Gambling Harms and Neurodivergence: Understanding the Context and Support for Neurodivergent People in Gambling

Phase 2 Report

IFF Research

On behalf of GambleAware

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Contents

1 Executive summary

Introduction

The intersection of gambling harm and neurodivergence[1] is currently under-researched. This means there is little evidence of how gambling harm is experienced by those who are neurodivergent or how best to deliver gambling treatment and support to those who seek it.

In March 2024, GambleAware awarded funding as part of an open grant to IFF Research, in collaboration with Dr Amy Sweet (Honorary Research Fellow at the University of Bristol), Dr Tim Morris (Senior Research Fellow at UCL and the University of Bristol), and Ara (a charity that has been providing drug, alcohol and gambling treatment services since 1987), to carry out research into the relationship between neurodivergence and gambling harms. Specifically, this research aimed to:

- Explore whether neurodivergent people face an increased risk of experiencing gambling harms;
- Identify the key drivers behind gambling harms for this group;
- Examine barriers to accessing formal and informal gambling support; and
- Establish best practices and principles for effective treatment, support, communication, and engagement tailored to neurodivergent people.

The research is conducted iteratively across three phases, each building on the previous stage to enhance the existing evidence base. An Advisory Panel comprising six expert advisors, including both professionals and people with lived experience of neurodiversity and gambling harm, guides the project's design, delivery, and interpretation of findings. The three research phases are:

- **Phase 1**: Mapping the landscape of neurodivergent people in gambling. This phase involved a rapid evidence assessment (REA) and secondary analysis of data from the Avon Longitudinal Study of Parents and Children (ALSPAC), conducted from April to August 2024.
- **Phase 2**: Understanding the context and needs of neurodivergent people in gambling. Primary research by IFF Research explored the views of 45 neurodivergent people in Great Britain experiencing gambling and gambling harms through in-depth interviews and an online community, conducted from September 2024 to January 2025. **This report focuses on the findings from this phase.**
- **Phase 3**: Developing and testing solutions to translate insights into practice. Ara will draft solutions for identifying, communicating, and engaging with neurodivergent people who

[1] Neurodivergence is a non-medical umbrella description of people with variation from neurotypical presentation in their mental functions and behaviour; that is to say, they process and experience the world differently to the majority of people. The most commonly cited types of neurodivergence are Attention Deficit Hyperactivity Disorder (ADHD, sometimes also called Attention Deficit Disorder), Autism Spectrum Disorder (ASD), Dyslexia, Dyscalculia and Dyspraxia.

gamble, with input from consortium members. These will then be tested with the Advisory Panel in a workshop. This phase is planned for January to April 2025.

Report overview and methodology

This summary report builds on the findings from Phase 1, presents the Phase 2 findings for each research question, and discusses their implications for Phase 3. Phase 2 gathered experiences from 45 neurodivergent people in Great Britian who gamble, through 17 in-depth interviews and a five-day online community with 28 people conducted in November and December 2024. Appendix 1 provides a more detailed breakdown of the study population.

As this report presents emerging findings, the content is subject to change pending further analysis and evidence triangulation in the final phase of the project.

Language used in this report

Neurodiversity describes the variation in how people experience the world—in school, at work, and in social relationships. Commonly associated with ADHD, Autism Spectrum Disorder (ASD), Dyslexia, Dyscalculia, and Dyspraxia, neurodiverse individuals process information differently from neurotypical individuals, whose cognitive styles align more closely with societal norms. This can affect communication, learning, and sensory experiences. In this research, "neurodivergent people" refers specifically to individuals within our sample, rather than making broader generalisations about the neurodivergent community.

This report adopts sensitive, neuro-affirming, and person-centred language to reflect the lived experiences of neurodivergent people while respecting prior research. We use identity-first language such as "autistic people" in line with many community preferences and avoid terms like "Autism Spectrum Disorder" due to their pathologising connotations.

Non-stigmatising terminology, such as "people experiencing gambling harms," is used to reduce stigma and encourage help-seeking, recognising people beyond their gambling experiences. We also distinguish between gambling behaviours and gambling harms to avoid conflation, focusing on the specific factors influencing when gambling may become harmful.

Gambling behaviour among neurodivergent people

Findings from this qualitative research revealed that many neurodivergent people's earliest memory of a gambling experience were positive and often linked to family traditions, such as betting on the Grand National, scratch cards during holidays, or visiting arcades. These were described as bonding moments with family members, fostering excitement and inclusion. However, some people who had witnessed the negative impacts of gambling within their families initially approached gambling with caution, but their perspectives shifted to more positive ones when they began gambling as adults.

For those whose gambling escalated, triggers for these escalations included social isolation, bullying, and stress, with gambling providing routine, stimulation, and escapism, particularly for people who are autistic or ADHD. Protective factors, such as strong social support, awareness of risks, and lower-risk behaviours, helped some avoid harm.

Online platforms were preferred across neurotypes[2], offering accessibility and sensory-friendly environments compared to physical spaces.

Impact of gambling and drivers of gambling harms

The findings suggest that some neurodivergent people experience a range of gambling harms, often linked to factors such as impulsivity, hyperfocus, and difficulty assessing risk. People described how these factors contributed to both immediate and long-term gambling-related harms, including financial losses, relationship breakdowns, and negative impacts on health and well-being. However, experiences varied, and not all neurodivergent individuals faced these challenges in the same way.

