

Minority Communities & Gambling Harms: Quantitative Report

Lived Experience,
Racism,
Discrimination
and Stigma

March 2023

Nicola Moss
Joe Wheeler
Alice Sarkany



CLEARVIEW
RESEARCH



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Executive Summary

This paper is part of a wider research programme focussing on Minority groups' lived experience of gambling harms in Great Britain. The work focusses on Minority groups primarily due to GambleAware's recognition that gambling harms need to be understood in the context of inequalities present in British society. Racism and discrimination impact the opportunities and affect the life experiences of people from Minority groups in complex ways. The processes of racialisation, discrimination and exclusion based on someone's ethnic, religious or migration background are fundamental to understanding minority groups' experiences of gambling harms.¹

This research, therefore, focusses on ethnic minority groups, religious minority groups, people from asylum seeker and refugee backgrounds, as well as people for whom English is a second language. As is discussed in this paper, research has repeatedly demonstrated that individuals from these groups are at elevated risk of experiencing racism, discrimination or other forms of unfair treatment, and we consider these factors integral to understanding their experience of gambling and gambling harms. Though these groups are heterogeneous and diverse communities, elements of their experience relating to racism and discrimination in British society are likely to be common across groups. Collectively, we refer to these communities as 'Minority groups'.

Research suggests that Minority groups in Great Britain tend to gamble less frequently than their White counterparts but are more likely to face gambling harms². Despite this, Minority groups are less likely to access specialist gambling treatment³.

There is very limited research, particularly with a robust quantitative methodology, focusing on the experiences of gambling and gambling harms among Minority groups in Great Britain. This report details the findings from a nationally representative survey of minority and majority adults' gambling experiences, undertaken in 2022. The survey findings provide much needed evidence about differences in gambling and gambling harms between Minority and majority groups.

For the purposes of this survey, the term 'Minority groups' refers to adults in Great Britain who:

- Identify as a member of an ethnic minority;
- Identify as a member of a religious minority;
- English is not their primary language.

We have also included analysis where pertinent of those who have moved to Great Britain in the past 10 years and do not speak English as their primary language. A more detailed account of the sampling frame criteria for this survey can be found in the technical summary of this report.

¹ Levy, J, O'Driscoll, C, Sweet, A. (2020). Disproportionate Burdens of Gambling Harms Amongst Minority Communities: A Review of the Literature. London: GambleAware. Available at <https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-disproportionate-burdens-of-gambling-harms-amongst-minority-communities-a-review-of-the-litera.pdf>

² Conolly, A, Davies, B., Fuller, E., Heinze, N., Wardle, H., 2018, *Gambling behaviour in Great Britain in 2016 Evidence from England, Scotland and Wales* (London: NatCen Social Research).

³ Dinos, S., Windle, K., Crowley, J., Khambhaita, P., 2020, *Treatment Needs and Gap Analysis in Great Britain Synthesis of findings from a Programme of Studies* (London: NatCen Social Research).

Overview of research aims

This paper is part of a wider research programme focussing on the lived experience of Minority Groups and gambling harms in Great Britain. The objectives of the overarching research programme are:

- To build knowledge about the lived experience of gambling and gambling harms in Minority groups;
- To understand more about the levels of gambling, gambling harm, and attitudes towards gambling among Minority groups in Great Britain;
- To understand the drivers of gambling harms experienced by these communities; and
- To understand the barriers to accessing specialist gambling services.

This survey specifically aimed to:

- Further explore the role of structural racism and inequalities in ethnic differences in prevalence of gambling harms;
- Understand more about the impact of stigmatisation on gambling behaviours amongst Minority groups;
- Investigate the barriers to accessing gambling support amongst Minority groups, as evidence shows there are a multitude of issues experienced, and effective support systems play a vital role in tackling gambling related harms.



Key Findings

Gambling-related harms are higher amongst people from Minority groups.

Literature suggests that the likelihood of Minority groups facing gambling-related harms is higher, despite actual prevalence of gambling activity being lower⁴. By comparing Minority groups with the White British Majority group, the survey results quantify these differences, and offer additional insights into potential drivers of harm amongst different Minority communities.

Our findings align with prior research in showing that White British Majority group participants (48%) are statistically significantly⁵ more likely than Minority group participants (31%) to have gambled in the past 4 weeks.

Reported reasons for gambling principally included financial (such as the chance of winning big money or as a source of income) and for entertainment (having fun or because it is exciting). Strikingly, individuals from Minority groups are statistically significantly more likely than those from White British Majority groups to view gambling as a coping mechanism (18% vs. 6% of those who gamble in each group); as a means with which to deal with challenges and difficulties in life.

The survey data shows that while Minority groups are less likely to gamble, they are statistically significantly more likely to be experiencing gambling harms, with 42% of those who gamble experiencing some level of harms (those who score at least 1+ on the PGSI scale). Comparatively, 20% of those from White British groups who gamble are experiencing some degree of harm.

Income appears to be a factor associated with gambling-related harm, and this is far more pronounced for Minority groups. Among Minority groups, those with a household income of less than £26,000 are statistically significantly more likely than those from a White British group in this income bracket to score a high (8+) PGSI score (24% vs. 5%). This suggests that household income may be an important factor in the relationship between minority group status and experience of gambling harm.

Findings suggest that Minority groups are statistically significantly more likely than the White British Majority group to want to seek help and advice in order to reduce gambling harms. Minority groups are also considerably more likely than White British Majority groups to say they wish to try and decrease their gambling activity (26% vs. 14%), and report either having attempted to in the past, currently, or intending to do so in the future.

Additionally, those from Minority groups are statistically significantly more likely than those from White British Majority groups to feel they would like to limit their gambling but are finding it difficult to do so (9% vs. 1%), and report needing more support to help with their gambling (8% vs. 2%) or needing more information about where to get support for gambling (9% vs. 3%).

⁴ Conolly, A, Davies, B., Fuller, E., Heinze, N., Wardle, H., 2018, *Gambling behaviour in Great Britain in 2016 Evidence from England, Scotland and Wales* (London: NatCen Social Research).

⁵ Analysis of the data has been undertaken throughout the report using t-test $p < 0.05$.

Experiences of racism and discrimination in relation to gambling harms.

Racism and discrimination have been identified as important in understanding inequalities in gambling harms for minority groups. Further, it is imperative to consider the role of different forms of racism (structural, institutional and interpersonal) alongside social, economic and personal factors that may influence gambling behaviours⁶.

Our survey found that people from Minority groups sampled regularly experience discrimination and racism across a variety of different domains. For example, almost three in four people (72%) from Minority groups reported being insulted due to their ethnicity, race, colour, religion or language.

Further to interpersonal racism and discrimination, experiences of structural and institutional discrimination and racism were also reported by Minority group participants, with a quarter (24%) saying they have been treated unfairly in work due to their ethnicity, race, colour, religion or ability to speak English, and around one fifth (18%) experiencing this in education.

The research additionally demonstrated evidence of a link between experiences of discrimination and racism, and likelihood to gamble and/or experience gambling harms. We found that people from Minority backgrounds who were experiencing gambling harms (defined as scoring one or more on the Problem Gambling Severity Index (PGSI)) were statistically significantly more likely to have experienced racism or discrimination than Minority participants with no indication of harms (a PGSI score of 0). For instance, nearly half (48%) of Minority group participants with a PGSI score of one or more have experienced discriminatory treatment out in public, compared with around three in ten (32%) of those with a risk score of zero. Further statistical analysis shows a correlation between experience of discrimination and indicators of gambling harm, detailed fully in the appendices of this paper⁷.

While it must be noted that the data analysis undertaken is correlational in nature, and we cannot assert that experiences of racism and discrimination are causes of gambling and gambling harms, it is clear that there is a need for further investigation around this issue which will form a part of this ongoing research programme.

⁶ Levy, J, O'Driscoll, C, Sweet, A. (2020). Disproportionate Burdens of Gambling Harms Amongst Minority Communities: A Review of the Literature. London: GambleAware. Available at <https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-disproportionate-burdens-of-gambling-harms-amongst-minority-communities-a-review-of-the-literature.pdf>

⁷ See Section 9.3 of this report.

Stigmatisation may play a role in increasing gambling-related harms among people from Minority groups.

Results indicate that Minority groups are statistically significantly more likely than the White British Majority group to feel that people from their community who take part in gambling or are affected by gambling harms are stigmatised, in that they are felt to be judged negatively, both from wider society and within Minority communities.

Survey findings show that there is a stronger sense of shame associated with gambling amongst Minority groups. Over a quarter (28%) believe if a person from their background gambled, that it would bring embarrassment and shame on people from the same Minority group, compared to just 9% from White British Majority groups. This may be linked to internalised stigma, highlighting the impact of the stigmatisation of gambling harms on individuals within these communities, as compared with the White British Majority group.

However, there is an important distinction to be made between Minority groups' perceived negative judgment from within their communities and wider society, and people's personal feelings towards those who have problems when gambling. For instance, despite Minority groups being statistically significantly more likely to feel that people from their background or heritage would be judgemental towards those harmed by gambling (43% vs. 21% of the White British Majority group), a comparatively low proportion report being personally judgemental (10% vs. 11% of the White British Majority). This highlights the need to break down perceived stigma of gambling-related harms within Minority communities.

There is low awareness and use of gambling specific support across the population, but stigmatisation may be a greater barrier to support seeking for people from Minority groups.

The majority of those seeking to limit their gambling (both Minority and White British Majority groups) are doing so through their own means without formal support, and are generally unlikely to access specialist gambling treatment. Amongst those who have actively or recently attempted to limit their gambling, nearly three in five (58%) Minority community respondents had not sought any form of formal support for their issues with gambling. Where Minority group participants did seek support, this was most often using formal support or tools such as operator player protection tools (e.g., deposit limits) or the National Gambling Helpline.

Barriers to accessing support among Minority and White British Majority groups were similar, with most citing not feeling like they needed support as their main barrier to accessing help for their gambling.

However, there is evidence that fear of judgement and aforementioned stigmatisation may be preventing engagement with support amongst Minority communities. Survey findings show Minority groups are considerably less likely than White British Majority groups to feel comfortable talking to formal sources of support (gambling support services) (58% would feel comfortable vs. 61% of White British Majority groups) or informal sources such as friends or family (56% vs. 63%) if they were worried about their gambling.



01

Introduction

1 Introduction

Research suggests that Minority groups in Great Britain tend to gamble less than their White counterparts, but are more likely to face gambling harms^{8,9}. Despite this, Minority groups are less likely to access specialist gambling treatment¹⁰. GambleAware commissioned Ipsos UK, the University of Manchester and ClearView Research to explore and understand the gambling experiences of Minority groups as well as improve understandings of under-use of gambling treatment services.

For the purposes of this research, the term ‘Minority groups’ refers to adults in Great Britain who:

- Identify as a member of an ethnic minority;
- Identify as a member of a religious minority;
- English is not their primary language.

We have also included analysis where pertinent of those who have moved to Great Britain in the past 10 years and not speak English as their primary language.

Given there is little evidence of the effects of gambling on Minority groups in Great Britain (the levels of harm, drivers of harm and the effectiveness of formal support services), the research aims are broad, ambitious, and far reaching:

- To build knowledge about the lived experience of gambling and gambling harms in Minority groups;
- To understand more about the levels of gambling, gambling harm, and attitudes towards gambling among Minority groups in Great Britain;
- To understand the drivers of gambling harms experienced by these communities; and
- To understand the barriers to accessing specialist gambling services.

This will inform the delivery of GambleAware’s *Organisation and Commissioning Strategy* over the next five years to ensure services, interventions and policies are effective at reducing and preventing gambling harms for Minority groups.

1.1 The starting point: Ethnic inequalities in Great Britain

Ethnic minority groups in Great Britain experience inequalities across a wide range of life domains. The role of racism and discrimination is a key consideration in understanding what drives these inequalities. Specifically, in the context of this research project, it is important to be clear as to different forms of

⁸ Conolly, A, Davies, B., Fuller, E., Heinze, N., Wardle, H., 2018, *Gambling behaviour in Great Britain in 2016 Evidence from England, Scotland and Wales* (London: NatCen Social Research).

⁹ Public Health England (2021) *Gambling-related harms evidence review: Quantitative analysis of gambling involvement and gambling-related harms among the general population in England*. London: Public Health England.

¹⁰ Dinos, S., Windle, K., Crowley, J., Khambhaita, P., 2020, *Treatment Needs and Gap Analysis in Great Britain Synthesis of findings from a Programme of Studies* (London: NatCen Social Research).

racism alongside social, economic and personal factors that may influence gambling behaviours, as well as access to, and experiences of, treatment for gambling problems.

As emphasised above, this research acknowledges that gambling harms need to be understood in the context of the inequality, racism and discrimination experienced by Minority groups. The processes of racialisation and exclusion based on religious, migration or language background are important to explore in order to better understand how issues of “otherisation” and social exclusion impact minority communities and their experience of gambling harms. This research programme, therefore, focusses on ethnic minority groups, religious minority groups, people from asylum seeker and refugee backgrounds, as well as people for whom English is a second language. These groups are subject to interpersonal racism, structural racism, and other forms of discrimination, which are considered in relation to gambling and gambling harms. Though these groups are heterogeneous and diverse communities, they are subject to similar contexts in terms of living their lives experience of inequality and discrimination. They are the focus here in the context of elements of their experiences being common across groups, as a result of the disadvantages they face living in British society.

Collectively, we refer to these communities as ‘Minority groups’. It should be noted, therefore, that whilst much of the literature cited here focuses on ethnic minority groups, some of the findings are also relevant for religious minority groups, people for whom English is not their first language and people from migrant and asylum seeker backgrounds. This is because some of the experiences of racism, discrimination, exclusion, and inequality for these groups will be similar to those faced by those defined as ethnic minority groups, and indeed, some individuals may identify as being from an ethnic minority background too.

Racism can be structural, institutional or interpersonal in nature¹¹. Structural racism refers to the processes that lead to disadvantage in accessing economic, physical and social resources. Institutional racism is legitimated by discriminatory policies and norms embedded in large institutions (such as the NHS) and captures a broad range of practices that perpetuate differential access to services, and opportunities within institutions¹². Interpersonal racism refers to discriminatory treatment during personal interactions, such as verbal or physical abuse and violence but also refers to ‘microaggressions’, acts of marginalising, silencing, ignoring and/or avoiding people due to their heritage, status, race, ethnicity, and identity.

Research evidence to date shows that people from ethnic minority backgrounds are one of the most deprived and excluded groups in society. In terms of their health, people from ethnic minority backgrounds are more likely to suffer worse health outcomes at every stage of the life course, from birth to death¹³. Adults from ethnic minority backgrounds have, on average, increased rates of poor physical health¹⁴ and mental wellbeing¹⁵ compared with their White counterparts, as well as lower life

¹¹ Nazroo J, Bhui KS, Rhodes J. Where next for understanding race/ethnic inequalities in severe mental illness? Structural, interpersonal and institutional racism. *Sociol Health Illn*. 2020;42(2):262-276.

¹² Jones CP. Levels of Racism: A Theoretic Framework and a Gardener’s Tale. *Am J Public Health*. 2000;90(8):1212-1215. doi:10.3102/0002831211424313.

¹³ Stopforth S, Bécares L, Nazroo J, Kapadia D. A life course approach to understanding ethnic health inequalities in later life: An example using the United Kingdom as national context. In: Nico M, Pollock G, eds. *The Routledge Handbook of Contemporary Inequalities and the Life Course*. Routledge; 2022:383-393.

¹⁴ Bécares L. Which ethnic groups have the poorest health? In: Jivraj S, Simpson L, eds. *Ethnic Identity and Inequalities in Britain*. Policy Press; 2015:123-140.

¹⁵ Weich S, Nazroo J, Sproston K, et al. Common mental disorders and ethnicity in England: the EMPIRIC study. *Psychol Med*. 2004;34(8):1543-1551.

expectancy¹⁶. People from ethnic minority backgrounds are also more likely to live in poorer socioeconomic circumstances than their White counterparts. They are more likely to: live in poverty¹⁷, live in deprived areas (as indicated by the Indices of Multiple Deprivation [IMD])¹⁸, be disadvantaged in the labour market¹⁹, be in insecure or precarious employment²⁰, be living in poor housing²¹ and have inadequate pensions in later life²².

A fundamental cause of ethnic inequalities in health and socioeconomic circumstances (as well as other life domains) is racism²³. To redress these inequalities in research, practice and policy, it is essential that the role of racism is acknowledged in the patterning of ethnic inequalities affecting ethnic minority groups. With respect to gambling behaviour and gambling harms, the social, economic, and geographical situations that people from ethnic minority backgrounds live in, which themselves may relate to experiences of structural racism that underpins British society, are fundamental in understanding: (i) why some ethnic minority groups engage in harmful gambling behaviours to a greater extent than their White counterparts and (ii) why some ethnic minority groups are reluctant to access gambling treatment services²⁴.

A related area of research that may provide some illumination on ethnic inequalities in accessing gambling treatment services is mental health services. A recent rapid review of ethnic inequalities in access to, and experiences of, mental health services²⁵ found that there were barriers for people from ethnic minority backgrounds seeking help for mental health problems rooted in a distrust (often based on previous racist treatment by healthcare providers) of both primary care and mental health care providers, as well as a fear of being discriminated against in healthcare. The review found this to be the case for many ethnic minority groups but with less evidence about the experiences of Roma, Gypsy and Irish Traveller and Chinese groups, although evidence from stakeholder engagement groups in the report suggests that these groups may also be reluctant to seek help from services that they do not trust. The review also found that the lack of appropriate interpreting services acted as a deterrent to seeking help.

In this research project we have used the existing research on mental health services to develop our conceptual framework of the barriers to accessing gambling treatment services that takes into consideration structural barriers, as well as individuals' attitudes. This conceptual framework has also guided our data collection design and processes.

¹⁶ Wohland P, Rees P, Nazroo J, Jagger C. Inequalities in healthy life expectancy between ethnic groups in England and Wales in 2001. *Ethn Health*. 2015;20(4):341-353.

¹⁷ Finney, N., Kapadia, D., & Peters, S. (2015). *How are poverty, ethnicity and social networks related?* Joseph Rowntree Foundation.

¹⁸ Jivraj S, Khan O. How likely are people from Minority ethnic groups to live in deprived neighbourhoods? In: Jivraj S, Simpson L, eds. *Ethnic Identity and Inequalities in Britain*. Policy Press; 2015.

¹⁹ Zwysen, W., Di Stasio, V., & Heath, A. (2021). Ethnic Penalties and Hiring Discrimination: Comparing Results from Observational Studies with Field Experiments in the UK. *Sociology*, 55(2), 263–282. <https://doi.org/10.1177/0038038520966947>.

²⁰ Kapadia, D., Nazroo, J., & Clark, K. (2015). Have ethnic inequalities in the labour market persisted? In S. Jivraj & L. Simpson (Eds.), *Ethnic identity and inequalities in Britain: The dynamics of diversity* (pp. 161–179). Policy Press.

²¹ De Noronha, N. (2019). *Housing and the older ethnic Minority population in England*. Race Equality Foundation.

²² Mawhinney P. *Ready for Retirement? Pensions and Bangladeshi Self-Employment*. Runnymede; 2010.

²³ Nazroo J. The structuring of ethnic inequalities in health: economic position, racial discrimination, and racism. *Am J Public Health*. 2003;93(2):277-284.

²⁴ Gunstone B, Gosschalk K. *Gambling among Adults from Black, Asian and Minority Ethnic Communities: A Secondary Data Analysis of the Gambling Treatment and Support Study*; 2019. <https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-gambling-among-adults-from-black-asian-and-minority-ethnic-communities-report.pdf>

²⁵ Kapadia, D., Zhang, J., Salway, S., Nazroo, J., Booth, A., Villarroel-Williams, N., Bécares, L. & Esmail, A. (2022) *Rapid Evidence Review on Ethnic Inequalities in Healthcare*. NHS Race & Health Observatory. Available at <https://www.nhs.uk/publications/ethnic-inequalities-in-healthcare-a-rapid-evidence-review/>

1.2 An overview of the research programme to date

This report details the findings from one phase of the research project, but we first summarise the research programme for context.

This research programme is organised into three Workstreams. Workstream 1 is a scoping phase; Workstream 2 is a quantitative survey of gambling and gambling harms in Minority groups and Workstream 3 (in progress) is an in-depth exploration of gambling experiences and harms using longitudinal qualitative interviews and app-life diaries²⁶.

Workstream 1 consisted of a desk review of existing literature about gambling behaviours and harms among Minority groups in Great Britain. We also conducted 10 exploratory qualitative depth interviews with adults from Minority backgrounds who have experience with gambling.

The scoping phase was conducted in collaboration with ClearView Research, who undertook additional qualitative research to triangulate findings and further explore themes identified by Ipsos. As part of this phase, we also recruited a Co-Design Team; this consisted of four people from Minority backgrounds who have lived experience of gambling. This team have steered and scrutinised the research process, commenting on, and shaping, the questions used in the survey (Workstream 2) and the interview topic guides used for the qualitative research (Workstreams 1 and 3).

Findings from Workstream 1, which are outlined below, uncovered some key learnings about the prevalence of gambling harms amongst ethnic minority groups in Great Britain as well as barriers to seeking support for gambling.

1.2.1 Existing knowledge of factors influencing disproportionate gambling behaviours and gambling harms in Minority groups

Prevalence of gambling harms is higher amongst Minority groups than White British Majority groups. Structural racism and discrimination, as well as socioeconomic inequalities are likely to be fundamental causes underlying ethnic differences in prevalence of gambling-related harm, although this is not addressed by most research. Findings from exploratory work undertaken by Ipsos, The University of Manchester and ClearView Research show that such linkages can be challenging to demonstrate through primary research due to the complex nature of such experiences.

There was some evidence from the exploratory interviews and ClearView Research's exploration labs that the areas in which people live, their socioeconomic status, along with the ubiquity and normalisation of gambling in British society were factors shaping people's gambling experiences. The easy access to gambling in Great Britain was often mentioned by people who had migrated from countries where gambling is less common or carries a high degree of stigmatisation. Suggesting that the experience of movement between two very different cultural environments might in itself represent a risk factor for some individuals.

Across the exploratory research undertaken, evidence shows that many types of gambling harms experienced by Minority groups mirror those experienced by a White British Majority population. It was not clear how harms are exacerbated by experiences of being part of a Minority group. However, there is some evidence that Minority groups may be more likely to use gambling as a coping strategy in the face

²⁶ App-life is an Ipsos UK app-based qualitative research platform, in which participants respond to moderated prompts over a number of days.

of poor health or living in financial difficulty, and this required further detailed exploration in Workstream 2 (and this paper).

The literature review highlighted that there is limited comparative research measuring different attitudes towards gambling amongst Minority groups, and of society towards Minority groups, especially in Great Britain. However, evidence from the literature review and our exploratory research shows that Minority groups encounter stigmatisation both outside and within their communities when it comes to attitudes towards gambling. Stigmatisation from society of individuals in Minority groups was identified by participants as a factor that might exacerbate gambling related harms.

Stigma around gambling *within* Minority groups was also mentioned, leading some participants to feel there was an element of secrecy or shame regarding their gambling behaviours.

1.2.2 Barriers to accessing support

Existing research shows that despite being more likely to experience gambling related harms, people from ethnic minority groups who gamble are less likely to access specialist treatment.

Findings from the exploratory research show there are significant barriers to accessing and engaging with both informal and formal support. These include:

- Perceived stigmatisation of people from Minority groups who gamble, meaning certain groups may feel reluctant to request formal support;
- Stigma within some Minority groups may lead to individuals feeling that they cannot access informal support;
- A lack of appropriate formal services for Minority groups, and diverse representation within these services to meet the needs of different Minority groups; and
- A lack of available support services in geographical areas that have a high number of gambling operator establishments.

