

GambleAware[®]

keeping people safe from gambling harms

Disproportionate Burdens of Gambling Harms Amongst Minority Communities

A Review of the Literature

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Reviewed by

Many thanks to the peer reviewers

About Us

GambleAware is an independent, grant-making charity commissioning prevention and treatment services across England, Scotland and Wales in partnership with expert organisations and agencies, including the NHS, across three areas:

- Commissioning the National Gambling Treatment Service
- Producing public health campaigns on a national scale and providing practical support to local services
- Commissioning research and evaluation to improve knowledge of what works in prevention.

Regulated by the Charity Commission for England and Wales, and the Scottish Charity Regulator, GambleAware is wholly independent and has a framework agreement with the Gambling Commission to deliver the National Strategy to Reduce Gambling Harms within the context of arrangements based on voluntary donations from the gambling industry.

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Abstract

Minority communities bear disproportionate burdens of harms associated with gambling in Great Britain. However, the literature to date indicates a lack of information about why these communities experience higher levels of gambling harm. This scoping review therefore seeks to identify the drivers for why minority communities experience more prevalent gambling harms. These include experiences of racism, discrimination, trauma, as well as cultural and linguistic barriers, and where communities live. As a key finding, research reviewed demonstrates that structural racism, inequality, and discrimination can be seen to be at the heart of many of these variables and disparities. The study additionally addresses some limitations with research identified. In particular, there is a lack of research conducted in Great Britain establishing the drivers for gambling harms amongst minority communities, with all of the substantive work identified being international. Moreover, some of the research identified makes assertions that are not supported empirically, including generalisations, conflation, and the use of problematic terminology. The study further makes some recommendations for future research, and for service and healthcare provision, emphasising a need for research on minority communities and gambling to acknowledge the inequitable context in which these communities live.

Introduction

Minority Communities: Greater Gambling Harms

Adults that belong to minority ethnic communities in Great Britain (GB) are more likely than white British people to be classified as experiencing some level of harm associated with gambling (Dinos et al 2020). However, within specialist gambling treatment services, individuals from ethnic minority communities are under-represented and there is evidence of a lack of suitable provision to address the requirements of these communities. The *Treatment Needs and Gap Analysis in Great Britain* (Dinos et al 2020: 7) publication stresses that “the needs of specific groups (e.g. women, Black, Asian and Minority Ethnic (BAME) and people from lower socioeconomic backgrounds) are not adequately met”.

The majority of the population in England, Scotland and Wales are of white ethnicity; in 2019, four in five people (79.7%) in GB identified themselves as being of ‘White British’ ethnicity, including those who described themselves as ‘White English’, ‘White Welsh’ or ‘White Scottish’ (ONS 2017). A further 6.3% identified as ‘Other White’ ethnicities; 7.4% as ‘Asian’; 3.2% as ‘Black’; 1.7% as ‘Mixed’; and 1.8% as ‘Other’. Therefore, there are approximately 13 million people in GB who do not identify as ‘White British’, of which almost 9 million people belong to an ethnic minority group.

Participation in any level in gambling activities appears to be less common amongst minority ethnic groups than amongst white people; 2016 data shows that 59% of white people had taken part in any gambling activity within the last year, compared with 46% of Black people, 32% of Asian people, and 45% of those from other ethnicities (Conolly et al 2018). This trend was broadly replicated in measures of frequency of gambling, with white people who gamble reporting taking part more regularly than those from other ethnic groups (Conolly et al 2018).

Despite this, the incidence of gambling harms in the population is higher amongst certain minority ethnic groups than white people. Analysis of combined Health Survey data from 2012, 2015, and 2016 for England and Wales shows a greater proportion of ‘problem gamblers’ (defined by either the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) or Problem Gambling Severity Index

(PGSI) measures¹) amongst Black people, and those from 'other' minority ethnic communities, compared with white or Asian people (Conolly et al 2018). Therefore, although there are generally lower levels of gambling participation amongst these minority communities, those who do participate are more likely to be identified, or identify, as 'problem gamblers' than white people.

Furthermore, research commissioned by GambleAware (Gunstone and Gosschalk 2020) suggests that as many as one in five (20%) people who gamble and are Black, Asian or minority ethnic (BAME) have experienced *some* level of gambling harm (defined as a PGSI score of 1 or higher). This represents a significantly greater proportion of the group experiencing harm compared with white people (12%).

Correspondingly, there is evidence of greater demand for support to manage gambling harms amongst those who gamble in BAME communities in GB: from research undertaken in 2019, more than a third (36%) of BAME people who gamble said that they wanted to access any type of treatment or support for their gambling behaviours, compared with 16% of white people who gamble (Gunstone and Gosschalk 2020). However, the sources through which minority ethnic people who gamble have accessed help for gambling differ from the white population.

While BAME people who gamble were more likely to report having sought help from any source, including GPs, mental health services, and informal sources such as faith groups (Gunstone and Gosschalk 2020), analysis of data from GambleAware funded gambling treatment services shows that minority ethnic individuals were under-represented within specialist gambling services (Tipping et al 2019). Furthermore, those from minority ethnic communities who do access help from dedicated gambling treatment providers are less likely to complete their course of treatment than white individuals (Best et al 2019). This raises concern that gambling support within GB is not adequately meeting the needs of individuals from minority communities.