People who are autistic or ADHD emphasised that they were particularly vulnerable to gambling harms due to their experiences with impulsive decision-making and difficulties in managing finances. Financial strain often led to further harms, including relationship strain and impacts on employment or education. Additionally, some men and people from culturally reserved communities - where discussing personal struggles was often discouraged due to values of privacy, family honour, and social reputation - faced additional barriers to seeking support for gambling harms. The reluctance to have vulnerable conversations about their experiences made it more difficult to access help, reinforcing the impact of these harms. The interplay between these factors underscores the need for tailored support to address the unique challenges neurodivergent people face in managing gambling harms.

Gambling treatment and support

The research found varied experiences in seeking gambling support among neurodivergent people. Those at lower risk often managed independently, relying on informal strategies such as support from friends or family. In contrast, those at greater risk of experiencing gambling harms sought both informal and formal support, including tools like Gamban and counselling. However, those at greater risk of experiencing gambling harms avoided seeking help altogether due to stigma, lack of awareness, or believing their gambling was not severe enough.

Barriers such as cognitive overload—where overwhelming amounts of information can lead to confusion or anxiety—impulsivity, and sensory sensitivity, commonly experienced by neurodivergent people, made accessing support more challenging. Difficulties processing complex information, struggles with consistency, long waiting lists, and a lack of tailored services further added to these challenges. Effective support tended to prioritise simplicity, sensory-friendly formats (e.g., avoiding bright fluorescent lights/colour scheme, jargon-heavy texts, etc.), flexible delivery options (e.g., online or hybrid), and staff trained in neurodiversity awareness.

Some people also emphasised peer-led networks, clear communication with visual aids, and supportive, non-judgmental environments would make accessing treatment and support easier.

[2] Neurotypes refer to the different ways individuals' brains process information, perceive the world, and interact with their environment. The term is often used in the context of neurodiversity, recognising that variations such as autism, ADHD, and dyslexia are natural. Neurotypes can affect communication, learning, and sensory processing.

Conclusions

People of all neurotypes share many similar experiences of the world, even if they do not fit specific definitions of neurodivergence. Most people face sensory differences that affect their ability to fully engage with the world.[3] This research examined the relationship between neurodivergence and gambling behaviours, showing how experiences of impulsivity, hyperfocus – an intense state of deep concentration that is difficult to break free from, and emotional regulation can contribute to gambling harms and difficulties accessing support. Neurodivergent people who experienced gambling harms reported financial strain, relationship breakdowns, and setbacks in work or education; these harms were compounded by stigmatisation of gambling harms as well as support services that were not tailored to their needs.

The findings highlight the need for personalised support and treatment approaches addressing traits such as impulsivity and attention, alongside early intervention tools to help prevent harm. Simplified communication, sensory-friendly environments, and flexible service models including online options, are essential for improving the accessibility of treatment and support. Streamlined processes, shorter waiting times, and peer support networks can further enhance engagement with services. Further research in this programme will focus on developing practical solutions, including a practitioner toolkit, a client engagement quiz, and training resources to improve gambling support services for neurodivergent people. These solutions will be tested and refined to ensure they effectively meet the needs of these communities.

2 Introduction

Despite evidence highlighting the disproportionate burden of gambling harms on marginalised and disadvantaged groups, research in Great Britain has only recently shifted from a broad "catch-all" approach to more targeted studies focusing on the drivers of harm for these communities (Levy et al., 2020). Within this evolving focus, the intersection of gambling harm and neurodivergence remains significantly under-researched. Consequently, there is limited understanding of how neurodivergent people experience gambling harm or how best to deliver effective treatment and support tailored to their needs.

In March 2024, GambleAware awarded funding through an open grant to IFF Research, in collaboration with Dr Amy Sweet (Honorary Research Fellow at the University of Bristol), Dr Tim Morris (Senior Research Fellow at UCL and the University of Bristol), and Ara, a charity specialising in drug, alcohol, and gambling treatment services since 1987. This research aims to investigate the relationship between neurodivergence and gambling harms. Specifically, it seeks to determine whether neurodivergent people face an increased risk of gambling harms, identify the drivers of these harms, explore barriers to accessing support, and establish best practices for providing appropriate treatment, communication, and engagement.

The research is conducted iteratively across three phases, each building on the previous stage to enhance the existing evidence base. An Advisory Panel comprising six expert advisors, including both professionals and people with lived experience of neurodivergence and gambling harm, guides the project's design, delivery, and interpretation of findings. The three research phases are:

[3] Armstrong, T., 2015. The myth of the normal brain: Embracing neurodiversity. *AMA journal of ethics*, 17(4), pp.348-352.

- **Phase 1**: Mapping the landscape of neurodivergent people in gambling. This phase involved a rapid evidence assessment (REA) and secondary analysis of data from the Avon Longitudinal Study of Parents and Children (ALSPAC), conducted from April to August 2024.

- **Phase 2**: Understanding the context and needs of neurodivergent people in gambling. Primary research by IFF Research explored the views of 45 neurodivergent people in Great Britain experiencing gambling and gambling harms through in-depth interviews and an online community, conducted from September 2024 to January 2025. **This report focuses on the findings from this phase.**

- **Phase 3**: Developing and testing solutions to translate insights into practice. Ara will draft solutions for identifying, communicating, and engaging with neurodivergent people who gamble, with input from consortium members. These will then be tested with the Advisory Panel in a workshop. This phase is planned for January to April 2025.

This paper focuses on Phase 2 above, alongside implications of this Phase for the following Phase 3.

Report overview and methodology

As above, this report focuses exclusively on findings from the in-depth interviews and online community and implications for translating these findings into practice. It summarises the insights that have emerged thus far, with a comprehensive report synthesising findings from all three phases to follow at the end of the research programme. As this report presents emerging findings, the findings and analyses will be subject to change and develop pending further analysis and evidence triangulation in the final phase of the project.

