

## Research

# A qualitative analysis of the experience of gambling harm and accessing support among United Kingdom Armed Forces personnel

Hannah Champion<sup>1</sup> · Blair Biggar<sup>1,2</sup> · Matthew Jones<sup>1</sup> · Justyn Larcombe<sup>3</sup> · Matt Fossey<sup>4</sup> · Simon Dymond<sup>1,5</sup>

Received: 25 November 2024 / Accepted: 29 April 2025

Published online: 12 May 2025

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## Abstract

**Background** Military personnel (both currently serving and veterans) are vulnerable to harm from gambling, yet many are reluctant to seek help. The aims of this study were to explore the lived experience of gambling and gambling harm in currently serving members of the UK Armed Forces and to seek to improve military-specific gambling harm information and support.

**Methods** Semi-structured interviews were undertaken with self-selected currently serving personnel from the UK Armed Forces. Interview questions focus on lived experience of gambling harm, motivators and triggers around gambling, and awareness of gambling information and support.

**Results** Thematic analysis identified four main themes: (1) sociocultural pathways to gambling harm; (2) influencing factors unique to military life; (3) obstacles to early intervention and support; and (4) facilitators of help and support.

**Conclusions** Findings showed that the nature and extent of gambling harm within the UK Armed Forces may not be fully acknowledged, and that currently serving personnel face barriers accessing safer gambling information and support. Specifically, there was a lack of education around the nature of gambling harm, identifying it, how to go about seeking help, and from whom. The normalisation of potentially harmful behaviour, stigmatising attitudes, and concerns around anonymity serve as further barriers to help-seeking. There is a need to raise awareness, reduce stigma, and enhance support for gambling harm within the UK Armed Forces.

**Keywords** Military personnel · Gambling · Harm · Help · Support

## Abbreviations

UK	United Kingdom
RAF	Royal Air Force
AFSP	Armed Forces Serving Personnel
PGSI	Problem Gambling Severity Index
TA	Thematic analysis

**Supplementary Information** The online version contains supplementary material available at <https://doi.org/10.1007/s44202-025-00357-0>.

✉ Simon Dymond, [s.o.dymond@swansea.ac.uk](mailto:s.o.dymond@swansea.ac.uk) | <sup>1</sup>Centre for Military Gambling Research, School of Psychology, Swansea University, Swansea, UK. <sup>2</sup>School of Social and Political Sciences, University of Glasgow, Glasgow, UK. <sup>3</sup>The Recovery Course, Tonbridge, UK. <sup>4</sup>Veterans' and Families Institute for Military Social Research, Anglia Ruskin University, Chelmsford, UK. <sup>5</sup>Department of Psychology, Reykjavík University, Reykjavík, Iceland.



## 1 Introduction

Gambling harm, including mental health issues such as depression and anxiety, can lead to severe consequences like debt, homelessness, relationship breakdowns, and even suicidality [1–3]. Recent data suggests that gambling harms are more widespread and damaging than previously reported [4], and there is hence an urgent need to better understand and mitigate factors that produce and sustain harmful behaviour [5].

Current and ex-military personnel have a heightened risk both of gambling harm and of reporting problems with mental health compared to the general population [6–10]. Research indicates that the likelihood of a diagnosis such as anxiety or depression is approximately double in the military compared to the general population [6]. This has been linked to the nature of military service as a career that involves exposure to stressful events, prolonged periods of distance from personal networks, an established organisational hierarchy, and close social bonds amongst personnel which often revolve around environments where gambling is normalised, encouraged, and accessible [7]. Given these factors, military service has been identified as a potential risk factor for experiencing gambling harm [6, 11–16]. Other high-risk occupations, such as firefighters, are also at enhanced risk of harm from gambling [16].

Stigma prevents many from seeking help for gambling harm. For example, NHS England estimates over 1.1 million people could benefit from gambling harm interventions but are not currently [17]. Little is known about how help-seeking amongst military personnel is specifically impacted by occupational factors. Despite efforts to reduce barriers to help-seeking for the general population and military personnel [18, 19], significant barriers remain [20–22]. Many service members are reluctant to disclose gambling problems due to fears of being treated differently by leadership or perceived as "weak," both of which are linked to stigma around help-seeking [23].

To date, only Champion et al. [7] has conducted qualitative research with military personnel with lived experience of gambling harm, marking a significant gap in the qualitative understanding of the subject [24]. Their study focused on 17 members of the Royal Air Force (RAF), with a range of PGSI (gambling harm severity) scores (0–8) and highlighted several occupational, socio-cultural, and organisational factors contributing to gambling harm. Specifically, personnel noted a hierarchical and stigmatising view of seeking help for gambling harm, with many concerned about potential ramifications for their employment status if they were to come forward for help. The perceived absence of signposting to help and support left some personnel ashamed and further exacerbated their situation.

The present study seeks to add to the work of Champion et al. [7], by expanding its focus from a single branch of the military (RAF) to all three branches of service (Army, Royal Navy, and RAF), the homogeneity of the sample (> 25 years old, receiving mental health support and white), and the specific impact of the COVID-19 pandemic. By doing so, this paper fills a significant gap in qualitative research on gambling harm among military personnel across branches of the UK's Armed Forces, and provides nuanced insights that can inform policies and interventions aimed at mitigating gambling-related issues effectively within this community. Thus, this study represents a crucial step forward in advancing knowledge and support for military personnel affected by gambling harm by adding new evidence to support the need for military-specific approaches to gambling harm reduction amongst military personnel—a diverse group who share an occupational heightened risk of harm. Moreover, a richer understanding of the lived experience of gambling harm in the UK Armed Forces will help inform the provision of peer support initiatives and contribute towards evaluation of the recently adopted Defence Integrated Gambling Harm Pathway for Primary Care.

The present study builds on this work by seeking to broaden the understanding of gambling harm across all branches of the UK Armed Forces. Its aims are to explore the experiences of gambling and gambling harm among currently serving military personnel and to improve understanding of the availability and effectiveness of military-specific gambling harm support.

## 2 Methodology

### 2.1 Participants

The results presented here come from one workstream of a larger, mixed methods study [30] of UK Armed Forces Serving Personnel (AFSP) aged 18 or over ( $N = 608$ ). That study consisted of a prevalence survey of gambling engagement, mental health, and military characteristics. 94 individuals expressed interest in a follow-up interview to explore their lived experiences of gambling, gambling harm, help-seeking and support. A total of 35 individuals participated in an interview