1.2.3 Implications for the Gambling harms quantitative survey (Workstream 2)

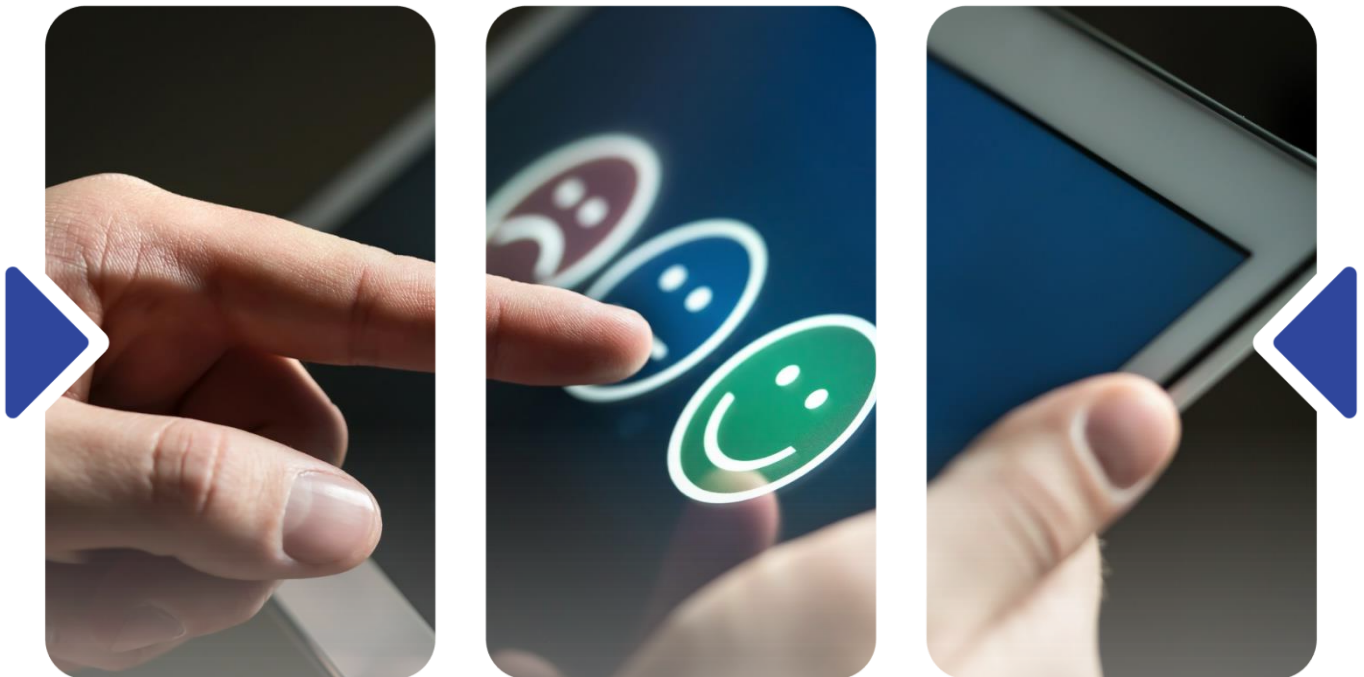
While Workstream 1 offered some useful insights into gambling related harms among Minority groups, further exploration was required to better understand the reasons behind the higher prevalence of gambling harms and lower likelihood to seek specialist support among Minority groups in Great Britain. Much of the existing research identified from the desk review is limited in representativeness. Many were small scale (studies with fewer than 20 participants), focussed on local geographies, or tended to be qualitative in nature and made broad assumptions about entire Minority groups from limited evidence.

The scoping phase identified a need for larger scale, robust quantitative research into gambling related harms among Minority groups. Additionally, we decided to include a White British sample, so that we could quantify the inequalities in gambling harms between people from Minority backgrounds and White British people, as well as establishing the unique drivers and challenges faced by people from Minority backgrounds who gamble.

We designed a survey to conduct a robust exploration of attitudes towards gambling and drivers of harm amongst (and a comparison between) Minority and White British Majority groups in Great Britain, drawing on the findings from Workstream 1.

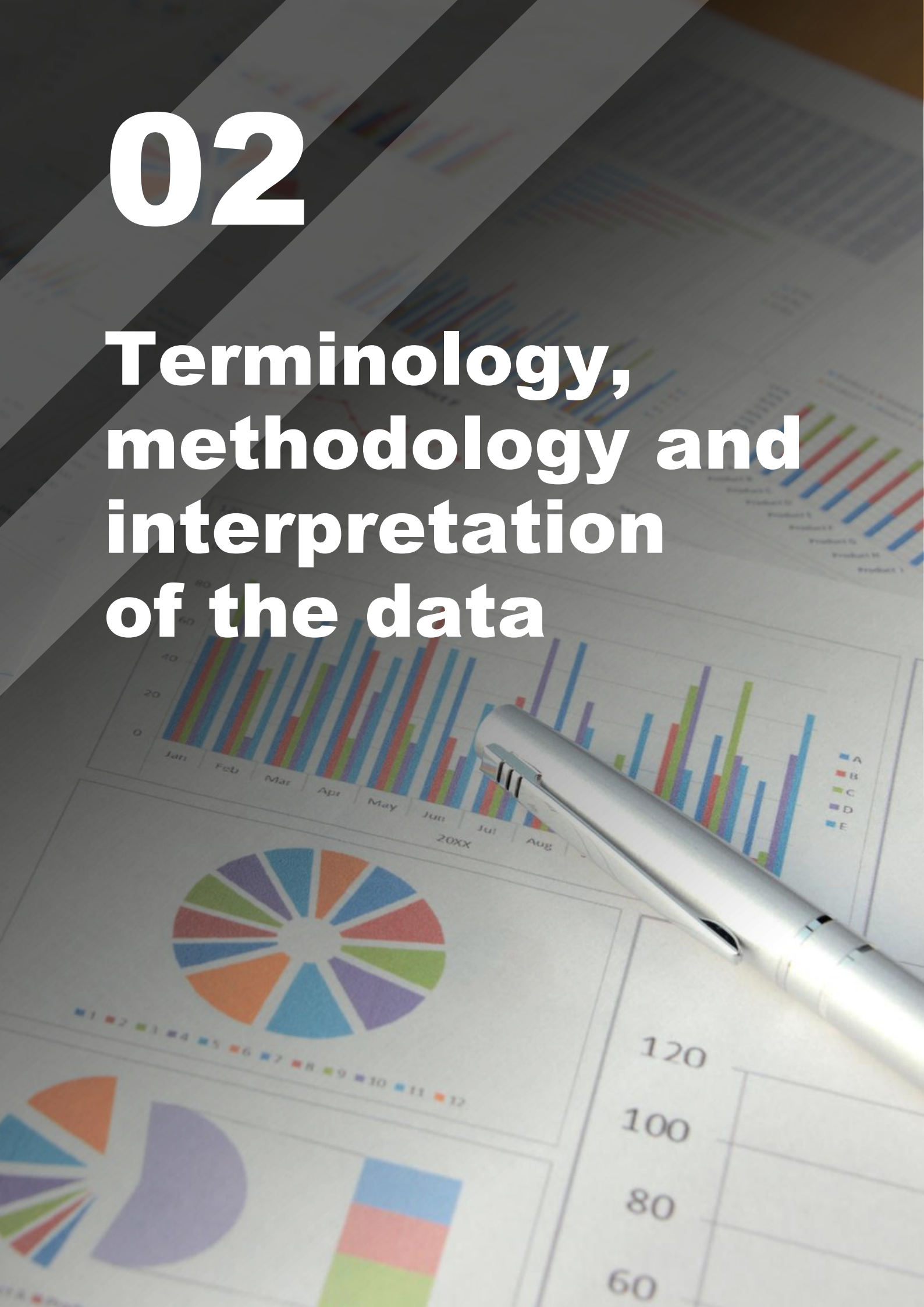
This survey aimed to:

- Further explore the role of structural racism and inequalities in ethnic differences in prevalence of gambling harms.
- Understand more about the role of stigmatisation in the experience of individuals from Minority groups who gamble.
- Investigate the barriers to accessing gambling support amongst Minority groups, as evidence shows there are a multitude of issues experienced, and effective support systems play a vital role in tackling gambling related harms.



02

Terminology, methodology and interpretation of the data



2 Terminology, methodology and interpretation of the data

2.1 Use of language and terminology

Both the design of the survey and the writing of this report have taken close consideration of the use of appropriate language and interpretation, both in terms of describing the different groups included in the study and in describing the activity of gambling and gambling-related harms. To ensure that the survey considered the views of Minority groups, we consulted our Co-Design Team during the development of the survey materials and fed learnings through from Workstream 1 of the research. We have also sought advice from Dr Dharmi Kapadia who is a core member of the research team and an academic at the University of Manchester. Dharmi has expertise in research focused on racism, health, mental health and older people. Dharmi is a longstanding member of the [ESRC Centre on Dynamics of Ethnicity](#) (CoDE), the UK's largest research centre on ethnic inequalities. We have also sought internal guidance from our in-house Research Ethics Group and used national government definitions to ensure that terminology used in the report follows the latest best practice.

2.1.1 Ethnicity

Ethnicity is a protected characteristic, meaning it is against the law to discriminate against someone because of their ethnicity. For participants in research, talking about ethnicity or ethnic identity can be a sensitive matter. We have applied some general principles from literature on appropriate terminology when referring to different Minority groups, including the UK Government's current position on the language it uses to talk about ethnicity or identity²⁷ and guidance from The Law Society on terminology of ethnicity²⁸. These include:

- Referring to ethnicity, not race, as industry standard survey questions ask about ethnic group, not race.
- Capitalise all ethnic groups. While we are not aware of any specific guidance or accepted position on the term "Minority groups", we have here capitalised both Minority groups and White British Majority groups to address a problematic asymmetry that would exist if we were to only capitalise one or the other. In so doing, we take these categories as descriptors of ethnic background and heritage, capitalised and designated by us as proper nouns, and reified symmetrically. We acknowledge that others may prefer not to capitalise these terms, and though cognisant of the broader debates around capitalisation of terminology, we have chosen to prioritise the symmetry of terminological presentation of the communities to whom we refer.
- To avoid confusion, given some ethnic groups are also nationalities, we refer to the nation as an ethnic group, for example "those who identify as being from the Pakistani ethnic group", as opposed to "Pakistani people".

²⁷ <https://www.Ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-Ethnicity#Ethnic-minorities-and-Ethnic-groups>

²⁸ <https://www.lawsociety.org.uk/topics/Ethnic-Minority-lawyers/a-guide-to-race-and-Ethnicity-terminology-and-language>

2.1.2 Gambling-specific terminology

We have, where possible, avoided using the terms ‘problem gambling’ or ‘problem gamblers’ as these are argued to be judgemental and stigmatising. These terms imply that the person is in and of themselves a ‘problem’, and furthermore reduce their personhood to this one facet of their identity/activity. Instead, we have decided to use person centred, descriptive, and neutral language, such as ‘those with gambling-related issues’.

When referring to specific behaviours that provide a proxy for potential harms such as Problem Gambling Severity Index – we refer to those ‘experiencing gambling harms’, while when speaking about *harmful outcomes* we refer to ‘those harmed by gambling.’ Those who have been impacted by the gambling of someone else are referred to as ‘affected others’ as is widely used in the discourse of gambling studies.

A summary of the definition of key terms used in this research report is provided in the table below.

Term	Definition
Minority groups	Referring to the primary audience for this study, Minority groups, though are hugely heterogeneous and diverse communities, are subject to similar contexts in terms of living in an inequitable, post-colonial Great Britain marked by structural racism and discrimination. For the purposes of this research, these groups include those who meet at least one of the following criteria: <ul style="list-style-type: none"> • Identify as a member of an ethnic minority group; • Identify as a member of a religious minority group; • Those who do not speak English as their first language. We have also included analysis where pertinent of those who have moved to Great Britain in the past 10 years if English is not their primary language.
Ethnic Minority	Those who identify as a member of an ethnic minority group, as per categories used in the UK government population census ²⁹ .
White Minority	Those who identify as a White Minority group, as per categories used in the UK government population census ²⁹ . This includes Gypsy, Roma and Irish Travellers and includes those who are from migrant communities and for whom English is not their first language.
Religious Minority	Those who identify as following a Minority religion in Great Britain, (not Christian), as per categories used by ONS data ³⁰ .
White British Majority group	The White British Majority who do not meet any of the characteristics of the Minority group definition.
Those who gamble / Frequent gambler	Term to refer to those who have gambled in the past four weeks, on any activity. Does not include those in recovery/those who previously gambled.
Affected other	Term to describe those impacted by the gambling behaviour of someone close to them (e.g., friend/family/partner).
Index of Multiple Deprivation (IMD)	Indices of Multiple Deprivation ³¹ ; a tool that segments the population into five quintiles based on the level of deprivation in the area they live.

²⁹ <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/Ethnic-groups>

³⁰ <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/exploringreligioninenglandandwales/february2020>

³¹ <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Term	Definition
The Problem Gambling Severity Index (PGSI)	The Problem Gambling Severity Index ³² 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, ranging from “no risk”, “low risk”, “moderate risk” and “high risk”.
Gambling related harms	Term used to describe experiences of those who have been negatively impacted by their own gambling behaviour (e.g., finances, relationships, mental and physical health, employment, social isolation) or the gambling behaviour of someone else.

Table 1: Glossary of key terms.

2.2 Methodology

2.2.1 Overview of the study

Workstream 2 is an online nationally representative survey of Minority groups and the White British Majority group in Great Britain. The geographical reach of the research is focussed on Great Britain rather than the UK to reflect the mandate of the funding organisation, GambleAware.

2.2.2 Method

A survey of 2,999 adults aged 18+ across England, Wales and Scotland completed the survey between 19th and 25th May 2022. The survey was conducted via Ipsos’ random online probability panel (UK KnowledgePanel), which has over 20,000 participants across the UK. A detailed description of the UK KnowledgePanel methodology is provided in the Technical Summary section of this report.

The survey was designed using a ‘mobile-first’ approach, which took into consideration the look, feel and usability of a questionnaire on a mobile device. This included: a thorough review of the questionnaire length to ensure it would not over burden respondents from focusing on a small screen for a lengthy period, avoiding the use of grid style questions (instead using progressive bars which are more mobile friendly), and making questions ‘finger-friendly’ so they are easy to respond to. The questionnaire was also compatible with screen reader software to help those requiring further accessibility.

2.2.3 Ethical considerations

Central to research design and developing research instruments is the intention of limiting any potential distress caused in participating in the research. The approach was reviewed by Ipsos’ Research Ethics Group which is made up of experienced researchers across the Public Affairs team who advise on wellbeing and disclosure protocols, for example ensuring that there is clear signposting to gambling support services at the end of the interview and that a participant has the option to select ‘prefer not to say’ in response to sensitive questions.

The co-design team were also involved in the development of the survey. Ipsos ran a session where we discussed questions with participants, focusing on language, terminology and structure to ensure we were asking survey questions in a clear and sensitive way.

³² <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>

2.2.4 Survey sampling

For the purpose of this research, Minority groups include any adult in Great Britain who either:

- Identify as a member of an ethnic minority;
- Identify as a member of a religious minority;
- English is not their primary spoken or written language.

The table below shows the profile of the 2,999 participants who completed the survey.

	Demographic	Minority participants (1,220)	White British Majority participants (1,779)
Gender	Male	47% (n=571)	49% (n=877)
	Female	52% (n=637)	50% (n=898)
Age³³	18-24	19% (n=234)	8% (n=138)
	25-34	26% (n=318)	13% (n=233)
	35-44	23% (n=285)	14% (n=251)
	45-54	16% (n=190)	18% (n=313)
	55-64	8% (n=98)	18% (n=325)
	65-74	5% (n=60)	15% (n=269)
	75+	3% (n=35)	14% (n=251)
	Country	England	92% (n=1127)
Scotland		5% (n=56)	4% (n=76)
Wales		3% (n=37)	4% (n=64)
Income	Up to £25,999	24% (n=297)	25% (n=447)
	£26,000 up to £51,999	25% (n=307)	29% (n=515)
	£52,000 up to £99,999	15% (n=181)	18% (n=329)
	£100,000 and above	8% (n=98)	7% (n=129)
IMD Quintile	1 (Most deprived)	31% (n=377)	18% (n=327)
	2	29% (n=356)	18% (n=319)
	3	18% (n=217)	19% (n=346)
	4	12% (n=145)	22% (n=396)
	5 (Least deprived)	10% (n=124)	22% (n=391)

³³ It is interesting to note that the Minority population is younger as a whole than the White British Majority population. Please note that we do not interlock ethnicity by age in the weighting, so the difference is partly attributed to natural fallout.

	Demographic	Minority participants (1,220)	White British Majority participants (1,779)
PGSI Score	High risk (8+)	15% (n=57)	4% (n=34)
	Moderate risk (3-7)	12% (n=45)	6% (n=52)
	Low risk (1-2)	16% (n=61)	10% (n=88)
	No risk (0)	58% (n=227)	80% (n=685)
Ethnicity	English / Welsh / Scottish / Northern Irish / British	11% (n=132)	98% (n=1749)
	Irish	<1% (n=1)	1% (n=13)
	Indian	17% (n=212)	0
	Pakistani & Bangladeshi	16% (n=190)	0
	Black/African/Caribbean/Black British	12% (n=148)	0
	Other White	18% (n=215)	1% (n=16)
	Other Asian	9% (n=104)	0
	Other ethnic group	16% (n=201)	0
Religion	No religion	24% (n=295)	44% (n=787)
	Christian	27% (n=325)	53% (n=951)
	Buddhist	3% (n=34)	0
	Hindu	8% (n=92)	0
	Jewish	4% (n=51)	0
	Muslim	24% (n=290)	0
	Sikh	3% (n=41)	0
	Any other religion	6% (n=78)	0
When moved to UK	Born in UK	48% (n=583)	97% (n=1723)
	Moved to UK in past year	2% (n=24)	0
	Moved to UK within past 5 years	11% (n=157)	<1% (n=3)
	Moved to UK 6+ years ago	41% (n=500)	3% (n=53)
Primary Language	English	73% (n=885)	100% (n=1779)
	Other language	27% (n=335)	0

Table 2: Demographic breakdown of Minority and White British Majority groups (weighted³⁴).

Further details on the sample, including the number of participants weighted and unweighted can be found in the technical summary of this report.

³⁴ Details on the weighting scheme can be found in Section 8.3.

2.3 Interpreting analysis & limitations

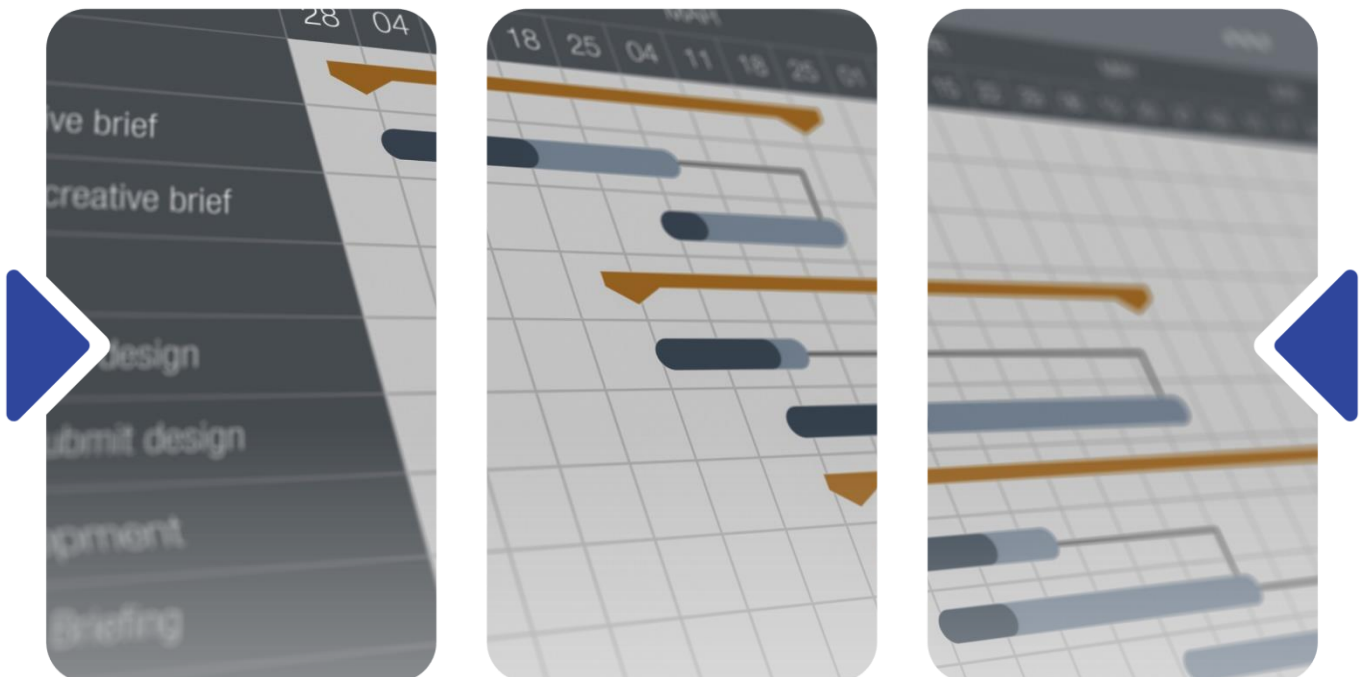
This report focuses primarily on comparing the Minority group sample with the White British Majority group sample.

The Minority groups (described above) have been grouped together for the analysis as these groups all experience discrimination, exclusion, and inequalities within British society.

That said, it is acknowledged that such a broad grouping may mask important differences between types of Minority groups and within Minority groups. As such the data has been analysed by ethnicity, religion, length of time in the UK and among those for whom English is not their first language and this set of data tables is appended to this report. It is also the case that where there are statistically significant differences in experience among these groups this has been highlighted within the main body of the report.

In addition, due to small base sizes, it has been necessary to combine certain ethnic groups, specifically. Pakistani & Bangladeshi ethnic groups have been combined into one group. Black African, Black Caribbean and Black British group have also been combined into one group. We acknowledge that there are likely important differences between the ethnic groups that have been combined, but it was not possible to report on these groups individually for much of the analysis as the small sample sizes meant that parametric statistical testing was unfeasible.

There are a total of 132 (11%) Minority group participants who identified as White British. These individuals were classed as a Minority group (as opposed to the White British Majority) by satisfying another element of the Minority group sampling criteria, either through identifying as a Minority religion, or not speaking English as a primary language. As discussed earlier, we have identified such communities as being subject to analogous discriminations and racisms.



Within the 132 of the Minority group participants who identified as White British, 23 individuals did not speak English as a primary language. A further 114 individuals identified as a minority religion, (53 of

which were “other religion”, 29 were Jewish, 25 Buddhist, and 7 were Muslim). Please note that the reason the sum of these groups is greater than 132, is because an individual may have one or more of these characteristics i.e., being a minority religion and English is not their primary language.

Where relevant, we have also provided commentary on key differences among participants of different age groups, gender, work status, household income and Indices of Multiple Deprivation (IMD). Additionally, we have identified and compared within key indicators of gambling and gambling harms (such as frequency of gambling, Problem Gambling Severity Index, and affected others – see **Table 1** for definitions).

Commentary focuses on statistically significant differences between communities in the same category (e.g., different age groups) based on a 5% alpha level. This analysis has been undertaken using a t-test adjusted on the effective sample size.

In the tables in this report, the total sum of answer categories may appear to be slightly higher or lower than 100% and combinations might not sum to their constituent parts (e.g., ‘agree’ relative to ‘strongly agree’/‘tend to agree’). This is due to the rounding of results to the nearest whole number.

The following chapters of this report detail the main findings from Workstream 2.

