



**ACT**  
Government



GAMBLING  
AND  
RACING  
COMMISSION



Australian  
National  
University

**Final Report** 18 November 2013

# STIGMA AND HELP-SEEKING FOR GAMBLING PROBLEMS

## Final Report

# STIGMA AND HELP-SEEKING FOR GAMBLING PROBLEMS

**18 November 2013**

Prepared by Annie Carroll, Bryan Rodgers\*, Tanya Davidson and Sharryn Sims

Centre for Gambling Research, School of Sociology, Research School of Social Sciences,  
College of Arts & Social Sciences, The Australian National University

Email: [annie.carroll@anu.edu.au](mailto:annie.carroll@anu.edu.au)

*\*Bryan Rodgers is supported by NHMRC Fellowship No. 471429*



**This report was funded by the Australian Capital Territory Gambling and Racing Commission.**

The opinions, comments and/or analysis expressed in this document are those of the authors and do not necessarily represent the views of the ACT Gambling and Racing Commission and cannot be taken in any way as expressions of ACT Government policy.

## Acknowledgements

The authors would like to acknowledge all who volunteered to take part in this research, and thank them for showing immense generosity in giving their time and sharing their personal experiences.

The authors would also like to thank the National Association for Gambling Studies (NAGS) Conference Organising Committee for permission to interview participants at their annual conference.



# Table of Contents

Chapter 1: Executive summary . . . . .	7
Chapter 2: Introduction . . . . .	11
2.1 Problem gambling and stigma . . . . .	11
2.2 Purpose of the research . . . . .	11
2.3 Key objectives. . . . .	12
2.4 Conceptual framework . . . . .	12
Chapter 3: Methods . . . . .	15
3.1 Research design . . . . .	15
3.2 Data sources. . . . .	15
3.3 The research participants. . . . .	15
3.4 New data collection . . . . .	16
3.5 Data analysis. . . . .	17
Chapter 4: <i>‘It’s been a shame of mine’</i> – feeling stigma . . . . .	19
4.1 Chapter aims. . . . .	19
4.2 According to people with gambling problems . . . . .	19
4.3 According to service providers. . . . .	20
Key findings for Chapter 4: . . . . .	25
Chapter 5: <i>‘Sometimes I would tell people who I knew wouldn’t judge me’</i> –living with stigma . . . . .	26
5.1 Chapter aims. . . . .	26
5.2 According to people with gambling problems . . . . .	26
5.3 According to service providers. . . . .	28
Key Findings of Chapter 5: . . . . .	31
Chapter 6: <i>‘I guess it’s a lack of control’</i> –How people with gambling problems are viewed by others. . .	32
6.1 Chapter aims. . . . .	32
6.2 From pity to bemusement to scorn: EGM players’ views . . . . .	32
6.3 According to service providers. . . . .	36
Key Findings of Chapter 6: . . . . .	39
Chapter 7: <i>‘Glamorous’ and ‘Stupid’</i> – (mis)understandings about gambling and problem gambling . . .	40
7.1 Chapter aims. . . . .	40
7.2 A mire of contradictions . . . . .	40
Key Findings of Chapter 7: . . . . .	43

Chapter 8: Encouraging the ‘ <i>Step of Strength</i> ’–de-stigmatising help-seeking . . . . .	44
8.1 Chapter aims. . . . .	44
8.2 Developments that contribute to reducing stigma. . . . .	44
8.3 Adopting a public health approach . . . . .	46
8.4 Sending messages that encourage help-seeking . . . . .	47
Key Findings of Chapter 8: . . . . .	48
Chapter 9: Discussion. . . . .	49
9.1 How people with gambling problems experience and manage stigma. . . . .	49
9.2 Types of problem gambling stigma . . . . .	50
9.3 De-stigmatising problem gambling . . . . .	51
9.4 Strengths and limitations of the research . . . . .	52
9.5 Suggestions for future research . . . . .	53
9.6 Conclusion . . . . .	53
Chapter 10: References . . . . .	54
Chapter 11: Appendices . . . . .	56
Appendix A: Participant Information Sheet. . . . .	56
Appendix B: Consent Form. . . . .	58

# Chapter 1: Executive summary

## Background

According to a recent report on *'The prevention and treatment of problem gambling'* by the Australian Government Parliamentary Joint Select Committee on Gambling Reform (2012), stigma is a significant barrier to both prevention and treatment efforts for problem gambling, and there is a pressing need to understand and address the stigma associated with problem gambling. Despite there being a general belief that there is a stigma attached to having a gambling problem, there is little empirical or theoretical research that systematically analyses stigma associated with problem gambling. Drawing on Goffman's classic sociological study, which defined stigma as *'the situation of the individual who is disqualified from full social acceptance'* (1963: 9), this research sought to uncover a deeper understanding of how stigma impacts on the lives of people with gambling problems in general – and on their help-seeking and reluctance to seek help in particular.

## Objectives

The key objective of this research was to deconstruct stigma associated with gambling problems and to better understand how stigma impacts on help-seeking. More specifically, the research sought to:

- > Develop a better understanding of how people with gambling problems experience and manage stigma;
- > Develop a framework of the different types of stigma associated with problem gambling and suggest ways that stigma might be minimised;
- > Review relevant literature on interventions targeted at encouraging help-seeking for mental health problems and their applicability to problem gambling; and
- > Propose strategies that may assist in de-stigmatising the process of seeking professional help for gambling problems.

## Method

This is a qualitative study based on empirical data collected through in-depth key informant interviews, as outlined below.

- 1 Service providers who worked for health and welfare services in the ACT (n=35);
- 2 High-intensity players of electronic gaming machines (EGMs) (that is, people who played EGMs at least once per week with net weekly losses of \$40 or more) (n=25);
- 3 Clients who attended health and welfare services in the ACT and who self-identified as having a gambling problem (n=21); and
- 4 Problem gambling counsellors and financial counsellors from around Australia (n=38).

## Results

### **There is significant stigma attached to problem gambling**

People with gambling problems experience stigma, however they were more likely to express this feeling as *'shame'*, or with words such as *'embarrassed'*, *'guilt'*, *'stupid'*, and *'weak'*. They rarely, if ever, used the actual word *'stigma'*. Feelings of shame were a common reason given for not seeking help for gambling problems, even amongst people with gambling problems who had sought help for other potentially shameful problems such as alcohol or other drug addictions. In fact, gambling problems were viewed by many people with gambling problems and problem gambling counsellors as being more shameful than alcohol and other drug addictions.



## **People with gambling problems typically expressed their experience of stigma through discussing their fears**

People with gambling problems attempted to hide their gambling problem – even from themselves – to avoid feeling shame and stigma. They also tended to articulate their experience of stigma through discussing their fears of exposure, and the consequences of family and friends finding out that they have a gambling problem. Problem gambling counsellors reported that their clients feared being labelled a ‘*problem gambler*’, and that people they knew would find out they were receiving problem gambling counselling.

## **Society holds a dim view of people with gambling problems and this contributes to stigma**

High-intensity players of EGMs tended to think problem gambling was caused by individual personality traits – such as an addictive personality or a lack of control – and though people with gambling problems were likely to have developed some other problem if they hadn’t succumbed to gambling. Despite thinking that people with gambling problems were likely to have an addictive personality, they did not tend to view problem gambling as an addiction or view people with gambling problems as being in need of any particular protection from potentially risky products. They thought people with gambling problems didn’t seek help because they were in denial, but also thought people with gambling problems would be ashamed or embarrassed, and were unlikely to seek help unless they were desperate. Even those high-intensity players of EGMs who met the criteria of being at moderate-risk for developing a gambling problem viewed people with gambling problems as other people who have extreme problems. Service providers believed the general public have a negative view of people with gambling problems, and that they are perceived as being stupid, selfish, and people who hurt their family. They also thought that the general public didn’t understand that problem gambling is an addiction. While people with alcohol or other drug addictions elicit public sympathy, service providers thought that people with gambling problems did not. The fear of being seen to be associated with problem gambling was also observed by some problem gambling counsellors, who reported that people would avoid their stalls at community events.

## **The contradictory nature of societal attitudes towards gambling contributes to stigma towards people with gambling problems**

On the one hand, gambling is considered a normal and widely approved-of activity, but at the same time any hint of problem gambling behaviour is viewed harshly. Gambling is considered a normal part of mainstream Australian culture, part of Asian culture and part of Indigenous culture. In that sense gambling is considered widely acceptable, but deviant and shameful when problems develop.

## **The ‘Gamble responsibly’ message contributes to stigma**

‘*Responsible gambling*’ was seen by problem gambling counsellors as a vague notion that cannot be measured, and they thought it promoted the notion that responsible gambling is within individual control while ignoring the innate risks of using gambling products. Gambling is widely promoted and encouraged despite being a potentially dangerous activity, and the ‘*gamble responsibly*’ message may contribute to stigma because it puts the onus on individuals to control their behaviour. Another problem with the ‘*gamble responsibly*’ message was that it tended to be merely tagged onto the end of gambling advertising and this was seen as ineffective. One problem gambling counsellor – who was sceptical of the use of the ‘*gamble responsibly*’ tag on the end of gambling advertising – reported that for people with gambling problems the ‘*gamble responsibly*’ message was lost to the enticement to gamble. The ‘*gamble responsibly*’ message may also be counterproductive because it does not present relevant help or advice to people already experiencing serious harms, or to their families. This research finding highlights the importance that public messages regarding gambling should be carefully designed to avoid the promotion of stigmatising attitudes towards people with gambling problems. It also highlights the importance that future promotions – whether aimed at reducing problem gambling or promoting

problem gambling services – should be clear in their purpose and message, and provide appropriate and helpful advice and information to their intended audience.

## Reducing stigma

Several problem gambling counsellors reported that there had been some recent developments that had contributed to reducing stigma related to problem gambling; for example counsellors working at services that organised community education campaigns reported that clients who took part in these campaigns were '*admired for their courage*'. Also, improvement in community attitudes toward counselling generally for a range of problems had helped to reduce stigma.

## A public health approach should be applied to problem gambling

The adoption of a public health approach in order to reduce problem gambling stigma was favoured by many problem gambling counsellors, and by this they meant a mix of community education, education in schools, awareness campaigns, advertising campaigns and early interventions – including within gaming venues. However, one problem gambling counsellor reported that problem gambling was still not properly acknowledged as a health issue, as alcohol and drug addiction are, in the sense that its prevention and treatment was the concern of the public health system. While a public health approach was highly regarded, it did not appear to be practiced.

## Seeking help for gambling problems should be promoted as a 'Step of Strength'

Promotion of specialist problem gambling services should be designed to highlight the fact that other people experience gambling problems, and that problem gambling can be treated and overcome. Also, people with gambling problems should be encouraged to view help-seeking as responsible, rather than a sign of weakness, and that '*taking a step to get help for it is a step of strength, to be admired*'. The general public should also be encouraged to view seeking help for gambling problems as being a brave and responsible action, rather than as a sign of weakness or desperation.

## Future research

It was beyond the scope of this research to systematically dissect and model the differences between the concepts of self-stigma (an internalising process) and shame (a feeling from within), but this is an important task for future research. So too is research aimed at a more detailed understanding of how shame and stigma impact on the separate aspects of self-identification, disclosure and help-seeking by people at risk of developing gambling problems – especially those at low-risk and moderate-risk on the problem gambling continuum.

## Conclusion

Findings from this research indicate that problem gambling is not well understood by society and that this contributes to stigma associated with having a gambling problem. Societal attitudes to problem gambling can be contradictory. For example, while people with gambling problems are viewed as having individual flaws such as an '*addictive personality*', problem gambling is not understood as an addiction the way drug and alcohol problems are. While society has some sympathy for people with drug or alcohol problems because they have an addiction, people with gambling problems are more likely to be blamed by society for their problem.

Problem gambling is not properly addressed from a public health framework despite mounting appeals that it should be (Parliamentary Joint Select Committee on Gambling Reform, 2012, Productivity Commission, 2010). While treatment of alcohol and other drug problems are now considered issues of public health rather than merely individual moral failings, this does not appear to be the case for problem gambling. Addressing

problem gambling as a matter of public health—much like substance addictions and mental health problems are addressed – may go a long way to reducing the stigma attached to problem gambling.

Findings of this research have the potential to inform service provision and promotion of services for people experiencing harms as a result of their gambling behaviour. In this regard the most important finding is that the general public should be encouraged to view seeking help for gambling problems as being a brave and responsible action, rather than as a sign of weakness or desperation. Promotion of specialist problem gambling services should also present problem gambling as treatable. People with gambling problems in particular should be encouraged to view seeking help not as an admission of weakness, but as a '*step of strength*'.

# Chapter 2: Introduction

According to a recent report on *'The prevention and treatment of problem gambling'* by the Australian Government Parliamentary Joint Select Committee on Gambling Reform (2012), stigma is a significant barrier to both prevention and treatment efforts for problem gambling, and there is a pressing need to understand and address the stigma associated with problem gambling. Despite there being a general belief that there is a stigma attached to having a gambling problem, there is little empirical or theoretical research that systematically analyses stigma associated with problem gambling.

This chapter reviews the problem gambling literature that has made reference to stigma, and then outlines the purpose and key objectives of the research. Finally, this chapter concludes with an outline of the conceptual framework upon which the research has been based (including a more considered discussion of how *'problem gambling'* and *'stigma'* have been theorised).

## 2.1 Problem gambling and stigma

### Stigma in problem gambling research

The term stigma is generally not defined in the problem gambling literature – a notable exception being Horch and Hodgins (2008) who borrowed the definition of *'mental illness stigma'* which is defined as *'the devaluation of a person in a particular social context based on the perceived presence of a negative attribute or social identity'* (Crocker et. al. 1998, cited in Horch and Hodgins, 2008).

Problem gambling research that has referred to stigma has addressed stigma in two ways. First, it has sought to demonstrate that stigma is associated with problem gambling. For example, in studies by Horch and Hodgins (2008) and by Dhillon et. al. (2011) participants were asked to read vignettes describing people experiencing health or mental health problems, including gambling problems, and participants' attitudes were then rated to determine the level of stigma attached to problem gambling (e.g. Dhillon et al., 2011, Horch and Hodgins, 2008). The second way that stigma has been referred to in problem gambling research has been in studies where participants have been asked why they did not seek help, or delayed seeking help, for their gambling problem (e.g. Carroll et al., 2011, Rockloff and Schofield, 2004). According to a review article by Suurvali and colleagues, common barriers to seeking help for gambling problems are stigma and shame (Suurvali et al., 2009). More recent research has also reported that high-intensity players of electronic gaming machines (EGMs) believed that stigma prevents people with gambling problems from self-identifying and seeking help (Carroll et al., 2012). There has been no published research to date that has explored the phenomenon of problem gambling stigma in any depth or detail, or systematically deconstructed stigma and the role it plays in the lives of people with gambling problems and in their help-seeking behaviour.