**Table 1** Participant information

Participant	Age (years)	Gender	Ethnicity	Service	Problem gambling severity index (PGSI) score	PGSI category
1	56	Male	White	Royal Navy	0	Non-problem gambling
2	29	Male	White	RAF	8 +	Problem-gambling
3	51	Male	White	RAF	0	Non-problem gambling
4	29	Male	Asian	Royal Navy	0	Non-problem gambling
5	43	Male	White	Royal Navy	0	Non-problem gambling
6	47	Male	White	Royal Navy	3–7	Moderate-risk gambling
7	31	Female	White	RAF	8 +	Problem-gambling
8	21	Male	White	RAF	0	Non-problem gambling
9	36	Male	White	Royal Navy	0*	Non-problem gambling*
10	23	Male	White	Royal Navy	8 +	Problem-gambling
11	45	Male	White	RAF	8 +	Problem-gambling
12	34	Male	White	RAF	0	Non-problem gambling
13	40	Male	White	Royal Navy	0*	Non-problem gambling*
14	34	Male	White	Army	0	Non-problem gambling
15	56	Male	White	Royal Navy	1–2	Low-risk gambling
16	30	Male	White	Royal Navy	1–2	Low-risk gambling
17	39	Male	White	Army	0*	Non-problem gambling*
18	38	Male	White	Army	0	Non-problem gambling
19	51	Male	White	Army	0	Non-problem gambling
20	48	Male	White	Royal Navy	8 +	Problem-gambling
21	56	Male	White	Royal Navy	0*	Non-problem gambling*
22	49	Male	White	Royal Navy	0	Non-problem gambling
23	37	Male	White	Royal Marines	1–2	Low-risk gambling
24	37	Male	White	RAF	1–2	Low-risk gambling
25	26	Prefer not to say	Prefer not to say	RAF	1–2	Low-risk gambling
26	35	Male	White	Royal Navy	3–7	Moderate-risk gambling
27	45	Male	White	Royal Navy	1–2	Low-risk gambling
28	29	Male	White	RAF	1–2	Low-risk gambling
29	37	Male	White	Royal Navy	1–2	Low-risk gambling
30	40	Male	White	Army	0	Non-problem gambling
31	45	Male	White	RAF	0	Non-problem gambling
32	54	Male	White	RAF	0*	Non-problem gambling*
33	52	Male	White	Army	0	Non-problem gambling
34	50	Male	British	Army	0*	Non-problem gambling*
35	51	Male	Asian	Army	1–2	Low-risk gambling

\*indicates that the individual was in recovery from gambling harm

during the autumn and winter of 2023. The sample included 16 from the Royal Navy (including one Royal Marine<sup>1</sup>), 11 from the RAF, and eight from the Army (Table 1).

Thirty-three participants identified as male, one identified as female, and one preferred not to say (Table 1). By design, the sample of 35 interviewees intentionally included personnel from a range of branches of the UK Armed Forces and were representative of a range of PGSI scores. This information was obtained from the larger survey via responses on the *Problem Gambling Severity Index* (PGSI; Ferris & Wynne, 2001), a 9-item measure of past-year gambling severity. Each item is summed, providing one of the following PGSI scores indicating the level of risk associated with the individuals' reported gambling behaviour within the last 12 months, from lowest risk (0) to highest: 0 *lowest*; 1–2; 3–7; > 8 (*highest*).

<sup>1</sup> Royal marines are the Royal Navy's amphibious special operations force.

The sample comprised of five individuals reporting a PGSI score of 8+, two experiencing a PGSI score of 3–7, nine reporting a PGSI score of PGSI 1–2, and 13 who reported a PGSI score of 0.

A further six individuals who reported a PGSI score of 0 but during their interviews disclosed that they were in recovery from previous gambling harm problems while serving. As this is a particularly interesting cohort who were able to discuss how they were able to address and treat their recovery, it was felt important to highlight this distinction.

There are several reasons why not everyone who indicated interest in being interviewed were eventually interviewed. These included, critically, the sensitive nature of the interviews and the stigma associated with experiencing and reporting gambling harms meant that some potential participants decided against taking part after indicating interest initially, and the number of individuals likely deployed or not based in the UK and without access to reliable phone signal or internet.

In the early stages of interviewing, the research team agreed that based on the distribution of PGSI scores, the branch of service (British Army, Royal Navy, RAF), and the representation of individual lived experiences collected that any more than 35 interviews would exceed data saturation [25].

All participants received a £20 Amazon voucher on completion of the interview as a thanks. Ethical approval was obtained from the Ministry of Defence Research Ethics Committee (Reference: 2250/MODREC/23). Participants provided written informed consent for the use of anonymised quotes. The research approach aligns with the criteria set out by the guidelines of Association of Social Anthropologists of the UK and the Commonwealth's Ethical Guidelines 2021 for good research practice [26].

## 2.2 Procedures

Informed consent was obtained from all the participants involved in the study in accordance with the ethical approval the study. In accordance with the same ethical approval, the data generated is not suitable for sharing beyond that contained within the manuscript.

Participants willing to take part in a follow-up interview provided their email address and were forwarded a participant information sheet (containing all relevant information to the expectations of participation, e.g. study aims and confidentiality statement) and a consent form. Participants were offered a choice of conducting their interview at a time of their choosing over Teams, Zoom, or phone, and which usually lasted about 60 min.

A semi-structured interview schedule was developed to explore the lived experiences (first hand or second hand) of gambling in the military among AFSP. Topics included experiences of gambling and related harms, gambling triggers, and influencers in the context of the Armed Forces, prevention and safer gambling education provided by the military, and pathways to both external and internal support (see Supplementary Materials).

Before the interviews commenced, we emphasised through pre-interview materials that the study had support from the Ministry of Defence and that we collaborated with individuals who have military backgrounds and lived experience of gambling harm. We believe that our positionality may have reassured participants about the ethical procedures of our study, making them feel safe to participate. Our non-service background may also have helped participants feel more comfortable sharing honest experiences. Our findings indicate that discussing experiences of gambling harm can carry stigma within the military. Nonetheless, we acknowledge that having interviewers with direct military experience could have influenced the rapport established during interviews. Despite this, we do not believe that the findings presented in our study would change significantly.

The interview guide was developed based on a literature review and findings which emerged from the broader mixed methods study that this work was part of—mainly, the prevalence survey of gambling engagement, mental health, and military characteristics [28].

## 2.3 Approach to analysis

Interviews were audio recorded and saved on a password protected computer that only HC and MJ could access. The recordings were deleted once HC had transcribed all interviews in full. Participants were assigned a pseudonym at the stage of analysis to provide anonymity in all reporting.

Thematic Analysis (TA) was used to analyse the data. It consists of 6 steps which aims to identify, analysis, and interpret topics and patterns in qualitative datasets [27, 28]. TA is a flexible and accessible approach due to not being bound to a particular theoretical framework and can be used to analyse a wide array of studies and data types [29]. Specifically, analysis began with HC re-reading the transcribed dataset, taking notes, and generating some initial, draft conceptual ideas. Each segment of data within each transcript was then manually and systematically coded (or labelled) to give

meaning to its content using Excel. The coding process subsequently informed the third step, whereby codes were merged or collapsed, and ultimately assigned into clusters to form emerging themes. To ensure the process was rigorous and quality-controlled, these developing themes were reviewed by HC, MJ, and SD to verify that they corresponded to the codes, make any necessary adjustments, and reach consensus on what had been produced. Once there was overall agreement, the final stages involved HC, MJ, and SD naming each theme, and the writing up of the results.

### 3 Results

#### 3.1 Service personnel' views of gambling harm and access to treatment and support

Four major themes were identified: (1) Sociocultural pathways to gambling harm, (2) Influencing factors unique to military life, (3) Obstacles to early intervention and support, and (4) Facilitators of help and support. Themes, accompanying subthemes, and summaries are presented in Table 2.