03

Higher burden of gambling-related harms among Minority groups



3 Higher burden of gambling related harms among Minority groups

Summary

Literature suggests that Minority groups within the population have lower gambling participation rates than their White British Majority counterparts. However, the likelihood of Minority groups experiencing gambling harms is higher³⁵. This evidence is supported by our quantitative findings.

In total, **31% of those identifying as being from a Minority group have gambled in the past four weeks**. In comparison, **48% of White British Majority group participants have done so**.

However, the proportion of Minority group participants who scored as high risk of problem gambling (**8+ PGSI**) is statistically significantly higher than those from the White British Majority group. A total of 15% of Minority group participants who gamble had a high PGSI score, compared to just 4% of those from the White British Majority group. Similarly, 12% of Minority group participants were classed as moderate risk, compared to 6% of White British Majority people.

There is also evidence to suggest that low household income is related to gambling harm amongst Minority groups to a greater extent than for the White British Majority group. **People from Minority backgrounds in households with incomes less than £26,000 are statistically significantly more likely to have a high PGSI score**; 24% compared to just 5% of White British Majority participants who earn less than £26,000.

Whilst similar proportions of participants within Minority and White British Majority groups know someone who has or has previously had a problem with their gambling, 44% of Minority group participants have been negatively affected by that person; a significantly higher proportion than those from the White British Majority group (30%).

In particular, people from Minority groups are considerably more likely to cite **emotional impacts of being an affected other**. For example minority group participants were statistically significantly more likely to say that the gambling behaviour of a person close to them contributed to the breakdown of a relationship (38% of Minority group participants compared to 27% of White British Majority group participants) and that it **impacted on their mental health** (27% of Minority groups vs. 18% of the White British Majority group).

Participants who had gambled in the last four weeks were asked why they did so. The majority did so for financial reasons (57% of Minority group participants vs. 58% of White British Majority Group participants), but significantly more Minority group participants reported doing so in an attempt to source additional income (14% vs. 8% of White British Majority participants).

³⁵ Conolly, A., Davies, B., Fuller, E., Heinze, N., Wardle, H., 2018, *Gambling behaviour in Great Britain in 2016 Evidence from England, Scotland and Wales* (London: NatCen Social Research).

Whilst other reasons for gambling such as ‘entertainment’ were similar across both groups, another stark difference was in the proportion who stated that they gamble as a **coping mechanism** (18% Minority group participants compared to 6% of White British Majority group participants). Examples included being worried about not winning if they do not play (7%), to escape from everyday life (5%), to cope with being distressed (2%), or to help them deal with the effects of discrimination they have experienced (1%).

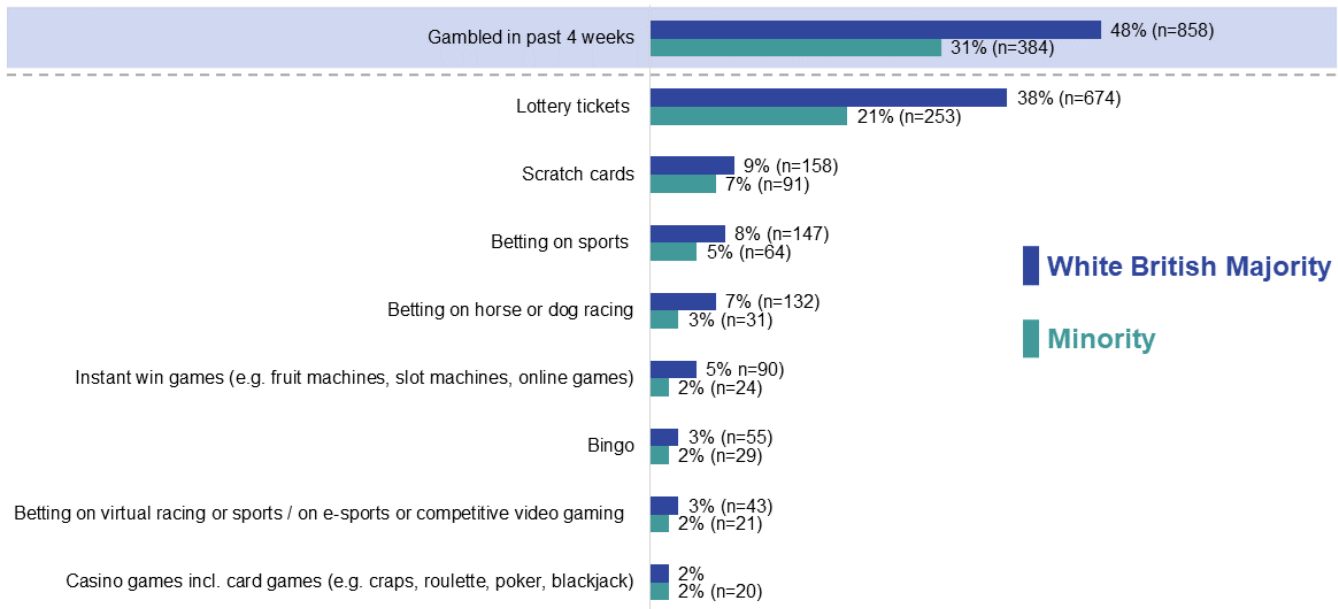
Previous research indicates that those from Minority groups are more likely to be harmed by gambling, despite being less likely to participate in gambling than White British Majority groups³⁶. To date, there has been little quantitative research undertaken that delves deeply into the gambling behaviours of Minority groups, including perceptions of their gambling behaviour.

Therefore, in this survey, we covered standardised gambling prevalence measures as well as indicators of harms including a measure of the Problem Gambling Severity Index (PGSI) and those indirectly harmed by others’ gambling (affected others). Participants were also asked whether, in their opinion, they needed to reduce or limit their gambling.

3.1 Gambling participation prevalence

Those who gambled were identified through standard gambling prevalence measurement, as used in the gambling prevalence survey undertaken by The Gambling Commission³⁷. This captures any gambling activity undertaken in the past four weeks (see **Figure 1**).

Which of these have you spent any money on in the past 4 weeks?



Base: All ‘minority group’ adults aged 18+ in Great Britain (1,220), All ‘White British Majority group’ adults aged 18+ in Great Britain (1,779). **Source:** Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QB1.

Figure 1: Gambling activity undertaken in the past four weeks.

³⁶ Conolly, A., Davies, B., Fuller, E., Heinze, N., Wardle, H., 2018, *Gambling behaviour in Great Britain in 2016 Evidence from England, Scotland and Wales* (London: NatCen Social Research).

³⁷ <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-participation-and-problem-gambling-for-the-year-to-june-2022>

A total of 31% of those from a Minority group have **gambled in the past four weeks**. In comparison, 48% of **White British Majority group participants** have gambled in the past four weeks (see **Figure 1**).

Amongst Minority group participants, those who identify as being from a White British background (but English is not a first language or they practice a Minority religion) are statistically significantly more likely to say they gamble (43%)³⁸, whereas those of Pakistani or Bangladeshi heritage are amongst the least likely group to say they regularly gamble (18%)³⁹. This is also true of those who identify as Muslim (17%)³⁹.

It is worth noting that the majority of those who gamble do so via Lottery tickets, although previous research has shown that these products can and do cause gambling-related harms⁴⁰. The next most popular gambling activities include scratch cards (9% of White British participants and 7% of Minority group participants gamble in this way) and betting on sports (6% for White British participants and 5% for Minority participants)³⁹.

3.2 Indicators of gambling harm

There are currently no widely used psychometrically validated quantitative measures of gambling harms. To date, the most common proxy measure is the Problem Gambling Severity Index (PGSI)⁴¹, a survey measurement tool for measuring “problem gambling”. PGSI asks a series of nine statements relating to risk indicators of problem gambling and each statement is assessed on a four-point scale: never, sometimes, most of the time, almost always⁴². A score is then allocated to an individual based on their response to these statements, ranging from “no risk of problem gambling” (PGSI score of 0), “low risk” (score of 1-2), “moderate risk” (score of 3-7) and “high risk” (score of 8+).

The term problem gambling refers to gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits. Gambling related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society.

In line with guidance from the Gambling Commission, it should be recognised that the term “problem gambler” and “at risk” represent an individualising concept and therefore those affected by problem gambling and/or affected others should be referred to as ‘those harmed by gambling.’ It should also be recognised that those at risk (1+ or more on the scale) of problem gambling are likely to be already experiencing some level of gambling-related harms. Therefore, in this report we refer collectively to the population who score at least 1+ on the PGSI scale as ‘those harmed by gambling’⁴³. We only refer to the term problem gambling in explicit reference to analysis of individual PGSI score categories (as below). **Figure 2** categorises the whole sample using the Problem Gambling Severity Index.

Despite being less likely to gamble regularly in the first place, the proportion of Minority groups who indicated a high level of problem gambling (8+ PGSI) is higher than that from the White British Majority group (see **Figure 2**). A total of 15% of people identifying as being from a Minority group had an 8+

³⁸ See Data Table Appendix Page 88.

³⁹ See Data Table Appendix Page 88.

⁴⁰ Booth, L. et al: Gambling-related harms attributable to lotteries products, *Journal of Addictive Behaviours* 109 ,(2020).

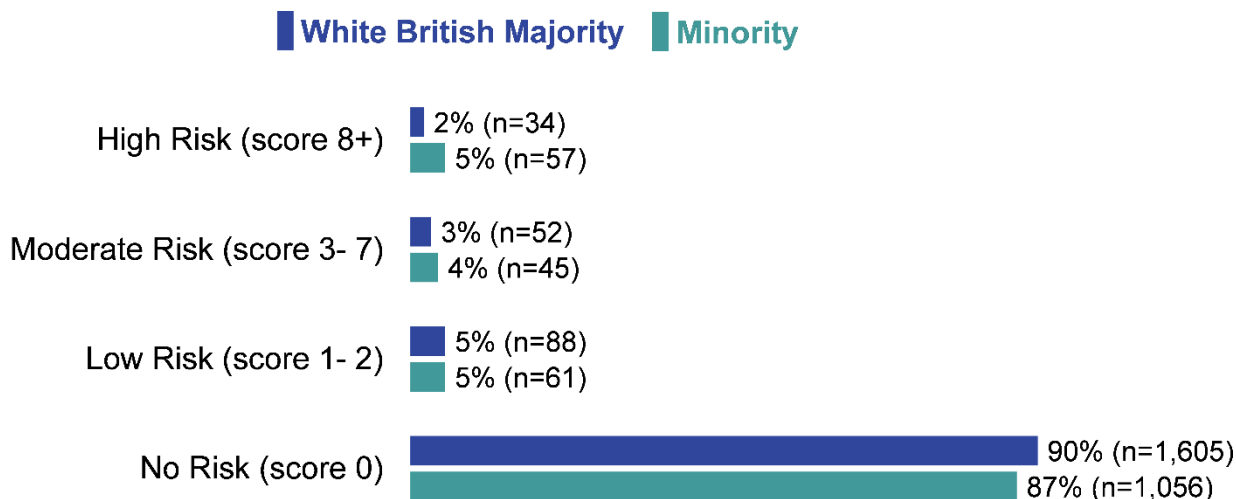
⁴¹ <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>

⁴² Further detail on the PGSI can be found in the Section 9.1.

⁴³ <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-vs-gambling-related-harms>

PGSI score, compared to just 4% of those from the White British Majority group. Similarly, 12% of Minority group participants were classed as moderate level of problem gambling, compared to 6% of White British Majority people. Four in five (80%) of those from a White British Majority group were classed as no risk, compared to 58% of those from a Minority group.

PGSI score



Base: All 'minority group' adults aged 18+ in Great Britain (1,220), All 'White British Majority group' adults aged 18+ in Great Britain (1,779).
Source: Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain.

Figure 2: Problem Gambling Severity Index (PGSI) scores.

There are also some notable differences amongst those who gamble within the Minority group sample, although interpretation of these results should be treated with caution, due to the relatively low base sizes.

Within Minority groups, there were some statistically significant differences based on t-test comparisons; those with the highest reported PGSI score include:

- Those aged 25-34 (36% have an 8+ PGSI score)⁴⁴;
- Those in households with incomes less than £26,000 (24%)⁴⁵; and
- Those living in the Midlands (27%)⁴⁶.

It appears particularly pertinent that for White British Majority participants, income does not appear to be associated with high levels of problem gambling. Just 5% of those earning less than £26,000 scored 8+ on the PGSI scale (compared to 24% for Minority groups).

⁴⁴ See Data Table Appendix Page 195.

⁴⁵ See Data Table Appendix Page 195.

⁴⁶ See Data Table Appendix Page 196.

	Minority Participants				
	Total	Up to £25,999	£26,000 up to £51,999	£52,000 up to £99,999	£100,000 and above
High Risk	15% (n=57)	24%* (n=22)	13% (n=15)	5% (n=3)	6% (n=2)
Moderate Risk	45 (n=12%)	13% (n=12)	7% (n=8)	5% (n=3)	12% (n=4)
Low Risk	61 (n=16%)	15% (n=14)	11% (n=13)	29%* (n=18)	35% (n=10)
No Risk	58% (n=227)	49% (n=45)	69%* (n=83)	62% (n=38)	47% (n=13)
Total	n=1220	n=106	n=120	n=77	n=30

*Subgroup % statistically significantly different from total (t-test sub-group total, with $p < 0.05$).

Table 3: PGSI score for Minority participants, by annual household income.

	White British Majority Participants				
	Total	Up to £25,999	£26,000 up to £51,999	£52,000 up to £99,999	£100,000 and above
High Risk	4% (n=34)	5% (n=11)	<1% (n=1)	8%* (n=14)	0
Moderate Risk	6% (n=52)	7% (n=15)	6% (n=15)	5% (n=8)	15% (n=10)
Low Risk	10% (n=88)	8% (n=18)	9% (n=21)	12% (n=21)	9% (n=6)
No Risk	80% (n=685)	80% (n=170)	85%* (n=204)	74% (n=127)	75% (n=49)
Total	n=1779	n=214	n=262	n=152	n=47

*Subgroup % statistically significantly different from total (t-test sub-group total, with $p < 0.05$).

Table 4: PGSI score for White British Majority participants, by annual household income.

Implications

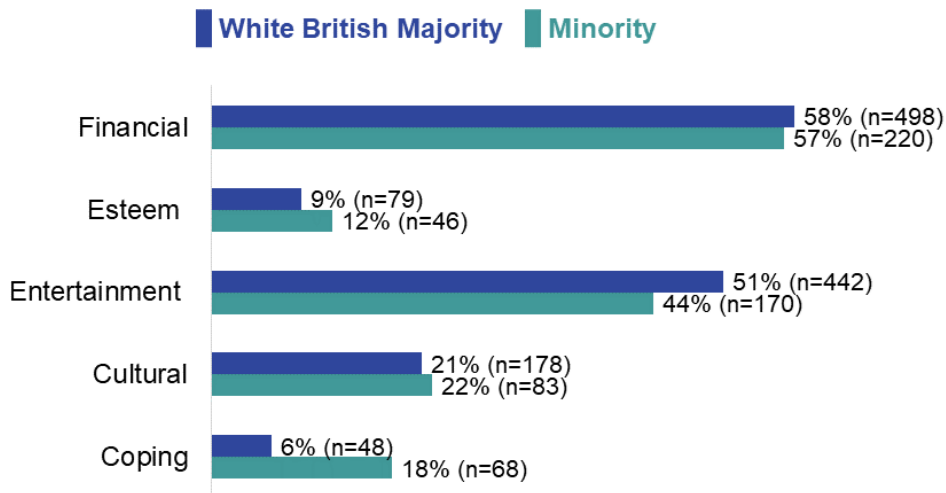
This indicates that income could be a more important factor in relation to relatively extreme levels of gambling harm (8+PGSI) amongst Minority groups, though further research is required to confirm this and highlight potential causal pathways.

3.3 Reasons for gambling

Participants who had gambled in the past four weeks were asked to provide their main reason(s) for gambling, from a list provided⁴⁷. **Figure 3** shows grouped thematic categories (“nets”) of the reasons people gave.

Which, if any, of the following reasons best explain why you take part in gambling?

(Net responses)



Base: All ‘minority group’ adults who gamble, aged 18+ in Great Britain (1,220), All ‘White British Majority group’ adults who gamble, aged 18+ in Great Britain (1,779).

Source: Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QB2.

Figure 3: Reasons for participating in gambling.

The main reason cited for gambling was financial, with similar numbers of Minority and British White Majority participants stating this reason. Just over two in five Minority participants (44%) said they gamble for entertainment, such as for having fun (21%) or because it is exciting (29%).

3.4 Gambling as a coping mechanism

Just under two in five Minority participants said they gamble for reasons related to a coping mechanism (18%) – such as being worried about not winning if they do not play (7%), to escape from everyday life (5%), to cope with being distressed (2%), or to help them deal with the effects of discrimination they have experienced (1%). Comparatively, just 6% of those from a White British Majority group said they gamble for coping purposes.

Amongst Minority group participants, those aged 25-34 were statistically significantly more likely to say they gambled as a coping mechanism (30%)⁴⁸, as were those who were experiencing some degree of harm (PGSI 1+) (33%)⁴⁹.

Further studies indeed align with this finding, and indicate that gambling behaviours may represent an external regulator of internal emotional states, and correlate significantly with trauma, insecure

⁴⁷ See UK KnowledgePanel survey question, QB2, in Section 9.3.

⁴⁸ See Data Table Appendix Page 89.

⁴⁹ See Data Table Appendix Page 91.

attachment, and psychopathological traits such as alexithymia (inability to identify and describe emotions experienced by one's self⁵⁰) and dissociation⁵¹.

In identifying why Minority groups use gambling to cope, further studies have demonstrated a link between trauma experienced by Minority groups and harmful gambling⁵². Further, studies have shown that people who have experienced racism are at higher risk of mental health issues (including mental disorders and psychosis)⁵³ and greater levels of experience of racism lead to worse mental health i.e., there is a cumulative effect⁵⁴. Therefore, it is possible that there are both direct and indirect effects of racism on gambling (via poor mental health), by which people could use gambling as a means with which to cope with experiences of racism, social exclusion, and discrimination, although our survey was not able to investigate this. The fourth chapter of this report explores further the impact of experiences of racism and discrimination on Minority groups, and the relationship with racism and/or discrimination.

Our contributing partner, ClearView Research, further explored the reasons for gambling harms amongst Minority groups in their research. They found that participants cited escapism and distraction from dissatisfactory life events as a reason to engage in gambling, however participants did not explicitly make links with this and their experiences of being a member of a Minority group.

3.5 Affected others

People may also experience gambling related harm due to someone else's gambling, particularly if that person is a close relative or friend. As part of this survey, we asked a series of questions that identify those potentially harmed by someone else's gambling, commonly referred to as affected others.

Overall, a third (33%) of Minority group participants said they know someone who has or has previously had a problem with their gambling; a similar proportion to White British Majority group participants (35%).⁵⁵ Similar proportions from Minority groups (43%) and White British Majority groups (46%) say they do not know anyone with gambling-related problems.

However, more than two in five (44%) Minority group participants who know someone else that has suffered gambling harm have been negatively affected because of said persons gambling behaviour; a statistically significantly higher proportion than those from a White British Majority group (30%).

Due to low base sizes, it was not possible to detect a statistically significant difference among socio-demographic groups when it comes to negative impacts of another's gambling behaviour within the Minority group sample.

⁵⁰ Marchetti D, Verrocchio MC, Porcelli P. Gambling Problems and Alexithymia: A Systematic Review. *Brain Sci.* 2019.

⁵¹ Gori, A., Topino, E., Craparo, G. et al. A Comprehensive Model for Gambling Behaviors: Assessment of the Factors that can Contribute to the Vulnerability and Maintenance of Gambling Disorder. *J Gambl Stud* (2021). <https://doi.org/10.1007/s10899-021-10024-3>.

⁵² See, for example:

- Currie, C. L., Wild, T. C., Schopflocher, D.P., Laing, L., Veugelers, P., Parlee, B., 2013, Racial Discrimination, Post Traumatic Stress, and Gambling Problems Among Urban Aboriginal Adults in Canada. *J Gambl Stud* 29, 3: 393-415. doi:10.1007/s10899-012-9323-z.
- Rogers, J., 2013, Harmful gambling: A Suitable Case for Social Work? *Practice: Social Work in Action* 25,1: 41- 60.
- Tse, S., Wong, J., Kim, H., 2004, A Public Health Approach for Asian People with Harmful gambling in Foreign Countries. *The Centre for Addiction and Mental Health DOI: 10.4309/jgi.2004.12.13*.

⁵³ Karlsen, S., Nazroo, J., Mckenzie, K., Bhui, K., & Weich, S. (2005). Racism, psychosis and common mental disorder among ethnic Minority groups in England. *Psychological Medicine*, 35(12), 1795-1803. doi:10.1017/S0033291705005830.

⁵⁴ Wallace S, Nazroo J, Bécarea L. Cumulative Effect of Racial Discrimination on the Mental Health of Ethnic Minorities in the United Kingdom. *Am J Public Health*. 2016;106(7):1294-1300.

⁵⁵ See Data Table Appendix, Page 321

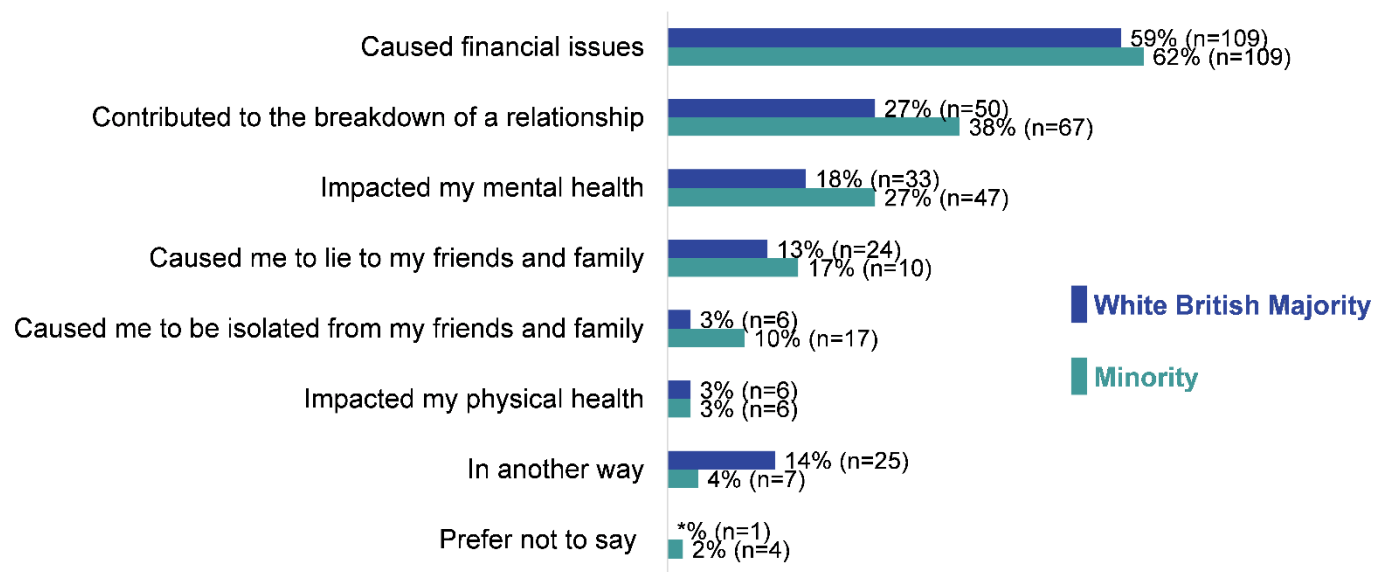
Affected others were asked, from a list provided, about the impact that someone else’s gambling had on them personally (see **Figure 4**).

There were some differences between Minority groups and the White British Majority group in terms of the impacts being an affected other has had. The biggest impact across the entire sample of affected others is financial, representing 62% of Minority group participants and 59% of White British Majority group participants.