## 2.2 Purpose of the research

For people with gambling problems, help-seeking relies upon multiple stages including (i) recognising that they have a problem, (ii) being willing to disclose their problem, (iii) feeling confident and comfortable about seeking help, (iv) knowing about available services and (v) believing that existing services can assist them. Stigma is potentially a significant barrier to each of these stages. Understanding stigma associated with gambling problems and developing strategies to encourage uptake of specialist problem gambling services requires a better understanding of how stigma:

- > acts as a barrier to self-identification of gambling problems;
- > acts as a barrier to disclosing gambling problems;
- > affects people's capability to find out about available help;

- > acts as a barrier to help-seeking; and
- > affects people's attitudes towards seeking specialist problem gambling help.

Findings from this research have the potential to inform interventions aimed at minimising the stigma associated with identifying and seeking help for gambling problems. Minimising stigma associated with problem gambling can have positive benefits for the wellbeing of people with gambling problems and their families, and may encourage earlier uptake of services and treatment.

## 2.3 Key objectives

The key objective of this research was to deconstruct stigma associated with gambling problems and to better understand how stigma impacts on help-seeking. More specifically, the research sought to:

- 1 develop a better understanding of how people with gambling problems experience and manage stigma;
- 2 develop a framework of different types of stigma associated with problem gambling and suggest ways that stigma might be minimised;
- 3 review relevant literature on interventions targeted at encouraging help-seeking for mental health problems and their applicability to problem gambling; and
- 4 propose strategies that may assist in de-stigmatising the process of seeking professional help for gambling problems.

## 2.4 Conceptual framework

### Problem gambling as a continuum of harms

In general terms, '*problem gambling*' has been characterised as an individual behaviour whereby the person spends more money (and possibly time) on gambling than they can afford, leading to negative consequences for themselves and others. In the Australian context, the following definition has gained currency:

*Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community.*

(Neal et al., 2005, cited in, Productivity Commission, 2010: 3.8)

However, in this research problem gambling has been framed as a continuum of harms, rather than a dichotomy between non-problem gambling and problem gambling. The idea of a continuum of gambling harms has gained currency in gambling research in the last decade or so (Korn and Shaffer, 1999). For example, in their milestone paper Korn and Shaffer (1999) proposed two ways to describe this continuum: one as a '*spectrum of gambling behaviour*' – '*no gambling*', '*infrequent (light) gambling*', '*frequent (heavy) gambling*', '*problem gambling*' and '*pathological gambling*'; and a second (as part of a model outlining public health intervention points<sup>1</sup>) – '*no-gambling*', '*healthy gambling*', and '*unhealthy gambling (mild, moderate and severe)*'. Likewise, the Problem Gambling Severity Index (PGSI), from the Canadian Problem Gambling Index (CPGI) – a research instrument used to measure gambling participation and problem gambling symptoms and harms in population surveys (see Ferris and Wynne, 2001) – was developed in part as a tool for measuring these continua amongst survey respondents. The PGSI categorises the continuum from '*non-gambling*', '*non-problem gambling*', '*low-risk gambling*', '*moderate-risk gambling*', and '*problem gambling*'. Previous research indicates that people with gambling problems rarely seek help, and those that do seek help often only do so when their problems are severe (Davidson and Rodgers, 2010), and people who gamble regularly tend to depict extreme behaviours

1 See Figure 5 '*Gambling and Health*', page 330, Korn, D. A. & Shaffer, H. J. (1999). Gambling and the health of the public: adopting a public health perspective. *Journal of Gambling Studies* 15, 289-365.

when they describe problem gambling (Carroll *et al.*, 2012). Understanding problem gambling across a continuum—from those beginning to experience occasional problems to those experiencing severe harms—is therefore an important concern of this research.

## Developing a model for understanding stigma associated with gambling problems

As an entree to seeking a deeper understanding of how stigma impacts on people with gambling problems in general – and in their help-seeking and reluctance to seek help in particular – the experience of stigma as felt by people with gambling problems was conceptualised by drawing on Goffman's classic sociological study on stigma (1963)<sup>2</sup>. Goffman defined stigma as *'the situation of the individual who is disqualified from full social acceptance'* (1963: 9). His main concern was the relationship (both individual and social) between the stigmatised and *'normals'*.

### *People with gambling problems are 'discreditable' and therefore naturally seek to hide their problem*

Goffman described stigmatised people as being either *'discredited'* if their stigmatising attribute was known about or visible (e.g. a physical disability), or *'discreditable'* if their stigmatising attribute could be hidden from others. The discredited nature of stigma results in the stigmatised person feeling they have a *'spoiled'* identity (1963: 31), thus making the hiding of any attribute that may cause stigma (e.g. an illness or disability, an addiction or a criminal past) desirable wherever possible in order to protect the individual from being shunned by society. Likewise, the social disapproval of problem gambling may contribute to people with gambling problems hiding their problem in order to maintain social acceptance, or as Goffman phrased it, to prevent their *'social identity'* from being *'spoiled'*.

### *The experience of problem gambling stigma impacts negatively on the person's 'felt identity'*

The experience of stigma also affects *'ego identity'* or *'felt identity'*, which Goffman defined as *'the subjective sense of his own situation ...'* (1963: 129). The stigmatised individual therefore faces many challenges in knowing how to act, when to *'pass'*, when to disclose and *'what to think of himself'* (sic). He also argued that professional advice can add to the stigmatised person's bewilderment, as they are *'simultaneously pushed in several directions by professionals who tell him what he should do and feel about what he is and what he isn't ...'* (1963: 150). People with gambling problems may also feel that their identity is threatened and find both the prospect and the experience of seeking professional help daunting.

### *People with gambling problems are more likely (rather than less likely) to hide their problem from people close to them*

According to Goffman, where people experience *'discreditable'* stigmas *'the individual's intimates as well as ... strangers will be put off by his stigma'*. People bearing discreditable stigmas (writing in 1963, Goffman gave the example of homosexuality) are therefore more likely to hide the problem or attribute that causes stigma from their family because of the fear of being rejected by those closest to them (1963: 71). People with gambling problems may similarly fear such rejection and may therefore seek to hide their gambling problems from family and close friends.

### *'Because of the great rewards in being considered normal, almost all persons who are in a position to pass will do so on some occasion by intent.'* (1963: 95)

As problem gambling is not visible in day-to-day encounters, it is both easy and desirable for people with gambling problems to *'manage'* their identity by not admitting to their problem in order to maintain social acceptance.

---

2 Goffman's work continues to be widely cited in literature on stigma across disciplines—e.g. Major, B. & O'Brien, L. T. (2005). The social psychology of stigma. *Annual Review of Psychology* 56, 393-421, Pescosolido, B. A., Martin, J. K., Lang, A. & Olafsdottir, S. (2008). Rethinking theoretical approaches to stigma: a framework integrating normative influences on stigma (FINIS). *Social Science & Medicine* 67, 431-440.



### *A de-stigmatising framework for understanding stigma*

Goffman's theory explains why seeking to manage or hide shameful problems or characteristics is rational, and does not assume that there is something inherently dishonest about people who attempt to hide problems or characteristics that cause them to feel stigmatised. While Goffman's theory still holds currency in how stigma is conceptualised by scholars across disciplines, it is also particularly relevant to the experience of people with gambling problems because it explains how and why many people with gambling problems keep them hidden. In a way, the model presents a de-stigmatising framework from which to view the behaviour of people with gambling problems because it does not assume that there is something inherently dishonest about people who attempt to hide their gambling problem from others.

### **Unpacking the components of stigma and exploring different types of stigma associated with gambling problems**

While Goffman conceptualised stigma in terms of relationship and identity, other theories of stigma proffer more compartmentalised definitions of stigma. Stigma has been understood as a cluster of '*components*' (Link and Phelan, 2001), and has been classified into '*types*' (e.g. Corrigan and Kleinlein, 2005, Watson *et al.*, 2007) as described below.

#### *The components of stigma*

According to Link and Phelan, '*stigma exists when [four] interrelated components converge*' (2001: 367). These four components are:

- 1 '*distinguishing and labelling [undesirable] differences*'
- 2 '*associating human differences with negative attributes (stereotyping)*'
- 3 '*separating "us" from "them" – believing that negatively labelled persons are fundamentally different*'; and
- 4 '*status loss and discrimination*' (2001: 366-371).

#### *Types of stigma*

According to most contemporary mental health scholars writing about stigma, there are two main types of stigma that impact negatively on wellbeing and act as a barrier to disclosure and help-seeking – '*public stigma*' and '*self-stigma*' (e.g. Corrigan and Kleinlein, 2005). Public stigma is '*the reaction that the general population has to people with mental illness*' (Corrigan and Kleinlein, 2005), while self-stigma is a '*process*' where the person '*internalize[s] mental illness stigma and experience[s] diminished self-esteem and self-efficacy*' (Watson *et al.*, 2007: 1312).

In their work on stigma, depression and help-seeking intentions, Barney and colleagues identified a third type of stigma – '*perceived stigma*'. Perceived stigma is '*the belief that other people hold stigmatizing ideas*' (Barney *et al.*, 2006: 52). While not as prominent in the literature, the role of perceived stigma is central to understanding barriers to help-seeking because people experiencing stigmatising problems '*may be concerned about responses of the professionals from whom they seek help, responses of other people who are aware of the help-seeking or both*' (2006: 52).

While the terms '*self-stigma*' and '*perceived stigma*' are fairly recent developments, the idea that individuals '*internalise*' stigmatising beliefs has been understood for decades by proponents of labelling theory (Scheff 1966, cited in Link *et al.*, 1989). According to labelling theory, '*individuals internalize societal conceptions of what it means to be labelled mentally ill*' (Link *et al.*, 1989: 402). This may be particularly salient to the experience of individuals who develop stigmatising conditions, such as gambling problems, because they are likely to have learned about and accepted negative societal views about their condition before they have even experienced symptoms, inevitably leading to feelings of low self-worth.

In the next chapter, the methodology used to undertake the research is described.

# Chapter 3: Methods

## 3.1 Research design

This is a qualitative study based on empirical data collected through in-depth key informant interviews, as outlined below.

## 3.2 Data sources

The research was based on empirical data collected for previous ANU Centre for gambling research studies and new data collected specifically for this study, and included interviews with:

- 1 Service providers who worked for health and welfare services in the ACT (n=35);
- 2 High-intensity players of electronic gaming machines (EGMs) (that is, people who played EGMs at least once per week with net weekly losses of \$40 or more) (n=25);
- 3 Clients who attended health and welfare services in the ACT and who self-identified as having a gambling problem (n=21); and
- 4 Problem gambling counsellors and financial counsellors from around Australia (n=38).

The research participants, and details of the previous studies, are described below.

## 3.3 The research participants

### Service Providers from the ACT

In 2011, a range of professionals including counsellors, social workers, psychologists, caseworkers and managers were interviewed by the primary investigator for a study investigating help-seeking by people with gambling problems (Carroll *et al.*, 2011). They were recruited from a variety of services in the ACT, including: specialist problem gambling services; alcohol and other drug services; government and community welfare services; psychologists in private practice; information and referral services; and relationship and family services. Interview themes included:

- > help-seeking pathways and service use by people with gambling problems;
- > barriers to people with gambling problems receiving help for their gambling problems; and
- > service provider views regarding how people with gambling problems can be encouraged to seek specialist problem gambling help.<sup>3</sup>

### High-intensity players of EGMs

High-intensity players of EGMs (that is, people who played EGMs at least once per week with net weekly losses of \$40 or more) (n=25) were interviewed by the primary investigator for a 2012 study investigating their beliefs and knowledge about gambling and problem gambling (Carroll *et al.*, 2012). Interview themes included:

- > knowledge and beliefs about responsible gambling and problem gambling;
- > attitudes towards people with gambling problems; and
- > barriers to intervening when someone has a gambling problem.<sup>4</sup>

---

3 The research report, Carroll, A., Davidson, T., Marsh, D. & Rodgers, B. (2011). Help-seeking and Uptake of Services Amongst People with Gambling Problems in the ACT. Australian National University: Canberra. can be found at: <http://www.gamblingandracetracing.act.gov.au/Research.htm>

4 The research report, Carroll, A., Davidson, T., Marsh, D., Sims, S. & Chow, A. (2012). Beliefs and Knowledge about Gambling amongst High-intensity Players of Gaming Machines. Australian National University: Canberra. can be found at: <http://www.gamblingandracetracing.act.gov.au/Research.htm>



Out of the 25 research participants, 16 did not self-identify as having a gambling problem in the last 12 months. The 16 were variously assessed as non-problem (n=4), low-risk (n=6) and moderate-risk (n=6) on the Problem Gambling Severity Index (PGSI) (Ferris and Wynne, 2001). Interviews with these 16 participants were used in the present study to investigate their knowledge about problem gambling, and their views towards people with gambling problems. These research participants will be referred to as EGM players in this report.

The remaining 9 research participants interviewed for the 2012 study self-identified as having a gambling problem, and data from their interviews was added to a dataset of interviews with people who self-identified as having a gambling problem for the present study – described below.

### **People who self-identified as having a gambling problem**

Nine of the interviews with people who self-identified as having a gambling problem came from the 2012 study into beliefs and knowledge about gambling, described above. The other 21 interviews, with clients who attended health and welfare services in the ACT and who self-identified as having a gambling problem, were conducted for the abovementioned 2011 help-seeking research (Carroll *et al.*, 2011). Interview themes included:

- > what services they had used, and what prompted their help-seeking;
- > what barriers they faced in receiving help for their gambling problems; and
- > what kind of help they would like to receive for their gambling problems.

### **Problem gambling counsellors and financial counsellors located around Australia**

The primary investigator interviewed problem gambling counsellors and financial counsellors working for problem gambling counselling services from every State in Australia other than Western Australia (n=38). Twenty-five interviews were conducted during the National Association for Gambling Studies Conference in Launceston, Tasmania (November 2013). Then a further 13 interviews were conducted with problem gambling counsellors and financial counsellors from an additional five services in the ACT and NSW between March and May 2013. Details of the data collection are outlined below.

## **3.4 New data collection**

### **Recruitment at the National Association for Gambling Studies (NAGS) Conference**

Conference attendees working for specialist problem gambling services were identified from the NAGS Conference attendees list, available to all conference attendees. The primary investigator emailed attendees two days prior to the conference to invite them to participate in the research, and attached a participant information sheet (see Appendix A) and consent form (see Appendix B) to the email. Appointments were arranged during breaks in the conference program to conduct the interviews. Further research participants were also identified and recruited during the conference. A total of 25 problem gambling counsellors and financial counsellors working for problem gambling services were interviewed.

### **Recruitment of counsellors from services in the ACT and NSW**

The primary investigator contacted problem gambling services in the ACT and NSW by email and invited them to participate in the research. Appointments were arranged by email or by telephone and were conducted in-person at the research participants' workplaces.

## Interviews

Participants were interviewed individually, or in groups with colleagues from the same agency if they preferred. Research participants were provided with a participant information sheet (see Appendix A) and a copy of the consent form to keep (see Appendix B), and were asked to read and sign a consent form prior to the interview. Themes covered during the interviews included:

- > the work they do and the clients they see;
- > how problem gambling differs from other problems they have helped clients with;
- > whether or not their clients reported feeling stigma and if this is a common experience;
- > how clients describe stigma;
- > what factors associated with problem gambling are the most stigmatising;
- > if stigma associated with problem gambling is in any way different to stigma associated with other problems;
- > their thoughts on how problem gambling can be de-stigmatised; and
- > their thoughts on how the process of seeking help for gambling problems could be de-stigmatised.