##### 3.1.1 Theme 1: Sociocultural pathways to gambling harm

Pathways to gambling through early experiences: 14 interviewees described being exposed to gambling at an early age via family and/or friends through observation or being encouraged to bet small amounts of money on card games and sport. This early exposure often facilitated regular, casual gambling as an adult, which in some cases progressed to gambling harm later in adulthood.

*"I grew up around gambling because my nan used to play on the slot machines, so I learned from that and watched that. We used to play for cards for money and Christmas as well...I initially started to gamble because it was just a way of playing games."* (P29, Royal Navy, Low risk)

*"When I was young my mum would bet on the grand national and she'd give the list to me, and I'd pick one...Then I started to put football bets on when I was about 15 under my mum's name. And with my dad, when I'd go to the football with him, he would always be on the bandits. Once I was earning it was just little bits [of money spent on gambling], no more than say £50 to £100 a month. And there's been a progression since then... it's got worse and worse."* (P2, RAF, PGSI 8+)

**Table 2** Description of themes and sub-themes

Theme	Summary
1. Sociocultural pathways to gambling harm <i>Sub-themes:</i> <ul style="list-style-type: none"> <li>• Pathways to gambling through early experiences</li> <li>• Gambling advertising, policy, and social attitudes</li> <li>• The impact of online gambling</li> </ul>	Early experiences, culture, societal norms, legislation, and technological advancements all served as pathways to perfunctory gambling, which sometimes lead to harmful behaviours
2. Influencing factors unique to military life <i>Sub-themes:</i> <ul style="list-style-type: none"> <li>• A social, normalised culture around gambling</li> <li>• Occupational factors</li> </ul>	Gambling was reported as being a normalised activity within the Armed Forces, with participation additionally being mediated by deployments, competitiveness, boredom, alcohol consumptions and disposable income
3. Obstacles to early intervention and support <i>Sub-themes:</i> <ul style="list-style-type: none"> <li>• Barriers to identification and choosing to help-seek</li> <li>• Issues with support pathways and provision</li> <li>• Impacts of not seeking or receiving the right support and the right time</li> </ul>	There is a reluctance to seek help for gambling-related issues within the military due to perceived institutional stigma and career repercussions of disclosing internally. Barriers around identifying what was considered a hidden issue were additional deterrents to help-seeking. Gaps around gambling support pathways, access, quality and resourcing—especially within the military—also heavily impacted on early intervention
4. Facilitators of help and support <i>Sub-themes:</i> <ul style="list-style-type: none"> <li>• Preventative measures and early intervention</li> <li>• The importance of family, colleagues, and line managers</li> <li>• Helpful aspects of formal support</li> </ul>	Better screening, more educational courses, and mandatory training were thought to be needed to improve prevention and early intervention. Family and friends provided both practical and emotional support. They also played a key part in encouraging help-seeking and recovery. Common components which encouraged help-seeking and positive outcomes were identified as: informal social support, peer support, and holistic, tailored and anonymous support

Gambling advertising, policy, and social attitudes: 20 participants discussed gambling advertising, policy, and social attitudes. Amongst those interviewees, playing the National Lottery and scratch cards were common pastimes. Six interviewees also gambled in-person at casinos and bookmakers, especially in the past, but less so at present. However, sports betting (mainly on football and horse racing) was by far the most common form of gambling activity among interviewees, which were described as going “*hand in hand*” (P10) with one another. This connection was, at least in part, attributable to the influence of gambling advertising and promotion within the UK, particularly in the context of sports betting and sponsorship. Indeed, it was considered largely responsible for gambling remaining a normalised and visible part of the UK culture, and for sport becoming directly associated with betting.

*“Gambling more generally is heavily advertised. And nearly every football club at one time or another have had a gambling sponsor or gambling partner.”* (P26, Royal Navy, PGSI 3–7)

Increased prevalence of advertising directly via bookmakers was also discussed, particularly with regards to “*special deals*” and “*free spins*” (P6) to entice people to gamble. One individual who was in recovery from gambling harm still received targeted gambling ads on their social media accounts, despite self-excluding from betting websites, which they reasoned was irresponsible and dangerous.

*“You switch on the telly, and I think it’s even before prime time, you got the Vegas wheels going round.... and I still get adverts coming up on my Instagram although I don’t have anything to do with gambling anymore.”* (P34, Army, in recovery)

The consensus was that casual gambling is a huge part of UK culture, with one interviewee describing it as “*endemic in society*” (P26). The government was criticised for feeding into this normalisation and not doing enough to protect the public from the harms associated with it. An example regarding legislative changes was provided as an example, whereby there is no longer a requirement to give 24 h notice to enter a casino without being a member. Three interviewees commented that the removal of this “*cooling off*” (P11) period had enabled impulse and risky gambling habits, especially as unplanned visits to casinos often happened after a work night out and under the influence of alcohol.

*“The progression of a normal night after the bar closing would be thinking about where was open, and we’d naturally end up in the casino. However, we used to be stopped because you needed to give 24 hours’ notice, so you’d just go home to bed. But then they removed that, and all of a sudden, the night can continue. So that’s where it all started [gambling harm] if I was to try to put your finger on it.”* (P13, Royal Navy, in recovery)

The impact of online gambling: 24 participants discussed the impact that technological advances have had on exposure and accessibility to gambling in the UK generally. Around a quarter of the interviewees currently or previously had at least one online betting account, and nearly everyone raised issues associated with it.

The increased accessibility was the biggest concern, insofar as being able to gamble 24/7 via one’s smartphone had reportedly encouraged automatic, addictive, and secretive gambling behaviours. The nature of electronic transactions was also thought to have caused difficulties in keeping track of how much money is being spent and remembering that it is “*real money*” (P34). Incentives to set up online betting accounts such as “*get a £10 free bet if you sign up*” (P16) were additionally identified as being problematic for further encouraging “*betting for the sake of it*” (P16) and “*getting sucked in*” (P9). Importantly, the use of apps had been a main cause of three interviewees’ gambling getting out of control, while three others described currently experiencing compulsive online gambling habits.

*“I’ve still got all the apps on my phone and it’s just when I get the urge or have 5 minutes, like a tea break at work... I think it must be a bit like smoking; people go through their day thinking that they don’t really want a cigarette but don’t even realise that they’ve put one in their mouth and lit it. Like someone might smoke 15 cigarettes a day, I might go on my phone 15 times.”* (P20, Royal Navy, PGSI 8+)

*“I first had a gamble in 2013. It was just a flutter on my phone, a really random bet on the football—something like 8 games for £5... Before I knew it, I’d deposited £5 from my bank account. I thought ‘this is easy!’...and it came in and I won £2,000. I steadily started to spend more and more money, did more and more betting. It went from just weekend gambling to mid-week. Once it got to 2019 it really started to spiral; every night I was chasing loses, getting loans out... just really getting out of control.”* (P17, Army, in recovery)

### 3.1.2 Theme 2: Influencing factors unique to military life

A social, normalised culture around gambling: Of the 32 participants who discussed the main theme of influencing factors unique to military life, 31 discussed this in relation to the subtheme of gambling as a social, normalised culture in the military. Gambling and alcohol were described as historic social activities within the UK military, which were often the major theme of many official events. As such, days out to horse- or dog-racing, nights out to casinos, and playing on fruit/slot machines on military bases with friends were commonplace until recently.

