



MANCHESTER
CITY COUNCIL



For everyone affected by gambling

Trauma and Gambling-Related Harms Toolkit for Professionals



Introduction

This Trauma and Gambling-Related Harms Toolkit is for frontline professionals and has been created by Chapter One in partnership with Manchester City Council. Chapter One provides information and support for everyone affected by gambling and is part of the charity Gambling with Lives which represents and supports families bereaved by gambling-related suicide. This toolkit was commissioned, funded and co-developed by the Department of Public Health at Manchester City Council. It is free of gambling industry influence.

Purpose of this Toolkit

The purpose of this toolkit is to provide professionals in Manchester and elsewhere with the knowledge, skills and resources to support the people they work with who may be experiencing gambling-related harms in a trauma-informed manner. This toolkit aims to improve understanding of trauma and its impact, the causes and effects of gambling-related harms, the relationship between the two, and how to support someone affected. Earlier intervention of gambling-related harms will benefit both the person affected but also us as professionals and the impact of services in the system. Prevention of harm escalating is better for everyone.

Who is it for?

This toolkit is intended for frontline professionals across various sectors, including healthcare social workers, adult social care, housing and homelessness, debt advice services, mental health, drug and alcohol, higher and further education, voluntary and community sector organisations e.g. sports clubs and youth centres.

How to use the toolkit

The toolkit is organised into five chapters that cover key topics. Each chapter includes information, practical tips, and interactive elements to help support professionals to practically apply the information in their everyday work. Every chapter has been co-created with people who have experiences of trauma and gambling-related harms and personal testimony is embedded throughout the toolkit.

Toolkit outline:

Chapter One: Understanding the impact of trauma and Adverse Childhood Experiences (ACEs)

Chapter Two: Understanding the impact of gambling-related harms

Chapter Three: The links between trauma and gambling-related harms

Chapter Four: Adopting a trauma-informed and a gambling-informed approach

Chapter Five: Referring to specialist support and treatment

Further information and resources:



Hello, my name is Ian. I'm 52 years old. In this toolkit, you will learn about what happened to me. Some of my experiences may be difficult to read about, so if you're affected, please use the support resources listed at the end of this toolkit.



CHAPTER ONE

Understanding the impact of trauma and Adverse Childhood Experiences (ACEs)

Introduction – what is trauma?

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being (ref: [Working definition of trauma-informed practice](#))



I had a very simple and normal childhood. I had a good family and had good friends in school but I experienced childhood trauma at the age of 15.

It can be categorised into:

- **Acute trauma:** Resulting from a single incident.
- **Chronic trauma:** Repeated and prolonged events, such as abuse or domestic violence.
- **Complex trauma:** Exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

There are various different types of trauma including war, poverty, discrimination, intergenerational, historic and cultural.



As a young person, I used to play a lot of snooker and became friends with someone in this world. I would go to matches and events with this person.

One night this person sexually assaulted me and this abuse continued for 18 months. He groomed me but also groomed my family and threatened to kill them.

What are adverse childhood experiences?

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” (Young Minds, 2018).

It is estimated in the UK that 50% of the population have experienced an ACE and between 9% -12% of the population have experienced 4 or more ACEs. which are linked to numerous adverse health outcomes in adulthood. (ref [Bellis, 2014](#))

Research shows that experiencing ACEs can impact brain development and that consequently there is a relationship between ACEs and the development of poor physical, mental and behavioural health.

The Impact of Trauma and ACE's

For many people experiencing ACEs can have long lasting impacts across the life course, affecting childhood development, education, health, socio-economic outcomes and vulnerability to violence and criminal involvement. The impacts of ACEs are not uniform and can vary across demographic groups. (Ref: Tackling Adverse Childhood Experiences)



Trauma changed me, it turned me into a so-called 'problem child' but nobody around me understood why I was behaving like this.

I kept it all to myself. I wouldn't speak about it and I had to hold on to this secret for so many years.