We can therefore conclude that minority communities bear disproportionate burdens of harms associated with gambling in Great Britain and are less likely to access the specialist gambling treatment services they may need. Further exploration of the characteristics and types of gambling behaviours that may be more likely to be displayed by individuals from certain ethnic groups does exist, particularly quantitative work (see for example, Forrest and Wardle 2011). However, our review of the literature to date indicates a lack of information about *why* these communities experience disproportionately high levels of harm, and why they do not or cannot access targeted healthcare and service provision.

Otherisation and Racialisation

In order to explore the reasons why these communities experience higher levels of gambling harms, we set out from a position of understanding of the inequitable and discriminatory structure of the society in which minority communities live.

¹ The PGSI was specifically developed for use among the general population as a self-assessment tool. The PGSI consists of nine items, when scores to each item are summed, a total score ranging from 0 to 27 is possible. The DSM-IV criteria form a tool created for diagnosis by clinicians of pathological gambling, and were not intended for use as a screening instrument among the general population in its original format. For DSM-IV, there are 10 questions in total, with scores ranging from 0 to 10.

According to our understanding, societies do not come to discriminate against communities of people due to irrational prejudice; rather, discriminations are borne of a process whereby communities are constructed as being innately different, as 'other' (Tajfel and Turner 1986). The construction of race appears to be natural, timeless, and 'true', yet is actually socially produced (Howell 2007; Keane 2002; Levy 2015). These constructions are shown to be arbitrary by the fact that categories change and evolve through time and are not constant (Howell 2007). Culture, religion, and heritage make up fundamental aspects of identity and personhood for many communities. However, *biological* 'race' and, indeed, biological ethnicity, can be regarded as arbitrary categorisations that serve to justify inequitable treatment and discrimination (Wetherell and Potter 1992).

However, the fact that these are constructions does not negate the oppression, silencing, and discrimination these communities are subject to, which is driven by constructions of racial 'difference': although race is socially constructed, oppression and inequality are very real, as emphasised by Smedley and Smedley (2005: 22):

“if race is not a biological or anthropological reality, should race play a role in policy discussions? From a policy perspective, although the term race is not useful as a biological construct, policymakers cannot avoid the fact that social race remains a significant predictor of which groups have greater access to societal goods and resources and which groups face barriers – both historically and in the contemporary context – to full inclusion. The fact of inequality renders race an important social policy concern”.

All of these forms of oppression and inequality experienced by minority ethnic communities may be collectively termed 'racism'. Gambling harms need to be contextualised within a society where racism shapes the life chances and experiences of minority ethnic communities in complex ways. This racism serves as “encompassing economic, political, social, and cultural structures, actions, and beliefs that systematize and perpetuate an unequal distribution of privileges, resources and power between white people and people of color” (DiAngelo 2011: 56).

The approach to this scoping review is therefore underpinned by this understanding of race as a social construct, and is informed by our understanding of Great Britain as an inequitable, postcolonial context, the need to challenge the constructions discussed above, and getting “to the core of the subconscious roots of English racism, which is the legacy of colonization” (Hall and Back 2011).

From the outset, we recognise that disproportionate burdens of gambling harm in these communities are not because of anything inherent and immutable about these communities. Instead, as we discuss below, the literature we review here highlights that these burdens are due significantly to the contexts in which these communities live, given what we know about the social construction of race, and of racism. As is emphasised clearly by Ortiz and Hernández (2019: 116), a backdrop of inequality, oppression, injustice, and discrimination must not be ignored when engaging with gambling harms amongst ethnic minority communities:

“We should be clear: we are talking about the social and economic injustice that is rooted in hundreds of years of systematic discrimination and oppression. A failure to understand and acknowledge these facts will result in missed opportunities, further devastation and continued disparities. The disordered gambling field is not exempt from this history and the discriminatory attitudes, beliefs and behaviours that have resulted from it”.

Minority Communities

Within Great Britain, inequitable and discriminatory contexts are, however, also marked by characteristics other than ethnicity alone. These include not speaking English as a first language, being a member of certain religions, and coming from a migrant community. All of these aspects of an individual's identity can also be subject to racism and discrimination, which can have compound and intersecting effects (Crenshaw 1989; Logie et al 2011). Further to being subject to discrimination, these nuanced cultural variabilities can result in differing understandings and stigmatisations of gambling, as well as types of gambling engagement and participation.

Factors such as religion, migration, and language are therefore also important to explore in order to better understand how issues of otherisation and social exclusion impact minority ethnic communities. Other minority communities should be considered to help further understanding of minority ethnic communities. They should also be considered by us in their own right, in relation to gambling. Collectively, we will therefore refer to these communities as 'minority communities' including minority ethnic communities, minority religion communities, those who speak minority languages, and those who are from migrant communities.

Aims

We seek here to establish potential drivers as to why gambling harms are more prevalent amongst minority groups. To this end, we explore what is known about the contexts that may contribute towards higher levels of gambling harm amongst these communities.