The desire to participate in these activities was, at least initially, mostly driven by not wanting to miss out, which served as an important catalyst for promoting the camaraderie and sense of community fundamental to military life. Younger officers who were more susceptible to peer pressure and had a larger desire to fit in and make an impression were said to have been particularly affected by this aspect of social gambling. Therefore, it was felt that gambling had been normalised and there was a sense that “*everyone was doing it*” (P22). This often initiated many unofficial types of gambling activities within the Armed Forces such as sweepstakes and informal bets among personnel.

*“It [gambling] had a negative impact at the start of my full-time career in the armed forces. When I was 21, in 1996, I joined to do my training. The automat had fruit machines in there and there were £25 jackpots....the amount of trainees using them was unbelievable...people were spending all their money in the first 2 weeks because of fruit machines being there.”* (P6, Royal Navy, PGSI 3–7)

*“It was 30 years ago when I joined—if you were sat in a close mess deck on a ship with 30 other people, and some of those people are fairly senior in terms of service and you’re looking up to them—if they’re all doing it.... I’ve been in many situations where we’ll go out together—especially on a Saturday afternoon when the football’s on—and they’ll all be doing it [gambling] and it’s all completely normalised. We’re a bit of a sheep culture, especially in the younger stages of your career. And that’s what worries me—seeing the senior people do it and wondering what example it’s setting for people coming in behind them.”* (P22, Royal Navy, PGSI 0)

Yet, six participants—albeit a minority—were of the view that although a culture of gambling continued to exist within the RAF, it did so to a much lesser extent nowadays. Changes to RAF rules and guidance were said to have contributed to the reversal of traditional social norms, such as removing fruit/slot machines from bases, no longer endorsing ‘away days’ to the races, and discouraging binge drinking (which was reportedly a trigger for risky gambling).

*“I don’t think the MoD would be over the moon about being front and centre saying that it was encouraging people to have days out racing and gambling. So, I suppose that has shifted in the in the same way as drinking shifted away from being something that’s not as socially acceptable as it once was.”* (P19, Army, PGSI 0)

However, 17 others argued that a normalised culture of gambling continues to exist in the UK Armed Forces. They explained that online gambling had largely replaced social, in-person gambling, which had contributed to it becoming even more prevalent in the military. Moreover, the emergence of less obvious forms of gambling—such as loot boxes, cryptocurrency, and ‘spread betting’ on the stock market—were identified as becoming increasingly popular among the military population, especially young officers and specific cohorts of personnel such as the Gurkha<sup>2</sup> community. It was felt that engaging in these types of activities, often in isolation or without others being able to physically observe how much money one is spending, was contributing to gambling becoming harmful among serving personnel. Moreover, there was concern about the perceived lack of awareness and appreciation within the military of the usage levels and potential harm of online and alternative types of gambling.

*“I enjoy a video game, and a heck of a lot of our sailors do as well—FIFA is one of the most popular ones and although you can’t go online on the ship, a lot of sailors will play on it in their spare time. There is a route into problem gambling via the loot box stuff in terms of risk-reward and having no control over what you’re going to get. I would call it gambling. I think this is something we would do well to be aware of.”* (P26, Royal Navy, PGSI 3–7)

Interviewees also discussed the sports lotteries run by their respective services, to which they were all subscribed. Personnel described that they were actively encouraged to participate in these lotteries and that they were not advertised as gambling but instead marketed as a fundraising. Indeed, lottery payments were deducted from their

<sup>2</sup> The Gurkha community here refers to a group of soldiers who occupy different units within the British Army. Gurkhas are soldiers typically recruited from Nepal.

salary and provided investment sports facilities and other causes was highlighted meant that it was perceived very differently to traditional gambling.

*I've done the sports lottery pretty much as soon as it came out. The incentive is not really the prospect of winning something, it's more to do with the good causes that it funds. I'm involved with sport within the Navy and we seek money from the sports lottery sometimes, so I feel as though it's only right to contribute." (P15, Royal Navy, PGSI 1–2)*

That said, three participants criticised or questioned the concept of the sports lottery and felt it further encouraged a culture of acceptance around gambling. It was claimed that it contradicted military policy and its general stance towards gambling insofar as there was an expectation to participate when other types of gambling were prohibited. Another felt it was “sneaky” (P8) that personnel were asked to join the lottery during training when they were tired, busy, and not necessarily paying attention to what they were signing up to.

*When they speak to people about them signing up for it [sports lottery], you're in the middle of your training, and you're so tired that you don't really know what's going on sometimes... They sort of take your money when it's the time that you are more likely to just sign off on things. Some people, they didn't even seem to know what breach they were in, and it was like 'just sign this'... They also say, 'if you do it now, you can get this exclusive hoodie' and that sort of stuff." (P26, Royal Navy, PGSI 3–7)*

Others still witnessed many of other types of gambling events related to social and fundraising activities within the military, such as bingo, raffles, sweepstakes, and poker nights—all of which are turned a “blind eye to” with “no thought of how it can be a big trigger to somebody” (P9).

*"There's certainly a very flippant approach in how people engage in gambling [in the military]. If you compare that to the written policy, there is a probably a much more lax interpretation by the vast majority of people." (P8, RAF, PGSI 0)*

**Occupational factors.** 21 participants discussed the sub-theme occupational factors in their interviews. Deployment was identified as a feature of military life which could facilitate gambling, especially when posted to a Western country or city with access to opportunities to gamble. For example, several interviewees had previously been to Las Vegas, Nevada where it was “pretty hard not to walk past a place where you don't have elements of gambling” (P32). The tedium, loneliness and isolation of being deployed and living on remote bases was also linked to increased gambling activities.

*"It depends where you go. When you go to the more boring, dustier places where you're literally just doing your job and there's no other facilities and left to your own devices, I think that's when people will get into a rut and think 'what else have I got to do?' and maybe put a bet on the horses, or blackjack, or a spin—just something to pass the time." (P25, RAF, PGSI 1–2)*

Some deployments and being away from home generally (e.g., on a Navy ship) would sometimes logistically enforce unintended gambling abstinence due to poor internet access and/or the prohibition of gambling in certain countries. However, it was argued that in some cases this made the situation worse, as it led to frequent gamblers becoming more prone to ‘blow outs’ when they were back on UK soil.

*"...Like with alcohol, you probably don't have the opportunity to gamble when you're deployed. So we have this kind of 'feast or famine' to drink and potentially gambling as well...especially when you've been at sea at 4 weeks and you get to a port and the casino is potentially there." (P13, Royal Navy, in recovery)*

Stress caused by danger, high workloads, and long shifts synonymous with military life was a trigger for some interviewees to gamble. Indeed, four participants who had experienced gambling harm reported that their behaviour and decisions were highly dependent on emotion insofar as a “bad day” (P12) at work often resulted in increased gambling and/or risky gambling.

*"[I would be more likely to gamble] When I was in more stressful situations with work. I don't know if trying to escape is the right word...you're focusing on something else other than work.... if I was stressed or angry I'd think 'right, I'm going to put on a bet.'" (P17, Army, in recovery)*

Conversely, 13 identified boredom from quieter periods at work and the ‘come down’ from stressful or traumatic work events as being a potential trigger for gambling. This was thought to be further enabled by the accessibility of online betting.