Mental Health and Wellbeing Impacts

Trauma and ACEs can lead to poor mental health and wellbeing including

- Post-Traumatic Stress Disorder (PTSD)
- Depression
- Anxiety
- Addiction
- Negative self-image and low self esteem
- Limited coping skills
- Difficulty controlling emotions
- Excessive worrying



Physical Health Impacts

Trauma can also affect physical health and exposure to ACEs causes an increased risk in poor health outcomes, leading to people presenting with a range of harms in NHS services. The earlier and more severe the exposure to adversity, the higher the risk for a wide range of poor health outcomes later in life. This can lead to:

- An increased risk of developing chronic illnesses (including heart disease, diabetes and cancer)
- Poor immune system
- Sleeping disorders
- Eating disorders
- Increased risk of substance misuse including drug and alcohol use
- Somatic symptoms (e.g., chronic pain)

A person with four or more ACEs is: (Welsh ACE study)



4 times more likely
to be a high risk drinker



6 times more likely
to have had or have caused
unintended teenage pregnancy



6 times more likely
to smoke e-cigarettes
or tobacco



6 times more likely
to have had sex under the
age of 16 years



11 times more likely
to have smoked cannabis



14 times more likely
to have been a victim of
violence over the last 12 months



15 times more likely
to have recently committed
violence against another person



6 times more likely
to have used crack
cocaine or heroin



6 times more likely
to have been imprisoned



Behavioural and Social Impacts

ACEs can lead to difficulties in education and employment, resulting in lower income, reduced access to healthcare, and poorer living conditions, all of which contribute to poor health outcomes. Trauma can influence behaviour and social functioning, including:

- Difficulty maintaining relationships
- Employment challenges
- Lower educational attainment
- Increase in health harming behaviours such as smoking, underage sex, drug and alcohol use
- Increased risk-taking behaviours such as gambling

 Watch: Adverse Childhood Experiences – NHS Scotland



 Watch: Becoming Trauma Informed and Trauma Responsive in Greater Manchester



Recap of Key Points

- Trauma comes in many different forms, impacts many people and can be acute, chronic or complex
- An Adverse Childhood Experience (ACE) is a traumatic event that occurs during childhood or adolescence
- Half of the population have experienced at least one ACE
- The harms can have a devastating impact on health and development



Reflective Exercise

Think about the people you come into contact with, what might be indications they have experienced trauma or ACEs? Write down as many as you can think of.



CHAPTER TWO

Understanding the impact of gambling-related harms

Introduction – What is gambling?

Gambling is risking money or something else of value on an uncertain outcome that is determined by chance.

It might seem like something that is easy to recognise, but gambling comes in lots of different forms and it isn't what it was, it has changed considerably over the last 20 years. Modern day gambling is no longer just a weekly bet on the horses, but now consists of global corporations earning billions from electronic machines and online apps with products such as online slots and casinos.



Gambling was a coping mechanism. I started gambling after I experienced trauma at the age of 15. Gambling took hold of me very quickly. Even when I was at school I used to meet someone over the age of 18 outside of the school gates to put bets on at the bookies for me

Gambling-Related Harms

There is a significant number of people harmed by gambling and gambling-related harms are a recognised public health issue.

Gambling-related harms are adverse consequences experienced by individuals and those around them as a result of gambling. Harms can be short-term or long-term and can affect various aspects of an individual's life, including their health, well-being, and socio-economic status.

These harms can be:

- **Health:** Anxiety, depression, insomnia, suicidal ideation
- **Social:** Strained relationships, isolation, domestic violence
- **Developmental:** Loss of job, lack of opportunities, criminal activities
- **Financial:** Debt, bankruptcy, financial instability

! The Scale of the Problem



Gambling-related harms are widespread:

It is estimated that 2.5% of the Great British population are suffering from “problem gambling” with many more impacted by somebody else’s gambling.



People in Manchester are affected:

It is estimated that Manchester has 35,300 people experiencing gambling-related harms and has more than double the England average of people who may benefit from treatment.