Since this paper's focus is on the factors resulting in higher burdens of gambling harm, establishing intricacies of patterns of behaviour, and constructing ostensibly innate qualities of certain communities is expressly not our focus.

Methodology and Limitations of this Review

As GambleAware is a commissioner of services for people who experience gambling harms in Great Britain, we are particularly interested in the experience of minority communities within GB. To understand the broader context in which minority communities live, we draw on knowledge of contexts where communities are subject to discrimination that is comparable to within Great Britain, such as other Anglosphere countries.

This study does not seek to be comprehensive in its coverage of all literature relating to minority communities and gambling, and therefore should be regarded as a light touch scoping study to provide an indicative understanding of why harms are more prevalent in minority communities.

We conducted an online search of peer-reviewed academic publications using the Google Scholar search engine and combinations of 22 search terms focussing on issues related to minority communities. We limited searches to publications from the year 2000 onwards since contemporary research is more likely to focus and demonstrate current drivers of gambling harms in minority communities.

We aimed to source five relevant publications for each search term, and terminated a search after reviewing ten screens of search results, irrespective of whether five publications had been retrieved. Further relevant papers were considered through a process of targeted 'snowball citation searching' which enabled us to identify additional key texts cited in the literature. As a result, in total we

identified in excess of 60 publications relevant to the scope of this study, including those that frame our analyses.

Wider Social Issues in the Literature

Through this paper we explore how sociocultural, economic, environmental, and geographical factors, and the intersections of these contextual influences, may explain differences in relation to gambling harm (Richard et al 2016; Martins et al 2013; Tse et al 2004).

It is argued that a public health approach to gambling should engage with these broader determinants that drive *vulnerability* (Shaffer and Korn 2002), with a focus on preventing and reducing gambling harms at community and population levels, as opposed to focussing solely on problem gambling prevalence and diagnosis and treatment of the individual (a medical model). Communities who are disenfranchised and disadvantaged are at a greater vulnerability, as argued by Ortiz and Hernández (2019: 114):

“[A] key component of a public health approach to responsible gambling is the protection of the most vulnerable in our society. Individuals and communities that endure great challenges and social injustices relating to poverty, racism, and inequities represent a significant level of vulnerabilities for health-related issues, including gambling-related harms”.

There is little research on the lived realities of these communities and of the societal drivers of vulnerability, or establishing the intricacies of what they are, how they operate, and the underlying structural determinants. As is emphasised by Okuda et al (2016: 280), “[w]e found that research of GD [Gambling Disorder] among minority groups is scant, and the prevalence of GD among these groups is at a magnitude of concern”.

In the following sections, we therefore explore what research *has* been conducted that serves to examine the actual determinants of higher prevalence of gambling harms in these communities, while keeping in mind that correlation, particularly in the case of identity and heritage, cannot be assumed to equal causation.

Religion and Culture

The concept of ‘culture’ does not lend itself as easily to quantitative analysis as religion. However, religion can be understood as an illustration of a ‘cultural system’ composed of myths, rituals, symbols and beliefs created by humans as a way of giving our individual and collective lives a sense of meaning (Woodhead 2011: 124).

Certain values and beliefs can be more common in some communities than others. The influence of culturally determined behaviours, both in relation to gambling and help-seeking, must be examined in relation to the role they could play in people experiencing problems associated with gambling (Raylu and Oei 2004). Alegria et al (2009: 132) state that: “[the] prevalence of disordered gambling, but not its onset or course of symptoms, varies by racial and ethnic group. These varying prevalence rates may reflect, at least in part, cultural differences in gambling and its acceptability and accessibility. These data may inform the need for targeted prevention strategies for high-risk racial and ethnic groups”.

Indeed, whilst data about the interplay of religion and gambling are limited, particularly for Great Britain, prevalence of participation and gambling problems suggest that despite an overall lower rate of taking part in gambling, members of minority religious communities are more likely to be classified as ‘problem gamblers’ than white communities (Gunstone and Gosschalk 2020; Wardle et al 2014).

Further, in some cultures and religions, gambling participation can be influenced by religious and societal ethics and morality. For example, there may be an expectation that abstinence will be displayed by members of Muslim communities (Raylu and Oei 2004), which could result in differing stigmatisation of gambling harms, both by those outside of this community and within.

To re-emphasise, what these authors term ‘cultural differences’ are not innate or fundamental differences, but instead, cultures are nuanced and mutable, and are made up of traditional, inherited meanings, as well as emergent changing patterns and innovations. These facets of cultures can result in increased vulnerability to experiencing gambling harms in a context where interventions and service provision are not targeted appropriately to communities’ intricate needs.

The influence of culture cannot be specified in a generalised way for minority communities. It is as unique and diverse as the many identities that we describe in this paper under the term ‘minority’. Examples of how particular cultures can be linked to gambling attitudes and behaviours, however, are explored below to illustrate this point.

Migration, Language, and Socio-Economic Isolation

From the point of arrival to a new home country, migrants can undergo acculturation, that is, changes to cultural and psychological identity as a result of experiences within their new setting (Sam and Berry 2010). This process of acculturation is informed in Great Britain very specifically by class structures, the legacy of colonialism, and how these intersect with race (Back 1996).