## Ethics approval

The Australian National University Research Ethics Committee approved this study (protocol 2012/608).

## 3.5 Data analysis

A grounded theory analysis, aided by NVIVO data analysis software, was conducted in light of the research objectives. The procedure is described below.

### A grounded theory analysis

Grounded theory analysis is a process whereby data (in this case interview transcripts and notes) are used to derive a theoretical understanding of the phenomena being researched, rather than a pre-determined theory being used to analyse the data. Given that there is little empirical or theoretical literature that explains stigma in relation to problem gambling and help-seeking for problem gambling, and that this research required the collection of a large body of primary data, a grounded theory analysis was the most appropriate method for this study. Data were collected and systematically analysed in order to develop theory, rather than a predetermined theory being utilised to analyse and understand the data. As Strauss noted, *'theory derived from data is more likely to resemble "reality" than is theory derived by putting together a series of concepts based on experience or solely through speculation (how one thinks things ought to work)'* (Strauss, 1987: p12).

### The analysis process

The existing datasets (interviews with service providers from the ACT, people who self-identified as having a gambling problem, and EGM players) were used for this research because findings from the help-seeking research (Carroll *et al.*, 2011) and the beliefs and knowledge about gambling research (Carroll *et al.*, 2012) indicated that stigma was a significant theme in many participant responses. However, as stigma was not the main focus of either of these research projects, transcripts (and notes from interviews where participants preferred not to be recorded) were re-read to determine where stigma was a theme. Responses indicative of stigma or shame were collated, organised into themes (in grounded research this process is referred to as coding) and analysed in light of the four research objectives. New interviews were likewise transcribed, coded, and analysed in light of the research objectives.

Another important feature of the data analysis was the comparison of experiences and opinions regarding stigma and problem gambling between the service providers (including the problem gambling counsellors and financial counsellors), people with gambling problems, and the EGM players. Stigma and problem gambling was therefore examined from very different viewpoints, so commonalities in findings across the datasets added to the robustness of the empirical findings.

Empirical findings from the research are presented in the following five chapters (chapters 4 to 8).

# Chapter 4: ‘It’s been a shame of mine’ – feeling stigma

## 4.1 Chapter aims

The aim of this chapter was to determine if people with gambling problems feel stigma and to examine how they express this feeling. This was first explored through the experience of people who self-identified as having a gambling problem (n=30)<sup>5</sup>, and then through the experience of service providers who assist them (n=73)<sup>6</sup>.

## 4.2 According to people with gambling problems

People with gambling problems rarely used the word stigma to describe how having a gambling problem made them feel about themselves, or when they gave reasons why they did not seek help for their gambling problem. Only three people interviewed actually mentioned the word ‘stigma’, and when they did use the word they tended to use the word in an abstract way – such as ‘there’s a stigma around it’. On the other hand, when they expressed how they felt about their own gambling problem – which may be regarded as an expression of self-stigma – they tended to talk about feeling ‘shame’. In fact, out of the 30 participants who identified as having had a gambling problem, only five did not overtly express feelings akin to shame or embarrassment for their gambling problem. However, it should be noted these five participants either gave abrupt answers, appeared to have difficulty understanding the questions, or were ambivalent about the impact of their gambling problem on their lives.

While ‘shame’ was by far the most common expression of feelings akin to stigma, other words or expressions used included being ‘embarrassed’, having ‘no willpower’, being ‘weak’ or being ‘stupid’. The following quote captures how many of the participants expressed this feeling:

*Yeah it makes you feel weak I think, that’s the thing. Like the one or two times we’ve sort of discussed it [with partner] and even in the last two or three days um, I get cranky when we talk about it and it’s, so I terminate the conversations as quick as possible and um I’m not sure exactly why but I think it again it’s the embarrassment, the shame, it’s the financial factor and you don’t want to tell people about the dollars and cents bit and stuff like that so.*

(PWGP 5)

Shame was also a typical reason given for not seeking help for gambling problems particularly amongst people who had been aware of the availability of gambling help, such as having seen advertisements for the Problem Gambling Helpline:

*...it’s been really a shame of mine. I’ve seen billboards and such saying the ‘gambler’s hangover’ and I can really relate to it but I’ve never really picked up the phone or rung anybody.*

(PWGP 20)

As well as the shame and embarrassment associated with their gambling, some participants also reported that they felt they were stupid both for gambling and for having a gambling problem, for example:

---

5 Data from interviews with 21 people who self-identified as having a gambling problem, interviewed for the ANU CGR help-seeking research (2011); and interviews with 9 people who self-identified as having a gambling problem, interviewed for the ANU-CGR beliefs and knowledge research (2012). These interview participants are referred to as people with gambling problems (PWGP).

6 Data from interviews with 35 service providers, interviewed for the ANU CGR help-seeking research (2011); and 38 new interviews with problem gambling counsellors and financial counsellors working at problem gambling services located around Australia (conducted between November 2012 and May 2013) These interview participants are referred to as service providers, problem gambling counsellors (PG Counsellor), and financial counsellors (PG Financial Counsellor).

*...the time that I just spent at this mindless machine, mindlessly spending at this machine. I think it's very stupid.*

(PWGP 15)

*Yeah, mainly pokies but, which I'm not even, I feel stupid sitting here saying it because pokies are the bane of the earth really.*

(PWGP 26)

Another way that participants expressed what may be regarded as self-stigma was through expressing regret for the consequences of their gambling behaviour on significant others:

*I have a lot of shame around the time, and a lot of guilt of what I put my partners through for gambling.*

(PWGP 20)

*But when I wanted to stop, I couldn't stop. I just done it, yeah, and I would do it behind [partners] back. Offer to go and pay the rent and you know, I'll go shopping and wait for someone to get their trolley out, and get their receipt, and you know, take, like get that stuff and, you know, so I'd get that money, I'd get to keep the money sort of thing. But, yeah, when I look back now it's just very disappointing really.*

(PWGP 18)

The damage to sense of self caused by the guilt for the consequences of gambling on family cannot be underestimated, as one participant shared his experience:

*Um, I don't know, um, gambling's bad, like for me in my situation at the moment, I'm, I've got a family and we've got a mortgage and yeah, the time when I was in hospital for attempted suicide is actually because um drinking put me down and I wasted thousands of dollars on, in the poker machines which, I could of spent on my family and they've had to go without, and which, they're in a pretty tight, bad position at the moment, and when you just sit around with all that guilt and um, just the remorse and the feel, just you know, knowing what you've done, like at, you know playing the poker machines was part of the reason I wanted to put a noose around my neck and, yeah it wasn't good.*

(PWGP 27)

## 4.3 According to service providers

Q: *Do clients ever use the word stigma to describe what they're feeling?*

A: *It's, I think it's too – it's almost too academic a word. They describe it to us in their own language.*

(PG counsellor 3)

### **Not stigma but ...shame, embarrassment, guilt and stupid**

Service providers also reported that for the most part their clients felt stigma – and reported feeling stigmatised – but rarely used the word. Invariably they said their clients reported feeling 'shame':

*I think down the line, most people that come – is the shame of it all. For whatever reason, their best thinking got them into this mess and that's real scary. So if their best thinking got them into this mess um, then what does that say about the person? 'Well, I'm inadequate'. 'There's something really wrong with me because I've tried and I've tried and I've tried'.*

*(PG Counsellor 35)*

One service provider reported that their clients used phrases such as *'I feel ashamed about that'* and *'I don't want anyone to know'* because they were unable to identify and name the feeling of being stigmatised:

*'I feel ashamed about that.' 'I don't want anyone to know' or 'I didn't want to say anything to them because then they might find out', so it's all kind of encouched in this language – a hidden kind of language which is kind of – the underlying stuff is stigma. If you don't want people to know and want to hide, then that's how you do it. You talk about it in these sort of ether comments. They're not really, 'I feel stigmatised' – I've never heard a client say [that].*

*(PG Counsellor 3)*

There also appeared to be a circular relationship between this hidden feeling of stigma and the more readily expressed feeling of shame:

PGC 32: *There's a lot of shame and obviously it affects their self-esteem and self-confidence so I think it's shame rather than stigma that is an issue for people with a gambling -*

PGC 33: *I think the shame leads to a sense of stigma at times. So it is shame, but it leads to them feeling like they're stigmatised, to some degree, in some settings, because of their gambling, I think...*

*(PG Counsellors, 32 & 33)*

One service provider also thought that while some clients did not report feeling shame, she felt that deep down they probably did, even if they presented as if they didn't care about their gambling:

*I suspect underneath bravado there'd be shame. But I don't know that is the... I think some people would feel ashamed for sure. I don't think you could categorise it but I think the ones who say 'it's not a problem, it's not a problem', when you've actually then got past that denial and stuff I'd suspect there'd be shame.*

*(Service Provider 13)*

The second most common word that service providers used to describe stigma as felt by their clients was that their clients felt *'embarrassed'* about their gambling problem. In fact, *'embarrassed'* was often discussed in concert with the word *'shame'*:

Q: *So do clients, when they describe their problems, do they ever use the words stigma to describe how they feel?*

A: *No. Shame. Shame is used. Embarrassment.*

*(PG Counsellor 11)*

Another common feeling amongst clients that service providers thought was related to stigma was *'guilt'*, and again this word was used in concert – or *'hand-in-hand'* with shame:

Q: *Do your clients report that they feel stigma?*

A: *Yes.*

Q: *How do they describe it?*

A: *Look, for them it's the shame and the guilt that's associated with it. (PG Counsellor 31)*

*...and I guess the guilt goes hand-in-hand with the shame as well, because of what goes on as well in order to keep that addiction.*

*(PG Counsellor 23)*

Service providers also reported that clients often referred to themselves, as well as their gambling behaviour, as 'stupid':

*PGC 5: And also, the word stupid, like 'I used to be so smart but now I'm so stupid'. I've actually got a lot of clients who can sort of consider themselves like finance gurus. They'll say, 'you know, I know everything about money, I know everything about figures and I'm so stupid', so.*

*PGC 6: The damage to self-esteem is colossal because there's constant self-talk about how stupid they're being.*

*PGC 5: Yeah, 'I lost last time but yet, I'm here again'.*

*Q: So do they feel the stupidity around the money loss or around having a gambling problem?*

*PGC 5: All of the above.*

*(PG Counsellors 5 & 6)*

Moreover, another common feeling amongst clients, according to service providers, was the feeling that they were the only person who had such a significant problem with their gambling – thus making their clients feel even more alone in their stupidity:

*...you know, people they always say, like every client nearly I see say 'I know I'm stupid, I know you would never have seen anyone in as bad a situation', like, everyone thinks their situation is the worst... I mean, obviously they're already feeling bad and stupid, stupid is a word they say over and over again, like 'I know I'm stupid, I know you think I'm stupid, I must be the stupidest person in the world' ... stupid is what I hear, constantly.*

*(PG Financial Counsellor 25)*

Amongst the problem gambling counsellors, particularly those who had prior experience working in the alcohol and other drug field, was a feeling that people with gambling problems felt stupid because they had no tangible substance that they could identify as the cause of their problem:

*So they self-stigmatise with that, they'll look at themselves as stupid, where talking to people with a substance or alcohol problem they'll be looking at it as making a bad choice and then they've lost control because the substance, whatever it is, has taken over... There's something about the stupidity factor, people who gamble feel stupid because if they can't afford to lose it then they shouldn't be playing.*

*(PG Counsellor 18)*

On the subject of the lack of an identifiable substance, one specialist problem gambling counsellor reported that some of her clients were shocked that they could become, and had become, so addicted to gambling:

*There's a lot of shame around admitting that people have problems with gambling. Ah, yeah, I'd say that's probably more with the older women would probably more have, the shame associated with their gambling, with their gambling behaviour. They're very shocked at themselves. I think it's shock, that they've got themselves into a situation with gambling. I think it's definitely shock. And I guess, the fact that there's no substance there as well. It's hard for people sometimes to understand.*

*(PG Counsellor 30)*

## Shame for having no self-control

Service providers reported that their clients felt ashamed because they thought that gambling was something that they should be able to control and because they were not able to cope without getting help from others:

*But, yeah, I think there's all the things we've heard before, there's a lot of shame, guilt, just the feeling of 'I should be able to cope with this myself, I can't cope with it myself, I sure have tried a few times, doesn't work'. Probably feel even worse about themselves that they haven't.*

*(PG Counsellor 10)*

Even when their clients had other co-occurring problems that may be considered shameful, some service providers reported that clients singled out their gambling problem as being the significant source of their shame:

*PGC 1: Yeah, but I also do think there's a bit of, or I perceive, whether it's accurate or not, that when they do come and present with a gambling problem, if – whether they do or don't have other comorbidities – that they feel that because of the shame around it, it's much more their fault, you know what I mean, that they're just kind of like, not strong enough. Whereas I think when they are coming for mental health, relationship issue -*

*PGC 2: Yeah, and I'd affirm that because people do come in and say, 'I should be able to handle this myself but I haven't been able to' so you know, but they often do say that they feel as if they should have been able to handle it themselves.*

*(PG Counsellors 1 & 2)*

Some service providers also reported that their clients tended to compare themselves unfavourably to others, and tended to feel that other people were able to control their gambling, thus making them feel worse about their own problem:

*Well, some people report that it's a shame that this habit has taken over their life. Something that used to be social and other people in their culture or their family or their social group don't seem to experience problems, so it kind of starts to impact on their, their identity and self and it's embarrassing that they can't cope and other people can.*

*(PG Counsellor 34)*

Clients sometimes had a belief, according to service providers, that 'everyone else' could control their gambling but themselves, making them feel shame at their particular lack of control:

*They say 'I go in there and everyone else just puts in \$50 and they win and I'll keep going and going and going' and you say 'well, you don't know what those other people are doing' but there's a lot of that, comparison. 'Everyone else is fine, they can all just have a bit of a fun time but me, I can't stop, I can't control myself.'*

*(PG Counsellor 6)*

The belief amongst some clients of being the only person with a gambling problem was described by one problem gambling counsellor as a belief they had a 'unique flaw' (PG Counsellor 19), while another problem gambling counsellor described her clients as feeling that their gambling behaviour was a sign they were not normal:



*... somehow there's a sense that, that's not part of the social norm, so they feel like they aren't functioning like normal people function because of this loss... Then they feel that sense of shame and they feel stigmatised, you know, the sense of loss is not part of that social norm.*

*(PG Counsellor 33)*

## **Shame about the consequences of problem gambling**

As well as feeling shame about having a gambling problem, service providers also reported that clients felt shame around the consequences of their gambling, and in particular taking part in shameful behaviours as a consequence of their gambling losses:

*... they tell me they feel guilty and ashamed and what they've done and how they've upset people around them, how they've stolen money out of their families bank accounts or borrowed money off them and haven't paid them back. So, they admit that shame and guilt.*