*"The army is like 100 mile an hour to nothing; one minute you're so busy and you've got all that adrenaline going, all that excitement going... all that risk. So gambling is quite an easy way to replicate that when you're bored and sat down."* (P34, Army, in recovery)

The association between a career in the Armed Forces and access to a high disposable income was another occupational factor interviewees felt affected gambling and gambling harm. Young, single officers in shared accommodation, who may not be used to having so much money, with financial fewer responsibilities outside of work, and more likely to be influenced by their peers, were thought to be particularly affected in this way.

*"There are lads joining at 16, 17, 18 and will get a wage and go out and blow it or make stupid bets. By the time they realise, they're in quite deep."* (P16, Royal Navy, PGSI 1–2)

*"It [gambling] was at its worst when I was in my twenties—I was being paid very well for a youngster, I wasn't married, didn't have a mortgage. If you'd been at sea for a few weeks and weren't even spending that money because there's no outgoings."* (P20, Royal Navy, PGSI 8+)

It is also worth noting, as Jones et al. [30] and Pritchard and Dymond [11] have discussed, there is a trend towards single living accommodation amongst other ranks of military personnel. Disposable income in this situation may not be as high as commissioned officers, evening boredom should be considered a factor which may contribute as a risk factor for gambling harm.

There was also discussion around the "type" of person who chooses to join the military, and how some of the common attributes and demographics are associated with increased susceptibility to gambling and gambling harm. For example, military personnel were described as typically being "*naturally quite competitive*" (P12), "*wanting to win*" (P34), and "*risk-takers*" (P35)—traits which are further fostered and instilled during military training. It was also argued that the military tends to recruit young males and individuals from "*challenging backgrounds*" (P26) and therefore may be more vulnerable to addictive traits and behaviours.

*"We tend to recruit people who have quite a positive attitude towards risks... I think that probably lends itself quite nicely to several things: alcohol, gambling, competitive sports—the same personality traits that really suits someone to be in the military, probably also suit someone being a heavy gambler."* (P28, RAF, Low risk)

*"The army teaches you to try and be the best at everything but trying to be the best gambler in the world is probably the worst thing you can do... The mentality of winning, being the best, unfortunately just trickles over into the other bits of life."* (P17, Army, in recovery)

### 3.1.3 Theme 3: Obstacles to early intervention and support

Barriers to identification and choosing to help-seek: Of the 30 participants who discussed obstacles to early intervention and support, 28 discussed barriers to identification and choosing to help-seek. Interviewees felt that secrecy, deceit, lack of physical/visible symptoms, and unwillingness to have open conversations surrounding gambling harm made it difficult to detect it in others. The increase in online gambling activity was thought to have made it even easier to conceal. Furthermore, casual attitudes to gambling within the military had reportedly resulted in problematic behaviour seldom perceived as problematic or risky.

*"I'm not sure if it's a stigma thing or more aligned to that cultural norm, that it's almost 'why do you need help for something everyone is doing?...' I certainly think not enough people recognise it as a problem."* (P22, Royal Navy, PGSI 0)

Another unique feature of the military was commented on in this context. Three interviewees who had experienced issues with gambling explained that despite having an addiction they were, at least initially, not in debt or serious financial difficulty because they earned a good wage with few outgoings. Therefore, their problems were easy to mask and enabled them to continue as a "*functional gambler*" (P13, Royal Navy, PGSI 0) until the behaviour escalated.

*"I think I'd worked out I'd probably lost about £500,000, and that's conservative. Although I was still in the black, never had any debts."* (P32, RAF, in recovery)

Perhaps the largest barrier to seeking help for gambling internally was concern that disclosing such an issue carried a "*reputational risk*" (P3) with negative career repercussions, such as security clearances being revoked, being deemed undeployable, and having reduced chances of promotion. As such, there was trepidation about talking to line managers and concerns around anonymity when considering whether to seek help via internal welfare services.

Six participants reasoned that these concerns may be more a perception than reality. However, six participants also argued that after witnessing fellow personnel get discharged from the Armed Forces due to issues with gambling, their fears were well-founded.

*"Personally, I would not involve work, I wouldn't disclose it because it this has the potential to affect your career. That doesn't mean it's the right thing to do, but that's what I would do. I'd probably try and sort out myself, and at a push go somewhere like Gamble Aware." (P24, RAF, PGSI 1–2)*

Problems were also concealed because of the military identity, which was characterized by pride, mental and physical strength, and stoicism. Four interviewees delayed asking for formal support because they were concerned about being viewed as weak, a liability, untrustworthy, and unable to "man up" (P34) if they disclosed their gambling harm due to the stereotype. It was also felt that the shame of admitting the problem further perpetuated their own denial about the extent of their issues.

*"I think I was very tentative about doing it [seeking help] because obviously the stigma that's attached to it and everyone thinks that you're broken, and you've got no money and you're a liability and it can affect your security clearances. So, I was definitely very sceptical about raising it." (P9, Royal Navy, in recovery)*

Issues with support pathways and provision: 23 participants discussed issues with the support pathways and provision. Amongst them there was a wide acknowledgement that a more open, tolerant culture around mental health within the military had helped increase awareness and destigmatise help seeking for wellbeing issues generally. Four interviewees felt that this had also translated to improved awareness around gambling and increased appreciation of it as an addiction. However, 17 participants felt that proactive, targeted awareness and education continued to lack, especially compared with the perceived attention given to other addictions and mental health problems. Specifically, they did not think there was enough visible advertising about internal and external support pathways, nor dedicated training packages on the subject—all of which impacted prevention and early intervention.

*"I think a lot of social issues are brought up in the armed forces, but unfortunately, I don't think gambling is really touched on—although I think it probably affects people a lot more than other issues." (P10, Royal Navy, PGSI 8+)*

*"I don't think there's any training or anything for people to go out of their way to look for signs of it, or any indication that it's a thing that exists needs to be hunted out and dealt with." (P27, Royal Navy, PGSI 1–2)*

There was good awareness of where to go for help for welfare issues internally and a range of support services were discussed, such the General Practice (GP) surgery, welfare units, the chaplaincy/padre, and the Department of Community Mental Health (DCMH). However, a key issue was the (perceived) lack of defined pathways and support networks for gambling-specific issues (or, as mentioned above, if there is, they are not widely advertised), and there was confusion about which service(s) would be most appropriate and helpful. Consequently, 11 interviewees would not know what to do if they or someone they knew needed internal intervention. This was brought up as a particular concern for line managers, who felt unsure of how to signpost and/or support their staff.