Raylu and Oei (2004) state, for example, that acculturation and increased gambling among Asian people in host countries could be viewed in two ways: it could be argued that increased gambling is related to a ‘successful’ acculturation process (i.e. adapting to a culture that has high acceptance of gambling) or, conversely, related to difficulties in adapting to the mainstream culture. Considering migrants from China, in particular, or their first or second generation descendants, Wong and Tse (2003: 4) highlight how culture may influence their approaches to gambling, because in China, “some forms of gambling have become so intertwined with social life that they are considered acceptable, even as healthy hobbies”.

In addition to undergoing a process of acculturation, a number of factors related to the experience of migrating – which can come to impact not only first-generation migrant communities – contribute to gambling participation such as low income, lack of employment, low socio-economic status, loneliness, isolation and boredom, all of which have been linked to gambling disorder in migrant communities (Rogers 2013; also see Blaszczynski et al 1990). Indeed, in other multicultural English-speaking societies, being a migrant, and speaking a language other than English have been found to be a risk factor for experiencing gambling-related harm (Gainsbury et al 2013).

This lack of integration and social exclusion drives perceptions of status in the new destination context, and can result in people feeling disenfranchised. It ultimately impacts self-esteem and mental wellbeing. In turn, it may result in a higher propensity to engage with gambling problematically, based

on an assumption that status can be achieved through winning money (Rogers 2013; Wong and Tse 2003).

Indeed, some migrant communities who are unable to find employment and income opportunities have come to consider gambling as a means of income generation in-and-of-itself, with problem gambling driven by this, and by the traumas and difficulties associated with migration (Rogers 2013).

In addition to the incentive of winning money, the motivation for engaging in some forms of gambling may be socially driven, because gambling does not present the language barrier experienced by new migrants in many other situations. For instance, in a casino one does not need to have command of a spoken language and gambling activities can be satisfactorily conducted purely by using hand gestures (Wong and Tse 2003). This means gambling can remain a leisure activity and a way to integrate socially without needing a good grasp of the host language.

For Chinese migrants in the US, problems associated with gambling are exacerbated by the fact that new migrants have limited social support, little knowledge about the types of local services available (e.g. financial or legal advice, mental health, social and family services) and are not accustomed to seeking help from others, including health professionals (Wong and Tse 2003). Though we cannot assume that this translates to the context of GB, this example is helpful in framing the broader context in which minority communities live.

Tse et al (2004) found that in Asia, gambling harms are seen as being a social rather than an individual problem, so individuals may be less likely to recognise signs of harmful gambling. This can be compounded by difficulties with post-migration adjustment. Research in Great Britain suggests that recent migrants hold concerns surrounding trust, confidentiality, social interaction, integration and language proficiency, interwoven with barriers that migrants may encounter when engaging in help-seeking behaviour (Bramley et al 2020).

It should be noted however, that for some migrants, the experience of migration may result in a lower level of vulnerability to gambling harms. Wilson et al (2015) found that compared to first-generation immigrants, migrants of subsequent generations were significantly more likely to report experiencing gambling harms. These findings suggest that gambling prevalence rates increase across subsequent generations, which may be related to the concept of the 'immigrant paradox'. This states that first-generation immigrants and less acculturated individuals are sometimes found to outperform second generations and more acculturated individuals on a variety of outcome measures, such as academic achievement and general health (García Coll and Marks 2011).

It is self-evident that experiences of migration are diverse, and therefore straightforward implications for gambling behaviours and harms cannot be deduced. Our review of the literature does suggest, however, that our understanding of the role of this element of identity in relation to gambling is underexplored, and the contribution that this factor may make to the greater burdens of gambling harm experienced by minority ethnic communities remains unknown.

Geography

Geography is associated with gambling in two ways. First, in terms of accessibility and the location of gambling outlets in relation to an individual's home or place of work. Geography is both physical and virtual here, serving to inform different types of disenfranchisement: in terms of lack of access to

amenities and privileges of certain spaces, and to spaces of learning and information exchange, such as the Internet. Both of these are also variables that inform access to gambling opportunities.

Secondly, neighbourhood type is associated with gambling participation, with those living in more deprived areas at greater risk of developing gambling harms. This is a particular issue for minority ethnic communities because they are more likely to live in deprived neighbourhoods. This is due, in part, to disenfranchisement, inequality, and otherisation experienced by minority communities compared with the white British population (Jivraj and Khan 2013). The result is that these minority communities are disproportionately affected by the risks associated with gambling harms of living in a disadvantaged neighbourhood.

Martins et al (2013: 139) note that in relation to gambling outlets, “localities can control the sanction and location of gambling opportunities”. People living in urban areas are more likely to be in physical proximity to gambling outlets, a factor that is correlated with gambling behaviours and frequent gambling (Barnes et al 2017). Considering the relationship of this element to ethnicity, census data for England and Wales reveals that people from minority ethnic backgrounds are considerably more likely to live in urban areas; 97.4% of Asian people and 98.1% of Black people do so, compared with 79.1% of white people (ONS 2020), and therefore are likely to have greater exposure to, and access to, gambling premises within their local area.