There is a negative impact on children and young people:

It also estimated that 3379 children in Manchester are living in the same household as adults who might benefit from treatment and a quarter of young people (26 percent) had seen family members they live with gamble, and of that 26 percent, 9 percent indicated that it had resulted in more arguments or tension at home. [Young People and Gambling 2024: Official statistics – Summary](#)



Gambling-related harms are often identified too late or at crisis point:

Recent evidence reported only a small proportion of people who would benefit from support or treatment are currently accessing it. Often gambling-related harms are identified too late, during a crisis or worse, leading to people presenting with a range of symptoms and harms in NHS and wider services adding to existing pressures. In 2021 to 2022, the median time people in a treatment episode reported gambling before presenting to treatment was 10 years. [Gambling treatment: assessing the current system in England – GOV.UK](#)



The system has failed to provide adequate information and support for people affected:

[Jack Ritchie’s landmark inquest in 2022](#) concluded that the provision of information and support designed to warn and protect Jack had been “woefully inadequate”, leading to Prevention of Future Deaths Notices to the Department for Education, Department for Health and Social Care and the Department for Culture, Media and Sport.



There is an established link between gambling and suicide:

In the 2023 UK National Suicide Prevention Strategy included gambling as a focus area and stated that gambling “can be the dominant factor” in a suicide without which the suicide may not have happened.



People are losing their lives:

There are between 117–496 gambling-related suicides every year in England alone.



What are the causes of gambling-related harms?

Gambling can harm anyone at any time and people affected are not to blame. The gambling industry spends billions on marketing, developing products, owning premises and influencing decision makers. This causes an imbalance of power. The commercial and social determinants of health e.g. the accessibility, availability and promotion of gambling are the key cause of gambling-related harms but most people harmed feel it is their fault.

Some evidence suggests that harms are felt disproportionately – exacerbating existing inequalities – among certain groups such as young people, those experiencing financial hardship and **people with adverse childhood experiences or experience of trauma.**

However, anyone is vulnerable to the harm because gambling can be addictive and most forms of gambling are designed to keep people using them even when they are experiencing harm.

The addiction or at-risk rates of some gambling products such as online casino games, bingo and slots are up to 45% for those who use them. There are things that make a product more risky and harmful:

Speed – how quickly and how often you can spin or bet

Stake size – how much you are able to spend

Accessibility – how easy it is to access – such as through your phone or device

Design – how attractive and immersive the product is



It impacted everything – my mental health dived and I was borrowing money and ducking & diving from gambling debts. I never paid my family back.

I turned to crime and it resulted in a suspended jail sentence.

I tried to take my life on two separate occasions.



The gambling industry spends £1.5bn a year on marketing.

Advertising such as those that appears on TV, in sport, on social media and on the high street is designed to encourage people to start gambling and to continue to gamble.

Those experiencing harm are more likely to receive direct marketing such as free bets and bonuses. This can make it difficult to stop gambling.



Recap of Key Points

- Gambling is not what it was. Modern day gambling consists of fast-paced electronic products that are promoted across society
- Gambling is not just one product – the most harmful and addictive form of gambling are those that are quickest, easiest to access and designed to be immersive such as online slots or casino games.
- Anyone can be harmed by gambling, although the harms can be felt disproportionately such as on those who have experienced trauma and ACEs and exacerbate existing health inequalities
- Gambling-related harms are serious and widespread, causing health and mental health issues and suicidal ideation.



Reflective Exercise

- A person comes to you seeking help and says “I don't know why I find it difficult to stop gambling”. Write down as many reasons why someone experiencing gambling-related harms may find it difficult to stop. The reflective exercise in Chapter Four will explore how to help that person.

CHAPTER THREE

Links between trauma and gambling-related harms

Introduction – is trauma a risk factor for gambling-related harms and addiction?

Gambling and trauma are both pervasive throughout society. Understanding the connection between trauma and gambling-related harms is crucial for providing effective support. Although anyone can experience harms from gambling, this chapter explores how trauma and adverse childhood experiences (ACEs) can increase the risk of harm.