Table 1 outlines the specific research questions addressed in this report, aligned with the study's objectives to build meaningful evidence and contribute to sector knowledge.

Table 1 Research questions explored in this report

Nº	Objectives	Research questions
O1	**To understand whether there is any increased risk of gambling harms through being neurodivergent, including what the increased risks are, and how the risks interact with each other.**	• What does gambling behaviour look like for neurodivergent people? *To cover types of gambling practiced, for example, casino table games, online slots, etc.* How, if at all, does it vary compared to neurotypical people? • How do neurodivergent people view and describe the risks of gambling in their lives?
O2	**To understand the drivers of gambling harms experienced by neurodivergent people, focusing on how this compares to other demographic markers such as age, gender and ethnicity.**	• What do gambling harms look and feel like for neurodivergent people? • What are the triggers for engaging in gambling activity and how do these differ across different neurotypes?
O3	**To understand the barriers to formal and informal gambling support for neurodivergent people.**	• What, if any, have been the barriers to accessing support for neurodivergent people? • What formal support, such as information sources, networks and services, are neurodivergent people aware of or accessing? How does this vary by neurotype? What worked well/less well?

		• What informal support have neurodivergent people been accessing? What worked well/less well? • What are the gaps in services, interventions and policies for gambling support for neurodivergent people?
O4	**To identify principles and practices for appropriate gambling treatment and support, communication and engagement with neurodivergent people, including how this varies by neurotype.**	• What would ideal support look like for neurodivergent people and how if at all does it vary by neurotype? • What do neurodivergent people think are the principles of effective gambling prevention and treatment support? • For those accessing treatment and support for gambling harms, what has their experience been like? *To cover time to enter recovery and experiences with relapse.* • How should treatment and support options be communicated about, or awareness raised, to ensure they meet the needs of neurodivergent people?

This study engaged 45 neurodivergent people from Great Britain, recruited through two specialist recruitment agencies and Ara's support network. A sample frame was developed to ensure the inclusion of a diverse group of people. The criteria included neurodivergent people who gamble, a mix of gambling frequencies and levels of gambling harm (at high/moderate/low/no- risk as established via the Problem Gambling Severity Index (PGSI) score[4]), people who had and had not accessed treatment or support, and a range of ages, social grades, and ethnicities. Appendix 1 provides a detailed breakdown of the achieved sample for this study.

Qualitative data was collected using two methods: individual depth interviews and an online community. In-depth interviews were conducted with 17 neurodivergent people with experience of gambling in November and December 2024. These interviews were carried out via Zoom, Microsoft Teams, or by telephone, and people were offered a £40 e-voucher as an incentive. The interviews explored people's experiences with gambling over time, gambling-related harms, and their expectations of support. The online community was conducted in November 2024 and lasted five days, engaging 28 neurodivergent people with experience of gambling. People were recruited using the same sample frame as the depth interviews to ensure consistency. Over the course of the week, people engaged in discussions and activities designed to uncover their experiences with gambling, perspectives on harm, and views on support. People in the online community received a £50 e-voucher voucher as compensation for their time and contributions.

Additionally, this report is accompanied by two visualised maps that illustrate common themes experienced across gambling journeys from the qualitative research. These composite maps depict

[4] The Problem Gambling Severity Index (PGSI) is a widely used measure of 'problem gambling' in the population. PGSI score 0: individuals who gamble with no negative consequences; 1-2: individuals who experience a low level of problems with few or no identified negative consequences; 3-7 individuals who experience a moderate level of problems leading to some negative consequences; 8 or more: gambling with negative consequences and a loss of control. https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens

how life events and stages interact with people's gambling experiences, aggregating key findings while maintaining participant anonymity.

Language used in this report

Throughout this report, we have aimed to use sensitive and neuro-affirming language, ensuring our commentary and discussion of implications reflect the lived experiences of neurodivergent people while maintaining the integrity of previous research findings.

Language to describe participants

Neurodiversity describes the variation in the human experience of the world—in school, at work, and through social relationships. The most commonly cited neurodiversity diagnoses are Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), Dyslexia, Dyscalculia, and Dyspraxia. Neurodiverse individuals experience the world differently from neurotypical individuals, whose cognitive processing aligns more closely with societal norms and expectations. This can influence communication styles, learning preferences, sensory experiences, and approaches to problem-solving.

We use the term "people" to describe the participants in this research. When we refer to "neurodivergent people," it should be noted as referring specifically to individuals within our research sample, rather than making broader generalisations about the entire neurodivergent community.

Language to describe autism, dyslexic, ADHD and dyspraxic

In this report, we have adopted identity-first language ("autistic people") wherever possible, aligning with the preferences of many within the autistic community. While there is no unanimous agreement on the preferred terminology (Vivanti, 2020), research suggests that person-first language ("person with autism" or "person with autism spectrum disorder/condition") is less favoured by autistic people (Botha et al., 2021; Bury et al., 2020; Bradshaw et al., 2021; Kenny et al., 2016; Lei et al., 2021). We have also minimised the use of the term "Autism Spectrum Disorder" (ASD), given that pathologising terms like "disorder" or "deficit" are often viewed negatively by autistic people (Bottema-Beutel et al., 2021; Kenny et al., 2016; Ryan and Runswick-Cole, 2009). Asperger's Syndrome (AS) is a diagnostic label that was previously used to describe a person with autism spectrum disorder who did not have a language delay or any co-occurring intellectual disability.