Further to proximity to gambling opportunities, another issue is the deprived socio-economic characteristics of the areas in which minority communities are more likely to live. Martins et al (2013: 130), for example, found that those living in neighbourhoods with moderate or high levels of disadvantage were significantly more likely to gamble than those living in neighbourhoods with lower levels of disadvantage:

“Higher neighborhood disadvantage, particularly aspects of the neighborhood concerning the inhabitants, was associated with gambling frequency and problems among young adult gamblers from an urban, low-income setting”.

This research found that those living in highly disadvantaged neighbourhoods were ten times more likely to have experienced gambling problems than those living in less disadvantaged areas (Martins et al 2013). Wardle et al (2014) also found that there was a significant correlation between areas defined as having a high density of machine gambling (a gambling machine venue within a 400-meter radius) and socio-economic deprivation, with these areas displaying greater levels of income deprivation and more economically inactive people than in other areas.

Minority ethnic communities often become ‘stuck in place’, which means they are unable to move away from their current neighbourhood, as a consequence of compounding factors such as socioeconomic, policy, and institutional racism (Glass and Bilal 2016; Sharkey 2012). Many minority ethnic communities are not living in deprived areas through choice but due to the social, economic, and environmental factors around them. Therefore, they face barriers in escaping conditions that increase the likelihood of gambling harm.

Compound Health Issues and Treatment Disparities

Ortiz and Hernández (2019) have highlighted the interconnected nature of gambling harms with other aspects of physical and mental health. These have consequences for both the individual who gambles

and their wider social network of 'affected others' (those that have been negatively affected by a gambling problem of someone else).

Gambling harms have been shown to be linked with other health considerations, including both drug dependencies (Ortiz and Hernández, 2019), and severe depression (Currie in Breen and Gainsbury 2013). Furthermore, although there is a lack of research exploring the relationship between co-occurring health conditions and ethnicity amongst people who gamble within Great Britain, international evidence suggests that mental health difficulties experienced by people who gamble vary in terms of prevalence and severity between different minority ethnic communities (Barry et al 2011; Caler et al 2017).

These findings should be considered against the backdrop of the GB context, in which minority ethnic communities are generally considered to be at an increased risk of poor mental health (Mental Health Foundation 2016), and with an awareness that the impacts of racial discrimination can manifest both psychologically and physically (Bignall et al 2019).

Issues of health are inextricable from the culture within which conditions are diagnosed and treated. Evidence of structural racism within the National Health Service in the UK, for example, and calls for improvement, have been issued for more than two decades, yet gaps in provision and equity of access and outcomes remain (Adebowale and Rao 2020).

Systemic health inequalities extend to the treatment of gambling harm, with international evidence emphasising the need for action to combat racial disparities at every stage of provision; from awareness and prevention activities (Barnes et al 2017), to diagnosis, treatment and aftercare (Ortiz and Hernández 2019).

Indeed, existing literature in the area of treatment and support for gambling harms has noted that funding will be needed for culturally appropriate treatment services to help people who experience gambling harms from minority communities (Abbott et al 2004). In particular, there is a need for services to take into account cultural nuances, migration status, and language.

It has also been recommended that counsellors working in agencies involved with minority ethnic groups be trained in diagnosis and appropriate referral pathways for people who experience gambling harms from different cultural backgrounds (Abbott et al 2004). Reflecting our earlier discussion of the impacts of acculturation, Bramley et al (2020: 22) have argued for the importance of considering the needs of minority communities, not just from the perspective of ethnicity, but also the impact of migration: "Efforts should be made to ensure gambling support services are accessible to migrants and culturally sensitive".

However, the creation and adaptation of gambling treatment services designed for minority communities must give full consideration to the sensitivities and nuances involved. Ortiz and Hernández (2019) draw out the importance of the intersecting nature of prejudices and discrimination that people from minority communities who gamble may experience. They emphasise the need for those working in the gambling treatment community to build on work done in other sectors, such as drug treatment, to prevent further marginalisation, oppression, and stigmatisation of communities.

A lack of awareness and understanding of how structural racism impacts the experiences of minority ethnic people has contributed to the pathologisation of these communities (DeArth-Pendley 2012). Buckelew (2015: 65) states that without greater education, the identification of problem gambling

may perpetuate these trends: “Students with higher levels of color-blind racism, the would-be future providers [of gambling treatment], are more likely to judge Black clients as more symptomatic than white clients, while those with greater awareness of racism were less likely to judge a Black client as more symptomatic”.

The need for greater education and training of gambling treatment providers, specifically about the relationship between ethnicity and problem gambling, is further illustrated by examples of providers resorting to stereotypes about gambling and minority ethnic people. This includes attribution of gambling behaviours solely to the ‘culture’ of the individual’s community, without discussion, consideration, or reflection about how racism and inequalities influence experiences and outcomes (Buckelew 2015; Ortiz and Hernández 2019). This emphasises the need to involve minority ethnic communities with lived experience of gambling harms in the tailoring of gambling treatment and support services to meet their needs.

