How is problem gambling stigmatised? 
Insights from a mixed-method study of public and self-stigma associated with problem gambling 

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Background

- Gambling is a popular, socially accepted and normalised activity in many countries.
- But problem gambling appears to be highly stigmatised.
- Stigma: a social process when individuals are devalued or discredited because of a perceived negative attribute, behaviour or social identity which disqualifies them from full social acceptance (Goffman, 1963).
- Very little research has examined the relationship between problem gambling and stigma (only student samples).
- Stigma is a known deterrent to problem acknowledgement, help-seeking and recovery from problem gambling.
Research questions

1. How is the public stigma of problem gambling characterised?

2. How is the self-stigma of problem gambling characterised?

3. How does stigma affect help-seeking and treatment?
Methods

1. Adult survey:
   • To measure public stigma of PG.
   • 2,000 adult residents of Victoria Australia.
   • Weighted to population norms.
   • Based on responses to vignettes of problem gambling, alcohol disorder, schizophrenia, sub-clinical distress, recreational gambling.

2. Survey of people with gambling problems
   • To measure self-stigma of PG.
   • Targeted sample of 203 adults with PG in last 3 years.

3. Qualitative in-depth studies
   • To capture depth & complexity of perceptions, experiences, effects.
   • 44 people with recent experience of having PG.
   • 9 counsellors providing gambling help in Victoria.

Measures
• Adapted from widely used measures in mental health stigma research.
Public stigma of problem gambling

• Formation of negative societal attitudes towards those with a stigmatising condition (Corrigan, 2004).

• PG perceived as quite noticeable, highly disruptive, due mainly to stressful life circumstances, not particularly dangerous/violent, recoverable, an addiction.

• “Problem gamblers” stereotyped as impulsive, irresponsible, greedy, irrational, anti-social, untrustworthy, unproductive, foolish.

• Respondents more likely to pity “problem gamblers” than feel anger and fear.

• Public devaluation & discrimination in personal relationships, employment, trust.
Public stigma of problem gambling

**More stigma** from respondents who:
- attributed PG to bad character
- considered PG less recoverable, more perilous to others
- felt less pity, more anger and fear
- held more negative stereotypical views
- endorsed greater status loss and discrimination

**Less stigma** from those who:
- were female
- had higher levels of contact with problem gamblers
- gamble more themselves

PG more stigmatised than sub-clinical distress & recreational gambling.

PG less stigmatised than alcohol use disorder and schizophrenia.
Self-stigma

- When individuals with a stigmatised condition internalise and apply negative societal conceptions to themselves (Corrigan, 2004).
- Damaging impact on self-image of having PG was highly evident, lowered self-esteem and self-efficacy.
- Self-stigmatising beliefs: disappointed in themselves, ashamed, embarrassed, guilty, stupid, weak, a failure, entirely to blame.
- Higher self-stigma felt by females, EGM players, those with higher self-consciousness, social anxiety, psychological distress and PG scores, and with lower self-esteem.
- Self-stigma increases as PG intensifies, imposing a double burden on people with gambling problems.
Stigma, help-seeking & treatment

- Secrecy was main coping mechanism (>80% not disclosed to others).
- Due to fear of rejection, shame, being labelled a “problem gambler”, and being stereotyped, judged, demeaned and discriminated against.
- Self-help, anonymous online & phone help most common.
- Stigma deterrent from counselling, but some attended once PG very severe.
- Reducing self-stigma a vital part of treatment – one of counsellors’ first goals.
- Higher self-stigma amongst those who had sought help cf to those who had not sought help, but causal directions unclear.
- Relapse increased self-stigma and lowered self-esteem & self-efficacy.
- Preparing clients for relapse and incorporating stigma-reduction strategies into treatment after relapse are highly important components of therapy.
Conclusions

• Limitations: non-random surveys, self-report, use of vignettes, social desirability.

• Strengths:
  • 1st comprehensive examination of stigma associated with PG.
  • Contributed to deeper understanding of public and self-stigma of PG.
  • Findings can inform stigma-reduction efforts in relation to problem gambling.
Research Report


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