Terms like neurodivergent condition or traits can be associated with the medical model. We refer to 'traits' in this report because it was commonly used by neurodivergent research participants, and by the Expert Advisory Panel.

Language to describe gambling and gambling harms

Consistent with previous research on the language preferences of people experiencing gambling harms, this report employs non-stigmatising, person-centred language, such as "people experiencing gambling harms" (GambleAware, 2023). Terms like "gamblers," "problem gamblers", "addiction", and "addict" were not used in this report because they can carry a heavy social stigma and reduce people to their gambling behaviours, ignoring the complexity of their experiences and identities.

This approach aims to reduce the stigma and shame associated with seeking support, acknowledging the multifaceted identities of people beyond their gambling experiences and refraining from attributing blame (Pliakas et al., 2022).

Language to describe gambling experiences

In discussing gambling, we have been cautious to distinguish between general gambling behaviours and the harms associated with gambling. This distinction helps prevent the conflation of gambling with gambling harms, allowing for a more balanced framing of gambling behaviour. By doing so, we aim to acknowledge that not all gambling leads to harm and to focus on the specific circumstances under which gambling can become harmful.

3 Gambling behaviour among neurodivergent people

Early experiences of gambling for neurodivergent people were often positive childhood memories with family members, with few recalling negative early associations with gambling. For many neurodivergent people, consistent betting in the form of a steady number of bets at regular intervals, did not begin until age 18. For those who experienced bullying and social isolation, gambling was typically driven by a desire to escape this as well as enjoying the routine and stimulation they got from it. Online platforms for betting and gambling were preferred as physical environments were often perceived as intimidating.

Early experiences of betting and gambling

Childhood exposure to gambling was common amongst neurodivergent people, through family traditions such as getting together to bet on the Grand National, scratch cards at Christmas, or visiting arcades as part of childhood holidays. These early experiences were often perceived as bonding opportunities with family members, often a father or grandfather, and a way to feel included.

These early experiences were often recalled positively by people, with gambling seen at the time to be exciting and enjoyable; these feelings typically remained positive into adulthood once they had their own gambling experiences and received rewards from it. In contrast, those who grew up witnessing negative consequences to gambling experienced by family members, did not recall positive early experiences, yet these initially negative perspectives of gambling could then shift to positive once they started gambling themselves as adults. However, these people said they were more conscious of their spending on gambling due to witnessing gambling harms as a child.

Consistent betting and gambling in the form of a steady number of bets at regular intervals typically started at the age of 18, when people could legally bet or gamble in bookmakers, casinos, online and pubs. This was often described as a “rite of passage” into adulthood and a sign of maturity.

There does not appear to be any notable differences in neurodivergent people’s early experiences of gambling according to their gender or socioeconomic background.

The impact of neurodivergence on betting and gambling behaviour

Neurodivergent people reported that they gambled for four main reasons: coping with social isolation, seeking thrill and excitement, establishing routine, and feeling more comfortable in online spaces, such as online gambling platforms. These motivations often interacted, creating complex drivers for gambling behaviour. People reported some escalation of their gambling over time, either in terms of increased frequency of gambling, increased types of gambling or increased amounts of money spent. This escalation was often driven by factors like stress, boredom, or attempts to manage emotional or sensory overstimulation in their lives. Very few reported their gambling remaining constant over time or reducing.

Coping with social isolation

For some autistic people, gambling served as an escape from the bullying they faced and a way to pass time as a result of social isolation they experienced. This aligns with findings from existing literature, which suggests that hyperfocus – an intense state of deep concentration that is difficult to break free from, on gambling can often became a coping mechanism, offering distraction and relief from overwhelming emotions[5]. For some people, the act of gambling was appealing because of the stimulation they got from spending money on games, filling a gap left by a lack of social connections.

Impulsivity and excitement

People with ADHD stressed they often enjoyed quick, high stake decision games because their impulsivity meant they could make quick decisions which they identified as serving to keeping their dopamine higher. They also described frequently experiencing hyperfocus when gambling - an intense state of deep concentration that can be difficult to break out of - where they tended to become completely absorbed in analysing game patterns and formulas. This focus was driven by both the excitement of a potential win and a strong desire to understand the mechanics of the game.

For some autistic people, the attraction and stimulation of gambling adverts were particularly visually enticing as they enjoyed seeing realistic images over abstract designs.

Routine and stimulation

For some neurodivergent people, gambling provided a comforting routine, often driven by boredom and a desire for excitement. This was especially common among those experiencing social isolation or struggling with their mental health or sleep patterns, who turned to gambling as a way to relax and pass time. The national lottery was particularly appealing across neurodivergent communities, as it allowed players to maintain a consistent set of numbers within their routine. Additionally, autistic people found gambling adverts especially engaging, preferring engaging imagery over abstract designs due to their visual appeal.

Preference for online platforms

Neurodivergent people across all neurotypes[6] primarily preferred gambling on online platforms, as these offered a more accessible and comfortable experience. In contrast, physical gambling environments were often perceived as intimidating or overwhelming due to sensory sensitivities and social challenges. The convenience of online platforms made them especially appealing, allowing people to gamble at their own pace, particularly during late-night hours or in their free time.