However, emotional impacts appear to be higher amongst affected others from Minority groups. These include the breakdown of relationships (38% of Minority group participants and 27% of White British Majority group participants) and impacts on mental health (27% of Minority groups vs. 18% of White British Majority groups).

We know from research that mental health difficulties are health issues for which there are the most unjust and stark inequities for ethnic minority populations⁵⁶. In this context, racism (both interpersonal and institutional), socioeconomic inequalities and disadvantage over the life course, and at key junctures in life, can be observed in interplay, resulting in negative health outcomes for Minority people⁵⁷. Experiences of racism and discrimination amongst this group are explored in detail within the next chapter.

In what way has the gambling behaviour of your friend, family member, or partner, impacted you?



Base: All affected others 'minority group' adults aged 18+ in Great Britain (170), All affected others 'White British Majority group' adults aged 18+ in Great Britain (172).
Source: Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QD2.

Figure 4: Personal impact of the gambling behaviour of your friend, family member or partner amongst affected others.

⁵⁶ Kapadia, D. (2022) Stigma, mental illness & ethnicity: Time to centre racism and structural stigma, *Sociology of Health & Illness*, pp. 1-17. Available at <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1467-9566.13615>.

⁵⁷ Kapadia, D. & Bradby, H. (2021) Ethnicity & Health in K. Chamberlain & A. Lyons (eds.) *The Routledge International Handbook of Critical Issues in Health & Illness*. London: Routledge, pp.183-196.

04

Experiences of discrimination and racism in relation to gambling harms



4 Experiences of discrimination and racism in relation to gambling harms

Summary

As established, literature has identified the role of racism and discrimination as key to understanding what drives disproportionate gambling harms for Minority groups. It is important to understand different forms of racism and discrimination alongside other social, economic and personal factors that may influence gambling behaviours and resulting harms.

When asked about types of racism or discrimination experienced, almost three in four (72%) Minority group participants reported having been **insulted based on their ethnicity, race, colour, religion or language**, 30% had experienced **physical violence** motivated by racism or discrimination, with a similar proportion (29%) having experienced property damage.

Minority group participants who had gambled within the last four weeks were statistically significantly more likely than those who hadn't gambled to have been insulted, had property damaged, or experienced physical violence due to their ethnicity, religion or colour. For example, 38% of Minority group participants who had recently gambled have experienced physical violence as a result of racism/discrimination, compared with 25% of Minority group participants who had not gambled.

It is also the case that **Minority group participants who experienced any level gambling harm (i.e., with a PGSI score of one or higher) also experienced insults, property damage or physical violence motivated by prejudice more frequently**, when compared with those with a PGSI score of 0 (no level of gambling harms).

Examination of the experiences of specific ethnic minority groups highlights statistically significant differences. For example, participants from both Pakistani and Bangladeshi backgrounds were most likely to say they have experienced discriminatory treatment in education, when seeking medical treatment and by their neighbours. Participants from Black African, Black Caribbean or Black British backgrounds were statistically significantly more likely to have received negative treatment in their job, by police, and when seeking medical treatment, all of which are likely to have a detrimental impact on trust in institutions and serve as barriers to accessing formal treatment and support.

There was also some evidence to suggest a link between experiences of institutional racism and likelihood to gamble or be harmed by gambling. Discrimination or racism experienced from the police in the past 5 years was considerably more prevalent among Minority group participants experiencing some degree of harms (25%), compared with those who are not (17%).

4.1 Experience of racism and discrimination

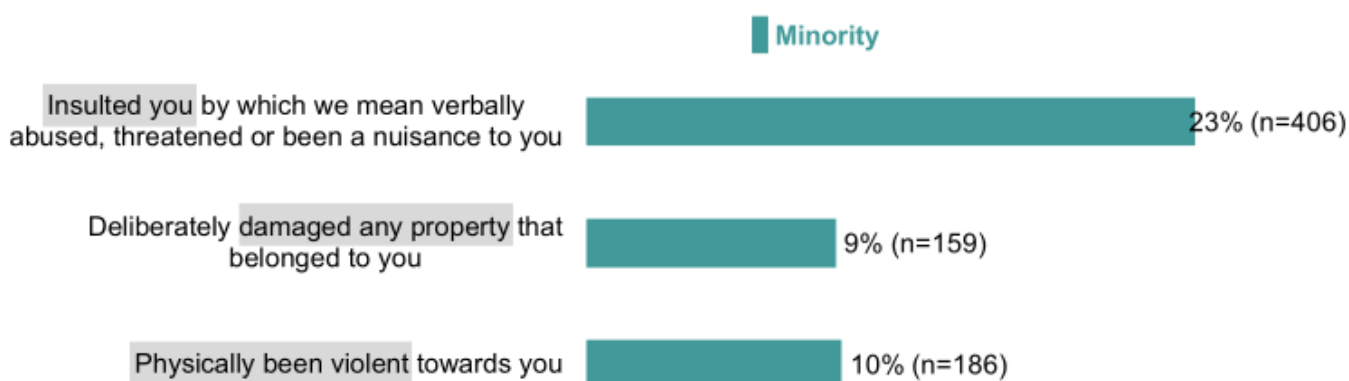
We know from previous research that gambling and experiences of racism, discrimination, and trauma are interlinked⁵⁸, with the latter demonstrated to inform and drive the former in some instances⁵⁹. Additionally, gambling has also been shown to be used as a coping mechanism in vulnerable populations⁶⁰ to deal with challenges to mental health and traumatisation of, for example, social exclusion, abuse and violence. It is therefore important to establish the reality of Minority groups' experiences in Great Britain with regard to racism and discrimination, and to establish in turn how this intersects and drives their gambling and experiences of gambling harms.

4.2 Types of racism and/or discrimination experienced

Experiences of racism and/or discrimination can be structural, institutional, or interpersonal in nature⁶¹. Therefore, when designing the online survey, we aimed to collect data on the frequency and types of racism/discrimination faced by Minority groups in Great Britain (see **Figure 5**). The questions on racism and discrimination were taken (and in some cases, adapted) from the questionnaire used in the recent Evidence for Equality National Survey (EVENS)⁶² which was designed by the Centre on Dynamics of Ethnicity (CoDE), and undertaken in conjunction with Ipsos in 2021.

Approximately, how many times have you experienced each of the following in your lifetime, for reasons to do with either your ethnicity, race, colour, religion or language?

(% who have experienced racism/discrimination at least once)



Base: All 'Minority group' adults aged 18+ in Great Britain (1,220), **Source:** Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QA5a.

Figure 5: Types of racism/discrimination experienced, amongst those who have experienced it at least once.

⁵⁸ Okuda, M. et al. (2016) 'Gambling Disorder and Minority Populations: Prevalence and Risk Factors', *Current Addiction Reports*, 3(3), pp. 280–292. doi: 10.1007/s40429-016-0108-9.

⁵⁹ Currie, C. L. et al. (2013) 'Racial Discrimination, Post Traumatic Stress, and Gambling Problems among Urban Aboriginal Adults in Canada', *Journal of Gambling Studies*, 29(3), pp. 393–415. doi: 10.1007/s10899-012-9323-z.

⁶⁰ Sharman, S., Butler, K. and Roberts, A. (2019) 'Psychosocial risk factors in disordered gambling: A descriptive systematic overview of vulnerable populations', *Addictive Behaviors*, 99(August), p. 106071. doi: 10.1016/j.addbeh.2019.106071.

⁶¹ Nazroo J, Bhui KS, Rhodes J. Where next for understanding race/Ethnic inequalities in severe mental illness? Structural, interpersonal and institutional racism. *Sociol Health Illn*. 2020;42(2):262-276.

⁶² Finney, N., Nazroo, J., Becares, L., Kapadia, D., Shlomo, N., Ellingworth, D., Taylor, H., & Begum, N. (2022). EVENS questionnaire. Centre on the Dynamics of Ethnicity (CoDE). Available at: https://pure.manchester.ac.uk/ws/portalfiles/portal/226449521/Evidence_for_Equality_National_Survey_EVENS_Questionnaire.pdf

As racism is a system of oppression that disadvantages ethnic minority groups, we focus the findings here on the experiences of people from Minority backgrounds, following how race and ethnicity experts in the UK report on findings on racism⁶³. There is clear evidence from this survey that Minority group participants are subjected to high levels of discrimination and racism.

When asked about types of racism or discrimination experienced, almost three in four (72%) Minority group participants reported having been insulted based on their ethnicity, race, colour, religion or language. One in three Minority group participants (30%) had experienced physical violence motivated by racism or discrimination, with a similar proportion (29%) having experienced property damage.

There are some notable statistically significant differences in experiences of racism and discrimination among different Minority communities. For example:

- Those from Pakistani or Bangladeshi backgrounds were the most likely ethnic group to have experienced property damage (43%), whilst two in five Muslim people (43%) had experienced this form of discrimination⁶⁴.
- Those from Black/African/Caribbean or Black British backgrounds had the highest reported experience of physical violence (38%)⁶⁵.
- Those from Black/African/Caribbean or Black British (79%), Pakistani & Bangladeshi (77%) and other Asian (81%) backgrounds were most likely to have said they have experienced verbal insults⁶⁶.

The fact that such a high proportion of Minority group participants have experienced racism and/or discrimination, is not in itself surprising. It does however highlight the context within which those from the Minority groups considered in this study are living in Great Britain, and this is important to consider as a differentiator between these groups and the White British Majority. The next section of this chapter considered this context in relation to gambling and gambling related harms.

4.2.1 Experiences of discrimination/racism in relation to gambling and gambling-related harms

By comparing experiences of discrimination and racism among participants who gamble and who are harmed by gambling, with those who do not gamble, we can get a sense of how gambling and experiences of discrimination and racism are correlated. Whilst it is important to note that these findings do not imply causation, this survey also found that Minority groups are statistically significantly more likely than the White British Majority group to view gambling as a coping mechanism or as a means to escape financial hardships both of which can be attributed or exacerbated by experiences of racism⁶⁷.

Our ongoing research for this project (Workstream 3: In-depth longitudinal qualitative work and digital diaries, known as app-life diaries) has indicated that for some research participants, racism and discrimination were identified as drivers of gambling.

⁶³ Finney, N., Nazroo, J., Bécares, L., Kapadia, D., Shlomo, N. (eds) (in press, 2023) *Racism & Ethnic Inequality in a Time of Crisis*. Bristol: Policy Press.

⁶⁴ See Data Table Appendix Page 16.

⁶⁵ See Data Table Appendix Page 20.

⁶⁶ See Data Table Appendix Page 12.

⁶⁷ Gunstone B, Gosschalk K. *Gambling among Adults from Black, Asian and Minority Ethnic Communities: A Secondary Data Analysis of the Gambling Treatment and Support Study*; 2019. <https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-gambling-among-adults-from-black-asian-and-minority-ethnic-communities-report.pdf>

As seen in **Table 5**, Minority group participants who have gambled within the last 4 weeks are statistically significantly more likely than average to have experienced being insulted, property damage, or physical violence. For example, 38% of Minority group participants who have gambled within the past 4 weeks have experienced physical violence as a result of racism/discrimination compared with the total 30%.

Similarly, the likelihood of experiencing discrimination/racism was considerably more pronounced among Minority group participants who experience any level of gambling harms (i.e., with a PGSI score of one or higher), compared with those with no indicator of harms (PGSI 0). For instance, Minority group participants with a PGSI score of one or more are statistically significantly more likely (50%) to have experienced physical violence motivated by prejudice, than those with no harms (PGSI 0 – which includes people who do not gamble) (27%)⁶⁸. Those with a score of 1+ also more frequently experienced verbal abuse (85% vs. 70%)⁶⁹ and property damage (56% vs. 25%)⁷⁰.

	Total	Gambled within past 4 weeks	PGSI score 0	PGSI score 1+	Affected others
Insulted	72% (n=875)	77%* (n=294)	70%* (n=737)	85%* (n=138)	78%* (n=311)
Property damage	29% (n=359)	39%* (n=150)	25%* (n=268)	56%* (n=91)	30% (n=119)
Physical violence	30% (n=367)	38%* (n=146)	27%* (n=287)	50%* (n=81)	35% (n=138)
Total	n=1220	n=401	n=1087	n=133	n=417

*Subgroup % statistically significantly different from total (t-test sub-group total, with $p < 0.05$).

Table 5: Percentage of Minority group participants who have experienced each type of discrimination/racism, by gambling experience.

Further statistical modelling was undertaken by Ipsos to explore the relationship between experiences of racism and/or discrimination vs. gambling prevalence and personal gambling-related harm (as measured by PGSI). The analysis found that both the prevalence of gambling and an increased risk of harms were associated with experience of discrimination, even when controlling for the socio-demographic variables included in the models. The model found that those who had experienced one or two incidents of verbal abuse were most likely to have been affected by gambling-related harms. The modelling also highlights the importance of other variables such as employment status in understanding these findings. Full details of this analysis are appended to this report.

4.2.2 Where is racism and discrimination experienced?

Our research highlighted that the increased rate of gambling among Minority groups reported in existing literature may be underpinned by a variety of factors including the discrimination and racism experienced by Minority group individuals across a variety of different domains. To explore this further, we asked the survey participants about their experiences of discrimination and racism in different settings to get a sense of the prevalence of structural, institutional and interpersonal racism (see **Figure 6**).

⁶⁸ See Data Table Appendix Page 19.

⁶⁹ See Data Table Appendix Page 11.

⁷⁰ See Data Table Appendix Page 15.

Have you ever been treated unfairly/differently/badly because of your ethnicity, race, colour, religion, or ability to speak English?

(% experienced in the past 5 years)



Base: All 'minority group' adults aged 18+ in Great Britain (1,220), All 'White British Majority group' adults aged 18+ in Great Britain (1,779).
Source: Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QA6.

Figure 6: Where racism and/or discrimination are experienced.

In terms of the settings where Minority group participants have experienced the most racism and discrimination over the past 5 years, these incidents most often occurred out in public (34%). Frequent experiences of structural and institutional racism were also identified among Minority group participants, with almost a quarter (24%) of this group having been treated unfairly due to prejudice in their job, and almost a fifth (18%) in education.

Analysis within Minority communities shows that in particular, participants from a Pakistani or Bangladeshi background statistically significantly more likely to have experienced discriminatory treatment across several settings, including in education (27%)⁷¹, out in public (48%)⁷², when seeking medical treatment (21%)⁷³, or by their neighbours (25%)⁷⁴.

Participants from Black/African/Caribbean or Black British backgrounds were statistically significantly more likely to say they have received negative treatment in some institutional settings, such as their job (37%)⁷⁵, by police (20%)⁷⁶, and when seeking medical treatment (21%)⁷³.

Amongst those practicing a minority religion, those from Muslim faith reported the highest incidences of discrimination in various settings, including in education (27%)⁷¹, in work (28%)⁷⁵, in public (44%)⁷², by neighbours (23%)⁷⁴ and when seeking medical treatment (19%)⁷³.

⁷¹ See Data Table Appendix Page 38.

⁷² See Data Table Appendix Page 46.

⁷³ See Data Table Appendix Page 54.

⁷⁴ See Data Table Appendix Page 62.

⁷⁵ See Data Table Appendix Page 42.

⁷⁶ See Data Table Appendix Page 50.

These findings show that particular ethnic minority groups are frequently experiencing discrimination when accessing public services. When it comes to accessing support with gambling, discrimination experienced when seeking health treatment may be of particular relevance. This is explored further in the sixth chapter of this report.

Recent migrant communities (i.e., those who have moved to Great Britain in the past five years) also reported high incidences of being discriminated against when out in public (53%)⁷⁷ and when seeking housing (28%)⁷⁸.

4.2.3 There is some evidence of the link between deprivation and experiences of discrimination, which support existing evidence on routes into harmful gambling

Among Minority group participants, there was a link between the level of area deprivation and tendency to experience negative treatment motivated by prejudice. This is supported by other existing research which indicates that minority people are more likely to live in poorer socio-economic circumstances than their White counterparts (Byrne et al., 2020)⁷⁹.

	Total	1 (most deprived)	2	3	4	5 (least deprived)
When in education	18% (n=221)	25%* (n=94)	16% (n=58)	17% (n=36)	14% (n=21)	10%* (n=13)
In your job	24% (n=295)	30%* (n=113)	21% (n=75)	21% (n=46)	26% (n=38)	19% (n=24)
When you have been out in public**	34% (n=413)	42%* (n=160)	34% (n=122)	25%* (n=54)	23%* (n=33)	35% (n=44)
By the police	11% (n=131)	14% (n=53)	9% (n=33)	8% (n=17)	5%* (n=8)	16% (n=20)
When seeking medical treatment	13% (n=160)	18%* (n=70)	14% (n=50)	10% (n=22)	6%* (n=8)	8% (n=10)
When seeking housing (rent or buy)	11% (n=135)	12% (n=45)	12% (n=44)	11% (n=23)	8% (n=11)	9% (n=11)
By your neighbours	16% (n=201)	21%* (n=80)	18% (n=64)	15% (n=33)	7%* (n=10)	11% (n=14)
By your friends, family or partner	10% (n=119)	12% (n=45)	7% (n=24)	11% (n=24)	8% (n=11)	12% (n=15)
Total	n=1220	n=377	n=356	n=217	n=145	n=124

*Subgroup % statistically significantly different from total (t-test sub-group total, with p<0.05).

** Such as out shopping, in parks, cafes or restaurants, or on public transport.

Table 6: Percentage of Minority group participants who have experienced discriminatory treatment in the following settings, by IMD.

⁷⁷ See Data Table Appendix Page 45.

⁷⁸ See Data Table Appendix Page 57.

⁷⁹ Byrne, B. et al. (2020) *Ethnicity, Race and Inequality in the UK: State of the Nation*. Bristol: Policy Press.

The survey data collected was cut by Indices of Multiple Deprivation⁸⁰, a tool that segments the population into five quintiles based on the level of deprivation in the area they live. A quarter (25%) of Minority group participants living in the most deprived areas of the UK (IMD1) have experienced discrimination in education in the past five years, this is the case for considerably fewer (10%) Minority group participants based in the least deprived areas (IMD5). Similarly, a higher proportion of those in IMD1 said they experienced discrimination in their job (30% vs. 19% of those in IMD5), when out in public (42% vs 35%) and when seeking medical treatment (18% vs. 8%).

This may indicate that low socioeconomic status may act as a risk factor for Minority individuals experiencing poor treatment due to their ethnicity, race, colour, religion, or ability to speak English. When the data is analysed by income, there is less of a pattern, although those Minority group participants in the lowest income bracket (up to £25,999 per year) were statistically significantly more likely to report being treated negatively due to prejudice by the police (15% vs. 11% total) or when looking for property (18% vs. 11% total).

	Total	Up to £25,999	£26,000 up to £51,999	£52,000 up to £99,999	£100,000 and above
When in education	18% (n=221)	22% (n=66)	13%* (n=41)	11%* (n=19)	18% (n=17)
In your job	24% (n=295)	29% (n=87)	21% (n=64)	28% (n=50)	23% (n=22)
When you have been out in public**	34% (n=413)	37% (n=111)	29% (n=90)	38% (n=69)	27% (n=27)
By the police	11% (n=131)	15%* (n=45)	5%* (n=16)	14% (n=25)	11% (n=11)
When seeking medical treatment	13% (n=160)	17% (n=52)	8% (n=25)	12% (n=21)	3% (n=3)
When seeking housing (rent or buy)	11% (n=135)	18%* (n=53)	8% (n=25)	11% (n=20)	8% (n=8)
By your neighbours	16% (n=201)	20% (n=60)	14% (n=44)	11%* (n=19)	14% (n=14)
By your friends, family or partner	10% (n=119)	10% (n=31)	5%* (n=16)	8% (n=14)	7% (n=7)
Total	n=1220	n=297	n=307	n=181	n=98

*Subgroup % statistically significantly different from total (t-test sub-group total, with $p < 0.05$).

** Such as out shopping, in parks, cafes or restaurants, or on public transport.

Table 7: Percentage of Minority group participants who have experienced discriminatory treatment in the following settings, by income bracket.

The data supports evidence from research which suggests intersecting inequalities experienced by people from Minority backgrounds exacerbate gambling harms, including where they live and socio-

⁸⁰ <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

economic status⁸¹. Further, studies from the desk research conducted suggested an inverse association between income and gambling disorder, with an increasing prevalence of gambling disorder as income decreases⁸².

This link between disadvantaged backgrounds and gambling harms was corroborated by members of the Co-Design Team during a workshop, with one of the team members suggesting that the 'poverty mindset' might go some way to explain this finding. As they described it, the poverty mindset can be relevant to individuals from low-income backgrounds who feel as though the only way to escape poverty is to have a drastic and sudden change in their financial status, for example, they win the lottery. They went on to link this mindset with gambling behaviour, indicating that the chance to 'win big' offered an incentive to gamble.

4.2.4 Experience of discrimination/racism in different domains in relation to gambling and gambling harm

The quantitative data collected in this survey indicates that those participants who have experienced discrimination or racism are also more likely to have experienced gambling-related harm.

Qualitative interviews during the scoping stage uncovered some initial evidence on how stigma towards those who gamble may be amplified for some Minority groups who are also more likely to be subject to inequalities and discrimination within society. For instance, some exploratory interview participants noted how discriminatory actions towards people from Minority backgrounds from wider society generally may lead to individuals from Minority groups keeping the extent of their gambling private due to a fear of experiencing stigmatisation and resultant discrimination. However, this initial phase concluded that further research was required to explore the relationship between Minority groups' experiences of racism and discrimination, and gambling behaviour.

Table 8 shows the prevalence of experiencing discrimination or racism in different settings among Minority group participants overall, those who have gambled within the past 4 weeks, those experiencing gambling harms (i.e., PGSI score of one or more), and those who know someone experiencing gambling harms.

Minority group participants experiencing gambling harms are statistically significantly more likely than those who are not experiencing gambling harms to experience negative treatment due to discrimination/racism when in public. For instance, nearly half (48%) of Minority group participants with a PGSI score of one or more have experienced discriminatory treatment out in public, compared with around three in ten (32%) of those with a PGSI score of zero.

Similarly, there is also some evidence to suggest a link between experiences of institutional racism and gambling in the previous 4 weeks and experience of gambling harms. For example, discrimination / racism experienced from the police was statistically significantly more prevalent among Minority group participants experiencing gambling harm (23%) and those who have gambled in the past 4 weeks (14%), as compared with Minority group participants overall (11%).

⁸¹ Levy, J, O'Driscoll, C, Sweet, A. (2020). Disproportionate Burdens of Gambling Harms Amongst Minority Communities: A Review of the Literature. London: GambleAware. Available at <https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-disproportionate-burdens-of-gambling-harms-amongst-minority-communities-a-review-of-the-literature.pdf>

⁸² Day, B., Rosenthal, G., Adetunji, F. et al. Evaluating for Differences by Race/Ethnicity in the Association Between Income and Gambling Disorder. *J Gambl Stud* 36, 1093–1105 (2020). <https://doi.org/10.1007/s10899-020-09941-6>.

	Total	Gambled within past 4 weeks	PGSI score 0	PGSI score 1+	Affected others
When you have been out in public**	34%	37%	32%	48%*	37%
In your job	24%	25%	24%	29%	27%
When in education	18%	20%	19%	26%*	20%
By your neighbours	16%	13%	9%*	17%	19%
When seeking medical treatment	13%	13%	12%	18%	17%*
By the police	11%	14%*	9%*	23%*	15%*
When seeking housing (rent or buy)	11%	15%*	9%*	22%*	15%*
By your friends, family or partner	10%	14%*	8%	24%*	12%
Total	n=1220	n=401	n=1087	n=133	n=417

*Subgroup % statistically significantly different from total (t-test sub-group total, with $p < 0.05$).

** Such as out shopping, in parks, cafes or restaurants, or on public transport.

Table 8: Places where Minority groups participants have experienced racism or discrimination, by gambling behaviours and affected other status settings.