*(PG Counsellor 24)*

This same problem gambling counsellor went on to explain that the shame of the consequences of their gambling can also lead clients to feel that they are essentially undeserving:

*... but most of my clients don't feel they deserve to have money and reward themselves, like because they've upset everyone around them. And they sort of almost punish themselves by depriving themselves of any kind of good things. Because that guilt over what they've done. So, it's like they think everyone else deserves more than them.*

*(PG Counsellor 24)*

One problem gambling counsellor said that clients sometimes felt ashamed of not living up to their own values, giving an example of the experience of one of their clients who had broken the law as a consequence of their gambling losses:

*... they felt ashamed because they had been a professional, highly intelligent, and just felt a stigma about it that they – how could they have possibly have done what they'd done. But I think it was more – it was their stuff more than people would have, you know – I mean, they'd done this, goodness me, it's years ago now. People wouldn't even – but it's still there. It's still there... they couldn't believe that they would have done that, that it was something they actually did. But like they said, gambling made them a very different person...*

*(PG Counsellor 9)*

## **Feeling like a failure as a barrier to seeking help**

Service providers almost universally thought that feeling shame was a significant barrier – albeit not the only barrier – to seeking help. Moreover, service providers perceived that people with gambling problems saw seeking help from services as a sign of personal failure, rather than a positive move:

*But on the other hand, when they need to seek help there is a stigma there, because if they seek help they refer to themselves as a failure because they think that well, 'oh well, I can't manage my own issue. I'm not capable of my own life'. Then they've got a stigma there, which might stop them from seeking help.*

*(PG Counsellor 27)*

## Key findings for Chapter 4:

The key findings of this chapter were that:

- 1 People who identified as having a gambling problem rarely used the word stigma, and when they did so it was in the abstract – such as *‘there’s a stigma around it’* rather than describing their personal feelings.
- 2 Most people who identified as having a gambling problem described feelings such as *‘shame’*, *‘embarrassment’*, *‘guilt’* and being *‘stupid’* when reflecting on their gambling.
- 3 Shame was a common reason given by people who identified as having a gambling problem for not seeking help for their gambling problem, even if they had sought help for other potentially shameful problems such as alcohol or other drug addiction.
- 4 Service providers and problem gambling counsellors said clients rarely, if ever, used the word *‘stigma’*, but felt that most, if not all, clients felt *‘shame’* because of their gambling problem.
- 5 Like the people who identified as having a gambling problem, service providers and problem gambling counsellors said stigma was described by their clients using words such as *‘shame’*, *‘embarrassment’*, *‘guilt’* and *‘stupid’*.
- 6 Several service providers, particularly those with experience in the alcohol and other drug field, reported that clients with gambling problems felt stupid because they did not ingest a substance that they could ascribe their problem to.
- 7 Overall, it appeared that feeling ashamed is an almost universal experience for people who self-identify as having a gambling problem. It is likely that in using words such as *‘shame’*, *‘embarrassed’*, *‘guilt’* and *‘stupid’* to describe themselves and their behaviour, people with gambling problems are at least sometimes expressing the experience of internalised self-stigma.

# Chapter 5: ‘Sometimes I would tell people who I knew wouldn’t judge me’ – living with stigma

*...sometimes I would tell people who I knew wouldn’t judge me, but the people who I thought I’d get a judgemental response, I wouldn’t tell them, because there is such a stigma attached with a compulsive gambler... In the beginning, in early recovery, definitely because there’s the denial that ‘I’m one of those people’ and the stigma attached, it’s similar to being alcoholic.*

(PWGP 17)

## 5.1 Chapter aims

The aim of this chapter was to explore the experience of living with the stigma associated with having a gambling problem, according to people who self-identified as having gambling problems (n=30)<sup>7</sup> and service providers who assist them (n=73)<sup>8</sup>.

## 5.2 According to people with gambling problems

### Hiding gambling problem from self to avoid feeling self-stigma

Avoiding self-stigma by denying gambling problems to oneself appeared to be a barrier first to self-identification and then to help-seeking, as one participant who had sought help for their gambling problem explained:

*... well it’s easy to talk to a counsellor mostly because they’re aware of the effect that gambling has on people and they’re very understanding, taking the step to go and see a counsellor, it’s different because that’s admitting to yourself that’s an issue that you can’t control and you need to get help for it.*

(PWGP 13)

Even when prepared to admit to experiencing a gambling problem to one’s self and to proceed to seek help, one participant who was in recovery remembered his experience of not wanting to identify with other people with gambling problems – perhaps in order to avoid feelings of self-stigma – in this case by feeling like a ‘loser’:

*But it’s funny because I’ve only just started going to GA. ..but I was told when I first started enquiring about getting myself better or searching for some kind of help, GA was mentioned to me and I thought ‘I’m not one of those losers’. It’s taken me ten years to get the point where I have accepted that I am one of those people. It’s interesting.*

(PWGP 17)

### Hiding problem gambling from others to avoid perceived stigma

Hiding problem gambling behaviour from others appeared to be a way of avoiding perceived stigma. One participant explained how he would pretend to gamble socially with friends, and then go back by himself in ‘secret’ so his friends wouldn’t know:

---

7 Data from interviews with 21 people who self-identified as having a gambling problem, interviewed for the ANU CGR help-seeking research (2011); and interviews with 9 people who self-identified as having a gambling problem, interviewed for the ANU-CGR beliefs and knowledge research (2012).

8 Data from interviews with 35 service providers, interviewed for the ANU CGR help-seeking research (2011); and 38 new interviews with problem gambling counsellors and financial counsellors from problem gambling services located around Australia (conducted between November 2012 and May 2013)

*I've tried that where I put, say for instance there are three of us going, sitting around a poker machine. We put \$20 each in and then my friends will go home and then I will go back, secret, I'll pretend as if I've gone home and then come back to the club by myself and isolate myself and continue until I have no money and then once I have no money, then I start to scheme and lie and cheat and phone up friends for loans and even sell things, all sorts of scheming things.*

(PWGP 17)

Other participants expressed feelings that could be described as revealing perceived stigma when they explained their embarrassment at the thought of telling other people about their gambling losses:

*...you're not going to run into a mate, 'Oh how've you been?' 'Oh pretty shit, I've lost a thousand dollars at the club the other day', not the sort of thing you say to someone is it, yeah so that's I think it's just mainly it's hard to talk about, hard, it's embarrassing.*

(PWGP 13)

*Sort of, you tend to keep it quiet I think because you feel, once it's a problem you feel pretty stupid, embarrassed about it. You don't want to let people know.*

(PWGP 27)

*...it's one of those things that when you do go overboard and you do know you've got a problem, you don't want people to know...*

(PWGP 3)

## **Perceived stigma as expressed through fears**

Fear of exposure as a person with a gambling problem appeared to be a way that participants expressed their unspoken feeling of perceived stigma, even and perhaps especially at the thought of the people closest to them finding out about their gambling. The following participant described, amongst other emotions, his fear at the thought of his partner finding out:

*... There's the pride, the independence bit, there's the embarrassment not wanting to tell people... Mmm I think [partner would] just be disappointed the fact that I am doing it again, yeah and um yeah she'd be really cranky, it's as simple as that because she knew that I'd stopped for years and that.*

(PWGP 5)

Paradoxically, fear of exposure of having a gambling problem appeared to be present in many participants who were open about their co-occurring substance abuse problems. Some participants who had received help for co-occurring alcohol or other drug problems – and who had become comfortable about seeking help for and talking about their substance addictions – felt that having a gambling problem was less socially acceptable, even amongst other people with substance addictions. The following participant explained:

*I speak to a lot of drunks but the gambling one seems to get pushed under the carpet, if you know what I mean? Like you can get drunk at a pub and people, it's normal you know, but if you've got a gambling problem, it's not normal, and they try to sweep it under the carpet. A lot of people don't want to admit it, that they've got both.*

(PWGP 24)

Fear of being misunderstood or judged by others was also a strong and present feeling amongst many participants. Even those with co-occurring substance addictions feared being misunderstood by people with other addictions:

*...if you're speaking to people who haven't experienced it they can't understand it, even if they have had problems with other things, or addictions to other things the gambling ones are, for people who haven't experienced it, [hard] to understand. It's not like having a drinking problem or a drug problem, I think that's more accepted in society than having a gambling problem.*

(PWGP 13)

Some participants had an over-riding fear that they would be judged – even if they knew this was an irrational fear. For example one participant who had received counselling for other issues in the past and found it helpful feared being judged if he received help for his gambling problem, even though he knew that was unlikely:

*I know it's not true but you sort of, I guess you get that feeling you don't want to talk to someone who's going to say 'Hey what you're doing is wrong, wrong, wrong and you should stop and do this and do that.' I think there's a bit of that in it.*

(PWGP 5)

## 5.3 According to service providers

### Fear as an outward expression of perceived stigma

Many problem gambling counsellors reported that their clients lived with many fears concerning their problem gambling, and it appears this is the principle way in which perceived stigma comes to light:

*They don't probably use the term stigma as such but they do talk about their fears. I mean, important fears, concerns about losing their job if someone was to find out, concerns about what family members would think of them, concerns around their own difficulties in coming to terms with, you know they could be outstanding and very functioning in many, many areas of their life but they're kind of, their own shame in the fact that this area of their life is actually really quite chaotic ...*

(PG Counsellor 19)

In fact some problem gambling counsellors reported that some of their clients are so ashamed that they haven't told anyone about their gambling problem except their counsellor:

*And often as gambling counsellors, we can be the only one who knows they've got that problem, because they're just so ashamed of themselves.*

(PG Counsellor 21)

### Fear of exposure as a problem gambling client

The fear of being seen by others as a person with a gambling problem was often expressed as a fear of being seen going into and attending a problem gambling service. Many counsellors described this as a significant issue for their clients:

*A barrier for a lot of people is embarrassment, um and that they certainly report that 'I'm too ashamed, do I have to come in? I'm too ashamed to see anybody' – that sort of thing.*

(Service Provider 20)

*...there's always a sense of shame and embarrassment around it. Even when they come in they don't want anyone to see them.*

*(PG Counsellor 28)*

It would seem that by seeking professional help for a gambling problem or attending a problem gambling service was akin to taking on the label of being a 'problem gambler':

*I remember one lady who made three appointments and didn't come to the first two and then came to the third one. And it required all her courage to come. And that was because she felt ashamed, she felt she'd be stigmatised if she came into the office and said, 'I want to see the gambling counsellor', that that would automatically put her in a category that – you know, where she was changed somehow.*

*(PG Counsellor 9)*

Clients also reported being concerned that people they knew might see their car parked outside the problem gambling service:

*...fortunately our agency can [be] access[ed] from two different points –one a very busy road ... and a kind of a back entrance – and [my client] made the statement of 'I always prefer to come in the back. People can't recognise my car. People won't see it.' So that's a kind of common theme.*

*(PG Counsellor 34)*

The fear of being seen is also a barrier to people attending support groups because they fear being recognised by others – both by being seen going to the venue where the group is held:

*I just thought of another example we've got a stigma is when we're trying to run groups, we've been changing the venues and whatnot and at one stage we were going to have it within our office. People didn't want to be seen walking in coming to that group there, you know what I mean? So they're people that had gone through counselling and whatnot, but – so that's stigma.*

*(PG Counsellor 2)*

But also the fear of being recognised by other people within the group:

*...and seeing someone in there that you know, from outside, or whether it be in social circumstances, or even in a club, and being recognised and people labelling you ...*

*(Service Provider 31)*

Another way clients expressed their fear of exposure, according to some problem gambling counsellors, was through concerns about client confidentiality, with some clients needing constant assurance that their counselling sessions were indeed confidential:

*.....I mean one of the most common questions our intake workers get asked is, 'is this confidential? Is anybody going to find out I'm coming?' So there's definitely stigma there. They don't want people to know that they're coming to a gambling treatment service. Yeah and definitely don't want people to find out that they've got a problem with gambling.*

*(PG Counsellor 31)*

*And I know my clients will say 'this is confidential isn't it?' – even though I've sat there and done the privacy and confidentiality agreement. 'This is confidential? You're not going to tell anyone are you?'*

*(PG Counsellor 21)*

One problem gambling counsellor also thought the process of self-exclusion was shameful for people with gambling problems, although he thought recent changes made in the procedure of self-exclusion that meant the person no longer had to personally go to the venues to self-exclude was a positive development. Prior to these changes, people with gambling problems would face *'the walk of shame'*:

*... the process that I understand to have existed previously that I attempted to facilitate by attending a venue to meet a client to go with them for moral support, never happened. I've set it up numerous times, it's never happened. I've heard it referred to by, I can't remember who, somebody called it 'the walk of shame' where you go from the front desk to the office manager, gaming manager, CEO, whoever it happens to be who's doing the self-exclusion, the walk of shame to their office and as they've described it there's a perceived mind-reading exercise going on by people who might witness that occurring knowing that that particular client has a problem with gambling.*

(PG Counsellor 18)

Another problem gambling counsellor also reported that they had a client who was apprehensive about self-exclusion because they feared the response of people they knew who worked at gaming venues:

*... One person I saw said, 'I don't want to ban myself from this venue and this venue and this venue because I know staff in all those venues.' So the self-exclusion, if they'd done it, they were embarrassed. They felt that that would stigmatise them, and that people in those venues would have a little snigger that that person had banned themselves. So that is stigmatisation, isn't it? It's really feeling that they will be looked down upon because they've done the self-exclusion. So I feel as if that's one example, that I wouldn't have labelled stigmatisation when I first heard but really, that's what it is.*

(PG Counsellor 1)

## **Fear of family and friends finding out**

Fear of family and friends finding out about the gambling problem was also a common experience for clients, and several problem gambling counsellors saw this fear as a barrier to clients involving their family in their recovery:

*So that coming clean I probably look at as sort of exposing the problem, which is, again, looking at the stigma, if you like, in a way that they've – not put a name on it, but in themselves would, they just feel like dying if they have to come clean or if they're exposed or, you know, that stigma that seems to be part of their upbringing, if you like, is seen. So that's it – 'if my family know I'm a problem gambler.'*

(PG Counsellor 36)

This same counsellor thought client perception and fear of their family reacting badly was larger than the reality:

*So a lot of people think that people will think badly of them but you know, in reality, when it is brought out, they don't. And it doesn't matter if they're the younger generation or not because somebody might say 'oh, my parents will think I'm a rat-bag'. I say 'well, they're probably really concerned about you and they don't know how to help you because you've probably cut them out haven't you?' 'Oh yeah'.*

(PG Counsellor 36)

However, another counsellor who also thought family involvement was an important factor in treatment thought that fear of disclosure to family may be the result of stigma, but also could be the result of fear around family finding out about financial losses:



*You know, in the initial sessions even, if they're coming as an individual because of the framework we come from we talk to them about the spouse coming in or older children, adolescent children or the family unit coming in. Even then, they're 'no, no I don't want them to find out that I've got a problem with gambling'. And then that's sort of borderline of whether it's stigma, or because of the financial impact, and especially the spouse finding out the full financial impact they've got – the gambling has done to their family, which brings its own stigma in itself.*

*(PG Counsellor 31)*

Some service providers also thought clients feared bringing shame upon their family, especially if they came from a family who had some sort of social standing in their community:

*'My father does this and my mother does this, and she's very well known here and here and here ... and you can Google that and look it up.' And it's like 'so, you know, understand what I mean when I, you know, I've really just got to be careful.'*

*(PG Counsellor 21)*

Clients can also be fearful that exposure will also be damaging to their own career and social standing, particularly those with supervisory roles at work:

*But a lot of the shame and the guilt about doing what they've done stops them still from getting help, because they don't want – especially if they're in jobs where they're actually in a high position, and they've got lots of people working under them and they don't want people to find out what they're like. You know they've gambled away all their money. They just don't want anyone to know.*

*(PG Counsellor 24)*

## Key Findings of Chapter 5:

The key findings of this chapter were that:

- 1 Many people who identified as having a gambling problem attempted to hide their gambling problem – even from themselves – to avoid feelings of shame and self-stigma.
- 2 Hiding problem gambling behaviour from others also appeared to be a way of avoiding perceived stigma.
- 3 People who identified as having a gambling problem appeared to be expressing living with perceived stigma when they discussed their fears of being found out by others, and this fear was a barrier to help-seeking.
- 4 Some people who identified as having a gambling problem reported they did not want to tell people close to them (even their partner) about their gambling.
- 5 People who identified as having a gambling problem also reported fearing that they would be judged if they sought help for their gambling problem.
- 6 Like people who identified as having a gambling problem, service providers also reported that clients expressed their feelings of stigma by talking about their fears.
- 7 Problem gambling counsellors reported that their clients feared being exposed as a problem gambling client, and feared being seen attending problem gambling services.
- 8 Problem gambling counsellors also reported that their clients expressed feelings of stigma through expressing their fears of family and friends finding out that they have a gambling problem.