Racism, Discrimination, and Trauma

It is clear that there is an inequitable context in which minority ethnic communities live that serves to drive increased vulnerability to problems associated with gambling. This context is one of racism, xenophobia, stigmatisation, and discrimination. Constructions of certain communities as being ‘other’, result in – and are amplified by – the social exclusion of minority communities. In short, discrimination and othering result in inequality which, in turn, drives vulnerability to experiencing further discrimination and trauma.

Racism and discrimination are documented as being associated with dependencies and disorders generally. This is played out in the literature in terms of gambling, where it is hypothesised, and found, that “[r]acial discrimination may be an important risk factor for PG [problem gambling] given documented associations between racism and other forms of addictive behaviour” (Currie et al 2013: 393). Indeed, racial discrimination experienced in the past year has been shown to increase twofold the likelihood of gambling (Martins et al 2013) and experiencing problem gambling in the past year (Currie et al 2013).

With limited research in this area situated within GB, our understanding of this issue is largely informed by international research. Racism and discriminations are experienced by numerous minority communities, including by indigenous populations within their home countries. Breen and Gainsbury (2013) emphasise that “negative emotions including stress, isolation, inequity and racism, appear to motivate Aboriginal people to gamble to escape and cope with these feelings.” Research notes minority communities routinely experiencing racist generalisations, stigmatisation, and social alienation, with these all driving gambling to ‘escape’ (Breen and Gainsbury 2013). Gambling for minority communities, then, is used to cope with trauma, stigmatisation, marginalisation, and discrimination. Essentially, gambling is a means of escapism from the effects of racism for these communities (Breen and Gainsbury 2013; Currie et al 2013; Hagen 2013).

However, given that gambling can be associated with substantial problems and harms, it can be a risky coping strategy. Indeed, far from ameliorating the difficulties associated with racism, these issues can be intensified by the harms that can result from gambling, in addition to the experience of stigma associated with being ‘a problem gambler’. As Tse et al (2004) note in the context of migration:

“Discrimination, combined with the effects of the problem gambling itself, can lead to feelings of disconnectedness and hopelessness, compounding what they have already suffered from the stress of the immigration process. An Asian person with problem gambling in a foreign country may suffer a double dose of stigma and discrimination by carrying both the labels of ‘problem gambler’ and ‘Asian.’”

Intersecting Inequalities

Other intersecting inequalities drive greater gambling harms observed in minority communities. As demonstrated above, markers of disadvantage, disenfranchisement and discrimination, including constructs of race and class, are all important contextual factors that increase the likelihood of experiencing problems associated with gambling.

It is important to emphasise that these markers of disadvantage and inequity do not operate independently of each other. They intersect and compound one another also, and we note that these “overlapping, multilevel forms of stigma and discrimination are representative of an intersectional model of stigma and discrimination” (Logie et al 2011: 1; also see Crenshaw 1989; Hall 1990; Hall and Back 2011). In the context of gambling, these aspects of an individual’s life do not reflect anything innate about certain communities, rather, as Richard et al (2016: 265) note, “factors that exacerbate PG [problem gambling] behavior cross-culturally include substance abuse, low socioeconomic status, lack of social activities, and geographic location”.

Though outside the scope of this review, other factors do serve to amplify difficulties experienced by people who gamble from minority communities, and act as barriers to accessing treatment and support. Though we will not discuss these involvedly here they do merit note, since no doubt they have far reaching consequences as a result of minority community status intersecting with other characteristics subject to discrimination. These notably include gender identity and sex, age, class, and sexual orientation. In particular, recent research has highlighted that women from minority ethnic communities are disproportionately affected by gambling harms, with a third of all women who experience problems associated with gambling being from ethnic minority communities (Gunstone and Gosschalk forthcoming). Further to this, however, we have not been able to find in the literature evidence of how these variables intersect with being a member of a minority community in reference to gambling.

Problems with Current Research

Conflations and Categorisations

Further to the disparities in society that drive higher burdens of gambling harms in minority communities, we note that research focussing on minority communities and gambling, in some instances, draws on analyses that are not supported fully by the findings. We outline some identified problems with the research below.

Much of the research we have reviewed on minority communities and gambling has grouped or categorised individuals by their race or ethnicity and has then asserted that being a member of a community is an innate risk factor in developing gambling harms. Such research fails to recognise the huge variabilities within communities, whilst simultaneously failing to acknowledge any underlying

factors that are actually responsible for driving observed disparities and trends. Research carried out by Forrest and Wardle (2011: 14), for example, concluded that “being Asian was shown to be a predictor of problem gambling”, and that

“it is not the case that elevated prevalence of problem gambling among Asians can be readily attributed to Asians living disproportionately often in deprived homes or areas where problem gambling risks may be relatively high. Rather, ‘Asian’ appears to be an independent risk factor for both adults and children.” (Forrest and Wardle 2011: 15)

Reporting findings in this way reduces the ‘risk of gambling harms’ to being determined by ‘being Asian’, without fully discussing the many nuances of the underlying contexts and realities in which these communities live, as we have endeavoured to outline above. Assertions are also made in some of the literature about entire nationalities and communities by way of explanation for patterns of gambling and gambling harms, for example: “Chinese individuals believe that they should not burden others with their problem and should block out unpleasant thoughts that may cause emotional upset” (Loo et al 2008: 1162). Such assertions are not empirically justified, and obscure engagement with the underlying drivers of gambling and gambling harms we have discussed above.

