambling within their environment and relationships which can reduce their awareness of gambling harms and the support that is available for them. Additionally, this normalisation of gambling can have a significant influence on how affected others perceive themselves and those who gambling which drive gambling harms further.

Treatment and support for affected others

According to GambleAware's Annual Treatment and Support Survey (2024) 44% of affected others had sought any form of advice, support or treatment Concern for the safety and wellbeing of the person who gambles, or another family member, was identified as the main motivator - reported among 49% of affected others (Gosschalk et al., 2025).

The main barriers to seeking support reported by affected others were (Gosschalk et al., 2025):

- The perception that advice or support would not be relevant (35%);
- The person who gambles not accepting/thinking that they have a problem (24%);
- The perception that it wouldn't be helpful or effective (21%).

Wider evidence supports these findings, with many affected others reporting being unaware that treatment and support exists for them alongside many not believing that they themselves need professional support (Dowling et al., 2025b; Rodda et al., 2020). Stigma also plays a role in deterring affected others from seeking support (Chalmers et al., 2024; Newall et al., 2024). This makes a lack of awareness and fear of perceived judgement the key barriers and challenges that need to be addressed. One way to address this is to improve affected others awareness that they too are affected by gambling harm and that not only is support and treatment relevant to their experiences and needs but is effective (Chan et al., 2016). This will help to promote earlier help seeking behaviour among affected others.

As demonstrated above, gambling harms are often viewed as the result of an illness or personal irresponsibility (Marko et al., 2022; Gosschalk et al., 2024a). To counteract these individualising and stigmatising messages, a broader understanding of what drives gambling harms is needed to shift the perception toward the understanding that 'gambling can lead to harm among anyone' (Gosschalk et al., 2024a). This is key as understanding the broader underlying factors at play, such as the influence of social norms and a lack of awareness, has been found to increase empathy among affected others towards people who gamble (Gosschalk et al., 2024b; Marko et al., 2023).

This reduces harm for both those who gamble and affected others by fostering open communication with loved ones, thereby decreasing the stigma and shame associated with the gambling harms, reducing the burden of responsibility on affected others and encouraging both parties to seek support (Dowling et al., 2025a; Hing et al., 2016; Weston-Stanley et al., 2025).

Given that many affected others express a desire to better understand or support the person who gambles, as well as concerns about the impact on their own wellbeing, it is important for gambling services to offer tailored support to affected others. This is currently being offered through select NHS clinics offering a 'family and friends' service for affected others. As well as this, the National Gambling Support Network (NGSN) offers one-to-one support for affected others and people who gamble, one-to-one therapy for affected others, and family support (GambleAware, 2025).

However uptake of support from affected others is low with only 13% of clients who accessed Tier 3/4 treatment⁸ through the NGSN (2024-2025) reporting as an affected other (while 86% were people who gamble) (GambleAware, 2025). Greater awareness of the support available for affected others is needed.

⁸ [Tier 3](#): structured treatment. This may include individual or group based cognitive behavioural therapy treatment, motivational interviewing, counselling, psycho-educational groups, psychiatric or clinical psychology input, and psychodynamic work. Tier 3 treatment includes a comprehensive assessment and a goal-orientated mutually agreed care plan.

[Tier 4](#): residential rehabilitation treatment care. This offers a holistic, in-depth rehabilitation programme that provides emotional, practical and long-term support and includes facilitated therapeutic treatment

Specifically support that involves affected others in the recovery journey, as affected others involvement has been shown to provide encouragement, increase engagement with gambling support services, and improve people who gamble's financial management (Hing et al., 2016b; Newall et al., 2024).

Being included in treatment and support can also be a positive experience for affected others, as it helps to rebuild trust in their relationships and combat the shame and stigma attached to being an affected other through providing a space to speak openly about their experience and gain validation (Banks et al., 2018).

Conclusion

This review explored the perceptions of harmful gambling some affected others hold and how these stigmatising perceptions contribute to exacerbating gambling-related harm for affected others. It demonstrates that viewing harmful gambling as an illness (Marko et al., 2023; Weston-Stanley et al., 2025) can harm affected others through some feeling the need to take on board the responsibility to prevent further gambling harm, address financial challenges, and protect both the person who gambles and themselves from perceived and real judgement from others (Azemi et al., 2023; Hing et al., 2016b; Marko et al., 2023; Gosschalk et al., 2024b). In turn this can lead to affected others neglecting their own need for support to address the gambling related harm they experience (Gosschalk et al., 2024b).

The perception of harmful gambling as a result of a personal failing, of not acting responsibly, can harm affected others in multiple ways (IFF Research et al., 2023; Marko et al., 2023; Weston-Stanley et al., 2025). It can negatively impact their relationship and trust with the person who gambles through placing the blame entirely on the individual (Gosschalk et al., 2024b; IFF Research et al., 2023; Weston-Stanley et al., 2025). In turn this can lead to feelings of shame and secrecy to avoid perceived and real judgement from others (Chalmers et al., 2024; Newall et al., 2024). This can lead to affected others being less likely to seek support for themselves and can lead to gambling-related harms compounding (Hing et al., 2016a; Newall et al., 2024).

It is important to address these perceptions through reducing stigmatising narratives about gambling harm within marketing and social norms, and by improving the awareness of the potential harm of gambling through targeted public health campaigns and early intervention. Importantly, affected others need to be aware that support is available to them, and that this support is tailored to their unique needs. It is the responsibility of all stakeholders across the health and social care landscape to signpost affected others to gambling harm support and other relevant services to provide holistic support. This includes:

- mental health crisis advice
- more specific financial advice
- more specific legal advice
- work and employment advice
- children and young people advice
- abuse support
- advice on speaking to authorities.

Importantly, affected others needs and preferences are diverse and more research is needed in order to tailor treatment and support to best meet their needs (Dowling et al., 2025b).

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