Neurotypes and typical gambling behaviour

The table outlines the typical gambling behaviour of people with ADHD, dyslexia, dyspraxia and autism. It contains the game type and environment often enjoyed by people with that neurotype and details the impact of neurodivergence on gambling experiences. While this table highlights overall tendencies, it should not be viewed as a strict classification. Neurodivergent people may engage with

[5] Research referenced: www.gambleaware.org.
[6] Neurotypes refer to the different ways individuals' brains process information, perceive the world, and interact with their environment. The term is often used in the context of neurodiversity, recognising that variations such as autism, ADHD, and dyslexia are natural. Neurotypes can affect communication, learning, and sensory processing.

multiple game types and experience a range of gambling impacts beyond those most commonly associated with their neurodivergence.

Table 2: Examples of Gambling Behaviour described among Neurodivergent people

Neurotype	Game Type	Impact of neurodivergence	Environment
ADHD	Fast-paced, high stakes games, such as roulette and poker.	• Hyperfocus – an intense state of deep concentration that is difficult to break free from – helped them master betting patterns but also led to obsessive behaviours like chasing wins and struggling to stop gambling without external intervention. • Impulsivity helped them make quick decisions with limited pause for checks and balances. • Appeal of winning generates positive stimulation which encourages them to continue playing	Online gambling as it was less intimidating than physical spaces
Autism	Repetitive, engaging games such as slot machines and lottery style games.	• Created a routine of gambling and could contribute to losing track of spending	Online gambling as casino environments were overwhelming due to bright lights, noise and social interactions
Dyslexia/ Dyspraxia	Simple, visually engaging games such as roulette.	• Did not report the challenges with impulse control mentioned people who are autistic or ADHD. • Cautious of spending money on gambling as they are aware of how easy it is to spend on this and the likelihood of low financial returns. However, it is difficult to know definitively if this attitude was related to neurotype or not.	Online gambling was more appealing due to its clear visuals and reduced social pressure

4 Impact of gambling and drivers of gambling harms

The impact of gambling on neurodivergent people varied, with certain experiences and challenges faced by neurodivergent people appearing to increase their risk. Those who experienced gambling harm reported negative effects on their finances, relationships, health and wellbeing, employment, education, or social lives, often in combination. Many also reported secondary harms caused by the gambling of friends or family members. Many of the challenges and drivers of gambling experienced by neurodivergent people are similar to those reported by neurotypical people, though the degree and overlap may vary, especially when different forms of neurodivergence intersect.

Drivers of gambling harm

Experiences and challenges associated with neurodivergence can lead people to use gambling as a coping mechanism, which in turn may increase the risk of harm. For example, difficulty processing probabilistic rewards, such as challenges in fully understanding the risks and benefits of placed bets, was identified by neurodivergent people as a factor that contributed to their experience of vulnerability to harm.

ADHD and certain challenges experienced by autistic people, such as impulsivity and hyperfocus, can increase their risk of gambling harm. Many neurodivergent people faced challenges in regulating their gambling, sometimes due to difficulties with impulse control, financial management, or the design of gambling platforms that encourage excessive spending. While some sought external support to reduce or stop gambling, they found that available interventions were often inadequate or not designed to effectively meet the needs of neurodivergent communities, leaving them with little external control or assistance in managing their gambling behaviour.

Impact of betting and gambling in their life

People who reported no harms often found gambling to be positively impactful, offering opportunities to socialise and providing excitement and stimulation—things they may be lacking due to social isolation and stigma associated with their neurodivergence. For some, gambling served as a way to manage feelings of loneliness or boredom, filling a gap left by limited social connections. In these cases, gambling was viewed as an escape or a source of temporary relief from stress or anxiety, rather than a harmful behaviour.

People reported varying levels of gambling harm, ranging from severe disruptions (e.g., relationship breakdowns, significant debt) to moderate impacts (e.g., strained relationships, financial stress, mental health issues) and minor impacts (e.g., overspending, frustration). People with low-risk gambling behaviour reported no harms, as did some people at moderate risk who either had smaller gambling budgets or only placed bets on special occasions.

Experiences of gambling harms

Financial harms

The most common impact of gambling was financial harm, which often contributed to other types of harm, such as issues with health, wellbeing, and relationships. Common financial issues reported included loss of savings, debt, borrowing, and difficulty paying for essentials like food or bills. In some cases, people applied for emergency funds after spending student loans or family savings on gambling.

Some neurodivergent people noted experiencing poor impulse control, which made it harder for them to set limits or walk away from gambling. This often led to chasing losses, placing higher-risk bets without fully considering the consequences, or repeatedly engaging in quick, high-stakes games resulting in greater financial losses. Further, financial harms often exacerbated health harms already associated with neurodivergence like stress, anxiety, and shame. In particular, those with ADHD reported impulsive behaviour in gambling affecting their broader life, and financial harms included worsening living standards, loss of savings, legal issues, and the loss of one's home.

Relationship harms

The next most common harm identified by neurodivergent people were relationship issues, which were caused by multiple factors, including gambling. These factors often overlapped in complex ways, with gambling exacerbating existing tensions or contributing to behaviours (such as financial strain, secrecy, or neglect) that negatively impacted relationships.

Many people did not initially recognise that their relationship issues, at the time the harm was occurring, were being caused by gambling. The strain on relationships—often driven by financial pressures from prioritising gambling over other needs—was a common theme in the research. Financial stress and difficult money conversations strained relationships, leading to breakdowns with partners, family, and friends. Asking for financial help or lying about gambling-related financial problems also created tension in these relationships.

Where people reported a negative impact on personal relationships, it was mainly because their friends or family did not support their gambling practices, due to concerns about their health and financial wellbeing. However, underlying this lack of support was often judgment, which created additional emotional strain. Many felt pressured to keep their gambling a secret for fear of being judged, reinforcing feelings of shame and isolation. This secrecy, combined with the time spent gambling instead of socialising, further contributed to the social isolation already experienced by many neurodivergent people.