Okuda et al (2016: 280; also see Richard et al 2016) argue that “racial and ethnic minority status in and of itself is *not* [our emphasis] a risk factor for gambling disorder but may be a *proxy* [our emphasis] for underlying potential risk factors”. It is important to acknowledge that there may well be underlying societal and contextual driving risk factors for harmful gambling. We therefore note that it is important when analysing data that the conclusions do not merely highlight differences between groups and assume or assert these differences to be driven by immutable differences between communities, but instead acknowledge and explore the contextual factors and structural determinants which cause certain groups to be more at risk of gambling harms (Richard et al 2016).

Moreover, we note that research often groups communities of people into very large macro categories such as ‘Asian’, ‘Black’, and ‘BAME’, whereby numerous communities are being referred to under these umbrellas. Following such conflation, it is argued by some researchers that ‘being Asian’, as per the above example, is a predictor of gambling harms, without attempting to understand the nuances within and between minority groups in Great Britain.

Analyses and assertions related to large and extremely variable communities fail to acknowledge the diversity within and between these groups of people. The use of ‘Asian’ as a group, further to the specific example we have given above, overlooks the different cultural and religious backgrounds of these groups, all of which have different relationships and associations with gambling, as we have endeavoured to outline in this paper. This, in itself, can contribute to generalisation, assumptions, and stereotypes which, as we have shown, can be misleading, and inhibit individual communities from having their needs met.

A Lack of Community Involvement

The body of evidence in gambling research, in relation to minority communities, also lacks insight into the lived experiences of minority communities in relation to gambling. This is due to research often being framed through the lens of a western world view which normalises white, middle class, male gambling behaviours and treats this as the normative standard against which to compare the rest of society (Buckelew 2015).

The centring of one (more privileged) demographic group's experiences results in a lack of consideration of the diversity of minority communities that constitute multicultural societies, failing to recognise also the inequalities that are endemic to such societies (Ortiz and Hernández 2019). Clinical and community-based studies indicate that gambling and gambling problems are common among many racial and ethnic communities. However, studies examining the cause and treatment of pathological gambling have largely comprised white participants and have recruited insufficient members of minority groups for analyses of potential differences by ethnicity, resulting in a knowledge gap (Barry et al 2011).

Tse et al (2004) use the example of Asian communities to argue that with regards to ethnicity, there are virtually no empirical studies on the effectiveness of gambling treatment approaches amongst this group which are specific to them. This means there are no evidence-based public health policies addressing gambling disorder among Asian communities. From our research we conclude that it is likely that this lack of understanding of the effectiveness of gambling treatment approaches can be extrapolated to all minority communities in Great Britain.

Another clear omission which we have observed is the direct voice and testimony of people from minority communities who have experienced harms from gambling. It is essential to engage directly with the community in order to understand, represent, and learn from the lived realities of these groups. Centring and amplifying the views and experiences of people from minority communities also provides an opportunity for empowerment, as well as the potential to influence meaningful change in the way minority communities are represented.

A Need for Person-First Language

A lack of direct involvement of minority communities and their voices in research seems to be reflected in the language and terminology employed in some research. Much of the literature reduces communities to *only* their heritage. Instead of people being *described* as Black *people*, Asian *people*, or Black *communities*, and so forth, much of the literature uses terms such as 'Asians' (Forrest and Wardle 2011) and 'Blacks' (Barnes et al 2017). In so doing, there is a risk of reducing communities to this one element of their personhood (Schwabish and Feng, 2020).

Indeed, we have noted elsewhere the importance of using person-centred terminology and not using labels to define people (Sweet and Levy 2020). In terms of gambling, this means referring to people who gamble, as opposed to gamblers; people with gambling disorder should be used instead of gambling addicts, and so forth. The roots of person-first language is in the disability rights movement (Blaska 1993), and where it continues to be used to avoid reductive labelling of people with disabilities (Jensen et al 2013), it is applied also to other communities who are otherised and discriminated against, notably along lines of racialisation, disenfranchisement, and other factors like homelessness (Palmer 2018).

In addition, where a community of people have specified preferred terms to refer to them, the use of these respects the choice and self-determination of the community, though it should be emphasised also that there are conflicting views of appropriate terminology, even within communities: the acronym BAME (Black, Asian, and minority ethnic), for example, is favoured by some and problematised by other stakeholders.

Alongside description of heritage, we note the use of stigmatising and loaded terminology used to describe people experiencing gambling harms: Ortiz and Hernández (2019) argue language and terminologies such as 'pathological gambling' or 'gambling disorder' are often used without

supporting empirical evidence and community input. Additionally, the term ‘addict’ is used throughout the literature we have reviewed, despite it being argued by numerous stakeholders to be discriminatory. This could be seen as another consequence of the absence of engagement by the research community with people who have lived experience of gambling harms.

Conclusions and Recommendations

Summary of Review

We have sought in this review to establish the potential drivers as to why gambling harms are more prevalent amongst minority groups. We have explored what is known about the contexts that may contribute towards higher levels of gambling harm amongst these communities.