Experiencing ACEs or trauma can increase the risk of someone gambling and therefore suffering from gambling-related harms. **It is vital to remember the person who has experienced either gambling-related harm or trauma is not to blame**

Renowned physicians with trauma expertise such as Dr. Gabor Maté claim that: “Rather than choice, chance or genetic predetermination, childhood adversity can create the susceptibility for addiction.”



I'd like all professionals reading this to know that this isn't rocket science – there is a link between trauma and gambling harms. My experiences shows that trauma has such a big influence over people's lives and that gambling can and will take over



A professional helped me go back through my experiences of trauma and it helped me understand that my gambling harms was linked to trauma



Impact on the brain

Trauma can affect brain development and function, particularly in areas related to impulse control and decision-making. It can disrupt the delicate balance within key regions of the brain; primarily those responsible for memory, emotion regulation, and threat response, such as the amygdala, hippocampus, and prefrontal cortex.

Studies have shown that individuals with a history of trauma may have altered brain activity in the prefrontal cortex, which is responsible for impulse control.

This can increase the likelihood of a person engaging in gambling. Gambling products such as slots, machines and casino games encourage repetitive behaviour, impairing the ability to make wise and good decisions.

This part of the brain is affected by addictive gambling as pathways are rewired by a dopamine-driven urge to gamble. This is a physiological change, not a question of choice.

Cognitive Distortions about gambling

Trauma survivors might develop cognitive distortions about gambling, such as believing that it is a way to achieve control.

Someone who feels powerless due to past trauma might believe that gambling could give them the control they lack in other areas of their life.

Gambling companies design products to create an illusion of control and predictability for the person who gambles, which may be particularly appealing to those who have experienced unpredictable and uncontrollable traumatic events. The most harmful gambling products are those that combine an illusion of control with high frequency speed of play, high stake sizes, immersive design and ease of accessibility, such as fruit machines or online casino products.

Coping Mechanisms and Seeking Escape

Gambling products, especially those that are most addictive have been described by people with lived experience to provide immediate but short-lived relief from emotional distress, allowing individuals to focus entirely on the dopamine driven urge to gamble rather than their trauma or the impacts.

This temporary relief can lead to a cycle where people repeatedly turn to gambling to cope with the emotions they are dealing with, but the risk of harm increases ultimately exacerbating distress and creating dependency or addiction.

Individuals who have experienced trauma often struggle with intense emotional pain, anxiety, and stress. Gambling may provide a temporary escape from these overwhelming feelings.

A person who has experienced trauma might turn to gambling to distract themselves from painful memories and emotions. Gambling has been described by people with lived experience of trauma as a way to numb thoughts related to traumatic events.



I would emphasise that people and professionals need to address the trauma. If you've suffered any form of trauma or ACE's, addressing it will unlock answers to other parts of your life.

Since that point, my life has been so much easier – I've processed everything and I know it wasn't my fault. I wake up every day knowing that it wasn't my fault. It's a huge weight off my shoulders.

Gambling-related harms as a cause of trauma

Gambling-related harms and the consequences can also have the potential to lead to trauma, as it is well established that the effects of gambling-related harms are widespread and far-reaching. For example, gambling-related harms can lead to or exacerbate traumatic events and situations such as suicide attempts, relationship breakdown or homelessness. The associations between trauma and gambling have led some to hypothesise that there may be a complex, cyclical relationship at play.



Addressing the trauma allowed me to understand that this wasn't my fault. Before that point I blamed myself. I needed someone to tell me I wasn't to blame for what happened to me.



Recap of Key Points

- Understanding the links between trauma and gambling-related harms is essential for effective intervention.
- Anyone can experience gambling harm and anyone can experience trauma. Some research shows that the harms caused by gambling can be felt disproportionately on those who have experienced trauma and ACEs
- People who have experienced trauma and ACEs may use gambling as a way to cope with emotional pain.
- Experience of trauma can impact brain development and this can be exploited by addictive gambling products, creating addiction.