# Chapter 6: ‘I guess it’s a lack of control’ – How people with gambling problems are viewed by others

PGC 4: *Everyone that does it and develops a problem, in inverted commas, is a loser because you should just be able to do it.*

PGC 3: *Because you can’t control it.*

PGC 4: *Yeah and you can’t control yourself. It’s all about kind of blaming them for having poor self-management.*

(PG Counsellors 3 & 4)

## 6.1 Chapter aims

The aim of this chapter was to explore how people with gambling problems are viewed by others – revealing expressions of public-stigma – according to EGM players (n=16)<sup>9</sup> and according to service providers who work with people with gambling problems (n=73)<sup>10</sup>.

## 6.2 From pity to bemusement to scorn: EGM players’ views

### Causes of problem gambling and characteristics of people with gambling problems

EGM players often viewed problem gambling as being caused by personality traits – the most common being a predisposing ‘*addictive personality*’. The idea that people with gambling problem are likely to have an addictive personality held currency for several of the EGM players, as did the idea that if they didn’t have a gambling problem, they would likely have some other addiction problem:

*They’re addicted to it, and they have an addictive personality. And so if it wasn’t gambling, it would be something else they’d be addicted to, like drink or drugs or any of those kinds of things.*

(Mod-risk EGM Player 1)

In a sense, people who develop gambling problems were viewed as likely to be predestined to have some sort of addiction or disorder:

*...but if the people who are problem gamblers weren’t problem gamblers with their um predisposition to gambling they would have something else.*

(Non-prob. EGM Player 2)

One EGM player thought that perhaps lack of guilt was a characteristic that set people with gambling problems apart from ‘*responsible gamblers*’:

---

9 Data from interviews with 16 high-intensity players of electronic gaming machines (who played at least weekly, with weekly losses of \$30 or more), interviewed for the ANU CGR beliefs and knowledge about gambling research (2012). These participants all self-identified as not having a gambling problem, and scored as non-problem (n=4), low-risk (n=6) or moderate risk (n=6) on the Canadian Problem Gambling Index.

10 Data from interviews with 35 service providers, interviewed for the ANU CGR help-seeking research (2011); and 38 new interviews with problem gambling counsellors and financial counsellors from problem gambling services located around Australia (conducted between November 2012 and May 2013)

*I don't think it's the same with everybody but there must be something within them that they don't feel guilty, you know imagine the threat of losing your house because you've blown all the money on whatever you know the horses or blackjack or you know I, I myself couldn't live with myself and I think most people who are responsible gamblers are like that and then the others yeah I think it's there must be a trait there has to be otherwise they wouldn't do it would they.*

*(Non-prob. EGM Player 3)*

While several EGM players thought people who develop gambling problems were likely to be bored or lonely people:

*A couple of the blokes I've spoken to at the Club say since their wife died they fill in time there. So I suspect that's what a lot of lonely people do is, at least it's somewhere that's warm and dry, you don't even have to um pay for the electricity to keep yourself warm or cool.*

*(Mod-risk EGM Player 2)*

Others though people with gambling problems had a lack of self-control or a propensity for risk-taking:

*You look at the individual in totality and to me, there's always probably a trigger for those kind of things which is more than just playing pokies once and having a win, that's what triggers it. I don't think that's it at all. I think it's probably, in some respects, more to do with your personality and if you've got a propensity for risk-taking behaviour. I think it just goes hand-in-hand and if that's one of your risk-taking behaviours, well that is easy enough for that to get out of control, if you don't manage your own risks. So yeah I think it's too superficial just to say that yes, just because somebody can't say no, or they can't control, control that's the word in itself anyway.*

*(Low-risk EGM Player 3)*

Some thought people with gambling problems were unaware of the fact they were more likely to lose than win, and were ignorant about the odds of winning, while the following EGM player was clear in his belief that they lacked intelligence:

*Ah it is lack of control as people just don't have enough nous to sort of think about what they're doing ... there are some that would – wouldn't recognise they have a problem, but you know they – their ah intelligence would be severely impaired I'd say if they are continually going on losing money on poker machines. See people only have a gambling problem when they lose.*

*(Non-prob. EGM Player 2)*

Another thought people with gambling problems were individuals who were unrealistic in their belief that they could win:

*There are people who are born thinking that they can beat the odds ... There are people who – sometimes I presume there are people who gamble to actually attempt to win money, which to me is the ultimate sort of stupidity.*

*(Low-risk EGM Player 1)*

When asked about the signs of risky or problem gambling, some EGM players reported that they had seen people behave in anti-social ways in venues, viewing this behaviour as being related to having a gambling problem:

*I don't know what you'd call risky but they do get impatient and start slamming. You hear somebody near you starting to bang the keys you tend to get a bit nervous because you don't know how they're going to react. Some people get very angry when they've lost, um, kick a chair over and so on but ah generalising it's just hard hitting of the buttons, harder hitting. They go bang, there's nothing more unnerving than somebody near you going bang, bang on a regular basis.*

*(Mod-risk EGM Player 2)*

A few thought people with gambling problems were likely to be of low socio-economic status and as such were improvident in their gambling expenditure:

A: *I have seen – I have seen a lot of people that are on social security, gambling. That you know is always a concern. It's nice when they win money, but you don't win money, you tend to lose it more than you win it.*

Q: *So how can you tell they're on social security?*

A: *Well I suppose it's an assumption I've made, ah, amongst, it's an assumption. One would question how they can be [there] out of office hours, what I'd call office hours, you know. I mean as I say it's an assumption that these people are on social security.*

*(Mod-risk EGM Player 2)*

However, another EGM player thought being of low socio-economic status was not necessarily true of people with gambling problems per se, but thought it was true about people with gambling problems who play EGMs:

A: *See I don't live in a, in an environment or a group that's working near the breadline (pause) but, and I think that's a, that is a problem not my problem it's ah my experience with being that I haven't struck those sort of people. But I'd imagine that there are people within that, within that ambit that have ah got that problem.*

Q: *Okay. Do you think um people on low incomes are more likely to have problems than people on sort of medium incomes?*

A: *On poker machines yes, but on gambling no.*

*(Low-risk EGM Player 6)*

People with gambling problems, according to some EGM players, hurt their family through their gambling when money that should by rights be spent on their family is used for gambling:

*How do you admit that you've lost the family food bill for the week or the fortnight? That there is no money for clothes, or the children need Christmas toys and there isn't any money – how do you own up to that?*

*(Non-prob. EGM Player 1)*

*I know some people that have lost houses and their outside persona is of one of bravado and what have you but I don't know I suppose, this one particular person I've got in mind you know family, couple of kids yeah lost one house nearly lost another house.*

*(Non-prob. EGM Player 3)*

## **Why people with gambling problems don't seek help**

While many EGM players tended to think that people with gambling problems didn't get help because they were in denial, at the same time they tended to think that people with gambling problems must be ashamed or embarrassed about having a gambling problem and that this was a significant barrier to seeking help:

*Because they're ashamed. Because they – oh, it's a bit of lack of control on their part, it would be embarrassing, I would think. Embarrassing for them. And it's not because there's not signs everywhere saying 'come and get help, come and get help.' I don't know what people do, whether they ring Lifeline, problem gamblers. I think it's probably not something they would think of doing.*

*(Mod-risk EGM Player 1)*

One EGM player thought that denial would be a more comfortable option than admitting to having a gambling problem:

*... the idea of admitting you have a problem would be uncomfortable, the idea of admitting to someone else that you have a problem would be uncomfortable and – and sort of a sense of denial as it were, is easier.*

*(Low-risk EGM Player 5)*

He also thought that by definition, people with gambling problems would be the type of people who would seek to hide their problem rather than get help:

*Problem gamblers and problem drinkers and problem whatever, people, are notoriously good at hiding this sort of thing until that cataclysm at the end, where the house of cards comes down, so probably not.*

*(Low-risk EGM Player 5)*

The prospect of other people finding out was also seen as a reason why people with gambling problems don't seek help, with EGM players imagining the consequences of disclosure as a reason that people with gambling problems would not want to be seen to be looking for problem gambling help:

*I don't know. I mean, asking people to front up anywhere that has 'gamblers anonymous' on it, people aren't going to feel comfortable walking in, someone might see them, and that could well affect their work, it could affect their family, it could affect if they're religious people, they may or may not be happy that this person has a problem. It affects many different parts of their life, so going somewhere specific is obviously quite difficult ...*

*(Non-problem EGM Player 1)*

Finally, EGM players thought people with gambling problems would only get help if they were 'desperate or as 'a last resort':

*That's when you're getting to the equivalent of 'Hello, I'm going to throw myself off the bloody cliff. Okay, I'll ring this number.' But I mean, you're in real strife by the time you get to that stage.*

*(Low-risk EGM Player 1)*

And one EGM player thought that by that stage it would be too late:

*Firstly I would suggest to you that they don't realise they've got a problem. Secondly, by the time they've realised they got a problem it's totally too late.*

*(Low-risk EGM Player 6)*

## 6.3 According to service providers

### Negative attitudes towards people with gambling problems

Service providers tended to believe that the general public had negative views of people with gambling problems. Sometimes these views indicated a sense of disapproval while sometimes they indicated a sense of pity:

*...It's all about kind of blaming them for having poor self-management, you know, there's obviously something defective about them as to why they've got a problem when nobody else has a problem. That's kind of the way it's seen. Or, they're seen as those poor people with the gambling problems, so then it's seen as almost a – you're this pitiful creature.*

*(PG Counsellor 3)*

While service providers reported that people with gambling problems often thought of themselves as being 'stupid' (see chapter 4) they also reported that the wider society also thought that people with gambling problems were stupid:

*I think gambling has more stigma because it's – people who don't gamble think it's kind of just wasting money, like it's stupid.*

*(PG Counsellor 19)*

*...there is this thread, the common thread of understanding that it's stupid. If you let it get out of control it's stupid.*

*(PG Counsellor 18)*

Also, service providers tended to think that people with gambling problems were viewed by society as 'selfish' people who hurt other people, especially their family:

*...and then there's a stigma, yes, the external perception that they are selfish you know, and don't consider others, that they're actually harming the most vulnerable family members and the partner, so they are irresponsible and, yeah.*

*(PG Counsellor 33)*

Some service providers thought that public perception of people with gambling problems was that they were people who neglected their children. This belief was perpetuated through media reports of instances where children have been left in cars outside gaming venues:

*...and I would see the stigma comes in when people read about people with gambling issues, and how they leave their children in the car, so that's when the stigma comes in, the external perception.*

*(PG Counsellor 32)*

The negative perception of people with gambling problems neglecting their children was also perpetuated by problem gambling advertising which was designed to encourage people to get help. While these messages may colour the public perception of people with gambling problems, it may also encourage people with gambling problems to perceive society as having negative views about them:

*...there were pictures of people looking extremely distressed and saying, 'it's okay, the kids can have cereal for tea', kind of these things. People that didn't have a gambling problem or were maybe a bit of a heavy gambler, they were 'oh, yeah that's pretty hard hitting'. For somebody that already has a problem, I think it makes it even more stigmatised ...*

*(PG Counsellor 14)*

## **The general public don't understand people with gambling problems**

A common theme amongst service providers was that problem gambling was not understood by society and that this contributed to stigma. One service provider, who worked with people on low incomes, explained that while there was some public sympathy for people on low incomes who had substance addictions, this same sympathy did not extend to people with gambling problems:

*And I guess there is the community expectation that gambling being a luxury, if you only get \$400 a fortnight to live on, why on earth are you gambling? And I guess people are maybe a little bit more sympathetic around, certain sectors are more sympathetic around drug and alcohol use and abuse because that is understood in some sectors to be a dependency and something to be worked through. But gambling doesn't have that same profile.*

*(Service provider 21)*

This view that society does not understand problem gambling as an addiction was also widely held amongst the problem gambling counsellors:

*...the general public doesn't understand it, because they can look at an alcoholic or someone who's on drugs, and there's that physical evidence. It's not there with a gambler, it's like 'oh you're weak, and you just need to stop, and you know have some self-control, snap out of it.' Well that's not really helpful ...*

*(PG Counsellor 21)*

Also, problem gambling counsellors thought the public misconception that problem gambling was about money, rather than being an addiction, contributed to stigma:

*...and everyone thinks it's all about the money and things like that so there is a huge amount of stigma.*

*(PG Counsellor 6)*

And while people with alcohol problems who are in treatment are accepted by society, people in problem gambling treatment are not accepted in the same way:

*The social acceptance is different. It's okay to have an alcohol problem, it's okay to drink too much as long as you're in counselling and you're doing the right thing and you're trying to stay clean. It's still not ok to have a gambling problem. It's not really even recognised in some ways.*

*(PG Financial Counsellor 20)*

## **Problem gambling doesn't elicit the same public sympathy as other addictions**

A negative consequence of problem gambling not being understood as an addiction – in the same way as alcohol or other drug use are – is that people with gambling problems do not elicit the same public sympathy as people experiencing substance addictions. While in some circumstances alcohol or other drug problems can be a mitigating factor in judging anti-social or illegal behaviour, people with gambling problems are viewed more harshly:

*...but I think we've got an awful lot of information about drug and alcohol, on everything else domestic violence this and that, and gambling seems to be the 'poor cousin', and I think it's a more of a shame thing, you know 'look what I'm doing to my family' whereas a lot of people in terms of the drug use if you use enough of the drug you're not thinking right. You know, I know a lot of clients who get drunk and then do domestic violence, and it's not a case of they, well they're guilty of the domestic violence it's almost like, you can see in the News sometimes footballers, 'oh, your Honour it was the alcohol that made me do it'... You've got that excuse there, or 'I was high at the time I didn't know what I was doing.' With gambling there's no altered state, well there is but for the client it doesn't look like anything other than themselves. So I think it's a bit more directly threatening or, or confrontational to actually stick your hand up and say that's the gambling, you can't say 'the gambling made me do it' because it's not something you can really put your finger on.*

*(Service provider 29)*

Another problem gambling counsellor also reported that the legal system appeared to be harsher on people who commit crimes as a result of problem gambling:

*...but then from the judiciary there's a very clear response that no, we won't accept this. So, in fact, there is actually a little bit of evidence to suggest that people who use it as a mitigating factor actually get more severe penalties. So, you know, 'oh you're copping out', 'you're making excuses', instead of you actually have a real problem, yeah ... it seems to be for other types of behaviours that have ingestible components. There seems to be – I use the term pity because I think that that's what it is, for that consequence but for gambling there absolutely is not. There's almost even an effect of the amount of money that's involved. The higher the amount of money the less pity there seems to be.*

*(PG Counsellor 4)*

Also, as a problem gambling financial counsellor pointed out, bankruptcy law is also weighed against people who become financially insolvent when problem gambling is involved:

*I mean with gambling they've got to be very careful if they declare bankruptcy, there's, you know, some laws around that, you can actually be charged for declaring bankruptcy for that so.*

*(PG Financial Counsellor 25)*

## **The general public avoid problem gambling service stalls**

Some problem gambling counsellors reported that one manifestation of the stigma attached to problem gambling was that when they held information stalls at community events (like many other community service organisations do) they found that people would avoid their stall:

*When we do community events, if we had 'Gambler's Help', will people come up and see us at a community event? If we put the name of our organisation on the front of the stall, people might come up and chat to us, but if we put 'Gambler's Help', who wants to be seen by other members in the community talking to someone at the Gambler's Help stall? So we find that stigma probably limits us a lot in community events.*

*(PG Counsellor 2)*



*...doing information stalls, the number of people that will walk up to the stand and look at what we've got for interest sake, and suddenly read what it is and see the word gambling and go, 'Oh, oh no, oh no I don't need that', and walk away from it, back away physically. And that to me is actually stigma attached with the word gambling. So it's a general thing, I think it's not just the people who are directly involved with that, it's the public as well.*

*(PG Counsellor 23)*

## Key Findings of Chapter 6:

The key findings of this chapter were that:

- 1 EGM players tended to think problem gambling was caused by individual personality traits – such as an *'addictive personality'* and tended to view people with gambling problems in a negative light.
- 2 While many EGM players thought people with gambling problems didn't seek help because they were in denial, they also thought people who acknowledged their own problems would be *'ashamed'* or *'embarrassed'* about having a gambling problem.
- 3 EGM players also thought that people with gambling problems were unlikely to seek help, unless they were desperate.
- 4 Service providers reported that they thought the general public have a negative view of people with gambling problems, and that they are perceived as *'stupid'*, *'selfish'* and people who hurt their family.
- 5 Service providers thought the general public didn't understand people with gambling problems, or understand that problem gambling is an addiction. They also thought that problem gambling doesn't elicit the same public sympathy as other addictions.
- 6 Several problem gambling counsellors felt that stigma towards problem gambling was manifest in the fact that when they held information stalls at community events people avoided them.



# Chapter 7: ‘Glamorous’ and ‘Stupid’ – (mis)understandings about gambling and problem gambling

*I think it's something that – it seems to be philosophically in quite a strange space. It's a socially accepted and encouraged behaviour. Everyone that does it and develops a problem, in inverted commas, is a loser because you should just be able to do it.*

*(PG Counsellor 4)*

## 7.1 Chapter aims

The aim of this chapter was to explore how contradictory views towards gambling contribute to the stigmatisation of people with gambling problems, according to service providers<sup>11</sup>.

## 7.2 A mire of contradictions

### Gambling is normal, but problem gambling is abnormal

According to service providers, gambling is considered a normal social activity and part of Australian culture. However, the normality of gambling behaviour is dependent on context and when people gamble outside of the norm they can feel shame about their gambling behaviour. To illustrate, one problem gambling counsellor gave an example of a client who began to gamble in a way that wasn't considered by her client (and perhaps society) as being normal:

A: *I had a woman whose husband had passed away, and [in the middle of the night] she would get up and ... go to gamble. But that wasn't, somehow even amongst her sense of loss and grief, that that wasn't normal for a woman [in her age group] to get out of bed ... and go and gamble. So in that sense she felt that she was outside the social norms of a woman in her age bracket.*

Q: *So did she feel ashamed to tell family or friends about that?*

A: *Yes she did. It was about her sense of ... of when she woke up having to face the grief and loss. She couldn't do it, but if she took herself into the social setting she felt um, not alone. So that social isolation, plus her grief and loss, but layering that was a sense of, this isn't part of a social norm for a woman of my age. So she couldn't tell her friends about it or talk about it to family members.*

*(PG Counsellor 33)*

The strange space that gambling holds in society also makes it an acceptable activity for otherwise responsible and respectable people – making them vulnerable to problem gambling in a way they would not be vulnerable to other addictions:

*I think parents with adult children that perhaps have to take on the care responsibilities of partners. So a lot of um – so their whole life they've been very responsible and I guess, gambling is an escape for them, to not be that responsible person. And it's not alcohol or drugs so socially it's more acceptable and then they get sucked into the addiction side of it. Yeah, I certainly think a lot of people in caring roles and that have traditionally their whole life been caring for others um, yeah generally fall victim to problem gambling, are very vulnerable.*

*(PG Counsellor 30)*

---

<sup>11</sup> Data from interviews with 35 service providers, interviewed for the ANU CGR help-seeking research (2011); and 38 new interviews with problem gambling counsellors and financial counsellors from problem gambling services located around Australia (conducted between November 2012 and May 2013)

## Gambling is part of the culture but deviant when problems develop

Service providers as a whole tended to view gambling as being considered part of mainstream Australian culture, part of Asian culture, and part of Indigenous culture – and in that sense it is widely seen as socially acceptable. Having a gambling problem, however, is not:

*And I think that a lot of that might have to do with our society kind of accepts it. Australian society is very much a gambling society... But gambling's kind of approved of too and it's different from alcohol because we've got lots of visual ads that say alcohol causes accidents and it does this ...*

*(Service provider 13)*

*Well, it's not about gambling that's stigmatising at all. Gambling is embedded in culture in Australia – two up you know, the Melbourne Cup. We're a nation of drinkers and gamblers. It's the norm to do that. There's nothing – outside of the norm though is problematic gambling or addiction to gambling or addiction to alcohol you know, when it gets messy.*

*(PG Counsellor 35)*

Gambling is also widely viewed as being exciting and glamorous – particularly the public fascination with the Melbourne Cup – and this also contributes to the contradiction of gambling being acceptable if engaged in in an acceptable way, but stigmatised if engaged in in a problematic way:

*... I think because gambling's a little bit glamorised in the – and I'm thinking back to the gangster era, where you know it was like the secret betting and the underground stuff, and it was a bit of a glamour thing. And same with today, I suppose it's a bit like the Melbourne Cup and all that, it's all glamorised, but that's fantastic if you're just able to socially have a bet or whatever, until it becomes the problem.*

*(PG Counsellor 11)*

Gambling also has the allure as an entree for young people into the adult world:

*... particularly because you go into the club when you're 18 – rites – like, a 'rite of passage' and you have a drink and you play the pokies and it's very easy to get hooked when you've just got a job and you've got this money now and you don't have bills because you're still at home ...*

*(PG Counsellor 16)*

However, once gambling behaviour becomes problematic and interferes with adult responsibilities, society takes a dim view:

*I think it's a bit of a cultural norm that we gamble, and we have fun, and that it's a bit of a rite of passage for young men and – or and young women for that matter. And there's a misconception that if you've got a problem with it you're weak, you know, you've got a real difficulty.*

*(PG Counsellor 8)*

## Gambling is widely promoted and encouraged, but potentially dangerous

Many service providers expressed concern about how widely gambling is encouraged in Australia, both through advertising and promotion, but also the availability. In regards to advertising, one service provider remarked on what appeared to be a lack of monitoring compared to advertising for other products:

*...they probably just need to step it up a bit and reduce the number of ads that they have with gambling on TV. It is something that does not seem to be monitored at all compared to the other ads that are on... They always flash up, especially when you are watching the football, even on TV shows these days. We ban smoking cigarettes on TV shows but they are always talking about betting through TV shows.*

*(Service Provider 3)*

Concern about the effect of gambling advertising on children was also a concern for many service providers:

*Because you watch the cricket match, a lot of young kids watch cricket matches on the TV, up comes the gambling, 24/7, um so and that's just brainwashing, pre-programming the kids for the future ...*

*(PG Counsellor 22)*

Also, one service provider lamented the inevitability of problem gambling given the widespread availability of gambling opportunities:

*...I would say that the availability of the poker machines, you know just ease of access is by far the main reason for it becoming a problem because it's everywhere, on every street corner, everywhere you go there's another dealer. No wonder there's so many addicts.*

*(PG Counsellor 18)*

### **The 'Gamble Responsibly' message can contribute to stigma**

A few problem gambling counsellors talked about the 'gamble responsibly' message and how these can contribute to stigma. One counsellor thought the vagueness of the message may not be helpful for individuals who are experiencing problems with their gambling:

*We certainly have a huge conversation around the whole term of responsible gambling. How do you measure that or what do you mean by responsible gambling? But I think it's the, I guess perhaps part of the contribution of that stigma is that, that I, as an individual, that I can't uphold my responsibility within the society or community and because I have a gambling problem, or that I am almost like an outcast, I'm not part of the normal population ...*

*(PG Counsellor 11)*

Another counsellor was steadfast in their view that the 'responsible gambling' message was counterproductive:

*...the flip-side of that is so-called 'responsible gamblers are all over the place and therefore I must be flawed as a person,' and I think that's the message, that responsible gambling as a term actually does not contribute to recovery or health. It actually creates more stigma and more stereotyping and what concerns me is that these people are actually quite highly at risk of suicidal, for suicide and so are family members and there are huge health issues for both family members and the person who's gambling problematically.*

*(PG Counsellor 19)*

Another counsellor expressed concern that the 'gamble responsibly' message was lost in the shadow of gambling promotion, and therefore was not at all helpful for people with gambling problems:

*...my clients will talk about that, 'I can't even watch my sport now that I really like,' because it's a trigger for them. Because a problem gambler doesn't hear the very tagged on bit at the end, 'please gamble responsibly,' all they hear is 'we're offering \$1.50 for this' and they're gone. So by the time they say that little 'please gamble responsibly,' the client's out in the other room making the call or online ... they say that, 'I can't even watch sport, can't even watch a game of footy at the moment.'*

*(PG Counsellor 21)*

## Key Findings of Chapter 7:

The key findings of this chapter were that:

- 1 Interviews with service providers revealed the contradictory views of gambling in society. On the one hand, it is considered a normal and widely approved-of activity, but at the same time any hint of problem gambling behaviour is harshly viewed.
- 2 Gambling is considered a normal part of mainstream Australian culture, part of Asian culture and Indigenous culture, and in that sense gambling is considered widely acceptable, but deviant when problems develop.
- 3 Gambling is widely promoted and encouraged despite being a potentially dangerous activity.
- 4 The '*gamble responsibly*' message can contribute to stigma.

# Chapter 8: Encouraging the ‘Step of Strength’ – de-stigmatising help-seeking

*...if people were more aware that lots of people have problems with gambling and it doesn't mean you're morally weak or anything like that, and that taking a step to get help for it is a step of strength, to be admired. That sort of information would be really useful to have out in the community.*

(PG Counsellor 8)

## 8.1 Chapter aims

The aim of this chapter was to explore ways of de-stigmatising problem gambling and encouraging help-seeking, according to service providers<sup>12</sup>.

## 8.2 Developments that contribute to reducing stigma

Several problem gambling counsellors, especially those who had been working in the field for 5 years or more, spoke about recent developments that they thought were contributing to de-stigmatising help-seeking for gambling problems.

Those who had involvement with community education involving people in recovery and family members' speaking out about their experiences felt this was having a real impact in overcoming stigma:

*We've been going out doing community education with that, working with people who have either been a gambler or a family member of someone who's been really affected, and that's getting received very well. And some of the people who might have been quite reticent to tell their story are now saying it very comfortably and very boldly because of the response of people who have been listening to their story, they've just said 'what courage to say that', and we're seeing that it's not so hidden now with those people ...*

(PG Counsellor 9)

*...I think most of them would have been quite concerned, not all of them, about the reaction when they're speaking to groups that they'll be judged. But the response has been quite the other way, people have found them to be – well, admired them if you like for their courage.*

(PG Counsellor 10)

Another service provider predicted that as more high-profile people spoke out about their gambling problems – the way many high-profile people have spoken out about depression and mental health issues in recent years – this would also contribute to de-stigmatising problem gambling:

*I think as with most mental health issues, things get – with mental health in particular – things get done, things get noticed, a problem becomes ok to talk about once a politician or a celebrity has had it, and it's acknowledged as a problem. So the same things sort of happened with depression where all the politicians were getting depression and suddenly it's de-stigmatised, and you can talk about it.*

(PG Financial Counsellor 20)

Many problem gambling counsellors reported that they sensed there was a general feeling in the community that it has become more acceptable in the last ten years or so to seek counselling for mental health problems

---

<sup>12</sup> Data from interviews with 35 service providers, interviewed for the ANU CGR help-seeking research (2011); and 38 new interviews with problem gambling counsellors and financial counsellors from problem gambling services located around Australia (conducted between November 2012 and May 2013)

– some attributing this to mental health awareness campaigns – but others sensed that there was a growing general acceptance for people to seek help for a variety of problems:

*...people are more likely to go and see a counsellor and so forth um, than they were. I think it's more acceptable now that people go along to see somebody or go along to a group and stuff like that.*

*(PG Counsellor 35)*

One counsellor reported that they had seen several people who sought help to organise self-exclusions after seeing other people they knew doing it:

*...like I had one young fellow, he's only four months after 18 and he'd seen his brother do a self-exclusion, so he decided to do it too because he didn't want to – he'd lost a little bit but he was really nipping it in the bud and that was quite exciting because he'd seen – one of the things that normalises that I think is people seeing other people who've done a self-exclusion or who've come for counselling and they come themselves...I had a mother and daughter...I had a man who came in after his friend had done a self-exclusion. He'd been thinking of doing something about his gambling for a long time. Once his friend did it, he just did it. So obviously by the people themselves talking about it, the people who've got some help, they are actually normalising it for other people.*

*(PG Counsellor 2)*

Another counsellor who had a long career in gambling counselling (and prior to that substance abuse counselling) explained how he had witnessed a shift in owning up to and seeking help for gambling problems:

*...back in those days, was that there was a big stigma attached to problem gambling and – mainly because it wasn't recognised in society, and coming from a society that looked at gambling as stealing or as wrong or there's something wrong with you; you know you must be mental if you're doing that and you can't stop it. And we found a lot of people coming to our welfare service for help, just for handouts ...they would admit that they were alcoholics or drug addicts, but they were really having a problem with gambling. There's only so much alcohol you can buy per week, and cigarettes and food ... So when we just pushed a little bit further it was admitted that it was gambling, and the reason why they didn't want to bring that up, first up was because they thought they would be denied the welfare that they were after, and they were probably right, because there was no set up for it then.*

*(PG Counsellor 36)*

As well as a change in attitude by welfare services towards people with gambling problems, he had also noticed a change in attitude – especially amongst people in the 18-36 year age bracket – towards seeking help for gambling problems:

*...if they're somewhere [with] their partner or their mates – and they go off gambling – their mates will say to them 'you're an idiot doing that. Listen, look, there's a number. Ring that number. If you don't ring it I'll ring it now'. And we've had calls from their mates saying 'I'm in the pub with a mate. He's gambling his money. He's got a wife and kids. Can you talk to him?'*

*(PG Counsellor 36)*

Some service providers thought that media coverage about problem gambling in recent years had been conducive to helping the public become aware of problems associated with gambling and that this has also contributed to encouraging help-seeking. Another experienced gambling counsellor explained:

*I think the media has been very good in giving problem gambling a lot of exposure, it's been really good... I think there's still a long way to go, but we've made a start. So compared to when I came in to the industry, I think there's probably 70% to 80% more media, or consumer awareness, that's happening.*

*(PG Counsellor 22)*

Also, while financial counsellors reported that clients with gambling problems often felt embarrassed about letting their creditors know about their problem, some creditors were becoming more sympathetic to people with gambling problems, with one financial counsellor reporting a shift in attitude from the more established financial institutions:

*...but the financial institutions, a lot of the big banks are actually quite understanding. And if you do tell them you've got a gambling problem, they are going to, usually, come on board, they will try to help you out. They might ask for a letter from the gambling counsellor just to prove that you're in some form of treatment ...*

*(PG Counsellor 20)*

One counsellor also felt that improvements in the self-exclusion process in their area – which allowed people to self-exclude from multiple venues without having to visit the venues and meet with the managers – also had the potential to reduce stigma associated with taking up this option:

*...so we've got access to their online system and a digital camera and we just key all the information in and take a photo and upload it all and it's much, much, much simpler than it used to be. In terms of stigma I think that's a significant aspect.*

*(PG Counsellor 18)*

## 8.3 Adopting a public health approach

Many problem gambling counsellors advocated adopting a '*public health approach*' to addressing problem gambling. They tended to view a public health approach as a mix of community education, education in schools, awareness campaigns, advertising campaigns and early interventions – including within gaming venues. However, one problem gambling counsellor in favour of a public health approach lamented that problem gambling was yet to be treated primarily as a health issue. This is more fundamental than taking a '*public health approach*' – it is acknowledging problem gambling as a '*health issue*' in the first place. In the same way that alcohol and other drug addictions have become accepted as health issues rather than individual moral failings – and their treatment has fallen into the gambit of government health departments – this counsellor argued that this change in perception needs to take place in order for problem gambling to be properly addressed via a public health approach:

*... There are many, many people who are dealing with this issue and that it is stigma and shame that is holding people back... this needs to be regarded as any other health issue ... So part of that kind of marginalising marginalises people's sense, also, that this is an okay thing to talk about because it's not kind of 'in' the health situation. It's not regarded as a health problem and it's some kind of weird deviant behaviour that I've kind of got myself trapped in. And I think we keep reinforcing that, and there's certainly vested interests that reinforce that.*

*(PG Counsellor 19)*



## 8.4 Sending messages that encourage help-seeking

*...when I'm counselling, I'll say, 'well, there is a counselling service available because you're not the only person. Otherwise there would be nothing – nothing would exist. So you're not the only person doing this, it is part of the culture now, that the gambling has produced.'*

*(PG Counsellor 23)*

Problem gambling counsellors suggested ways that messages in problem gambling campaigns could overcome misunderstandings about problem gambling, for example by highlighting the fact that other people also experience gambling problems:

*But maybe have things that say, um 'are you experiencing problems with gambling because this many other people are too' or you know, and saying 'you're not alone, it does happen to other people' ...*

*(PG Counsellor 5)*

Another thought that using the word 'problem' was a barrier that could be rectified in the promotion of services:

*The word 'problem' could be dropped – 'If you're spending too much on gambling,' I don't know. So changing the terminology would be good.*

*(PG Counsellor 13)*

While another counsellor suggested that campaigns that encouraged people to view problem gambling as treatable and help-seeking as a positive step could be helpful in overcoming stigma. He gave as an example a recent campaign that he had seen from Victoria:

*They showed an ad of what were those typical public health ads, oh 'we lost our friend to this horrible addiction, horrible affliction'. They didn't say what it was but then you saw, there was a picture of this missing space in a crowd and 'we miss him so much... Then he sought out treatment and we got him back.' So you've got the guy coming back into the picture again being just one of the guys like everyone else. What I really liked about that was it showed that treatment works, that it isn't all about 'this is a bad thing' ... If a client who's got a problem recognises they're out of control a bit and sees treatment as a way of restoring functionality without completely losing face to absolutely everybody then that's going to be an attractive idea.*

*(PG Counsellor 38)*

In order to overcome the fear of judgment that may prevent people from seeking help, another problem gambling counsellor thought that promotions should focus on encouraging people to see help-seeking as a 'mature and sensible' option:

*'How mature and sensible' and, you know, 'it's something to be applauded, not something to hide away'... I think people are thrown off from counselling because they think the counsellor is going to wave their finger at them ... So I think a general – a better understanding that we're not here to judge and tell them what to do, we're just here to try and help them with their goals and to grow and assist them, certainly not to judge them.*

*(PG Counsellor 10)*

## Key Findings of Chapter 8:

### The key findings of this chapter were that:

- 1 Several problem gambling counsellors reported that there had been some recent developments that had contributed to reducing stigma related to problem gambling; for example counsellors working at services that organised community education campaigns reported that clients who took part in these campaigns were 'admired for their courage'. Also, improvement in community attitudes toward counselling generally for a range of problems had helped to reduce stigma.
- 2 The adoption of a 'public health approach' towards problem gambling was favoured by many problem gambling counsellors, and by this they meant a mix of community education, education in schools, awareness campaigns, advertising campaigns and early interventions – including within gaming venues.
- 3 One problem gambling counsellor in favour of a 'public health approach' reported that problem gambling was still not properly acknowledged as a health issue, in the way issues such as alcohol and drug addiction are, but it should be.
- 4 Promotion of specialist problem gambling services should be designed to highlight the fact that other people experience gambling problems, and that problem gambling can be treated and overcome.
- 5 Service providers thought that people with gambling problems should be encouraged to view help-seeking as responsible, rather than a sign of weakness, 'and that taking a step to get help for it is a step of strength, to be admired'.

# Chapter 9: Discussion

The Key Findings at the end of each chapter summarise outcomes for the themes explored in this report. This chapter describes these findings in relation to the key objectives and conceptual framework outlined in chapter 2, before discussing the strengths and limitations of the research, suggestions for future research, and conclusions.

## 9.1 How people with gambling problems experience and manage stigma

Empirical findings of the research demonstrate that people with gambling problems experience stigma as defined by Link & Phelan's (2001) components of stigma framework, as discussed below.

### Distinguishing and labelling [undesirable] differences

This research found that there is general agreement that gambling is a normal part of Australian culture so in that sense, at least, people with gambling problems are no different to most other people. The difference lies between those who are so-called '*responsible gamblers*' and so-called '*problem gamblers*', who are viewed as possessing a number of negative personality traits such as an '*addictive personality*' and a '*lack of control*'. One of the people who self-identified as having a gambling problem acknowledged his own propensity to label others when he recounted that he initially didn't want to attend GA because he wasn't '*one of those losers*'.

### Associating human differences with negative attributes (stereotyping)

While only one research participant used the word '*stereotype*' during their interview (a problem gambling counsellor), several EGM players described people with gambling problems in stereotypical terms – most noticeably by describing people with gambling problems as: being addicted to playing EGMs; being of low socio-economic status; and being bored and lonely. Service providers also reported that the general public thought people with gambling problems were typically people who were stupid and people who harmed their family (for example, by neglecting their children).

### Separating “us” from “them”

The concept of defining the difference between “us” and “them” was most evident in the interviews with EGM players, where even those who met the criteria as having a moderate-risk for developing a gambling problem were clear in their responses that '*problem gamblers*' were other people who had extreme problems. The concept could also be seen in the experience of problem gambling counsellors who reported that people in the general public would avoid their stalls at community events, with one counsellor reporting that people would '*see the word gambling and go, “Oh, oh no, oh no I don't need that”, and walk away from it, back away physically*'.

### Status loss and discrimination

Status loss and discrimination associated with problem gambling was most poignantly described by people with gambling problems when discussing their fears, particularly their fear of being judged by other people, be it counsellors, partners and family, or friends. Problem gambling counsellors described how their clients told them they were embarrassed about having to attend a problem gambling service and feared people who knew them might recognise them entering a service, or notice their car parked outside. Such fears also acted as a deterrent to some clients who were considering self-exclusion. One problem gambling counsellor reported that some of her clients feared '*that people in those venues would have a little snigger that that person had banned themselves*.' Also, indications of discrimination towards people with gambling problems were highlighted by service providers who pointed out that people with gambling problems tended to be judged by society more harshly than people with alcohol or other drug problems (who generally elicit more sympathy). One financial

counsellor pointed out that people with gambling problems were treated more harshly under bankruptcy law, while one problem gambling counsellor reported that the legal system also treated people with gambling problems more harshly than people with alcohol or other addictions.

## A de-stigmatising framework for understanding problem gambling stigma

Drawing on Goffman's theory of stigma (outlined in chapter 2), the experience of people with gambling problems can be understood in a de-stigmatising way. The experience of problem gambling stigma impacts negatively on the person's *'felt identity'*. As chapters 4 and 5 revealed, most people with gambling problems (or at least those who are not in denial) feel shame, embarrassment and guilt because of their behaviour and the consequences of their behaviour, and this impacted on their ability to disclose and seek help. At a deeper level, having a gambling problem affects their sense of self, as demonstrated by people who reported to their problem gambling counsellors that they felt like they were the only person with this problem, or as one problem gambling counsellor commented, they feel they have a *'unique flaw'*.

As demonstrated in chapter 6, people with gambling problems are viewed in a dim light – or discredited – and those who manage to hide their problem are discreditable because they would face societal disapproval if found out. Findings of this research indicated that people with gambling problems are extremely reluctant to disclose their problem, even to – and sometimes especially to – those closest to them, such as their partner or family. As Goffman noted, *'because of the great rewards in being considered normal'* – and fear of the consequences of disclosing a gambling problem – *'almost all persons who are in a position to pass will do so on some occasion by intent'* (1963: 95). In this sense, hiding a gambling problem can be seen as a rational action as long as society holds stigmatising views about people with gambling problems.

## 9.2 Types of problem gambling stigma

### Self-stigma

Self-stigma is a process where the person *'internalize[s] mental illness stigma [emanating from others] and experience[s] diminished self-esteem and self-efficacy'* (Watson et al., 2007: 1312). Therefore, the individual feels bad about themselves because others have negative feelings towards them or towards their behaviour. For people with gambling problems, expressions of *'shame'*, *'embarrassment'* or *'guilt'* may be indications of self-stigma (that is, an internalised response to societal disapproval), but may also indicate they experience shame as a feeling from within. While some theorists have viewed shame as a social phenomenon (Scheff, 2000), others have viewed shame as a deeply personal and subjective feeling, as *'what makes shame remarkable is that it reveals with precision our values, hopes, and aspirations, beyond the generalities of good manners and cultural norms'* (Probyn, 2005: x). Assigning the label of self-stigma to expressions of shame by people with gambling problems is therefore problematic. A limitation of the concept of self-stigma is that it overshadows the possibility that feelings can come from within the person, implying that the individual is merely a mirror reflecting opinions and values derived from outside. The term self-stigma may be stigmatising because if people are seen as merely internalising an outside negative view (rather than feeling something from within) it may imply they may lack core values that other normal people possess, or as one EGM player explained: *'there must be something within them that they don't feel guilty'*.

### Perceived stigma

Perceived stigma is *'the belief that other people hold stigmatizing ideas'* (Barney et al., 2006: 52). As demonstrated in chapter 5, people with gambling problems invariably thought that others would think badly of them if they knew they had a gambling problem. This fear was a common reason given for not seeking help for gambling problems for a number of reasons, including fear of being judged by the counsellor, fear of being labelled a *'problem gambler'* if they attended a problem gambling service, and fear that people they knew

might find out they were attending a problem gambling service. Even people who were open about discussing their alcohol or other drug addictions reported that their gambling problem was different and more difficult to admit to. They reported that even amongst other people with substance addictions, gambling problems were not something they could admit to, as one participant explained: ‘...you can get drunk at a pub and people, it’s normal you know, but if you’ve got a gambling problem, it’s not normal.’

## Public-stigma

Public stigma is ‘the reaction that the general population has to people with mental illness’ (Corrigan and Kleinlein, 2005). Likewise society disapproves of people with gambling problems and they are the object of public stigma – or a negative reaction from the general population towards people with gambling problems. EGM players tended to think problem gambling was caused by individual personality traits – such as an addictive personality or a propensity for risk-taking – and some EGM players thought people with gambling problems would have developed some other form of addiction or problem if they had not succumbed to gambling. On the other hand, there was no evidence that they were seen as being in need of any particular protection from potentially risky products. Service providers believed the general public have a negative view of people with gambling problems, and that they are perceived as stupid, selfish and people who hurt their family. They also thought the general public didn’t understand that problem gambling is an addiction and they were of the view that problem gambling doesn’t elicit the same public sympathy as alcohol or other drug addictions.

## 9.3 De-stigmatising problem gambling

### The ‘Gamble responsibly’ message contributes to stigma

Like the report by the Parliamentary Joint Select Committee on Gambling Reform (2012), findings of this research indicate that the ‘*gamble responsibly*’ message contributes to stigma. ‘*Responsible gambling*’ was seen by problem gambling counsellors as a vague notion that cannot be measured, and they thought it promoted the notion that responsible gambling is within individual control while ignoring the innate risks of using gambling products. Another problem with the ‘*gamble responsibly*’ message was that it tended to be merely tagged onto the end of gambling advertising and this was seen as ineffective. One problem gambling counsellor – who was sceptical of the use of the ‘*gamble responsibly*’ tag on the end of gambling advertising – reported that for people with gambling problems the ‘*gamble responsibly*’ message was lost to the enticement to gamble. Gambling is widely promoted and encouraged despite being a potentially dangerous activity, and the ‘*gamble responsibly*’ message may contribute to stigma because it puts the onus on individuals to control their behaviour. The ‘*gamble responsibly*’ message may also be counterproductive because it does not present relevant help or advice to people already experiencing serious harms, or to their families. This research finding highlights the importance that public messages regarding gambling should be carefully designed to avoid the promotion of stigmatising attitudes towards people with gambling problems. It also highlights the importance that future promotions – whether aimed at reducing problem gambling or promoting problem gambling services – should be clear in their purpose and message, and provide appropriate and helpful advice and information to their intended audience.