Among those who did report experiencing gambling harms but not relationship harms specifically, this was mainly because their family and friends were unaware of their gambling. The fear of stigma acted as a significant barrier to disclosure, with some choosing to hide their gambling to avoid negative assumptions or potential relationship consequences. This reluctance to speak openly about their experiences made it even harder for them to seek support, reinforcing a cycle of secrecy and harm.

Health and wellbeing harms

Gambling also negatively impacted health and wellbeing, and poor mental health often led to increased gambling frequency, creating a vicious cycle. Since social isolation was identified as a driver of gambling behaviour in neurodivergent people, it also contributed to a cycle of harm for this group. In a few cases, people mentioned self-harm and attempted suicide.

Further to this, some men and people from more conservative communities - where discussing personal struggles was often discouraged due to values of privacy, family honour, and social reputation - faced additional barriers to seeking support for gambling harms. The reluctance to have vulnerable conversations about their experiences made it more difficult to access help, reinforcing the impact of these harms. This further added to the negative stigma and social isolation already experienced by neurodivergent people, exacerbated by gambling harms, again feeding this harm cycle even further.

People at all levels of risk of harmful gambling reported positive feelings around gambling, for example, excitement at the prospect of a big financial win. However, people identified with moderate or high-risk gambling behaviours tended to report negative feelings as well, usually following losses or because of concerns about how friends and family would perceive them.

Employment and education harms

In relation to the other harms discussed, a less common harm was time mismanagement and poor job performance among people who are autistic or ADHD, due to challenges in withdrawing from gambling once they started. As a result, some people who were employed reported having to work late to make up for time spent gambling during work hours. For students, overspending on gambling affected their ability to afford transportation, school supplies, or other educational needs.

Harms experienced as a result of other's gambling

In addition to experiencing harms directly from their own gambling, many reported experiencing further harms through the gambling practices of their family members, especially when they were younger. For example, some people reported that family members' gambling habits affected their family's ability to buy food.

5 Gambling treatment and support

Neurodivergent people that gambled described varying experiences when seeking support. People classified as low-risk, experiencing fewer gambling-related problems per the PGSI, often managed on their own using informal methods, such as seeking support from friends and family. In contrast, those with higher-risk gambling behaviours were more likely to use both formal and informal support systems. Barriers such as cognitive overload—where overwhelming information leads to confusion or anxiety—impulsivity, and sensory sensitivity, commonly experienced by neurodivergent people, made accessing support challenging. These barriers were particularly evident when engaging with formal support services, which often involved complex processes, long wait times, and rigid structures. In contrast, some found informal peer support or self-help tools more accessible, especially when designed with neurodivergent needs in mind.

Experience of seeking gambling treatment

Type of support accessed

People had varied experiences in seeking gambling support, with some relying on personal coping mechanisms or informal networks like family and friends. Those neurodivergent communities classified as low-risk per the PGSI, experiencing fewer gambling-related problems, often managed their gambling through conversations with loved ones or self-directed strategies, such as blocking bank cards. These people generally did not perceive their gambling as problematic enough to require formal support services.

Neurodivergent people with higher levels of gambling problems often used a combination of formal and informal support. Formal support included counselling and gambling-specific tools like Gamban, which blocks access to gambling sites. Despite seeking formal help, they emphasised that there was no single intervention or service that fully met their needs, so many relied on a mix of approaches.

Timing of support

The decision to seek help was often reactive, driven by significant negative outcomes such as accumulating debt or the breakdown of key relationships. On reflection, people felt that accessing support at this stage made recovery more challenging than if it had been intercepted earlier, highlighting the need for increased awareness of what gambling harm can look like in neurodivergent communities and preventative interventions.

However, some who were aware of personal or familial risk factors relating to problem gambling took a more proactive approach, addressing potential issues before they escalated. This included reducing the frequency of their gambling activities or avoiding high-risk gambling situations altogether.

Awareness of support

Awareness of available support services varied significantly. While there was a general awareness of self-help tools and support groups, those neurodivergent people experiencing lower levels of gambling harms were less informed about specific gambling services, such as specialised apps or counselling programs. For some, awareness of support services was bolstered by advertising in gambling environments, such as betting shops or gambling websites. This exposure helped to bridge the gap in knowledge and provided a pathway to support for people who might not have otherwise sought help.

Barriers to accessing support

Several barriers hindered access to gambling support services for neurodivergent people. Those with ADHD and dyslexia struggled with processing complex or lengthy information, making it difficult to navigate application processes. Impulsivity, commonly experienced by people who are autistic or ADHD, also affected challenges with goal-setting and consistency. Long waiting lists for support and lack of follow-ups added to the challenges, particularly for people with ADHD. Some did not feel able to seek help because they felt their gambling harm was not severe enough or did not anticipate needing support in the future. Stigma, shame, and fear of judgment were significant barriers, as were negative past experiences with support services, such as feeling misunderstood, inaccessible processes or receiving support that was not tailored to their needs. Autistic people reported some difficulties navigating service systems and relating to group dynamics, while people with dyslexia or dyspraxia faced challenges with written information. Additionally, many felt existing services were designed for neurotypical people and would not meet their unique needs. Cognitive overload, where overwhelming information caused confusion or anxiety, was another key barrier to engaging with traditional support services.

Effective approaches to gambling support and treatment

People were asked about their views on effective approaches to gambling support and treatment. This section summarises these views.