*"I'm not sure what the correct procedure is where you go for help [for gambling]. I don't know if that would be the medical route or my line manager. I'd say it's not very clear in the Navy—there is a gap around where you would go. I think a lot of the other issues are more advertised and they give you a route of where you can go." (P10, Royal Navy, PGSI 8+)*

Four interviewees who did eventually seek formal support for gambling within the military were disappointed; they described being sent back and forth between different services, simply told to look online for resources, and/or did not feel they were taken seriously. One interviewee who accessed the DCMH criticised it for failing to fully understand the secrecy and deceit involved in gambling related harms. For example, they lied about having stopped gambling, which was not recognised nor challenged, and they were signed off without any intervention attempt. The lack of budget, investment and resourcing within internal and external welfare services were thought to exacerbate these issues and resulted in individuals having to wait a long time to receive help and ultimately struggle to receive valuable, good quality care. In general, it was also felt that issues related to gambling were still considered "niche" (P9) within the Armed Forces, and as such, support services did not have the knowledge nor expertise to provide the sufficient help.

*"I went through the Sick Bay and their recommendation for me was to have a look online and see what resources are available. So, it's pretty much, 'thank you for telling us going, have a look for look for the information yourself.'" (P9, Royal Navy, in recovery)*

*"I self-referred to the DCMH. However, I didn't find it particularly useful or insightful. They basically believed everything I said, and one of the things that normally goes hand in hand with gambling and addiction is compulsive lying. I was quite good at convincing them that I'd stopped. I went to two meetings and stopped because they said I was doing fine and that I had everything in place without even checking and just taking my word for it." (P13, Royal Navy, in recovery)*

Instead, there was much greater familiarity with external gambling support pathways and services, such as Gamblers Anonymous, GambleAware, GamCare, Gamstop, etc. which interviewees were more likely to use themselves or signpost others to. Overall, those who had used external formal support networks found the pathways less problematic. However, three interviewees were unable to continue accessing this type of help due to being deployed or required to move away from their local meetings. They struggled to find an alternative and therefore ceased to continue receiving formal support.

*"I went to Gamblers Anonymous which really helped. [was there] for 1.5 years [but stopped] because I got moved up to [city name redacted]. I Googled Gamblers Anonymous but the nearest place was too far away." (P17, Army, in recovery)*

*"I went to Gamblers Anonymous meetings for about 9 months. I stopped going because I got posted out of the area overseas. I considered going again in the new place but the opportunity wasn't there...I did look at GA meetings over there but they weren't particularly close...I was lucky there wasn't a casino nearby..." (P13, Royal Navy, in recovery)*

Impacts of not seeking or receiving the right support and the right time: 19 participants discussed impacts of not seeking or receiving the right support at the right time. All interviewees with experience of gambling harm either delayed getting help or decided not to seek formal support due to one or several of the issues raised above. They discussed the range of ways in which this lack of early intervention had impacted their lives financially, psychologically, and socially, which included: stress and shame caused by chasing loses and financial concerns; taking out large loans to pay off debts; guilt caused by lying to loved ones and their preoccupation with gambling; and deterioration of personal relationships, including divorce; sleep and mood issues; and increasing fear/despair of the compulsive need to gamble. This led to severe mental health issues such as anxiety, depression, alcohol abuse, and suicide ideation.

*"... I don't know exactly how much I've lost over the years, but probably more than £200,000 ... So that's a huge negative impact on my life; I think about that quite a lot... it's made me feel like wanting to kill myself in the past." (P11, RAF, PGSI 8+)*

Others had witnessed extreme situations in the military whereby individuals' gambling had escalated to the point of stealing from fellow personnel and senior officers. As far as these interviewees knew, in most cases support had not been offered for these individuals and their behaviour ultimately led to dismissal from the Armed Forces.

*"One of the saddest episodes I've had to deal with as a line manager... he was one of the best technicians, incredibly competent ... he was stealing laptops to fund his gambling habit and got absolutely no support... told 'that's your problem, it's got nothing to do with us'... In the end he was discharged, declared bankrupt, and went to prison." (P22, RAF, PGSI 0)*

### 3.1.4 Theme 4: facilitators of help and support

Preventative measures and early intervention: Of the 32 participants who discussed preventative measures and early intervention, 27 discussed preventative measures and early intervention. There were suggestions as to how the military could potentially implement better preventive strategies and encourage help-seeking before gambling harm escalates. One of most popular recommendations was the provision of financial education early on in officers' careers, preferably during basic training. Referencing some of their earlier comments about high disposable income associated with the military and its impact on gambling, it was argued that there is a need to help younger personnel become more aware of their finances, how to budget, and some of the pitfalls to avoid around money and gambling.

*"I think that there needs to be a lot more or better financial advice; not investing 'this' and 'that', or do 'this' with your pension, but just general budgeting when you get paid, how to be better with your finances—and then as part of that include information about all these gambling things out there that are designed to lose you money and make the book-makers money... so just bear that in mind, we know you're adults, but just don't go mad, you know? Financial education." (P24, RAF, PGSI 1–2)*

It was also thought that introducing annual or biannual mandatory training sessions focused on gambling harm awareness and support would be a useful way to provide a baseline awareness. Some discussed how powerful real-life stories via the media, such as documentaries with famous sports people experiencing gambling harm, had been in bringing

these issues to light and destigmatising them. It was recommended that something similar could be incorporated into military training programmes. However, it was also caveated that the military needs to be “careful” (P26) about the volume of training it requires of personnel, which is already becoming “burdensome” (P28). As a compromise, it was suggested that some short training materials could be incorporated into alcohol and/or substance use mandatory training rather than creating separate sessions for gambling.

*“There is a Defence Learning Environment (DLE) which every member of the military has access to. There is competency training on there—a gambling one could be raised on there annually or three-yearly as a competency.”* (P23, Royal Navy, PGSI 1–2)

*I’m a big football fan and there’s been a couple of footballers who have come out and talked about their experience with it [gambling harm], how they’ve got around it, how they’re now doing a lot better, and it all comes from speaking and mental health and therapy and that sort of thing. And I think that’s really helped [improve awareness and destigmatisation].”* (P12, RAF, PGSI 0)

In general, the UK Armed Forces was urged to provide more visible and proactive information around how to detect early warning signs of gambling harm, what to do if someone is experiencing issues, and available support pathways (both internally and externally). It was advised that this should be made available via a range of platforms to ensure maximum reach and accessibility, including online (the intranet, emails and other service-specific software such as MyNavy app); posters with QR codes; and briefings.

*“I think any of the other things—posters, emails, awareness campaigns, things like that—would be a positive way to do it. I think one thing that’s maybe differs from quite a lot of other walks of life at the moment is that people in the armed forces do tend to work in a single workplace and rarely work from home and things. So actually, what we might call our old fashioned, pre COVID methods, like posters and leaflets probably still work.”* (P28, RAF, PGSI 1–2)

To encourage more personnel to come forward and ask for support, resources documenting clarity, and “myth-busting” (P13) information was advocated. For example, reassurance that help seeking for gambling would not necessarily mean automatic security clearance removal. Case studies illustrating examples of “success stories” (P13) based on individuals who have sought support, as well as more negative ones around those who chose not to were additionally suggested.

*“I think the big thing could be a myth-busting campaign such as ‘will I lose my security clearance’, and the answer is ‘not necessarily’ and ‘you’re more likely to lose your security clearance by not coming forward.’ And other things like ‘will I be removed from my ship?’ and the answer being ‘not necessarily.’ The message should be that it is more important for the navy to have you healthy for the longer-term than doing a short deployment now when you need help.”* (P13, Royal Navy, in recovery)

According to three interviewees, another method to detect issues earlier could be to implement routine screening and vetting for “red flags” associated with gambling other than just debt, especially as financial issues can take a long time to manifest due to the aforementioned high disposable income.