Implications

This evidence suggests that those within Minority groups experiencing gambling harm have more commonly experienced racism and/or discrimination. As stated in chapter 3 of this report, Minority groups were considerably more likely to use gambling as a coping mechanism and as stated in this chapter considerably more likely to have negative experiences with public services.

It will be important to explore the experiences of different groups further in the qualitative research, to draw links between such experiences of discrimination when accessing public services, or accessing treatment, and the potential for gambling related harms.

05

The role of stigma and gambling harms



5 The role of stigma and gambling harms

Summary

Evidence from the literature review and our exploratory research shows that **Minority groups encounter stigmatisation both outside and within their community when it comes to attitudes towards gambling harms.**

Exploratory depth interview participants mentioned that **there could be stigmatisation of people from Minority backgrounds from wider society which may lead to keeping the extent of their gambling private.** Some of the reasons given were linked to discriminatory stereotypes of Minority groups in terms of their contribution to the economy.

In our explorative research stigmatisation from society of individuals in Minority groups was identified by participants as a factor that might exacerbate gambling related harms. Perceived negative judgment from wider society of those who take part in gambling (43%) or are affected by gambling (44%) is statistically significantly higher among those from Minority groups than those from the White British Majority group (21% and 31% respectively).

Within Workstream 1, stigmatisation around gambling within Minority communities was mentioned within a number of the exploratory depth interviews, leading some participants to feel there was an element of secrecy or shame regarding their gambling behaviours (which led to internalised stigma). More than a quarter (28%) of participants from Minority groups stated that if a person from their background gambled, it would bring embarrassment and shame on people from the same Minority group. which is statistically significantly higher than for the White British Majority group (9%).

There is very little empirical research, especially using robust quantitative methodology, that measures attitudes towards gambling amongst Minority groups as a central research question⁸³.

This chapter explores attitudes and perceptions of those who gamble, with a particular focus on how those from Minority groups view others who gamble personally or from the stance of those they consider to be from the same background, as well as perceived attitudes from wider society. It explores how views towards those who gamble or experience gambling related harm may differ between Minority and White British Majority participants.

First, however, it is relevant to understand whether participants feel like they belong to their community.

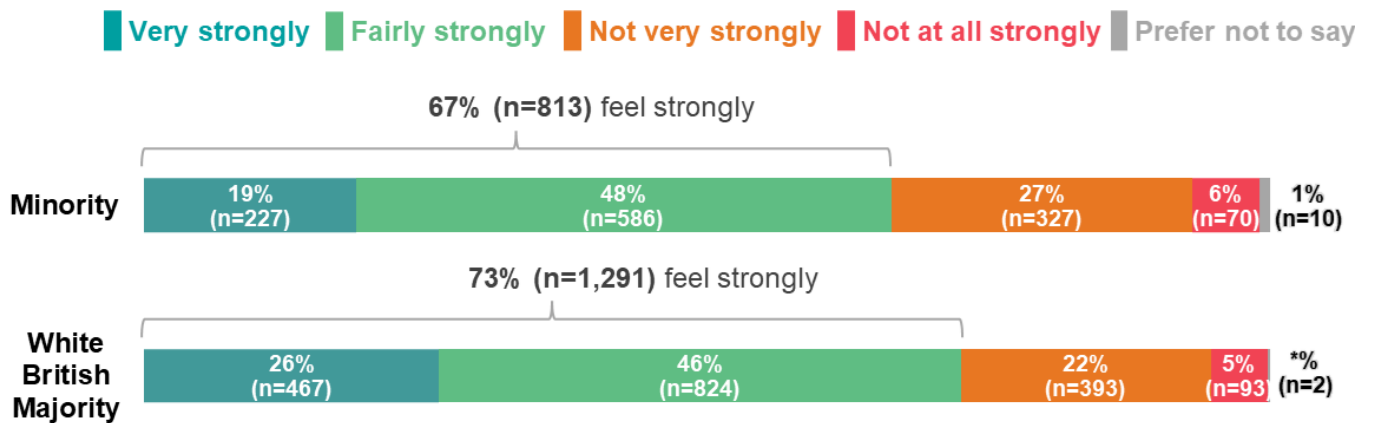
Workstream 1 uncovered evidence linking gambling among Minority groups to a sense of belonging and social inclusion. Exploratory depth participants cited feelings of wanting to fit in, gaining a sense of belonging within their local area, and escaping social exclusion, when asked about their reasons for gambling.

However, the reasons for local belonging narratives were not always clearly associated with ethnic or religious background, highlighting the need for further research to explore the extent to which these potential drivers of gambling are unique to individuals from Minority groups.

5.1 Experiences of local area and community

As part of the online survey, participants were asked about their sense of belonging to and cohesiveness within their local areas (see **Figure 7**).

How strongly do you feel you're a part of/belong to your local area (i.e. your immediate neighbourhood)?



Base: All 'minority group' adults aged 18+ in Great Britain (1,220), All 'White British Majority group' adults aged 18+ in Great Britain (1,779).
Source: Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QA 1.

Figure 7: Feelings of belonging to the local area.

The majority of those from Minority groups feel they belong in their local community, with just over two thirds (67%) saying they feel strongly like they are part of or belong to their local area. This proportion

⁸³ Wöhr, A. and Wuketich, M., 2021. Perception of Gamblers: A Systematic Review. Journal of Gambling Studies, pp.1-22.

increases to 75% among Pakistani and Bangladeshi groups, 71% among Indian groups and 72% among Black/African/Caribbean/Black British groups, which is similar to the White British Majority group (73%).

However, feelings of community cohesion associate with whether participants were born in Great Britain or not.

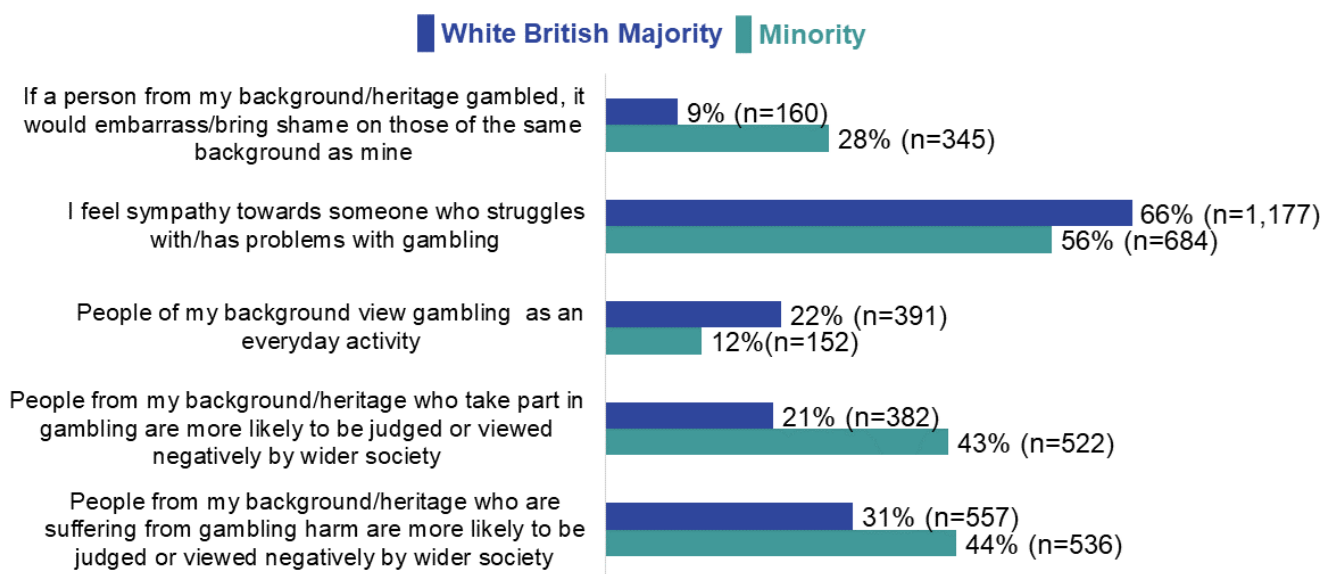
While most (83%) of Minority group participants born in the UK agree that their local area is a place where people from different backgrounds get on well together, a statistically significantly lower proportion (74%) of Minority group participants born outside of the UK agree⁸⁴. This indicates that a sense of community cohesion is lower amongst those seeking to assimilate into Great Britain.

5.2 Perceptions of those who gamble

Participants were asked a series of statements in relation to their attitudes towards gambling, as well as their perceptions of how those who gambled were viewed within their communities and in wider society.

How much do you agree or disagree with the following statements?

% agree



Base: All 'minority group' adults aged 18+ in Great Britain (1,220), All 'White British Majority group' adults aged 18+ in Great Britain (1,779).
Source: Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QC1.

Figure 8: Perceptions of those who gamble/have experienced gambling harms.

Across both Minority and the White British Majority groups, personal sympathy is generally high toward those who struggle with gambling (see **Figure 8**), although the proportion who agree that they would feel sympathy towards someone struggling with gambling is statistically significantly higher among those from a White British Majority group (66%) compared to a Minority group (56%).

More than a quarter (28%) of participants from Minority groups believe if a person from their background gambled, that it would bring embarrassment and shame on people from the same ethnic group, which is statistically significantly higher than for those from White British Majority groups (9%).

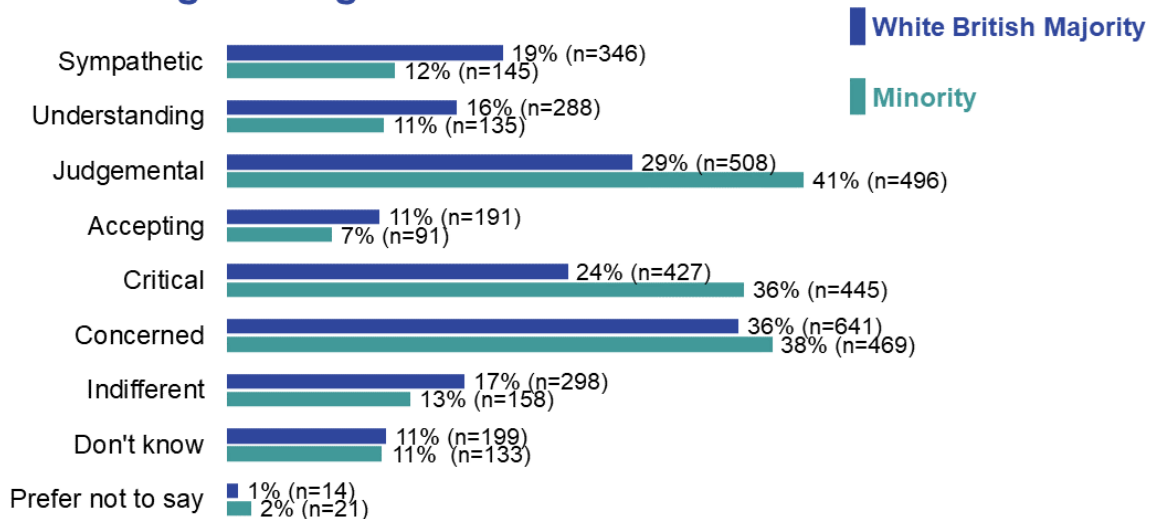
⁸⁴ See Data Table Appendix Page T7.

There is also a statistically significant higher proportion of Minority groups who perceive there to be negative judgement from the wider society (public stigma) of those who take part in gambling (43%) or are affected by gambling (44%) compared to the White British Majority groups (21% and 31% respectively).

Looking at differences among specific Minority groups, those who are considerably more likely than average to feel that people from their background who are suffering gambling harms would be judged by wider society include:

- People from Indian (53%), and Pakistani or Bangladesh (56%) backgrounds⁸⁵;
- Those from Hindu (58%) and Muslim religions (53%)⁸⁵; and
- Affected others (51%)⁸⁶.

Which, if any, of the following words do you feel best represent how people of your background/heritage views those who have problems with their gambling?



Base: All 'minority group' adults aged 18+ in Great Britain (1,220), All 'White British Majority group' adults aged 18+ in Great Britain (1,779). **Source:** Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QC2.

Figure 9: Which if any of the following words do you feel best represent how people of your background/heritage view those who have problems with their gambling?

Participants were also asked, from a list provided, which words best represent how people from their background/heritage view those who have problems with their gambling. It can be seen from **Figure 9** that perceived stigma within Minority communities towards someone who is suffering gambling harm is evident.

Just one in ten (12%) of participants from a Minority group would use the term sympathetic versus one in five (19%) White British Majority group participants. Two in five (41%) Minority group participants would

⁸⁵ See Data Table Appendix Page 311.

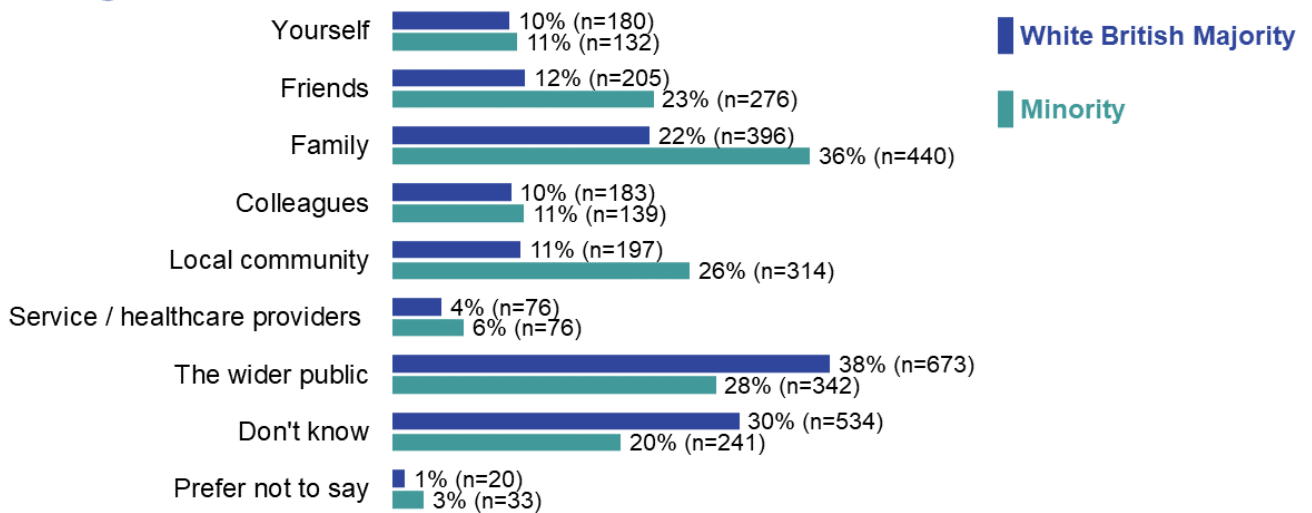
⁸⁶ See Data Table Appendix Page 310.

use the term judgemental compared to three in ten (29%) White British Majority group participants and 36% would use the term critical compared to 24% of White British Majority group participants.

Figure 10 shows that amongst participants from Minority groups, it is family who are cited most frequently to be judgemental toward those with gambling problems; at 36% this is statistically significantly higher among those from a Minority group than those from the White British Majority group (22%). Those from Pakistani & Bangladeshi background (49%), other Asian backgrounds (48%)⁸⁷, as well as those from Muslim (47%) and Sikh (44%) religious backgrounds⁸⁷ recorded the highest proportions to feel family are the most judgemental toward those with gambling related issues.

The wider public (28%) is the next group to be seen as the most judgemental amongst those from Minority groups although this is statistically significantly lower than for the White British Majority group (38%).

In your experience, which of the following, if any, are most judgemental towards those who have problems with their gambling?



Base: All 'minority group' adults aged 18+ in Great Britain (1,220), All 'White British Majority group' adults aged 18+ in Great Britain (1,779). **Source:** Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QC3.

Figure 10: In your experience, which of the following, if any, are the most judgemental towards those who have problems with their gambling?

⁸⁷ See Data Table Appendix Page 320.

06

Gambling support and use of treatment services



6 Gambling support and use of treatment services

Summary

Existing research shows that despite being more likely to experience gambling related harms, those who gamble from ethnic minority groups are less likely to access specialist treatment⁸⁸.

The survey found that those from Minority groups are statistically significantly more likely than the White British Majority group to say they intend to cut down their gambling in the future (26% vs. 14%), to say they are currently limiting or attempting to stop their gambling right now (28% vs. 15%), or that they have done so in the past (32% vs. 17%).

The survey also found that **Minority groups are statistically significantly more likely than White British Majority groups to say they would need more support to help with their gambling** (8% vs. 2%) or that they would like to limit their gambling but are **finding it difficult to do so** (9% vs. 1%).

Minority groups are also statistically significantly more likely to say they would need more information about where to go to get support with gambling (9% vs. 3% White British Majority). Our survey also shows that those from Minority groups who have actively or recently attempted to limit their gambling, just under three in five (58%) said they have not sought any form of support. In other words, it appears that the majority of those seeking to limit their gambling are doing so by themselves.

As discussed in the previous chapter, a perceived stigmatisation of Minority communities who gamble, means certain groups may feel ashamed or reluctant to request formal support. Minority groups who gamble were less likely than the White British Majority group to say they **would feel comfortable talking to a gambling support service provider** (58% vs. 61%) or a healthcare provider (45% vs. 54%).

Stigma may also lead to individuals feeling that they cannot access informal support. The survey showed that Minority groups are statistically significantly less likely to say they **would feel comfortable talking to friends and family** if they were worried about their gambling (56% vs. 63% of the White British Majority group).

Looking at Minority groups who gamble and did seek support, three in ten (30%) of those attempting to reduce their gambling accessed formal support or tools and 16% accessed informal support. This is higher than the White British Majority group (21% and 4% respectively), although this may reflect the lower proportion of gamblers who score higher on the PGSI scale within the White British Majority group.

⁸⁸ Dinos, S., Windle, K., Crowley, J., Khambhaita, P., 2020, *Treatment Needs and Gap Analysis in Great Britain Synthesis of findings from a Programme of Studies* (London: NatCen Social Research).

6.1 Attitudes towards limiting or stopping gambling

Existing literature and findings from the first phase of this research indicated that there are clear barriers to accessing and engaging with gambling-specific support amongst Minority groups. As part of the quantitative survey, those who were seeking to cut down or stop their gambling were asked about their perceptions of seeking support. Affected others were also asked about any support they had accessed as a result of being impacted by someone else’s gambling behaviours.

As discussed in Chapter 3 of this report, there is clear evidence that those from Minority groups are more likely to be suffering gambling related harms. Despite higher recognition amongst a proportion of Minority groups that they may need to address their gambling behaviour, there appear to be barriers to accessing relevant information or support.

In the survey, participants who say they have gambled in the past four weeks (401 individuals in the Minority group and 829 individuals in the White British Majority group) were asked a series of statements relating to how they currently feel about their own gambling circumstances, and whether they feel they need to reduce the time or money they spend taking part in gambling.

Please read each of the questions below carefully, and then decide whether you agree or disagree with the statements.

(% Net agree among those who have gambled in the past 4 weeks)



Base: ‘Minority group’ adults aged 18+ in Great Britain who say they’ve gambled in the past 4 weeks (401), ‘White British Majority group’ adults aged 18+ in Great Britain who say they’ve gambled in the past 4 weeks (829).

Source: Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QB3. Red box highlights participants in need of more information/support to help limit/stop their gambling.

Figure 11: Attitudes towards limiting or stopping gambling.

As shown in **Figure 11**, those from Minority groups who had gambled in the past 4 weeks were statistically significantly more likely than the White British Majority group to say they intended to cut down their gambling in the future (26% vs. 14%), to say they are currently limiting or attempting to stop their gambling right now (28% vs. 15%), or that they have done so in the past (32% vs. 17%).

Despite this, Minority groups who had gambled in the past 4 weeks were statistically significantly more likely to feel they need guidance on how to reduce their gambling. As highlighted in the shaded box above, Minority groups were considerably more likely than a White British Majority group to say they would need more support to help with their gambling (8% vs. 2%) or that they would like to limit their

gambling but are finding it difficult to do so (9% vs. 1%). Minority groups were also statistically significantly more likely to say they would need more information about where to go to get support with gambling (9% vs. 3%).

Implications

This suggests that there appears to be a bigger gap amongst Minority than Majority groups between their desire to access support and their ability to find solutions to help with gambling-related harms. This evidence corroborates with other literature and insight collected from the first qualitative phase of this study, which suggests there are clear barriers for those from Minority groups in avoiding gambling-related harm, and that the risks for this group are higher⁸⁹.

Looking at specific communities within the Minority group sample, groups which were statistically significantly more likely to say they probably needed more support/help to limit or stop their gambling include those from Indian (13%) and Pakistani & Bangladeshi (15%) ethnic minority groups⁹⁰.

Similarly, those from the Indian ethnic group (21%) were statistically significantly more likely to say they are trying to reduce their gambling but finding it difficult to do so as are those from Pakistani and Bangladeshi backgrounds (19%)⁹¹. This evidence suggests that amongst particular Asian communities, there may be a potential knowledge gap in awareness and access to support with gambling, which may be linked to increased harm amongst these groups.

As a reminder, the analysis of specific communities within the Minority Group sample has been restricted because of low base numbers among some ethnic groups which has meant that parametric statistical testing was unfeasible. In addition, due to small base sizes, it has been necessary to combine certain ethnic groups, for example Pakistani & Bangladeshi ethnic groups whilst acknowledging that there are likely important differences between the ethnic groups that have been combined.

6.2 Engagement with support

Participants who gambled were asked about a range of services they may have used to cut down their gambling (or would use if they wanted to cut down). The results in the table below are based upon 362 individuals (173 Minority group participants and 189 White Majority group participants). This included formal services such as the National Gambling Helpline or clinical services, operator or safer gambling tools such as self-exclusion, blocking software or enforced deposit limits, as well as more informal support such as talking to friends/family.

It is worth noting that those Minority groups who are seeking to cut down their gambling behaviours were statistically significantly more likely to have sought support compared to those from the White British Majority. However, as this question is asked only of those seeking to cut down their gambling, it is not representative of all gamblers within the Minority group sample (nor that of the White British Majority

⁸⁹ Gunstone B, Gosschalk K. *Gambling among Adults from Black, Asian and Minority Ethnic Communities: A Secondary Data Analysis of the Gambling Treatment and Support Study*; 2019. <https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-gambling-among-adults-from-black-asian-and-minority-ethnic-communities-report.pdf>

⁹⁰ See Data Table Appendix Page 120.

⁹¹ See Data Table Appendix Page 124.

sample). Higher engagement with support amongst the Minority group participants seeking to cut down may be reflective of the higher PGSI scores amongst this group (and higher need for support).

However, amongst those from Minority groups who have actively or recently attempted to limit their gambling, just under three in five (58%) said they have not sought any form of support. In other words, it appears that the majority of those seeking to limit their gambling are doing so through their own means. It should be noted a higher proportion (74%) of White British Majority group participants who were attempting to limit their gambling said they had not used any form of support, so it appears the lack of engagement with support is a common feature across gambling audiences across all types of backgrounds.

Types of support sought, if any (Top 5)	Minority Groups	White British Majority Group
Using gambling operator player protection tools to help limit your gambling	13% (n=23)	11% (n=20)
Talking to or receiving advice from friends or colleagues	13% (n=22)	2% (n=4)
Seeking advice, information and support through the National Gambling Helpline	8% (n=14)	2% (n=4)
Talking to or receiving advice from your family	7% (n=13)	1% (n=3)
Bank blocking	5% (n=9)	5% (n=9)
Any formal tool/support (net)	30% (n=51)	21% (n=40)
Any informal support (net)	16% (n=28)	4% (n=7)
Nothing	58% (n=101)	74% (n=140)
Total	n=173	n=189

Table 9: Types of support sought amongst those seeking to cut down or stop their gambling (n=362).