Effective gambling treatment for neurodivergent people should be tailored to their unique needs. It should prioritise clarity and simplicity, using structured communication and visual aids to help people navigate the support process. Sensory sensitivity is a key consideration, as overly stimulating environments can deter engagement, while some people may find stimulation appealing in gambling, highlighting the need for a better understanding of people's needs, to inform personalised support. Offering a range of options for accessing support services—such as online or hybrid formats—allows people to choose the approach that works best for them.

Communication should use clear, direct language and be supplemented with visual aids like infographics or simple diagrams to address difficulties with processing verbal or written information. Group-based support is often structured around neurotypical norms and assumptions, such as group rules and what the operating environment should be. Creating a supportive environment, free from stigma, where neurodivergent traits are recognised and respected, is essential. Staff training in neurodiversity awareness and flexible communication methods can help build trust and improve engagement. This would help better meet what neurodivergent-led organisations have suggested is important: a confident and skilled facilitator who understand neurodiversity and can manage group dynamics.[7]

Peer support networks, where neurodivergent people serve as advocates or mentors, were also seen as valuable for facilitating communication, providing relatable insights, and creating a sense of community. Integrating these approaches can make support services more inclusive, accessible, and effective for neurodivergent people facing gambling harm.

The table below summarises the barriers identified by people in this research and the subsequent effective solutions for delivering gambling support. While the barriers are based on participant feedback, solutions are informed by both people's own suggestions and their reactions to solution ideas shared with them in the research.

Table 3 Summary of barriers to support and proposed solutions

Barrier	Explanation	Potential solution
Low awareness of support services	Many people, particularly those with low risk gambling behaviours, were unaware of specialised gambling support services, relying instead on informal networks.	Increase outreach for support through advertising in gambling environments and public awareness campaigns.
Perception of low severity	People who felt their gambling harm was not severe enough to require intervention often chose not to seek help.	Encourage proactive engagement by normalising preventative approaches and offering low-commitment, early intervention tools.
Stigma and fear of judgment	Stigma, shame, and fear of being judged deterred people from accessing support.	Create a supportive, nonjudgmental environment by training staff in neurodiversity awareness and reducing stigma through community engagement.
Overly complex or inaccessible processes	Neurodivergent people, especially those with ADHD and dyslexia, found dense information and complex application processes overwhelming.	Simplify and streamline processes, using clear and direct communication with visual aids such as infographics or step-by-step guides.

[7] Renehan, N. (2024). Designing from the margins: Neurodivergent-led organisations on domestic abuse perpetrator programmes. https://collections.durham.ac.uk/files/r1pr76f348b

Barrier	Explanation	Potential solution
Sensory sensitivity	Overly stimulating environments deterred some people, while others found stimulation appealing in gambling contexts.	Offer calming, sensory-friendly spaces and allow people to tailor their environment to their personal preferences.
Rigid service delivery models and cognitive overload (where overwhelming information caused confusion or anxiety)	Limited flexibility in service delivery and complex, overwhelming information created significant barriers for neurodivergent people. People with sensory sensitivities often struggled with overly stimulating in-person environments, while rigid appointment schedules and the absence of hybrid or online options posed challenges for those with fluctuating energy levels, executive functioning difficulties, or social anxieties. Additionally, dense or unclear communication and information caused confusion and anxiety, making it harder for some people to engage with support services.	Provide flexible delivery options, including online, hybrid, and in-person support, tailored to individual preferences. Ensure that communication and support materials are clear, structured, and designed to minimise cognitive load by using plain language, accessible formats, and visual aids.
Lack of follow-up and reminders	People with ADHD struggled to stay engaged due to the absence of consistent follow-up sessions or reminders.	Implement regular follow-ups and reminders through text, email, or phone to help people remain connected to support services. Important that these reminders are non-judgmental, as a gentle, supportive approach can help reduce feelings of shame or guilt and encourage continued engagement with services.
Negative past experiences or unsuitable services	Concerns about unresolved issues and services perceived as being designed for neurotypical people deterred some people from seeking help.	Develop neurodiversity-aware services by incorporating participant feedback and peer-led initiatives to ensure inclusivity and relatability.
Challenges with group dynamics	Autistic people faced difficulties relating to group settings and navigating social interactions in support groups.	Offer both group-based and one-on-one support options or peer-led initiatives that accommodate individual preferences and comfort levels.

Barrier	Explanation	Potential solution
Reliance on informal or self-directed strategies	Those who perceived their gambling as less problematic often relied on coping strategies like blocking bank cards or talking to loved ones.	Promote awareness of low-barrier, structured support options that complement existing coping mechanisms without requiring formal intervention.

6 Conclusions

People of all neurotypes share many similar experiences of the world, even if they do not fit specific definitions of neurodivergence. Most people face sensory challenges that affect their ability to fully engage with the world.[8] This research highlights the complex relationship between neurodivergence, gambling behaviours, and gambling harm. It shows how neurodivergent people – like neurotypical people, can experience the world—including impulsivity, hyperfocus, and difficulty assessing risk—that contribute to gambling harms. Additionally, gambling can sometimes serve as a coping mechanism for neurodivergent people, offering temporary relief from feelings of social isolation, marginalisation, or unmet needs for excitement or stimulation. However, these coping strategies often come with significant consequences, including financial strain, relationship breakdowns, and setbacks in employment or education.

The harm caused by gambling is not solely driven by the gambling behaviours themselves but is influenced by other contextual factors, such as the stigma, shame, and lack of appropriate support services that further isolate neurodivergent people. These factors can create barriers to acknowledging gambling issues, seeking support, and maintaining relationships, deepening the cycle of harm.