The importance of family, colleagues, and line managers: 16 participants discussed the importance of family, colleagues, and line managers. Most interviewees who had recovered or were in the process of recovery from gambling harms (n = 6) credited their spouse/partner as being a main reason behind it. In most cases, their partner had discovered the extent of the gambling problem accidentally (by looking at a bank statement, for example), and bringing the subject to a head. This often resulted in an “ultimatum” (P13) of sorts, which provided interviewees with a “wake up call” (P9) and acceptance that they had a problem. For some, simply having their partner to talk to and support them helped with their recovery, while others accessed formal help with their encouragement.

*“I got into trouble with gambling financially... I haven’t gambled in over five years now... I got into too much debt and I got to the stage where that wasn’t manageable... When my wife found out, she stood by me and knowing that there’s somebody there for you is quite good... I went to see the GP and spoke about some stuff and they mentioned Gamblers Anonymous... My wife said, ‘oh, you need to go to Gamblers Anonymous’, but I think by the time she found out and had gone through all the financial situation and that weight was lifted... and she said ‘if you gamble and I’ll leave you’—and what’s more important?”* (P9, Royal Navy, in recovery)

Another helpful informal support system identified was fellow serving personnel. The strong sense of camaraderie and friendship within the military was discussed in this context, insofar as serving personnel often check in with each other, notice if something is wrong, prompt conversation about it, and intervene where necessary.

*"It's quite a close-knit circle and you've got a lot of 'are you sure you should you be doing that?' and 'stop being so stupid.' I've had conversations where you need to say 'stop, it's not looking good, 'you're getting carried away.'" (P34, Army, in recovery)*

Despite the reluctance around disclosing gambling problems to the chain of command, there were also examples of line managers who were personable and non-judgemental with an approachable "open door policy" (P14)—all of which made a small number of personnel feel comfortable to open up to them. Moreover, three line manager interviewees spoke about their efforts to understand and support their staff with regards to all welfare related issues, including gambling.

*"From a personal perspective, I've always been taught to look after your people, you get to know them...but those who have got real problems tend to be really good at hiding it because it's so much more of a big thing for them. But the means, methods and ways of dealing with it are there. I would say that the starting point is to be sympathetic and supportive and conciliatory." (P27, Royal Navy, PGSI 1–2)*

**Helpful aspects of formal support:** 22 interviewees discussed the components of formal support for gambling harm they thought would be most useful in encouraging help-seeking and facilitating positive outcomes. Due to concerns raised about the potential impact on career, shame, and embarrassment, anonymity was highlighted as an important enabler for help-seeking—both internally and externally. Indeed, for those who had accessed external support services, knowing that everything they said was confidential and that no one from the military would know nor recognise them was a major incentive. Those who had never accessed support agreed that they would hypothetically be more likely to use external services for this reason.

*"When I did think I had a problem, my instinct was Gamblers Anonymous, just to see how bad it was. Because in my head, it never impacted my work and I wanted to keep my personal life separate from the Navy." (P29, Royal Navy, PGSI 1–2)*

Despite some of the criticism around support pathways and provision in the military, padres/chaplains were described as "trusted allies" who are "seen as a separate organisation" (P1) and can therefore provide an anonymous source of support. Although not experts in gambling, some argued they would at least be a good first port of call for anyone that needed help for gambling and did not feel comfortable or safe to talk to their line manager.

*"Within the Navy I don't there's any specific gambling helpline resource type thing, but the chaplaincy would be able to point me in the right direction...In my experience, I'd feel quite safe going to them; the majority of the ones I've come across are excellent and do not divulge anything that's said in confidence." (P5, Royal Navy, PGSI 0)*

Those who had used external services such as Gamblers' Anonymous felt that the peer support element of it had been particularly helpful. They argued that receiving support from trained therapists was not necessarily needed; instead, simply being able to talk openly to others with lived experience and the sense of community within these groups was powerful enough to help them recover. It was suggested by four interviewees that peer support sessions for gambling addiction (and mental health more generally) could be incorporated into the military's current wellbeing support offering.

*"The people at Gamblers Anonymous, are not qualified therapists; it's just a group of people who are all going through the same thing. There's not an individual therapist who gives you ideas, you bounce off each other. And so even something like that in the main bases that people can come along too...because as we can see from that Andy's Men's Club that people will come if as long as that resource is there." (P9, Royal Navy, in recovery)*

The importance of gambling support that treats and explores mental health issues, root causes, and co-morbidities was also discussed. Conversely, support which only focuses on financial management and/or self-exclusion in isolation was not thought to be particularly helpful for positive long-term outcomes.

*"I've had counselling for my gambling in the past and I've also had counselling from for different reasons. And it was explained to me that it's a form of self-harm, it's a way of taking back control from the opinion to mental health expert." (P11, RAF, PGSI 8+)*

Additionally, three interviewees expressed a desire for more practitioners to have first-hand knowledge of the idiosyncrasies of working for the Armed Forces.

*"It's important you've got someone who can understand some of the other pressures that that come with life in a uniform. It will probably make the individual concerned more comfortable or at least will allow them to understand some of the pressures and triggers and influences that that individual is under. And I think that's particularly important when someone is going through a stressful situation—to have someone who understands the language and the situation that individual is in probably makes a big difference in terms of even simple things like establishing empathy and being able to progress a case like that." (P27, Royal Navy, PGSI 1–2)*

## 4 Discussion

The findings of this study, which explore the experiences of gambling harm among serving Armed Forces personnel, can be organized into four overarching themes: (1) Sociocultural pathways to gambling harm, (2) Influencing factors unique to military life, (3) Obstacles to early intervention and support, and (4) Facilitators of help and support.

### (1) Sociocultural Pathways to Gambling Harm

Champion et al. [7] was among the first to qualitatively examine gambling harm within military contexts, specifically among RAF personnel [7]. This study extends that foundational work by incorporating a broader range of Armed Forces branches, confirming that gambling harms are visible and experienced across various service personnel, not just the RAF.

As presented in our findings, participants in this study identified early exposure to gambling, particularly sports betting, as a key pathway to harm. Many described the intertwined nature of gambling and sports, especially football, where gambling sponsorships and advertisements made betting seem normalized and pervasive. This aligns with recent research showing the aggressive marketing of sports betting, which both normalizes the behaviour and increases spontaneous gambling [31, 32]. Significant risk factors for military personnel in relation to gambling harm are being younger in age, junior in rank, identifying as male, alongside suffering from mental health conditions such as PTSD and anxiety and engaging with "strategic forms of gambling" [30]. Although gambling harm is often associated with men, recent data suggest that more women are now engaging in sports betting, indicating that the phenomenon is expanding across demographics [33].

Participants attributed responsibility for these harms to both the gambling industry and governmental inaction, reinforcing a growing perception that gambling is a public health issue [2]. This shifts the focus from individual responsibility to the roles of industry, government, and regulators in mitigating harm [4]. Additionally, technological advancements—particularly smartphone use—were highlighted as a factor that exacerbates harm, given that gambling can now occur "anytime, anywhere" [34, 35]. Our findings find that military personnel's perceptions and experiences match the arguments of respected academic works on gambling harm [4], but they also provide novel insights into how these dynamics affect military personnel specifically, who may be particularly vulnerable due to isolation, boredom, and trauma.