As discussed in the previous chapter, a perceived stigmatisation of Minority communities who gamble means that certain groups may feel ashamed or reluctant to request formal support. Barriers identified further within this chapter highlight perceived judgement from treatment providers and stigma within certain communities towards those who are at harm from gambling.

Looking at those who did seek support, three in ten (30%) of those attempting to reduce their gambling accessed formal support or tools, the most common of which are operator player protection tools (e.g. deposit limits) at 13%, followed by the National Gambling Helpline (8%). Just 3% had sought specialised gambling support or treatment.⁹²

⁹² See Data Table Appendix, Page 202

Among White British Majority groups, a lower proportion said that they sought support, although as previously noted this may reflect the lower proportion of gamblers who score higher on the PGSI scale within this group. Around three quarters of White British Majority participants who were seeking to reduce their gambling had done nothing to seek support, with just 4% saying they sought informal support and 21% saying they sought formal support⁹³.

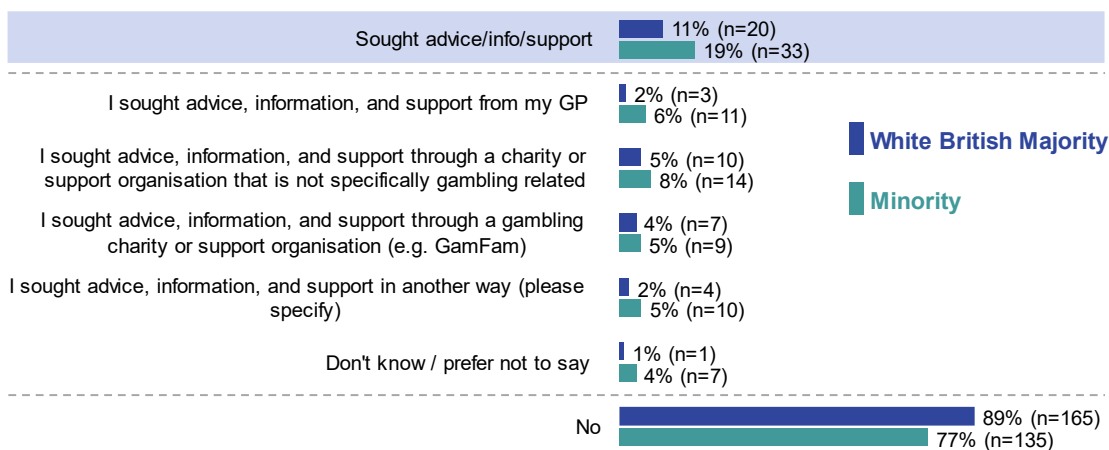
Looking specifically within Minority groups, those who were not currently working full-time were statistically significantly more likely to have sought some form of formal support (42% vs. 18% of those working full-time)⁹⁴, suggesting that spare time may have a bearing on gamblers' ability to engage with support services.

6.2.1 Engagement with support amongst negatively affected others

We also measured engagement with support among those who were affected by someone else's gambling. They were considerably less likely than those who gambled to have not sought formal support (within Minority groups 77% vs. 58% of those who gambled), suggesting there may be a particular issue when it comes to seeking support when negatively affected by the gambling of someone else.

Did you seek any support or advice for yourself as someone who was affected by a friend, family member, or partner's gambling behaviour?

(Among all those negatively impacted by someone else's gambling)



Base: All Minority group adults aged 18+ in Great Britain who have been negatively impacted by someone else's gambling (1170), All White British Majority group adults aged 18+ in Great Britain who have been negatively impacted by someone else's gambling (1172).

Source: Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QD3.

Figure 12: Proportion of those impacted by someone else's gambling seeking types of gambling-related support.

Amongst negatively affected others, general uptake of support appears to be low. However, accessing support was higher amongst affected others from Minority groups.

In total, one in five (19%) participants from Minority backgrounds personally affected by the gambling behaviour of another sought any of the support listed. This was only one in ten (11%) amongst those from the White British Majority group. A small proportion (8% of Minority groups and 5% of White British

⁹³ See Data Table Appendix Page 151.

⁹⁴ See Data Table Appendix Page 199.

Majority group participants) who did look for advice/support sought this from a charity or support organisation that is not specifically gambling related.

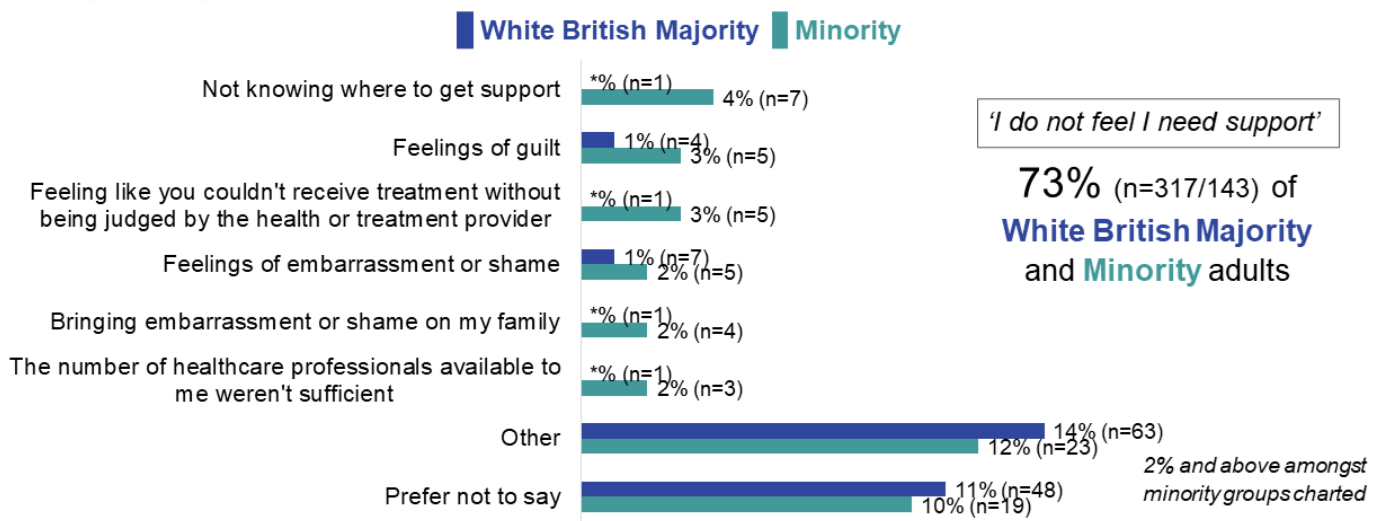
6.3 Barriers

The survey also explored potential barriers to accessing or engagement with gambling support, both amongst those seeking to reduce their gambling and affected others.

In total, 661 individuals who gamble had not accessed formal support (209 Minority group individuals and 452 White British Majority individuals).

What, if anything, is preventing you from accessing support for your gambling?

(Among all who gamble and haven't accessed formal support)



Base: All 'minority group' adults aged 18+ in Great Britain who gamble and haven't accessed formal support (209), All 'White British Majority group' adults aged 18+ in Great Britain who gamble and haven't accessed formal support (452).
Source: Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QB7_2.

Figure 13: Barriers to accessing formal support.

Those who had not sought any support with their gambling were asked to state their reasons, from a list provided (see **Figure 13**). As shown in **Figure 13**, the majority (73%) across both Minority and White British Majority groups said they did not feel they needed any support. This is despite this question being asked of those who indicated they wish to limit or stop their gambling.

Amongst Minority group participants, 4% did say they did not know where to get support, compared to less than 1 percent of those from a White British Majority group. A further 3% said they felt they could not receive treatment without being judged by the health or treatment provider, again compared to less than 1 percent of White British Majority groups.

All participants who gambled were also asked about how comfortable they would be accessing support for gambling in different settings. The stigma and fear of judgemental or problematic interaction highlighted in the previous chapter towards Minority groups who gamble from wider society and within Minority communities comes through strongly (see **Figure 14**).

Minority groups were statistically significantly less likely to say they would feel comfortable talking to friends and family if they were worried about their gambling (56% vs. 63% of White British Majority

groups). Similarly, Minority groups are also considerably less likely to say they would feel comfortable talking to a gambling support service provider (58% vs. 61%) or a healthcare provider (45% vs. 54%).

How much do you agree or disagree with the following statements?



Base: All 'minority group' adults aged 18+ in Great Britain (404), All 'White British Majority group' adults aged 18+ in Great Britain (830).
Source: Ipsos UK KnowledgePanel online survey May 2022. Data are weighted to the known adult population in Great Britain. QC1.

Figure 14: Comfort in accessing different types of gambling support.

6.3.1 The link between deprivation and access to gambling-related support

The fourth chapter of this report commented on the potential link between deprivation, socio-economic status and gambling related harms. There is further evidence that engagement with support services may be influenced by such circumstances.

Whilst not statistically significant, due to the low base sizes, there are differences between groups within the Minority Group sample which are worth flagging due to the large differences, specifically:

- Those living in the most deprived areas (defined as the lowest quintile of IMD) appear less likely than those in least deprived areas to say they would feel comfortable speaking with a gambling support service (49% vs. 64%)⁹⁵.
- Those who have moved to the UK in the past 5 years are less likely to feel comfortable seeking support (30% vs. 60% of those born in the UK)⁹⁶.
- Those with the highest PGSI score are less likely to feel comfortable seeking support (25% vs. 59% of those with a low PGSI score or 66% of those with a score of 0)⁹⁷.

However, there can be no firm conclusions from this result, and more work in this area would be needed to determine if gambling services need to be responsive and relevant to marginalised communities.

⁹⁵ See Data Table Appendix Page 297.

⁹⁶ See Data Table Appendix Page 298.

⁹⁷ See Data Table Appendix Page 298

07

Conclusion



7 Conclusion

Overall, this study has provided rich insight into the comparative experiences of those from Minority and White British Majority groups, in terms of their experience of life in Great Britain, and of gambling and indications of gambling related harm. This section highlights some of these key findings and the implications of this survey, including areas for consideration for further research and potential priorities for service providers and those working towards a reduction of gambling-related harms and disparities.

7.1 This survey demonstrates there is greater burden of gambling harms among minority groups.

Our quantitative survey findings support the assertion that Minority groups within the population have lower gambling participation rates than their White British Majority counterparts, but a higher likelihood of experiencing gambling harms^{98,99}.

For instance, while less than a third (31%) of those from Minority groups have gambled in the past four weeks, compared to almost half (48%) of the White British Majority group, the proportion of Minority group participants who scored as high risk of 'problem gambling' with an 8+ PGSI score (15%) is statistically significantly higher than those from the White British Majority group (4%).



Implications & Recommendations

Though prevalence of gambling rates are lower among Minority groups, there is a disproportionately high burden of harm within these communities that is not being sufficiently addressed by current interventions and services. Though there may be a temptation to invest limited resources on a broad intervention for the whole population, a multi-strand targeted approach may be more appropriate. Policy or service interventions to reduce gambling harm may need to be tailored to specific Minority groups' diverse, heterogeneous needs. Though a more crude blanket strategy may reduce levels of gambling harms, and therefore be evaluated as successful, it is likely to mask the effectiveness or otherwise among Minority groups who experience greater harms.

There is a continued need for further research to be inclusive of affected others, and to measure to what extent being an affected other within a Minority group drives gambling harms, and how this may differ (if at all) to those directly suffering gambling harms.

7.2 Experience of discrimination and racism are associated with gambling harms

Our survey shows clear evidence that people from Minority groups regularly experience discrimination and racism across a variety of different domains. While these findings are not surprising given the wealth of existing literature demonstrating the inequalities experienced by Minority groups in Great Britain across a range of life domains, they do reinforce the commonality of racism and discrimination

⁹⁸ Conolly, A., Davies, B., Fuller, E., Heinze, N., Wardle, H., 2018, *Gambling behaviour in Great Britain in 2016 Evidence from England, Scotland and Wales* (London: NatCen Social Research).

⁹⁹ Public Health England (2021) *Gambling-related harms evidence review: Quantitative analysis of gambling involvement and gambling-related harms among the general population in England*. London: Public Health England.

experienced by those from Minority groups which serves as vital context for our understanding of the lived experience of gambling and gambling harms.

In linking these experiences of racism and discrimination to gambling, previous literature points towards structural racism and discrimination, as well as socioeconomic inequalities, as fundamental causes of the disproportionate gambling harms among Minority groups compared with the White British Majority¹⁰⁰.

The survey findings provide some support for the factors underlying this hypothesis. For example, Minority group participants who have gambled within the last four weeks were statistically significantly more likely to have been insulted, had property damaged, or experienced physical violence due to their ethnicity, religion or colour. Further, statistical modelling indicated a significant correlation with experience of personal insults and gambling-related harms (PGSI 1+). However, it is important to note, that data is correlational and therefore we cannot establish causality. Nonetheless, establishing this correlational link marks an important step towards corroborating the hypothesis put forward by existing literature – and supported by our ongoing qualitative research – which suggests that disproportionate gambling harms among Minority groups are driven by structural racism and discrimination¹⁰⁰.

This research and previous research highlights several indicators that may explain the disproportionate harms amongst Minority group participants who gamble compared to White British Majority group participants.

For example, the survey findings suggest that people from Minority groups have a lesser sense of personal belonging to their local area, compared with people from White British Majority groups. There was some, albeit limited, evidence uncovered in exploratory interviews as part of the first phase of this research suggesting that gambling could be seen as a way for migrant communities and Minority groups to overcome social exclusion and language barriers, supporting a notion that Minority groups are more likely than White British Majority groups to experience a sense of exclusion among their communities.



¹⁰⁰ Gunstone B, Gosschalk K. *Gambling among Adults from Black, Asian and Minority Ethnic Communities: A Secondary Data Analysis of the Gambling Treatment and Support Study*; 2019. <https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-gambling-among-adults-from-black-asian-and-minority-ethnic-communities-report.pdf>

Insight from the first phase of research proposes escapism and distraction from dissatisfactory life events as reasons to engage in gambling. However, the extent to which this was associated with the experience of being a member of a Minority group was unknown. The survey findings indicate that Minority groups were more likely than White British Majority groups to view gambling as a coping mechanism. As such, the current research goes some way to fill this gap, demonstrating a link between using gambling as a coping mechanism which is more common among Minority groups, compared with White British Majority groups.



Implications & Recommendations

Experiences of racism and discrimination must be considered when researching the lived experience of gambling and gambling harms among Minority groups or supporting the recovery/treatment of those from a Minority group who are experiencing gambling harm or affected others.

There is a need to raise awareness within the voluntary and support sector that experiences of racism and discrimination compound gambling addiction and resulting harms, not just among charities supporting those who have experienced racism and in equality or promoting allyship, but also wider support services such as migrant community, mental health and children's charities.

Further research is required to explore the extent to which the 'desire to belong' acts as a driver of gambling among Minority groups. Additionally, research with longitudinal designs would help to establish directionality in the association between experiences of racism / stigmatisation and gambling harm.

7.3 Compounding experiences of stigmatisation play a role in gambling related harms among minority groups

Evidence from the literature review^{101,102}, and our exploratory research shows that Minority groups encounter stigmatisation both outside and within their community when it comes to attitudes towards gambling. Indeed, some of the themes explored around talking about gambling in the first phase of this research related to social stigmatisation of those who are part of a Minority group, and of those who gamble, and how being part of both of these groups may exacerbate the level of stigma an individual may experience.

These findings were reflected in the survey results, for instance, perceived negative judgment from the wider society of those who take part in gambling (43%) or are affected by gambling (44%) was statistically significantly higher among those from Minority groups than those from White British Majority groups (21% and 30% respectively). This supports the notion that stigmatisation from society of individuals in Minority groups may exacerbate gambling related harms.

Furthermore, survey findings show that there is a stronger sense of embarrassment and shame associated with gambling amongst Minority groups, particularly among people from Indian and Pakistani

¹⁰¹ Quigley, L. (2022) 'Gambling Disorder and Stigma: Opportunities for Treatment and Prevention', *Current Addiction Reports*, 9, pp. 410–419. doi: 10.1007/s40429-022-00437-4.

¹⁰² Hing, N. et al. (2016) 'Perceived stigma and self-stigma of problem gambling: perspectives of people with gambling problems', *International Gambling Studies*, 16(1), pp. 31–48. doi: 10.1080/14459795.2015.1092566.

or Bangladeshi backgrounds, those from Hindu and Muslim religions and those who identify as affected others. These groups are more likely to perceive negative judgement from wider society towards those who take part in or are affected by gambling.

These findings support the existence of perceived stigma from within Minority groups as well as the wider public. However, the findings suggest that Minority groups' own personal likelihood to be judgemental towards those with gambling problems is actually low, despite Minority groups' perception of negative judgement towards those experiencing gambling related problems. The discrepancy between these two findings may be a useful starting point for an exploration into whether people from Minority groups are more likely to experience internalised or 'self-stigma' (a stigmatised group member's own adoption of negative societal beliefs and feelings, as well as the social devaluation associated with their stigmatised status)¹⁰³.



Implications & Recommendations

Experience of stigmatisation and perceptions of stigma both from society and within minority groups towards those experiencing gambling related harm, highlight the importance of providing a safe space where individuals can talk about their experiences and seek support.

Given the difference in perceptions of gambling among different religious and ethnic minority groups, it is important that treatment providers ensure that levels of diversity among professionals working for treatment providers are representative of the populations they support, and do not treat those who are from a minority ethnic, religious or language group as one homogenous group.

This area of focus would benefit from further research to break down Minority groups' perception of stigma towards those experiencing gambling harms and whether this is a misperception given those from Minority groups who gamble, are less judgemental of others who gamble.

7.4 There is low awareness and use of gambling specific support

The research shows that those from Minority groups were more likely than those from White British Majority groups to feel they would like to limit their gambling but are finding it difficult to do so, and were at a disadvantage when it comes to awareness and access to support due to limited information or heightened experience/perception of stigmatisation. This corroborates the hypothesis that despite being more likely to experience gambling related harms, those from Minority groups are less likely to access specialist gambling treatment¹⁰⁴, emphasising concerns about the extent to which gambling support within the UK sufficiently meets the needs of different Minority groups.

Amongst Minority group participants who have actively or recently attempted to limit their gambling, over half have not sought any form of support. Barriers to accessing support were mainly around levels of engagement or motivation, with most citing not feeling like they needed support.

There is clear evidence that while Minority groups are more likely to have accessed some form of support, significant barriers remain. Minority groups are less likely to feel comfortable talking to friends

¹⁰³ Pliakas et al. Building knowledge of stigma related to gambling and gambling harms in Great Britain: A scoping review of literature, 2022.

¹⁰⁴ Dinos, S., Windle, K., Crowley, J., Khambhaita, P., 2020, *Treatment Needs and Gap Analysis in Great Britain Synthesis of findings from a Programme of Studies* (London: NatCen Social Research).

and family or a gambling support service if they were worried about their gambling compared with White British Majority groups. This evidence corroborates existing research in the area which emphasises the role of stigma (both from within and outside of Minority groups) in Minority groups' likelihood to seek support for their gambling¹⁰⁵.

Implications & Recommendations

There is no demand-led growth in gambling specific support among Minority group communities because there is a lack of awareness that such treatment exists, and experiences of stigmatisation suppresses the perceived need for support, and low recognition of the issue.

Interventions should focus on addressing people from Minority groups' perceptions of stigma towards those experiencing gambling harms to encourage uptake of support and the system for support needs to be more tailored to individual communities to counter such feelings of stigma.

There is a need to raise awareness among Minority groups about gambling harms and how to recognise signs of gambling harms and know how/where to seek help.

Additional research among treatment providers would be welcome to better understand how services can be better signposted and tailored to different Minority Groups. An exercise to triangulate the location of treatment providers vs. land based gambling venues within areas of large Minority Group populations would highlight gaps in provision.

7.5 Concluding remarks

Overall, the survey highlights some clear disparities between those from Minority groups and those from White British Majority groups. It is interesting to note the juxtaposition of the fact that Minority groups are statistically significantly less likely to be frequent gamblers than White British Majority groups, yet those who do, are statistically significantly more likely to indicate they are experiencing gambling harms.

While the reasons for this will no doubt vary from individual to individual and will need to be explored in further depth through longitudinal case study research, the evidence from this survey does indicate that there are several factors associated with the specific experiences of Minority groups and higher levels of gambling-harm. It is clear that Minority groups are more likely to have experienced both interpersonal and systemic discrimination, and to feel more socially excluded from their local area – a sentiment which is higher amongst those who gamble. Evidence from the research also suggests that gambling could be seen as a way for migrant communities and Minority groups to overcome social exclusion and language barriers and/or escapism and distraction from dissatisfactory life events. The data indicates that minority group participants who are experiencing gambling harms are more likely to feel they may need to reduce their gambling and use gambling as a coping mechanism. Despite this, engagement and awareness of gambling support and services is low, and it appears many try to deal with issues arising from their gambling without any formal or informal help.

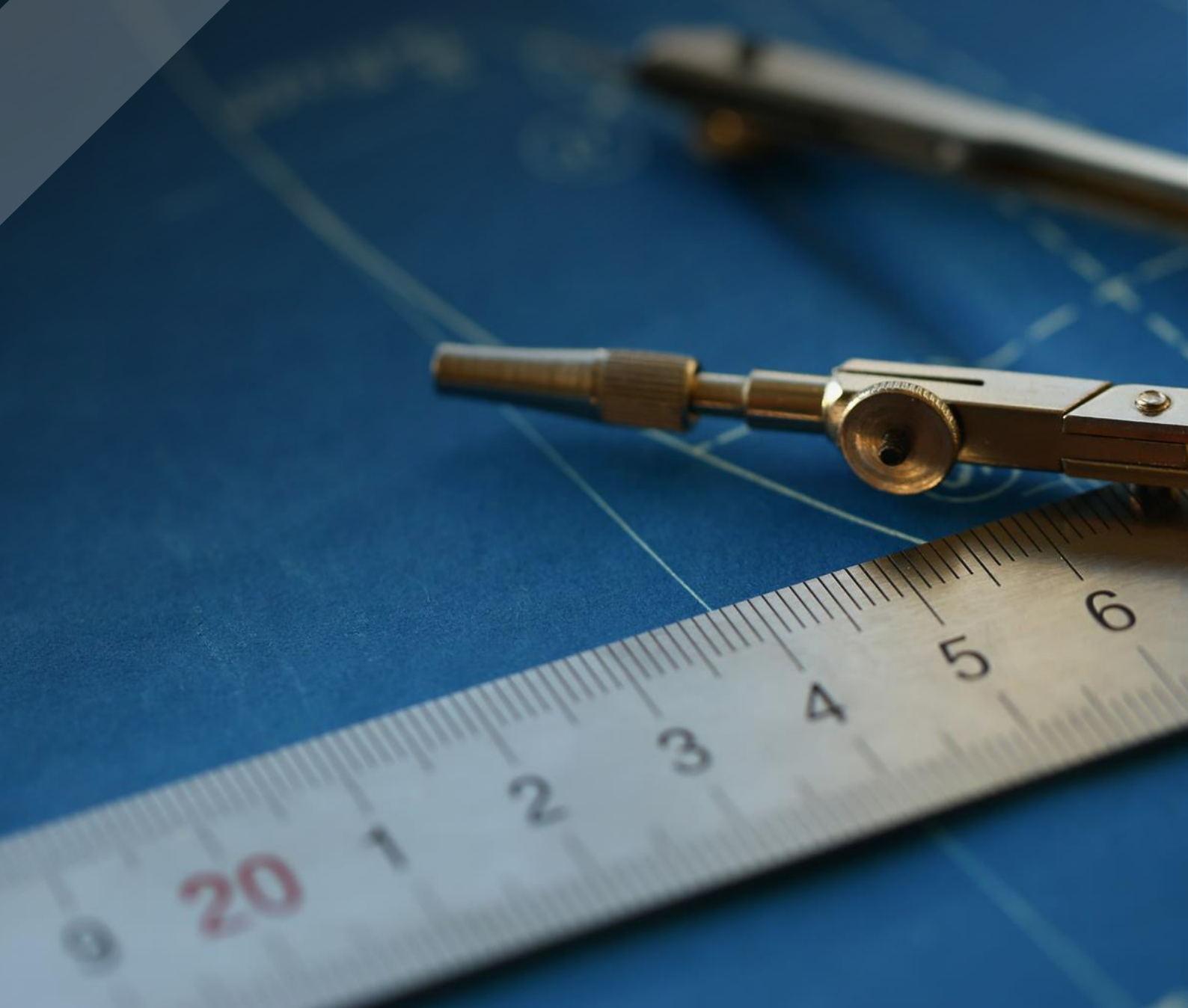
¹⁰⁵ Pliakas, T., Stangl, A. and Siapka, M. (2022) *Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain: A scoping review of the literature*. London: GambleAware. Available at: [https://www.begambleaware.org/sites/default/files/2022-07/GambleAware Stigma Final.pdf](https://www.begambleaware.org/sites/default/files/2022-07/GambleAware%20Stigma%20Final.pdf)

Finally, there appear to be several overlapping layers of stigmatisation at play when it comes to Minority groups and gambling. There is first evidence of social stigmatisation towards those who are part of a Minority group, and then evidence to show that Minority groups encounter stigmatisation both outside and within their community when it comes to attitudes towards gambling. They were more likely than White British Majority groups to associate gambling harms with embarrassment and shame and were more likely to feel that people from the same background as them would negatively judge someone who gambles or has been harmed by gambling, despite having a reasonably high level of personal sympathy. This highlights the need to break down some of the barriers to open conversations about gambling within Minority groups, and for further research on stigmatisation within gambling to be inclusive of the perspective of Minority groups.