### A public health approach should be applied to tackling problem gambling

The adoption of a public health approach towards problem gambling was favoured by many problem gambling counsellors as an important step towards de-stigmatising problem gambling, and some reported that their service used a public health framework. By a public health approach they typically meant a mix of community education, education in schools, awareness campaigns, advertising campaigns and early interventions – including within gaming venues. However, one problem gambling counsellor in favour of a public health approach reported that problem gambling was still not properly acknowledged as a health issue, as alcohol and

drug addiction are, in the sense that its prevention and treatment was the concern of the public health system. While a public health approach was highly regarded, it did not appear to be practiced.

### **Positive developments that have contributed to reducing problem gambling stigma**

Several problem gambling counsellors reported that there had been some recent developments that had contributed to reducing stigma related to problem gambling; for example counsellors working at services that organised community education campaigns reported that clients who took part in these campaigns were *'admired for their courage'*. Also, improvement in community attitudes toward counselling generally for a range of problems had helped to reduce stigma. Service providers also reported that there was a need for more and better promotion of problem gambling services. Some service providers also thought that if more high-profile people spoke publicly about their experiences of problem gambling – just as many high-profile people have spoken out about their experiences with depression and other mental health issues – this would also contribute to de-stigmatising problem gambling and encourage help-seeking.

### **Seeking help for gambling problems should be promoted as a 'Step of Strength'**

According to problem gambling counsellors, promotion of specialist problem gambling services should be designed to highlight the fact that other people experience gambling problems, and that problem gambling can be treated and overcome. Also, people with gambling problems should be encouraged to view help-seeking as responsible, rather than a sign of weakness, and that *'taking a step to get help for it is a step of strength, to be admired'*.

## **9.4 Strengths and limitations of the research**

### **Strengths**

This is the first research that has systematically explored the phenomenon of stigma in relation to problem gambling and help-seeking for gambling problems. A large number of problem gambling counsellors (n=38) from specialist problem gambling counselling agencies located around Australia were interviewed for the study, making research findings from their viewpoint particularly robust. Also, the triangulation of data from multiple sources including: service providers from a variety of services in the ACT; problem gambling counsellors and financial counsellors from problem gambling services located around Australia (excluding Western Australia); people who identified as having gambling problems; and EGM players – also lend robustness to the main finding that stigma is a significant issue for people with gambling problems and a significant barrier to help-seeking.

While data from people with gambling problems, EGM players and service providers in the ACT were taken from studies that did not focus specifically on stigma, the presence of responses indicative of stigma in relation to problem gambling – which were mostly unprompted – strengthens the finding that stigma is at least an important barrier to help-seeking for gambling problems.

### **Limitations**

The small number of EGM players – who do not necessarily represent the views of all regular gamblers or the views of the general public – should be viewed with some caution. However, they do represent the views of research volunteers who play EGMs regularly – many of whom scored as low-risk or moderate-risk on the Problem Gambling Severity Index (PGSI) – and who are not inherently anti-gambling or anti-EGMs. They can be taken to represent a spectrum of views held by people who play EGMs on a regular basis, and who therefore spend time inhabiting the milieu of people who have gambling problems.

The phenomena of public stigma was viewed through the lens of a small number of self-selected EGM players and helping professionals who work with people with gambling problems, and therefore do not necessarily reflect the views of all people. However, a more generalised understanding of public stigma in relation to problem gambling was beyond the scope of this research.

## 9.5 Suggestions for future research

It was beyond the scope of this research to systematically dissect and model the differences between the concepts of self-stigma (an internalising process) and shame (a feeling from within), but this is an important task for future research. So too is research aimed at a more detailed understanding of how shame and stigma impact on the separate aspects of self-identification, disclosure and help-seeking by people at risk of developing gambling problems, especially those at low-risk and moderate-risk on the problem gambling continuum.

## 9.6 Conclusion

Findings from this research indicate that problem gambling is not well understood by society and that this contributes to stigma associated with having a gambling problem. Societal attitudes to problem gambling can be contradictory. For example, while people with gambling problems are viewed as having individual flaws such as an *'addictive personality'*, problem gambling is not understood as an addiction the way drug and alcohol problems are. While society has some sympathy for people with drug or alcohol problems because they have an addiction, people with gambling problems are more likely to be blamed by society for their problem.

Problem gambling is not properly addressed from a public health framework despite mounting appeals that it should be (Parliamentary Joint Select Committee on Gambling Reform, 2012, Productivity Commission, 2010). While treatment of alcohol and other drug problems are now considered issues of public health rather than merely individual moral failings, this does not appear to be the case for problem gambling. Addressing problem gambling as a matter of public health – much like substance addictions and mental health problems are addressed – may go a long way to reducing the stigma attached to problem gambling.

Findings of this research have the potential to inform service provision and promotion of services for people experiencing harms as a result of their gambling behaviour. In this regard the most important finding is that the general public should be encouraged to view seeking help for gambling problems as being a brave and responsible action, rather than as a sign of weakness or desperation. Promotion of specialist problem gambling services should also present problem gambling as treatable. People with gambling problems in particular should be encouraged to view seeking help not as an admission of weakness, but as a *'step of strength'*.



## Chapter 10: References

- Barney, L. J., Griffiths, K. M., Jorm, A. F. & Christensen, H.** (2006). Stigma about depression and its impact on help-seeking intentions. *Australian and New Zealand Journal of Psychiatry* 40, 51-4.
- Carroll, A., Davidson, T., Marsh, D. & Rodgers, B.** (2011). Help-seeking and Uptake of Services Amongst People with Gambling Problems in the ACT. Australian National University: Canberra.
- Carroll, A., Davidson, T., Marsh, D., Sims, S. & Chow, A.** (2012). Beliefs and Knowledge about Gambling amongst High-intensity Players of Gaming Machines. Australian National University: Canberra.
- Corrigan, P. W. & Kleinlein, P.** (2005). The impact of mental illness stigma. In *On the Stigma of Mental Illness: Practical Strategies for Research and Social Change* (ed. P. W. Corrigan). American Psychological Association: Washington, D.C. :.
- Davidson, T. & Rodgers, B.** (2010). The Nature and Extent of Gambling, and Problem Gambling, in the Australian Capital Territory: Final Report. Australian National University: Canberra.
- Dhillon, J., Horch, J. D. & Hodgins, D. C.** (2011). Cultural influences on stigmatization of problem gambling: East Asian and Caucasian Canadians. *Journal of Gambling Studies* 27, 633-47.
- Ferris, J. & Wynne, H.** (2001). The Canadian Problem Gambling Index: User Manual. Canadian Centre on Substance Abuse: Ontario.
- Goffman, E.** (1963). *Stigma: Notes on the Management of Spoiled Identity*. Penguin: London.
- Horch, J. D. & Hodgins, D. C.** (2008). Public stigma of disordered gambling: social distance, dangerousness, and familiarity. *Journal of Social and Clinical Psychology* 27, 505-528.
- Korn, D. A. & Shaffer, H. J.** (1999). Gambling and the health of the public: adopting a public health perspective. *Journal of Gambling Studies* 15, 289-365.
- Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E. & Dohrenwend, B. P.** (1989). A modified labeling theory approach to mental disorders: an empirical assessment. *American Sociological Review* 54, 400-423.
- Link, B. G. & Phelan, J. C.** (2001). Conceptualizing stigma. *Annual Review of Sociology* 27, 363-385.
- Major, B. & O'Brien, L. T.** (2005). The social psychology of stigma. *Annual Review of Psychology* 56, 393-421.
- Neal, P., Delfabbro, P. & Michael O'Neil** (2005). Problem Gambling and Harm: Towards a National Definition—Final Report. SA Centre for Economic Studies with the Department of Psychology, University of Adelaide: Melbourne.
- Parliamentary Joint Select Committee on Gambling Reform** (2012). The Prevention and Treatment of Problem Gambling. Commonwealth of Australia: Canberra.
- Pescosolido, B. A., Martin, J. K., Lang, A. & Olafsdottir, S.** (2008). Rethinking theoretical approaches to stigma: a framework integrating normative influences on stigma (FINIS). *Social Science & Medicine* 67, 431-440.
- Probyn, E.** (2005). *Blush: Faces of Shame*. University of Minnesota Press: Minneapolis.
- Productivity Commission** (2010). Gambling: Productivity Commission Inquiry Report No. 50. Productivity Commission: Canberra.
- Rockloff, M. J. & Schofield, G.** (2004). Factor analysis of barriers to treatment for problem gambling. *Journal of Gambling Studies* 20, 121-126.
- Scheff, T. J.** (2000). Shame and the social bond: a sociological theory. *Sociological Theory* 18, 84-99.

**Suurvali, H., Cordingley, J., Hodgins, D. C. & Cunningham, J.** (2009). Barriers to seeking help for gambling problems: a review of the empirical literature. *Journal of Gambling Studies* 25, 407-424.

**Watson, A. C., Corrigan, P., Larson, J. E. & Sells, M.** (2007). Self-stigma in people with mental illness. *Schizophrenia Bulletin* 33, 1312-1318.

# Chapter 11: Appendices

## Appendix A: Participant Information Sheet

### INFORMATION SHEET

#### **Are you a problem gambling counsellor? We'd like to speak to you**

The ANU Centre for Gambling Research has been asked by the ACT Gambling and Racing Commission (an independent statutory body responsible for the regulation of gambling and racing activities in the ACT) to find out about stigma and help-seeking for gambling problems.

#### *Why are we carrying out this research?*

Previous research indicates that stigma is a significant barrier to help-seeking for people with gambling problems. In order to develop strategies to encourage help-seeking and uptake of services, we need to learn more about how people with gambling problems experience stigma and how they can be assisted in overcoming the stigma associated with seeking help for their problems.

#### *What does the research involve?*

You have been chosen as a potential participant because you have practice wisdom as well as unique insights into the lives and experiences of people experiencing gambling problems.

If you agree to participate in this research, our primary investigator (Annie Carroll) would like to interview you at a time and place convenient to you. The duration of the interview will be 30-45 minutes, depending on the time you have available. This will involve you signing a consent form and answering questions about your work with people with gambling problems. If you agree, we may record the interview on audio tape.

#### *What we'd like to ask you:*

We would like to ask you about:

- > Your clients and their experience of stigma;
- > What factors associated with problem gambling are stigmatising;
- > Your thoughts on how problem gambling can be de-stigmatised; and
- > Your thoughts on how people with gambling problems can be encouraged to seek help.

#### *What will happen to my information?*

Your personal information, such as your name and work contact details, will be kept confidential so far as the law allows. Recordings of your interview and transcripts, should you agree to be recorded, will be de-identified and stored securely at the Australian National University on a password-protected computer accessible only to members of the research team.

You may withdraw from participation in the project at any time, and you do not need to provide any reason to us. If you decide to withdraw from the research we will not use any of the information you have provided, and we will delete your data.

#### *Can I find out about the results?*

The results of this study will be reported to the ACT Gambling and Racing Commission (who we anticipate will make the report available to the public via their website). The researchers will also seek to publish research findings in peer-reviewed academic publications. However, the names of individual participants, and the organisations they work for, will not be reported in connection with any of the information obtained in interviews. A summary of research findings can also be sent to you if you wish to give us your contact details, or email [annie.carroll@anu.edu.au](mailto:annie.carroll@anu.edu.au), or phone 1800 251 880 (freecall).

### *Are there any risks if I participate?*

We do not intend to seek any information in interviews which is particularly sensitive or confidential. It is possible that because the specialist problem gambling service sector is relatively small, others working within the sector may be able to guess which organisations were likely to have been asked to participate, even though we will not attribute any information to any person or organisation. Accordingly, it is important that you do not tell us information which is of confidential status, or which is sensitive or defamatory.

Below you will find contact details and phone numbers in case you have questions or concerns about the study.

*Please note that questions about your clients will be of a general nature, and we will not seek any specific or identifying information about any individual client.*

### *Contact Names and Phone Numbers*

If you have any questions or complaints about the study please feel free to contact:

Professor Bryan Rodgers, Director, ANU Centre for Gambling Research

Tel: 02 6125 0399

Email: Bryan.Rodgers@anu.edu.au

If you have concerns regarding the way the research was conducted you can contact:

The Human Ethics Officer

Human Research Ethics Committee

Australian National University

Tel: 02 6125 3427

Email: Human.Ethics.Officer@anu.edu.au

## Appendix B: Consent Form

### CONSENT FORM

#### Stigma and help-seeking for gambling problems

Researchers: Dr Annie Carroll, Dr Tanya Davidson, Prof Bryan Rodgers, Prof David Marsh, Ms Sharryn Sims, ANU

- 1 I ..... (please print) consent to take part in the *Stigma and help-seeking for gambling problems research project*. I have read the information sheet for this project and understand its contents. The information provided explains the nature and purpose of the research project, so far as it affects me, to my satisfaction. My consent is freely given.
- 2 I understand that if I agree to participate in the research project I will be asked to take part in an interview that will take 30-45 minutes, depending on the time I have available.
- 3 I understand that while information gained during the research project may be published in reports to the ACT Gambling and Racing Commission, and in peer-reviewed academic publications, my name, position title and organisation will not be used in relation to any of the information I have provided.
- 4 I understand that personal information, such as my name and work contact details, will be kept confidential so far as the law allows. This form and any other identifying materials will be stored separately in a locked office at the Australian National University. Data entered onto a computer will be de-identified and kept in a computer accessible only by password. All data will be securely stored for a minimum of 5 years, in accordance with the ANU Responsible Practice of Research Policy, and only members of the ANU Centre of Gambling Research team (Dr Annie Carroll, Dr Tanya Davidson, Prof Bryan Rodgers, Prof Davis Marsh, & Ms Sharryn Sims) will have access to the data.
- 5 I understand that although any comments I make will not be attributed to me or my agency in any report or publication it is possible that others may guess the source of information, and that I should avoid disclosing information to the researchers which is of confidential status within my organisation or which is defamatory of any other person or organisation.
- 6 I understand that I may withdraw from the research project at any stage without providing any reason and that this will not have any adverse consequences for me. If I withdraw the information I provide will not be used by the project and the researchers will delete my data.

Signed ..... Date .....

#### Audio taping

I consent to have my interview (if any) audio-taped by the interviewer. I understand that the recording will be stored securely at the Australian National University.

Signed ..... Date .....

**School of Sociology, ANU College of Arts and Social Sciences**  
[sociology.cass.anu.edu.au/centre-gambling-research](http://sociology.cass.anu.edu.au/centre-gambling-research)

**ANU Centre for Gambling Research reports**  
[www.gamblingandracing.act.gov.au/Research.htm](http://www.gamblingandracing.act.gov.au/Research.htm)