People emphasised that treatment approaches for neurodivergent people should be customised to account for traits such as attention difficulties and impulsivity. Therapies should incorporate strategies for impulse control, time management, and cognitive support including autonomy-supportive approaches like those used in cognitive behavioural therapy (CBT), which empower people to take ownership of their recovery.

Neurodivergent people typically seek help after significant harm has occurred, such as loss of savings or relationship breakdowns. Early intervention programmes including self-assessment tools should be implemented to encourage people to identify potential problems early and seek support before harm escalates.

Neurodivergent people often face challenges when engaging with traditional gambling support services due to cognitive overload (where overwhelming information caused confusion or anxiety), sensory sensitivities, and difficulties processing complex information. To improve the effectiveness of these interventions, services should simplify communication by using clear language, visual aids, and sensory-friendly environments. Additionally, offering flexible delivery models, such as online or hybrid options, would help make support more accessible and effective for a wider range of people.

Several barriers including complex application processes, long waiting lists, and lack of reminders hinder neurodivergent people from accessing gambling treatment. To overcome these, gambling support services should simplify the intake process, provide clear instructions, and offer consistent reminders to maintain engagement. Additionally, peer support networks can help bridge the gap, offering a relatable, non-judgmental space for people who may be hesitant to engage with formal treatment.

Focus for the next stages of this research

The next stage of this research will focus on the development of tools and resources designed to benefit both practitioners and people seeking assistance, based on the research findings to date. These solutions will be developed by Ara and tested with our Advisory Panel which includes those

[8] Armstrong, T. 2015. The myth of the normal brain: embracing neurodiversity. Medicine and Society.

with professional or lived experience of neurodivergence and gambling. Feedback from these tests will be integral in refining the tools and resources before their broader implementation.

The following solutions have been proposed for development and testing:

- **Best practice practitioner toolkit**: To provide practitioners with concise, practical resources to customise their support for neurodivergent clients. It will offer strategies tailored to various neurodivergent traits, motivations, and behaviours, alongside guidance on inclusive communication and engagement practices.

- **Behaviour-focused quiz for client engagement**: A quiz or questionnaire to be used during the initial client engagement phase in gambling support services. Instead of focusing on diagnosing neurodivergence, the objective of this tool is to explore behaviours, preferences, and challenges affecting the client's gambling experiences and treatment and support needs. This approach aims to provide tailored and effective support by understanding people's unique needs without relying on broad diagnostic labels.

- **Introductory training and video tool**: A training presentation and video for frontline staff in gambling treatment and support services will equip them with essential knowledge and strategies to better support neurodivergent clients. The training could cover topics including an overview of neurodiversity including common traits and challenges; how gambling behaviours may manifest differently for different neurotypes; barriers to accessing treatment and support; principles for delivering inclusive support; and signposting to additional resources.

Appendix A: Sample composition for Phase 2

Depth interviews and online community

Table 4 Shows a full breakdown of the qualitative sample for Phase 2

Target= 45	Characteristic	Criteria	Quota	Achieved
			Min	45
Primary	Method	Online community	30	28
		Depth	15	17
	Neurodivergence: All participants to have at least one of these neurodivergence[9].	ADHD	Min. 10	27
		Autism	Min. 10	17
		Dyslexia	Min. 6	16
		Dyspraxia	Min. 6	7
		None	None - exclude	0
	Extent of gambling activity and self-reported level of concern	'Problem gambler' (PGSI 8+)[10]	10-15	14
		Low (PGSI 1-2) or moderate risk (PGSI 3-7) gambler	25-35	31
		PGSI score of 0	None - exclude	0
Secondary	Has personally experienced adverse impacts from gambling - yes/ sometimes[11]	Resources (e.g. work/employment, money/depth, crime)	10-15 across these (and each monitored)	12
		Relationships (e.g. partners, families, friends, communities)		17
		Health (e.g. physical health, psychological distress, mental health)		22
		None of these		19
	Whether ever access treatment or support for gambling	Yes – formal (accessed a service, used technology to block ability to gamble online)	10-15	7
		Yes – informal (spoken with a trusted friend, read information online)	10-15	13
		No	10-15	25
	Age	18-35	10-15	19
		35-54	10-15	20

[9] Note: numbers don't add to total (45) because individuals may select multiple neurotypes
[10] The Problem Gambling Severity Index (PGSI) is a widely used measure of 'problem gambling' in the population. PGSI score 0: individuals who gamble with no negative consequences; 1-2: individuals who experience a low level of problems with few or no identified negative consequences; 3-7 individuals who experience a moderate level of problems leading to some negative consequences; 8 or more: gambling with negative consequences and a loss of control. https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens
[11] Note: numbers don't add to total (45) because individuals may select multiple impacts

		55+	10-15	6
	Nation	England	15-20	22
		Scotland	10-12	9
		Wales	10-12	14
Monitor	Ethnicity	White British	Monitor for even spread	34
		Ethnic minority		11
	Gender	Female	Monitor for even spread	21
		Male		24
	Diagnosis of neurodiversity[12]	Self-identified	Monitor for even spread	16
		Formally/clinically diagnosed		36
	Gambling activities[13]	Arcades and gaming machines	Monitor for even spread	24
		Betting		31
		Bingo		23
		Casino and poker		21
		Lotteries and scratch cards		37

[12] Note: numbers don't add to total (45) because individuals may have multiple neurodivergence which are both self-identified and clinical.
[13] Note: numbers don't add to total (45) because individuals may engage with multiple gambling activities.

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