08

Technical Summary



8 Technical Summary

8.1 Overview of the study

The report summarises the findings from the second of three workstreams of research conducted by Ipsos UK, The University of Manchester and ClearView Research on behalf of GambleAware, exploring Minority groups' experiences of gambling in Great Britain.

Workstream 2 involved conducting an online survey with a nationally representative sample of Minority and White British Majority people in the UK. This followed on from Workstream 1 which consisted of a literature review of the current evidence base on gambling among Minority groups within the UK, complemented by some exploratory qualitative work. The survey questions were carefully designed to further investigate the issues identified in Workstream 1 of the research, providing a reliable, quantitative assessment of the gambling experiences of Minority groups in the UK.

Broadly, the survey seeks to add to the body of evidence as part of this mixed-methods study, with the following objectives:

- To understand why the burdens of gambling harms are higher amongst Minority groups;
- To understand the barriers to accessing specialist gambling services;
- To understand the drivers of gambling harms experienced by these communities; and
- To understand more about the levels of gambling, gambling harm, and attitudes towards gambling among Minority groups in Great Britain.

A survey of 2,999 adults aged 18+ across England, Wales and Scotland completed the survey between 19th – 25th May 2022. The survey was conducted via Ipsos' random online probability panel (UK KnowledgePanel), which has over 20,000 participants across the UK. A detailed description of the KnowledgePanel methodology is provided below.

8.2 KnowledgePanel survey approach

8.2.1 Recruitment to the panel

Panellists are recruited via a random probability unclustered address-based sampling method. This means that every household in the UK has a known chance of being selected to join the panel. Letters are sent to selected addresses in the UK (using the Postcode Address File) inviting them to become members of the panel. Invited members can sign up to the panel by completing a short online questionnaire or by returning a paper form. Up to 2 members of the household can sign up to the panel. Members of the public who are digitally excluded can register to the KnowledgePanel either by post or by telephone, and are given a tablet, an email address, and basic internet access (see further information below) which allows them to complete surveys online.

8.2.2 Conducting the survey

The survey was designed using a 'mobile-first' approach, which took into consideration the look, feel and usability of a questionnaire on a mobile device. This included: a thorough review of the questionnaire length to ensure it would not over burden respondents from focusing on a small screen for a lengthy

period, avoiding the use of grid style questions (instead using question loops which are more mobile friendly), and making questions ‘finger-friendly’ so they’re easy to respond to. The questionnaire was also compatible with screen reader software to help those requiring further accessibility.

8.3 Sampling & weighting

8.3.1 Sample frame

In order to identify a Minority group population, a sample frame was developed using criteria identified by GambleAware as the population of interest for this study. For the purposes of this study, Minority groups are classed as those living in Great Britain who satisfy at least one (or more) of the following characteristics:

- Identify as a member of an ethnic minority;
- Identify as a member of a religious minority;
- English is not their primary language.

We have also included analysis where pertinent of those who have moved to Great Britain in the past 10 years if English is not their primary language.

The White British Majority groups were identified as those who did not meet *any* of the above criteria.

To sample the desired target population, we first invited all Great Britain panellists aged 18+ (18,255) to the survey, of which 11,118 responded to two screening questions at the start of the survey. Having screened several participants out at the provisional stage of the survey, a total of 2,999 interviews were achieved – 1,220 ‘Minority’ respondents and 1,779 ‘White British Majority’ respondents.

8.3.2 Stratification

The KnowledgePanel is a random probability survey panel. Therefore, the KnowledgePanel does not use a quota approach when conducting surveys. Instead invited samples are stratified when conducting waves to account for any profile skews within the panel.

The sample was stratified by country and education.

8.3.3 Weighting

In order to ensure the survey results are as representative of the target population/s as possible, the below weighting spec was applied to the data of all respondents who answered the second screening question – i.e., the full GB 18+ sample to the profile of the whole GB 18+ population. Once this was complete, non-relevant respondents were deleted from the data, and their weights were equalised so that the unweighted and weighted bases in the tables were the same.

Two members per household are allowed to register on the KnowledgePanel. Therefore, we employed a design weight to correct for unequal probabilities of selection of household members.

Calibration weights have also been applied using the latest population statistics relevant to the surveyed population.

Two sets of calibration weights are applied:

- Calibration weighting was applied using the following variables: region and an interlocked variable of gender by age. Both use ONS 2020 mid-year population estimates as the weighting target.
- Demographic weights were then applied to correct for imbalances in the achieved sample, the data was weighted on: education, ethnicity, Index of Multiple Deprivation (quintiles), and number of adults in the household. Estimates from the ONS 2020 mid-year population estimates and Annual Population Survey were used as the weighting target.

A full breakdown of the weighted data are provided in the Appendix. A separate data table appendix has been provided for the full weighted data table set.



09

Appendix



9 Appendix

9.1 Indicators of gambling harm

9.1.1 Problem Gambling Severity Index (PGSI)

The PGSI¹⁰⁶ consists of nine items and each item is assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item are given the following scores:

- Never = zero;
- Sometimes = one;
- Most of the time = two;
- Almost always = three.

When scores to each item are summed, a total score ranging from 0 to 27 is possible. Scores between three and seven represent 'moderate risk' gambling (gamblers who experience a moderate level of problems leading to some negative consequences) and a score of one or two represents 'low risk' gambling (Gamblers who experience a low level of problems with few or no identified negative consequences).

PGSI asks a series of statements relating to risk indicators of problem gambling. A score is then allocated to an individual based on their response to these statements, ranging from "no risk of problem gambling" (PGSI score of 0), "low risk" (score of 1-2), "moderate risk" (score of 3-7) and "high risk" (score of 8+).

The items are as follows:

1. Have you bet more than you could really afford to lose?
2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
3. When you gambled, did you go back another day to try to win back the money you lost?
4. Have you borrowed money or sold anything to get money to gamble?
5. Have you felt that you might have a problem with gambling?
6. Has gambling caused you any health problems, including stress or anxiety?
7. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
8. Has your gambling caused any financial problems for you or your household?
9. Have you felt guilty about the way you gamble or what happens when you gamble?

¹⁰⁶ <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>

9.1.2 Scoring instructions

Total Score	Definition
0	Gamblers who gamble with no negative consequences
1-2	Gamblers who experience a low level of problems with few or no identified negative consequences
3-7	Gamblers who experience a moderate level of problems leading to some negative consequences
8 or more	Gambling with negative consequences and a possible loss of control

9.2 Demographic breakdown of Minority and White British Majority groups (weighted)

	Demographic	Minority participants (1,220)	White British Majority participants (1,779)
Gender	Male	47%	49%
	Female	52%	50%
Age	18-24	19%	8%
	25-34	26%	13%
	35-44	23%	14%
	45-54	16%	18%
	55-64	8%	18%
	65-74	5%	15%
	75+	3%	14%
Country	England	92%	92%
	Scotland	5%	4%
	Wales	3%	4%
Income	Up to £25,999	24%	25%
	£26,000 up to £51,999	25%	29%
	£52,000 up to £99,999	15%	18%
	£100,000 and above	8%	7%
IMD Quintile	1 (Most deprived)	31%	18%
	2	29%	18%
	3	18%	19%
	4	12%	22%
	5 (Least deprived)	10%	22%

	Demographic	Minority participants (1,220)	White British Majority participants (1,779)
PGSI Score	High risk (8+)	11%	98%
	Moderate risk (3-7)	17%	-
	Low risk (1-2)	16%	-
	No risk (0)	12%	-
Ethnicity	English / Welsh / Scottish / Northern Irish / British	18%	-
	Irish	9%	-
	Indian	16%	-
	Pakistani & Bangladeshi	24%	44%
	Black/African/Caribbean/Black British	27%	53%
	Other White	3%	-
	Other Asian	8%	-
	Other ethnic group	4%	-
Religion	No religion	24%	-
	Christian	3%	-
	Buddhist	6%	-
	Hindu	48%	97%
	Jewish	2%	-
	Muslim	11%	-
	Sikh	41%	3%
	Any other religion	73%	100%
When moved to UK	Born in UK	27%	-
	Moved to UK in past year	47%	49%
	Moved to UK within past 5 years	52%	50%
	Moved to UK 6+ years ago	19%	8%
Primary Language	English	26%	13%
	Other language	23%	14%

Table 10: Demographic breakdown of Minority and White British Majority groups (weighted).

9.3 UK KnowledgePanel Questionnaire

S1: Do you consider English to be your main language (i.e., the language you are most comfortable speaking)?

1. Yes
2. No

S2: Which of the following best describes your background? Please select one option only.

1. Born in the UK
2. Moved to the UK less than a year ago
3. Moved to the UK between one and five years ago
4. Moved to the UK between 6-10 years ago
5. Moved to the UK more than 10 years ago

We'd now like to ask you some questions about your experiences of living in your local area and Great Britain.

QA1: How strongly do you feel you're a part of/belong to your local area (i.e. your immediate neighbourhood)? Please select one option only

1. Very strongly
2. Fairly strongly
3. Not very strongly
4. Not at all strongly
5. Prefer not to say

QA2: To what extent do you agree or disagree that your local area (i.e. your immediate neighbourhood) is a place where people from different backgrounds get on well together? Please select one option only

1. Definitely agree
2. Tend to agree
3. Tend to disagree
4. Definitely disagree
5. There are too few people in the local area
6. People in this area are all of the same background
7. Prefer not to say

Some of the next few questions in this module may be considered sensitive in nature. We'd like to remind you that you can choose not to answer any question if you do not wish to.

QA5: We would now like to ask you about any discrimination and/or racism you may have experienced.

QA5a: Approximately, how many times have you experienced each of the following in your lifetime, for reasons to do with either your ethnicity, race, colour, religion or language? For each please select one answer only.

1. Insulted you by which we mean verbally abused, threatened or been a nuisance to you
 - a. Once
 - b. Twice
 - c. 3-5 times
 - d. 6-10 times
 - e. More than 10 times
 - f. I have never experienced this
 - g. Prefer not to say
2. Deliberately damaged any property that belonged to you
 - a. Once
 - b. Twice
 - c. 3-5 times
 - d. 6-10 times
 - e. More than 10 times
 - f. I have never experienced this
 - g. Prefer not to say
3. Physically been violent towards you
 - a. Once
 - b. Twice
 - c. 3-5 times
 - d. 6-10 times
 - e. More than 10 times
 - f. I have never experienced this
 - g. Prefer not to say

QA5b: Approximately, how many people do you know who have experienced each of the following in their lifetime, for reasons to do with their ethnicity, race, colour, religion or language? For each please select one answer only.

1. Someone has insulted them, by which we mean verbally abused, threatened or being a nuisance to them
 - a. One person
 - b. Two people
 - c. 3-5 people

- d. 6-10 people
 - e. More than 10 people
 - f. I do not know anyone who has experienced this
 - g. Prefer not to say
2. Someone has deliberately damaged any property that belonged to them
- a. One person
 - b. Two people
 - c. 3-5 people
 - d. 6-10 people
 - e. More than 10 people
 - f. I do not know anyone who has experienced this
 - g. Prefer not to say
3. Someone being physically violent towards them
- a. One person
 - b. Two people
 - c. 3-5 people
 - d. 6-10 people
 - e. More than 10 people
 - f. I do not know anyone who has experienced this
 - g. Prefer not to say

QA6: Have you ever been treated unfairly/differently/badly because of your ethnicity, race, colour, religion, or ability to speak English? For each statement, please select all that apply.

1. When in education
- a. Yes, In the past year
 - b. Yes, Within the past 5 years
 - c. Yes, Within the last 10 years
 - d. Yes, Over 10 years ago
 - e. No, this hasn't happened to me
 - f. Don't know
 - g. Prefer not to say
2. In your job
- a. Yes, In the past year
 - b. Yes, Within the past 5 years
 - c. Yes, Within the last 10 years

- d. Yes, Over 10 years ago
 - e. No, this hasn't happened to me
 - f. Don't know
 - g. Prefer not to say
3. When you have been out in public, such as out shopping, in parks, cafes or restaurants, or on public transport
- a. Yes, In the past year
 - b. Yes, Within the past 5 years
 - c. Yes, Within the last 10 years
 - d. Yes, Over 10 years ago
 - e. No, this hasn't happened to me
 - f. Don't know
 - g. Prefer not to say
4. By the police
- a. Yes, In the past year
 - b. Yes, Within the past 5 years
 - c. Yes, Within the last 10 years
 - d. Yes, Over 10 years ago
 - e. No, this hasn't happened to me
 - f. Don't know
 - g. Prefer not to say
5. When seeking medical treatment
- a. Yes, In the past year
 - b. Yes, Within the past 5 years
 - c. Yes, Within the last 10 years
 - d. Yes, Over 10 years ago
 - e. No, this hasn't happened to me
 - f. Don't know
 - g. Prefer not to say
6. When seeking housing (either to rent or buy)
- a. Yes, In the past year
 - b. Yes, Within the past 5 years
 - c. Yes, Within the last 10 years
 - d. Yes, Over 10 years ago
 - e. No, this hasn't happened to me

- f. Don't know
 - g. Prefer not to say
7. By your neighbours
- a. Yes, In the past year
 - b. Yes, Within the past 5 years
 - c. Yes, Within the last 10 years
 - d. Yes, Over 10 years ago
 - e. No, this hasn't happened to me
 - f. Don't know
 - g. Prefer not to say
8. By your friends, family or partner
- a. Yes, In the past year
 - b. Yes, Within the past 5 years
 - c. Yes, Within the last 10 years
 - d. Yes, Over 10 years ago
 - e. No, this hasn't happened to me
 - f. Don't know
 - g. Prefer not to say

The next question is about your experience of the NHS and other public health services.

QA4: How much confidence, if any, do you have in the NHS and other public health services to do each of the following? For each statement, please select one answer only.

1. Provide high quality diagnosis and treatment
- a. A great deal of confidence
 - b. A fair amount of confidence
 - c. A little confidence
 - d. Hardly any confidence
 - e. No confidence at all
 - f. Don't know
 - g. Prefer not to say
2. Treat me with dignity and respect
- a. A great deal of confidence
 - b. A fair amount of confidence
 - c. A little confidence
 - d. Hardly any confidence

- e. No confidence at all
 - f. Don't know
 - g. Prefer not to say
3. Be there for me when I need it
- a. A great deal of confidence
 - b. A fair amount of confidence
 - c. A little confidence
 - d. Hardly any confidence
 - e. No confidence at all
 - f. Don't know
 - g. Prefer not to say
4. Healthcare professionals being up to date on my personal situation
- a. A great deal of confidence
 - b. A fair amount of confidence
 - c. A little confidence
 - d. Hardly any confidence
 - e. No confidence at all
 - f. Don't know
 - g. Prefer not to say

The next few questions are about gambling.

QB1: Which of these have you spent any money on in the past 4 weeks? Please note, this could be either online (e.g. on a website or app) or in-person (e.g. a shop, bookmakers, casino, bingo hall). Please select as many as apply.

1. Lottery tickets (e.g. National lottery, Thunderball, EuroMillions, charity lottery)
2. Scratch cards
3. Bingo
4. Instant win games (e.g. fruit machines, slot machines, online games)
5. Casino card games (e.g. poker, blackjack)
6. Other casino games (e.g. craps, roulette)
7. Betting on sports (e.g. football, cricket, rugby, tennis)
8. Betting on e-sports/competitive video gaming (e.g. Fortnite, FIFA, Dota, Counter Strike)
9. Betting on horse or dog racing
10. Betting on virtual racing/sports (e.g. virtual horse or dog racing, virtual sports)
11. Any other type of gambling/betting activity (please specify)

12. None of the above

13. Don't know

14. Prefer not to say

Ask all who gamble:

QB2: Which, if any, of the following reasons best explain why you take part in gambling? Please select as many as apply.

1. Financial

- a. For the chance of winning big money
- b. To make money (e.g. to pay for certain items/experiences as a form of income)

2. Esteem

- a. Because of the sense of achievement when I win
- b. To impress other people
- c. To compete with others (e.g. bookmaker, other gamblers)
- d. For the mental challenge or to learn about the game or activity
- e. To feel better about myself

3. Entertainment

- a. Because it's fun
- b. To escape boredom or to fill my time
- c. Because the chance of winning is exciting
- d. Because of the environment/atmosphere

4. Cultural

- a. As a hobby or a pastime
- b. To be sociable with friends or family
- c. In order fit in with others
- d. Because it is normal, other people I know does it
- e. Because I grew up around gambling

5. Coping

- a. Because I'm worried about not winning if I don't play
- b. To help me relax
- c. To escape from everyday life
- d. It helps me feel happier when I am distressed
- e. It helps me deal with the effects of discrimination/racism that I have experienced

6. Other

- a. Other, please specify
- b. Don't know

c. Prefer not to say

Ask if reason for gambling is Coping:

QB2a: Do you use drugs or alcohol to cope with the following? Please select as many as apply.

As a reminder, you do not have to answer this question if you do not wish to.

1. To help me relax
2. To escape from everyday life
3. To help me feel happier when I am distressed
4. To help me deal with the effects of discrimination/racism that I have experienced
5. No
6. Prefer not to say

Ask all who gamble:

QB3: The following questions are designed to identify how you personally feel about your gambling right now. Please read each of the questions below carefully, and then decide whether you agree or disagree with the statements. For each statement, please select one answer.

1. I intend to limit or stop my gambling in the future
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
 - f. Prefer not to say
2. I am limiting or attempting to stop my gambling right now
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
 - f. Prefer not to say
3. I have taken steps to limit or stop my gambling in the past
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
 - f. Prefer not to say

4. I would know how to limit or stop my gambling if I wanted to
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
 - f. Prefer not to say
5. I would probably need more information to help limit or stop my gambling
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
 - f. Prefer not to say
6. I would probably need more support to help limit or stop my gambling
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
 - f. Prefer not to say
7. I am trying to limit or stop gambling, but finding it difficult to do so
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
 - f. Prefer not to say
8. I do not intend to limit or stop my gambling
 - a. Strongly disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree

f. Prefer not to say

Ask if not gambled in the past four weeks:

QB3a: Have you ever experienced difficulties with gambling (e.g. spending too much time or money gambling)? Please select one answer only.

1. Yes, in the last 12 months
2. Yes more than 1 year ago
3. No, I have gambled and never experienced difficulties
4. No, I don't ever gamble
5. Prefer not to say

Ask if current gambler or had gambling problems in the past 12 months:

QB4. Thinking about your own gambling or betting now. Thinking about the last 12 months...

1. Have you bet more than you could really afford to lose?
 - a. Never
 - b. Sometimes
 - c. Most of the time
 - d. Almost always
2. Have you needed to gamble with larger amounts of money to get the same excitement?
 - a. Never
 - b. Sometimes
 - c. Most of the time
 - d. Almost always
3. When you gambled, did you go back another day to try and win back the money you lost?
 - a. Never
 - b. Sometimes
 - c. Most of the time
 - d. Almost always
4. Have you borrowed money or sold anything to get money to gamble?
 - a. Never
 - b. Sometimes
 - c. Most of the time
 - d. Almost always
5. Have you felt that you might have a problem with gambling?
 - a. Never
 - b. Sometimes
 - c. Most of the time

- d. Almost always
6. Has gambling caused you any mental health problems, including stress or anxiety?
- a. Never
 - b. Sometimes
 - c. Most of the time
 - d. Almost always
7. Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
- a. Never
 - b. Sometimes
 - c. Most of the time
 - d. Almost always
8. Has your gambling caused any financial problems for you or your household?
- a. Never
 - b. Sometimes
 - c. Most of the time
 - d. Almost always
9. Have you felt guilty about the way you gamble or what happens when you gamble?
- a. Never
 - b. Sometimes
 - c. Most of the time
 - d. Almost always
10. Have you ever lied to people important to you about how much you gamble? [FIX BELOW I]
- a. Never
 - b. Sometimes
 - c. Most of the time
 - d. Almost always
11. Have you ever chosen to gamble rather than spend time with friends and family?
- a. Never
 - b. Sometimes
 - c. Most of the time
 - d. Almost always
12. Have you ever found yourself losing track of the world around you as a result of time spent gambling?
- a. Never

- b. Sometimes
- c. Most of the time
- d. Almost always

13. Have you ever missed time from work as a result of gambling?

- a. Never
- b. Sometimes
- c. Most of the time
- d. Almost always

The next few questions are related to support to manage your gambling.

If recently or actively cutting down:

QB5.1: Which of the following, if any, have you done to help you limit the amount of time or money you spend gambling? Please select all that apply.

If not recently or actively cutting down:

QB5.2: Which of the following, if any, would you consider using if you were concerned about the amount of time or money you were spending gambling? Please select all that apply.

1. Talking to or receiving advice from friends or colleagues
2. Talking to or receiving advice from your family
3. Talking to or receiving advice from someone you trust in your local community or neighbourhood area (e.g. a faith leader, local authority)
4. Seeking advice, information and support from your GP or through a talk therapist/CTB/analyst/psychologist
5. Seeking advice, information and support through the National Gambling Helpline (run by GamCare)
6. Seeking advice, information and support through Gamblers Anonymous
7. Seeking specialised treatment through GamCare's treatment service
8. Seeking specialised treatment through the National Gambling Treatment Service, led by GambleAware and delivered by numerous partners (e.g. GamCare, Beacon, Breakeven, ARA, Aquarius, Krysallis, Derman, Neca, RCA, Betknowmore)
9. Seeking support or treatment through a charity or support organisation that is not specifically gambling related
10. Using gambling operator player protection tools to help limit your gambling e.g. deposit limits, timeouts
11. Using Gamban blocking software
12. Using an alternative blocking software
13. Registering to GAMSTOP (National Online Gambling Self-Exclusion Scheme)
14. Enrolling in national self-exclusion schemes such as SENSE or MOSES
15. Registering to an alternative self-exclusion scheme

16. Registering for your bank's gambling blocking scheme
17. Seeking advice, information and support through a gambling charity or support organisation (e.g. BeGambleAware)
18. Other (please specify)
19. Nothing
20. Prefer not to say

If have used any support apart from talking to friends/family:

QB6: How easy or difficult did you find it to access the following services (e.g. using the website, finding contact information, talking to someone who could help)? For each statement please select one answer.