We have noted that minority communities in Great Britain are more likely to experience gambling harms, and this is demonstrated by the literature. International research – external to GB – demonstrates that this is driven by inequalities throughout society, notably: social exclusion, disenfranchisement, and discrimination. We have outlined that there are a variety of nuanced and variable religious and cultural attitudes towards gambling that may impact on experiences of gambling harm amongst members of minority communities. In addition, we have identified that migration status can contribute to isolation and exclusion from society which can influence gambling behaviours. Furthermore, language barriers can compound difficulties in accessing gambling treatment services.

Minority communities are also more likely to live in areas that are more deprived, and those living in these disadvantaged places are in turn more likely to experience gambling problems, for several reasons. Notably, geography plays a part in terms of proximity of minority communities to gambling outlets such as casinos and bookmakers. Gambling problems are compounded by intersecting issues with mental and physical health, exacerbated further by the inequitable access to, and distribution of, service and healthcare provision. As a key finding, structural racism, inequality, and discrimination can be seen to be at the heart of many of these social issues and disparities.

Our most striking finding is the lack of depth of current literature exploring minority communities and gambling in Great Britain. All the substantive studies addressing the driving factors that result in higher burdens of gambling harms in minority communities have been international. The research we have identified in the context of Great Britain has failed to focus on these driving factors that result in minority communities having higher prevalence of gambling harms.

Instead, this research has asserted that being a member of these communities is ‘a predictor of problem gambling’, and does not acknowledge that there could be underlying contextual and/or sociological factors that impact on these communities and are themselves predictors of gambling harms. Indeed, Richard et al (2016: 265) argue that “reviews of problem gambling (PG) literature increasingly recognize the ways in which different ethnic groups are affected by gambling behaviors, yet discourse, which considers sociocultural factors within PG, remains limited.”

A lack of examination and exploration of the structural foundation of gambling harms amongst minority communities is of concern, as to date, readers have been left to draw their own conclusions about why harms may be most common amongst certain ethnic groups. This can perpetuate a lack of understanding of the impacts of racism and inequality, and can actually further generalising assumptions about minority communities.

Recommendations for Research, Service Provision, and Policy

We have put together the below recommendations as driven by the findings of our review of the literature:

1. As an overarching recommendation, there is a need for research on minority communities and gambling to acknowledge the inequitable context in which these communities live. There is a risk that a failure to acknowledge this will result in drawing unempirical conclusions about these groups in relation to gambling.
2. There is a need for research to be conducted in Great Britain to establish what drives higher burdens of gambling harms in minority communities; there is currently a dearth of such research in GB. Research into the experience of gambling harm and gambling behaviour in minority communities needs to go further than simply establishing prevalence and patterns.
3. Wherever possible, there is a need for consultation directly with minority ethnic communities when researching gambling. Without this, assertions about these groups risk being assumptions that are not grounded in the reality of lived experience and perspective.
4. It is good practice to respect communities', respondents', and participants' preferred language when referring to them. Wherever else, researchers should use descriptive and dispassionate language, avoiding stigmatising terms. This is in order to avoid the use of reductive or derogatory terms being inadvertently used and to respect communities as experts on their own experiences.
5. There is a need for gambling research to be increasingly interdisciplinary. If research on gambling and minority communities focusses solely on gambling in isolation, it risks failing to consider broader structures that are built into the fabric of society, and the services, interventions, and policies necessary to dismantle these societal issues.
6. There is a need for research to avoid generalisation and ensure appropriate use of categorisation. Unjustified generalisations should not be made about minority communities in research. Correlation should not be assumed or implied to be causation: this means that observed trends peculiar to certain communities should not be assumed to be due to anything innate or inherent about those communities.
7. Researchers focussing on marginalised and minority communities need to be reflexive in considering the power dynamics at play between researcher and communities who are researched (Finlay 2002; Haritaworn 2008). This means critically reflecting on how privilege and power can inform and bias research, researchers, and their relationship with communities and respondents.
8. Further to these research recommendations, there is a need for services – including specialist gambling services and diagnostic and screening tools for gambling disorder – to be accessible to, and meet the needs of, minority communities. Services that are already available should reflect the social realities of these communities and not be developed for solely normative communities (Bramley et al 2020; Ortiz and Hernández 2019).

Concluding Remarks

It is clear there are disproportionate burdens of gambling harms amongst minority communities in Great Britain and internationally. However, what has not been demonstrated in Great Britain are the *reasons* for these disparities. Research in Great Britain has instead served to highlight differences without investigating the cause, promoting understandings of individual communities as fundamentally different, without grounding this in context. This, in turn, strengthens the structures that drive racial disparities.

Fundamentally, we have emphasised that this will not be remedied, and services and research will fail to engage with and reflect people accurately and on their own terms, if they are not conceived and designed with the voice of minority communities centred throughout. Those from minority communities who experience gambling harms must have their voices amplified if treatment and, indeed, research, are to serve these communities, and if we are to address the structural factors that drive the disparities we have discussed in this paper. Research is a crucial vehicle for such an amplification but, in Great Britain, research on these communities still has a long way to go.

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