### (2) Influencing Factors Unique to Military Life

The second theme examines how the distinct nature of military life influences gambling harm. Occupational factors such as deployment, peer pressure, and work-related stress were also frequently mentioned, supporting the broader literature that highlights the elevated risk of gambling harm among military personnel [7].

Participants' insights were also similar to Champion et al.'s [7] study amongst RAF personnel [7], in that both gambling and alcohol have historically been part of military socialization. Participants suggested that despite efforts to reduce gambling's visibility, it remains embedded in official events such as lotteries or days out to the horse racing [7]; therefore, normalizing the behaviour across Armed Forces branches and broadening out the evidence we have from an RAF perspective.

A novel finding in this study is the emerging popularity of video games among military personnel, which participants linked to potential gambling harms. This is consistent with a growing body of literature on the intersection of gaming and gambling, which has increasingly blurred since the twentieth century [36]. Gambling companies are increasingly seeking to capture new, and concerningly young, gamblers who are fans of esports [37]. This indicates a further signal of the way gaming is a means for gambling companies to expand their consumer base, using similar strategies as are employed in sports such as football. Our participants also expressed concerns about the risks associated with military-sponsored

sports lotteries, echoing sentiments found in the literature about workplace-related gambling triggers for individuals with past or present gambling problems [7]. As mentioned already, the potential for boredom as a risk factor for military personnel to experience gambling harm may also explain how there may be a trend amongst military personnel who gamble having a higher risk of gambling harm.

### (3) Obstacles to Early Intervention and Support

The third theme identifies barriers to early intervention and support. Stigma and shame are widely reported as major deterrents to help-seeking among individuals experiencing gambling harm [38, 39]. Participants in this study similarly reported these barriers, noting the persistent stigma around gambling harm within military contexts. This finding extends the work of Champion et al. [7], which highlighted similar concerns within the RAF [7].

Participants also noted practical barriers to help-seeking, such as a lack of awareness of available support services. Although there are internal support services within the Armed Forces, participants expressed uncertainty about where gambling-related referrals would fit into existing frameworks. Those who had sought support often described suboptimal experiences, with referrals to external services being difficult to maintain, particularly during deployment.

While the relationship between gambling harm and criminal activity remains uncertain, some evidence suggests a correlation [1]. Participants in this study highlighted the consequences of not receiving timely support as severe, with the deepening harm turning to crime in some cases. For example, the stealing and selling of laptops to fund a service-man's gambling. While the case mentioned relates to robbery and more generally the link between crime and gambling harm, we should note that in the specific case of the Armed Forces, the act of selling military equipment could lead to serious criminal consequences, for example, issues of national security.

Finally, examples were raised in our findings of how changes in rules or laws impacted both negatively, the removal of a "cooling" period in casinos resulting in easier access for people potentially vulnerable to harm, and positively, a range of changes in RAF were seen to have making it an environment with less encouragement and accessibility of gambling. Thus, we see the way in which structural approaches to change are impactful. We propose that structural changes that are attune to the experiences of military personnel could be instrumental in improving access to support.

### (4) Facilitators of Help and Support

The final theme highlights facilitators of help and support. Champion et al. [7] identified the role of peer support among RAF personnel, and this study extends these findings by demonstrating the significance of a broader personal support network across the Armed Forces. Our participants emphasized the importance of informal networks, including family, colleagues, and line managers.

When discussing support networks, anonymity was perceived as a crucial factor in formal support, with external organizations like Gamblers Anonymous (GA) offering a safe space for individuals to seek help without fear of exposure. Participants highlighted the value of feeling understood and part of a collective in GA, which aligns with the broader literature on the importance of social support in recovery [40].

A key recommendation emerging from these findings is the need for support workers who are familiar with the military environment, as well as comprehensive support that addresses the root causes of gambling harm, including related mental health issues. Given the heightened risk of mental health conditions such as anxiety among military personnel, future support services should adopt a holistic approach rather than focusing solely on financial management or self-exclusion.

## 4.1 Limitations

Future research and policy should focus on developing holistic support systems tailored to the specific needs of military personnel, integrating both formal and informal support networks. This study's sample size gave sufficient depth of insights but does not offer generalisable findings. Thus, future studies with larger representations of the military population would be of benefit. Our sample is also relatively limited in its diversity. Future studies should also aim for more diverse samples, incorporating insights into the intersectional experiences of military personnel, including how factors like gender, ethnicity, class, and sexuality shape their experiences of gambling harm. Additionally, comparative studies that replicate this approach with international Armed Forces would offer valuable insights into how cultural and jurisdictional differences influence gambling harms.

## 5 Conclusion

This study highlights the complexity of gambling harm among military personnel, shaped by a combination of sociocultural factors, the unique challenges of military life, and significant barriers to seeking help. The findings suggest that more work is needed within the military to educate personnel on gambling harms and to destigmatize seeking help. Notably, military-specific educational approaches are highlighted as needed. For example, shifts in educational provision should fit with the hierarchical setting of the Armed Forces, with servicepeople in senior ranks being critical to the success of shifting towards more widespread understanding and accessibility of support for gambling harm by all. Moreover, we have suggested that structural change could be instrumental as a means of combatting gambling harm.

Currently, military environments continue to normalize gambling, despite personnel being at higher risk of harm. For those who have not sought help, support pathways remain unclear; for those who have, their experiences with available resources have often been unsatisfactory, particularly due to difficulties maintaining support during deployments.

In conclusion, this paper makes two significant contributions: (1) It provides new insights into the experiences of gambling harm among military personnel across different branches, expanding on Champion et al.'s [7] findings in the RAF [7]; and (2) It offers new evidence on the barriers to help-seeking for military personnel, with recommendations emphasizing the need for targeted efforts to reduce stigma, improve education on gambling harms, and clarify support processes within the Armed Forces.

**Acknowledgements** We acknowledge the support of colleagues within Defence Medical Services, the participants of the study, and those with lived experience who provided input into study design and/or feedback on the manuscript.

**Author contributions** SD, MF, JL, MJ, and HC contributed to concept and design. HC, MJ and BB either collected or analysed the data, with BB contributing to a review of coding. All authors were contributors to writing the manuscript and read and approved the final manuscript.

**Funding** This study was funded by Geo Evidence Insights. The funder played no role in the design of the study, the collection, analysis, and interpretation of data, or in the writing of this manuscript.

**Data availability** This is a qualitative study, conducted with ethical approval from the Ministry of Defence. The data generated is not suitable for sharing beyond that contained within the manuscript. Further information can be obtained from the corresponding author.

## Declarations

**Ethics approval and consent to participate** It was obtained from the Ministry of Defence Research Ethics Committee (Reference: 2250/MODREC/23). In accordance with this approval, every human participant gave informed consent to being involved in the study and for select anonymised quotes or excerpts being included in publications.

**Consent for publication** Participants provided informed written consent for the use of anonymised quotes.

**Competing interests** The authors declare no competing interests.

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