1. Seeking advice, information and support from your GP or through a talk therapist/CTB/analyst/psychologist
 - a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
2. Seeking advice, information and support through the National Gambling Helpline (run by GamCare)
 - a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
3. Seeking advice, information and support through Gamblers Anonymous
 - a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
4. Seeking specialised treatment through GamCare's treatment service
 - a. Very easy
 - b. Quite easy

- c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
5. Seeking specialised treatment through the National Gambling Treatment Service, led by GambleAware and delivered by numerous partners (e.g. GamCare, Beacon, Breakeven, ARA, Aquarius, Krysallis, Derman, Neca, RCA, Betknowmore)
- a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
6. Seeking support or treatment through a charity or support organisation that is not specifically gambling related
- a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
7. Using gambling operator player protection tools to help limit your gambling e.g. deposit limits, timeouts
- a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
8. Using Gamban blocking software
- a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember

- f. Prefer not to say
- 9. Using an alternative blocking software**
- a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
- 10. Registering to GAMSTOP (National Online Gambling Self-Exclusion Scheme)**
- a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
- 11. Enrolling in national self-exclusion schemes such as SENSE or MOSES**
- a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
- 12. Registering to an alternative self-exclusion scheme**
- a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say
- 13. Registering for your bank's gambling blocking scheme**
- a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult

- e. Can't remember
 - f. Prefer not to say
14. Seeking advice, information and support through a gambling charity or support organisation (e.g. BeGambleAware)
- a. Very easy
 - b. Quite easy
 - c. Quite difficult
 - d. Very difficult
 - e. Can't remember
 - f. Prefer not to say

If found the process difficult:

QB7.1: Why did you find the process difficult? Please select all of the reasons that apply.

- 1. Language barrier
- 2. The process is too complicated
- 3. The people providing the support do not come from my religious, cultural, ethnic background
- 4. Feelings of guilt
- 5. Feelings of embarrassment or shame
- 6. Bringing embarrassment or shame on my family
- 7. Distrust in treatment providers
- 8. Fear of deportation
- 9. Fear of the criminal justice system / Fear of being arrested or incarcerated
- 10. Not knowing where to get support
- 11. The amount of time you had with the health or treatment provider
- 12. Feeling like you are not listened to by health or treatment providers
- 13. Getting answers to your questions that you couldn't understand
- 14. The number of healthcare professionals available to me weren't sufficient
- 15. The amount of information that was given to you about your condition or treatment wasn't sufficient
- 16. How they took into account your mental health was not appropriate
- 17. How they took into account your family or home situation was not appropriate
- 18. Being able to see the type of healthcare professional you wanted to see wasn't possible
- 19. Other (please specify)
- 20. Prefer not to say

If not accessed support:

QB7.2: What, if anything, is preventing you from accessing support for your gambling? Please select all of the reasons that apply.

1. Language barrier
2. The process is too complicated
3. The people providing the support do not come from my religious, cultural, ethnic background
4. Feelings of guilt
5. Feelings of embarrassment or shame
6. Bringing embarrassment or shame on my family
7. Distrust in treatment providers
8. Fear of deportation
9. Fear of the criminal justice system / Fear of being arrested or incarcerated
10. Not knowing where to get support
11. I do not feel I need support
12. Feeling like you are not listened to by health or treatment providers
13. Getting answers to your questions that you couldn't understand
14. Feeling like you wouldn't be treated with care and concern
15. Feeling like you couldn't receive treatment without being judged by the health or treatment provider
16. Feeling like you wouldn't be involved in decisions about your treatment and care
17. The number of healthcare professionals available to me weren't sufficient
18. Being able to see the type of healthcare professional you wanted to see wasn't possible
19. Other (please specify)
20. Prefer not to say

The next few questions are about you and people from your background's attitudes towards gambling. By background, we mean people including those of the same ethnic group, heritage, religion, and/or who speak the same non-English language.

Some of the following questions refer to gambling harms. By gambling harms we mean someone being negatively impacted by gambling – for example financial harms, emotional/personal wellbeing, relationship problems or breakdown, or negative impacts with work or study.

QC1: How much do you agree or disagree with the following statements? For each statement please select one answer.

*Ask those who have gambling experience only.

1. If a person from my background/heritage gambled, it would embarrass/bring shame on those of the same background as mine.
 - a. Strongly agree

- b.** Tend to agree
 - c.** Neither agree nor disagree
 - d.** Tend to disagree
 - e.** Strongly disagree
 - f.** Don't know
 - g.** Prefer not to say
- 2.** I feel sympathy towards someone who struggles with/has problems with gambling
 - a.** Strongly agree
 - b.** Tend to agree
 - c.** Neither agree nor disagree
 - d.** Tend to disagree
 - e.** Strongly disagree
 - f.** Don't know
 - g.** Prefer not to say
- 3.** People of my background view gambling as an everyday activity
 - a.** Strongly agree
 - b.** Tend to agree
 - c.** Neither agree nor disagree
 - d.** Tend to disagree
 - e.** Strongly disagree
 - f.** Don't know
 - g.** Prefer not to say
- 4.** I would feel comfortable talking with my friends and family if I felt worried about my gambling*
 - a.** Strongly agree
 - b.** Tend to agree
 - c.** Neither agree nor disagree
 - d.** Tend to disagree
 - e.** Strongly disagree
 - f.** Don't know
 - g.** Prefer not to say
- 5.** I would feel comfortable talking to a gambling support service provider (e.g. therapists) if I felt worried about my gambling*
 - a.** Strongly agree
 - b.** Tend to agree
 - c.** Neither agree nor disagree

- d. Tend to disagree
 - e. Strongly disagree
 - f. Don't know
 - g. Prefer not to say
6. I would feel comfortable talking to a healthcare provider (e.g. doctors, nurses) if I felt worried about my gambling*
- a. Strongly agree
 - b. Tend to agree
 - c. Neither agree nor disagree
 - d. Tend to disagree
 - e. Strongly disagree
 - f. Don't know
 - g. Prefer not to say
7. People from my background/heritage who take part in gambling are more likely to be judged or viewed negatively by wider society
- a. Strongly agree
 - b. Tend to agree
 - c. Neither agree nor disagree
 - d. Tend to disagree
 - e. Strongly disagree
 - f. Don't know
 - g. Prefer not to say
8. People from my background/heritage who are suffering from gambling harm are more likely to be judged or viewed negatively by wider society
- a. Strongly agree
 - b. Tend to agree
 - c. Neither agree nor disagree
 - d. Tend to disagree
 - e. Strongly disagree
 - f. Don't know
 - g. Prefer not to say
9. **QC2: Which, if any, of the following words do you feel best represent how people of your background/heritage views those who have problems with their gambling?**
10. Please select a maximum of three answers.
11. Sympathetic

12. Understanding
13. Judgemental
14. Accepting
15. Critical
16. Concerned
17. Indifferent
18. Other (please specify)
19. Don't know
20. Prefer not to say
21. **QC3: In your experience, which of the following, if any, are most judgemental towards those who have problems with their gambling?**
22. Please select a maximum of three answers
23. Yourself
24. Friends
25. Family
26. Colleagues
27. Local community
28. Service / healthcare providers (e.g. doctors, nurses and therapists)
29. The wider public
30. Other
31. Don't know
32. Prefer not so say

QD1: Do you think anyone you know has or previously had a problem with their gambling? This could include family members, friends, work colleagues or other people you know. Please select one answer only.

1. Yes
2. No
3. Not sure
4. Prefer not to say

If yes to QD1:

QD1a: And 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. Please select one answer only.

1. Yes
2. No

3. Prefer not to say

If yes to QD1a:

QD2: In what way has the gambling behaviour of your friend, family member, or partner, impacted you? Please select as many as apply.

1. Caused financial issues
2. Contributed to the breakdown of a relationship
3. Impacted my mental health
4. Impacted my physical health
5. Caused me to be isolated from my friends and family
6. Caused me to lie to my friends and family
7. In another way (please specify)
8. It has not impacted me
9. Don't know
10. Prefer not to say

If yes to QD1a:

QD3: Did you seek any support or advice for yourself as someone who was affected by a friend, family member, or partner's gambling behaviour? Please select as many as apply.

1. I sought advice, information, and support from my GP
2. I sought advice, information, and support through a charity or support organisation that is not specifically gambling related
3. I sought advice, information, and support through a gambling charity or support organisation (e.g. GamFam)
4. I sought advice, information, and support in another way (please specify)
5. No
6. Don't know
7. Prefer not to say

If no to QD3:

QD3a: What, if anything, has prevented you from accessing support or advice as someone who was affected by a friend, family member, or partner's gambling behaviour? Please select as many as apply.

1. Language barrier
2. The process is too complicated
3. The people providing the support do not come from my religious, cultural, ethnic background
4. Concern that it would negatively affect your relationship with your friend, family member, or partner who gambles
5. Feelings of guilt

6. Feelings of embarrassment or shame
7. Bringing embarrassment or shame on my and/or their family
8. Do not feel that there is effective help available for people concerned about gambling
9. Fear of deportation
10. Fear of the criminal justice system
11. Not knowing where to get support
12. Feeling like you are not listened to by health or treatment providers
13. Getting answers to your questions that you couldn't understand
14. Feeling like you wouldn't be treated with care and concern
15. Feeling like you couldn't receive treatment without being judged by the health or treatment provider
16. Feeling like you wouldn't be involved in decisions about your treatment and care
17. The number of health or treatment professionals available to me weren't sufficient
18. Being able to see the type of healthcare professional you wanted to see wasn't possible
19. I do not feel I need support
20. Other (please specify)
21. Don't know
22. Prefer not to say

If you have been affected by any of the issues raised in this survey, please call GamCare on 0808 8020 133 or Stop Hate UK on 0800 138 1625.

9.4 Modelling gambling behaviour, advanced statistical analysis

9.4.1 Introduction

We were interested in exploring the potential relationship between discrimination and gambling harm risk, as measured by the PGSI. Our working hypothesis was that experience of discrimination would increase the risk of gambling harm and that, if so, this relationship still held when taking socio-demographic background into account. We explicitly identified a-priori six potential indicators of discrimination (shown below) from the survey questions, three of which were experience of personal discrimination and three of vicarious experience. We had no a-priori reason to believe that any one of these variables would be more important than any other in the model. We anticipated that these indicators would be correlated with each other (multicollinearity), and in the context of a regression model, this can lead to problems with producing a robust model and lead to results which can be difficult to interpret. Given the relatively small sample size available, the risk of overfitting the model is also one to be avoided. To avoid these risks, we chose to use a data driven approach to prune the selection of variables in two stages, as described below. We have also chosen to prune the socio-demographic characteristics we include, based on our concerns for sample size issues. However, previous research, e.g., the Treatment and Support Survey (TSS)¹⁰⁷, suggests that age and gender are likely to be

¹⁰⁷ https://www.begambleaware.org/sites/default/files/2022-03/Annual%20GB%20Treatment%20and%20Support%20Survey%20Report%202021%20%28FINAL%29_0.pdf

influential. However, TSS is based on a representative sample of UK adults, whereas our analysis is linked to the subsample on minorities. Whilst TSS also suggests social grade may be important, we have chosen to use income instead, these two variables are likely to be highly correlated. Ethnicity is another potentially useful indicator based on TSS, but the sample size limitation means we are only able to explore ethnicity using a binary white/other distinction in this analysis.

We acknowledge that the data driven approach can be problematic. Issues can arise from multiple testing and from the fact that the effect of any variable in a model is influenced by its association with other variables in the model and so can have a different effect with different neighbours. However, our aim is to provide evidence for future research to build upon rather than to test a strong hypothesis that a particular indicator of discrimination causes an increase in PGSI gambling risk. Consequently, we believe that this practical approach to testing is appropriate to meet our aims in building exploratory models to inform future research. However, we do acknowledge a-priori that further work is required to understand better the inter-relationships between the different discrimination indicators and their associations with gambling risk harms.

9.4.2 Variables included in the Model

QA5: We would now like to ask you about any discrimination and/or racism you may have experienced.

QA5a: Approximately, how many times have you experienced each of the following in your lifetime, for reasons to do with either your ethnicity, race, colour, religion or language? For each please select one answer only.

1. Insulted you by which we mean verbally abused, threatened or been a nuisance to you
2. Deliberately damaged any property that belonged to you
3. Physically been violent towards you

QA5b: Approximately, how many people do you know who have experienced each of the following in their lifetime, for reasons to do with their ethnicity, race, colour, religion or language? For each please select one answer only.

1. Someone has insulted them, by which we mean verbally abused, threatened or being a nuisance to them
2. Someone has deliberately damaged any property that belonged to them
3. Someone being physically violent towards them

The following sociodemographic variables were also included in the model:

- Gender
- Work
- Age group
- Income
- Ethnic group
- Educational attainment

9.4.3 Prevalence of Gambling Harms

Of the 404 cases who reported gambling and had a PGSI score of no, low, moderate and severe risk, we coded a new variable to distinguish no risk from the combined low, moderate and severe categories, giving a total of 133 cases who reported risk. Once weighted to be representative of the population, this represented 42% of minority group adult gamblers. Selecting cases with no missing values on the discrimination and socio-demographic characteristics gave 382 observations for analysis.

Initially, two separate models were run. The first included all six discrimination variables and the second six sociodemographic characteristics. For each of the two suites of models, all six variables were entered into the model. Next, each variable was removed from the model and a Wald test conducted on the difference between the model which included all six variables and the model with the removal of the target variable. This provided a test of whether the target variable contributed significantly to the model when taking all other characteristics into account. To protect against inflated Type I errors, a Benjamini-Hochberg correction was used with a false discovery rate (FDR) of 25%. Each of the two models were treated as separate families of tests, i.e., the adjustments were made based on six independent tests.

Under standard testing approaches, only experiencing personal insult would have been significant ($P < 0.05$). Under the Benjamini-Hochberg adjustment, all indicators except experiencing personal discriminatory violence were accepted (see **Table 11**). Given that our aim was to reduce the number of indicators of discrimination in the final model, we chose to accept both personal and vicarious experience of discriminatory insult to include in the full model. This is an arbitrary choice, albeit one guided by the fact that experience of personal insult only just met the adjusted P comparison ($P = 0.082 < P = 0.083$). We justify this approach because our aim is to provide an exploratory model to guide future research rather than to provide a strong test of a-priori theory.

Variable	Model P	Rank	Adjusted P
Other Insult	0.003	1	0.042
Personal Insult	0.082	2	0.083
Personal Damage	0.093	3	0.125
Other Violence	0.098	4	0.167
Other Damage	0.157	5	0.208
Personal Violence	0.374	6	0.250
Age group	0.000	1	0.042
Gender	0.000	2	0.083
Work	0.014	3	0.125
Income	0.066	4	0.167
Education	0.572	5	0.208
Ethnicity	0.921	6	0.250

Table 11: Significance tests of stagewise prevalence model coefficients.

Age, gender, work status and income all met the adjusted Benjamini-Hochberg criterion for significance. Overall, we are most assured by the findings of significance for experience of knowing others who have

been insulted, gender and age group. Not only were their model P values less than the adjusted P values, had we used a strict Bonferroni adjustment for 12 tests ($\alpha = 0.05/12 = 0.004$), these three variables would have retained their significance. Under the less strict Benjamini-Hochberg approach, work and income were also eligible for further modelling.

Variable	Model P	Rank	Adjusted P
Age group	6.14E-08	1	0.041667
Gender	0.000108	2	0.083333
Other Insult	0.00626	3	0.125
Work	0.016835	4	0.166667
Personal Insult	0.024338	5	0.208333
Income	0.082885	6	0.25

Table 12: Significance tests of prevalence model coefficients.

In the final model, we have chosen to use the model P value for each of the categories of a variable, which tests against the baseline measure for that variable¹⁰⁸. The justification for each variable's inclusion in the model was a significant association with gambling harm based on the procedures outlined above and all variables meeting the Benjamini-Hochberg criterion for significance (see **Table 12**), which we treat as an omnibus null test for the variable before exploring the potential impact for each category within a variable.

Controlling for all other variables in the model, the odds ratio of someone who has once experienced personal insult also experiencing gambling risk harm were 4.2 those of their counterparts who never experienced personal insult (see **Table 13**). The relationship between knowing others who have been personally insulted and the risk of gambling harm was less clear cut. There is some indication that knowing two people who have been insulted is associated with an increased risk of gambling harm. Knowing more than two people who had experienced a personal insult appeared to decrease the odds of gambling harm.

Consequently, it appears the key contrast is between people knowing two people who have experienced insult compared to people who have known more than two people who experienced insult, rather than those who knew of no one who had experienced insult. The results of these two discrimination variables indicate that moderate experience of discrimination is more influential than more severe experience of discrimination. This result is somewhat counterintuitive, and we recommend that further work is done to understand the inter-relationships between the discrimination variables to understand better the links to the risk of gambling harm. This approach would help to inform the risk that the findings are simply an artefact of the analytic approach taken here.

The link between gambling harm and age shows people aged 55 and above had the lowest risk of gambling harm. Compared to the 25-34 group, people aged 55+ were only 0.07 times as likely to be at risk of gambling harm. For people aged 35-44, the odds were 0.12 and for people aged 45-54 it was 0.3. People aged 16-24 had a similar risk to those aged 35-34 (reference group). That risk of gambling harm is higher among younger people is in line with expectations from previous findings.

¹⁰⁸ We have not included contrast coefficients for pairwise tests of the categories within a variable.

	Label	Odds Ratio	Log Odds	Standard Error	t	P
	Intercept	2.565	0.942	0.679	1.388	0.166
Insulted you	One	4.150	1.423	0.532	2.675	0.008
	Two	0.915	-0.089	0.488	-0.182	0.856
	3-5	0.964	-0.036	0.445	-0.082	0.935
	6+	2.090	0.737	0.444	1.659	0.098
Insulted them	One	0.953	-0.048	0.589	-0.082	0.935
	Two	2.640	0.971	0.524	1.853	0.065
	3-5	0.487	-0.720	0.532	-1.354	0.176
	6+	0.611	-0.493	0.489	-1.009	0.314
Income	Up to £25,999	1.236	0.212	0.488	0.435	0.664
	£26,000 up to £51,999	0.505	-0.684	0.443	-1.543	0.124
	£52,000 up to £99,999	1.288	0.253	0.518	0.488	0.626
	£100,000+	1.786	0.580	0.650	0.892	0.373
Work Status	Not working full-time	2.377	0.866	0.361	2.401	0.017
Gender	Female	0.261	-1.341	0.343	-3.914	0.000
Age	16-24	0.941	-0.061	0.744	-0.082	0.935
	35-44	0.121	-2.111	0.452	-4.672	0.000
	45-54	0.295	-1.222	0.459	-2.661	0.008
	55+	0.067	-2.704	0.502	-5.384	0.000

Note: Reference group has never experienced discrimination through personal insult or observed insults to others, are male, aged 16-24 and in full-time work with a missing income value. The model was run using the R survey library and included the survey weight.

Table 13: Gambling risk harm: final logistic regression model.

Women were far less likely than men to be at risk of gambling harm. Their odds of gambling harm were nearly one-quarter those of men (odds ratio = 0.26). Being out of full-time work was associated with an increased likelihood of gambling harm. According to the model, those not in full-time work had over twice the odds (2.4) of gambling harm compared to full-time workers. The relationship between income and gambling harm was not clear cut. It appears that people earning between £26k and 352k were least likely to experience gambling harm but we recommend further work to verify this finding.

9.4.4 High Risk of Gambling Harm

There were comparatively few (38) cases who scored eight or more on the PGSI scale (high risk), which makes finding robust variation between the outcome and multiple predictor variables challenging¹⁰⁹. To reduce the number of classes in the six discrimination variables, from 60 (6 variables each with five categories) to 12 (six variables each with two categories), we recoded the discrimination variables to distinguish between two or more (as a single class) from zero/one (as a single class). A similar two stage approach to the modelling was followed with the high-risk model as was taken with the any risk model, described above.

The six dichotomous discrimination variables were first entered into the model. However, multicollinearity resulted in the programme dropping both the personal and vicarious experience of physical violence. The recoded variables meant these two variables were perfectly predicted by the remaining four variables in the model. Of the remaining four variables, only experience of personal damage to property was significant.

Of the six socio-demographic variables, only age showed a significant association with a high risk of gambling harm.

Characteristic	Model P	Rank	Adjusted P
Personal damage	0.000	1	0.063
Other insult	0.264	2	0.125
Other damage	0.677	3	0.188
Personal Insult	0.821	4	0.250
Personal damage	0.000	1	0.063
Other insult	0.264	2	0.125
Age	0.000	1	0.042
Work	0.184	2	0.083
Income	0.305	3	0.125
Gender	0.437	4	0.167
Education	0.808	5	0.208
Ethnicity	0.982	6	0.250

Table 14: Significance tests of stagewise high-risk prevalence model coefficients.

Two variables remained in the final model. The model showed that after age 34, the odds of experiencing a high risk of harm shortened. People aged 55 or above were least likely to experience a high-risk of harm (odds ratio = 0.05). People aged 45-54 were around 0.08 times as likely to experience a high risk of harm (odds ratio = 0.08); whilst for those aged 35-44, the odds ratio was 0.12. The odds ratio for people aged 16-24 was also lower than that for the reference group aged 25-34. However, this estimate was not significant at $P < 0.05$, which may indicate no difference, although the large standard

¹⁰⁹ With a small numerator, there is an increased risk that the variation found will be more likely to be sample specific and results will not be robust to generalisation beyond this sample.

error denotes more imprecision around this coefficient than for those of other age groups. There was an extremely large effect for the experience of personal discriminatory damage to property, with the two more experiences showing an odds ratio of 9.22 compared to people with no, or one, such experience.

	Label	Odds Ratio	Log Odds	Standard Error	t	P
	(Intercept)		-1.685	0.490	-3.435	0.001
Age Group	16-24	0.687	-0.375	0.813	-0.462	16-24
	35-44	0.119	-2.129	0.725	-2.935	35-44
	45-54	0.078	-2.546	0.663	-3.837	45-54
	55+	0.044	-3.132	0.740	-4.232	55+
Personal Damage	2+	9.218	2.221	0.569	3.904	2+

Note: Reference group has experienced one or no incidents of discrimination through personal damage and are aged 25-34. The model was run using the R survey library and included the survey weight

Table 15: *Gambling risk harm: final logistic regression model.*

9.4.5 Summary

We have explored the data to assess potential evidence between the experience of discrimination and the risk of any gambling harm and a high-risk of gambling harm, as measured by the PGSI. With multiple potential indicators of discrimination, little theory to provide us with guidance as to which of these (inter-correlated) items was most appropriate and a small sample size, we have used a data-driven approach to select variables for the models. Consequently, whilst we believe the results show evidence of an association between discrimination and gambling harm, we make no strong claims about the relevance of the individual discrimination indicators used in the model. A different model with other combinations of discrimination experience would have highlighted other discrimination indicators as important. Understanding better the inter-relationships between the discrimination indicators would be a useful next step and latent class approaches might be helpful in producing a smaller number of experiential classes, where the members of each class have similar patterns of experience.

Previous studies have shown the importance of age and gender in understanding the risk of gambling harm and this relationship has been confirmed here for the any risk model. However, gender was not in this instance related to high-risk harm. We also found evidence suggesting people not working full-time were at more risk of any gambling harm but not of high-risk harm.

As with any regression model, interpretation of the effect of any variables upon the outcome controls for the relationship between the target variable of interest and other variables in the model. Hence the results shown here should not be taken to mean that there are no significant bivariate relationships between the outcomes and predictor variables excluded from the models.

Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.



ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos was the first company in the world to gain this accreditation.



Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.



ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.



ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos was the first research company in the UK to be awarded this in August 2008.



The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.



HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK's National Cyber Security Programme. Ipsos was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.



Fair Data

Ipsos is signed up as a "Fair Data" company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos.com/en-uk
<http://twitter.com/IpsosUK>

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