Reflective Exercise

A client you are supporting for anxiety has been talking about how much time and money they are spending on gambling. They tell you they started gambling when they were 14. What questions might you explore with the person to assess if that person experienced trauma and ACEs as a young person? Refer back to [Chapter One](#) and the [videos](#) for support if you need to.



CHAPTER FOUR

Introduction – what are the principles of a trauma informed approach to gambling harms?

The purpose of trauma-informed practice is to address the barriers that people affected by trauma can experience when accessing a wide range of services. Its purpose is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners.

It asks practitioners to:

REALISE

How common the experience of trauma and gambling are and that they exist across our society, including the people that we work with. Increase your knowledge and understanding of trauma and gambling-related harms.

RECOGNISE

The different ways in which trauma and gambling might impact people and how this might present in people.

RESPOND

By taking in to account the different ways that people can be affected by both trauma and gambling and respond to these. Work to fully incorporate a trauma informed approach into the policies and practices of your organisations culture and approach, and to support people to build resilience and heal.

RESIST RE-TRAUMATISATION

Which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves.

The Principles of trauma informed practice

There are six key principles of trauma informed practice. Below demonstrates how they can be applied in the context of gambling-related harms.

1

SAFETY

Physical, psychological and emotional safety of service users and staff are prioritised, by people knowing they are safe or asking what they need to feel safe, attempting to prevent re-traumatisation

You could: ask your client what types of situations or behaviours make them feel distressed or unsafe, and what you can do to help calm them. Make appropriate changes where possible.

2

TRUST

Experiences of trauma often put survivors on guard and make it difficult for them to trust others. It is important to recognise the need for you to earn your client's trust by making interactions with them safe and non-traumatising. You earn this trust slowly by respecting the client's experiences, perspectives and limitations, and by fostering their sense of dignity and control.

You could: acknowledge that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships.

3

COLLABORATION

Be conscious of the power imbalance in your relationship with your client. Recognise that your client is an expert in their own life, their symptoms, their coping skills and their support needs.

You could: use formal and informal peer support and mutual self-help, ask clients and staff what they need and collaboratively considering how these needs can be met, focus on working alongside and actively involving service users in the delivery of services.

4

CHOICE

Clients are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward.

You could: explain choices clearly and transparently, ensure clients and staff have a voice in the decision-making process of the organisation and its services.

5

EMPOWERMENT

Efforts are made to share power and give clients and staff a strong voice in decision-making, at both individual and organisational level.

You could: listen to what a person wants and needs, validate feelings and concerns of staff and clients and support people to make decisions and act.

6

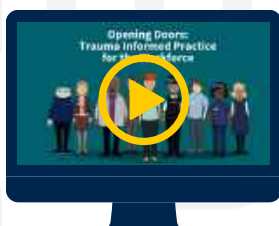
CULTURAL CONSIDERATIONS

Clients have diverse needs based on their culture, sexual orientation, gender, religion or belief, age, economic class, disability status, race or ethnicity. Becoming culturally competent does not mean that you must understand each client's culture, but that you should make every effort to understand the influence of culture on your client's response to trauma.

You could: offer access to gender responsive services or leverage the healing value of traditional cultural connections.



Watch Opening Doors: Trauma Informed Practice for the Workforce



As part of working in a trauma responsive way you also need to consider **staff health and wellbeing**. This could include providing:

- The opportunity for peer-to-peer support and communities of practice
- A reflective space for staff
- Formal, external supervision
- Open and supportive discussions in one-to-ones
- Training and development opportunities

(Ref: [Working definition of trauma-informed practice](#) and [trauma informed care](#))

Steps to take if a client is experiencing gambling-related harms

BEGIN THE CONVERSATION

If you think someone is experiencing gambling-related harms, it's time to begin the conversation. They may not feel comfortable opening up about gambling straight away but there are some things we can do to make it easier for them and for you.

You could ask about their gambling activity, find out what type of gambling they are using, for how long and how often.

PROVIDE INFORMATION

Provide information about the causes and effects of gambling-related harms from this toolkit

You could tell them that gambling-related harms can impact anyone, that gambling can be addictive and that gambling can be the cause of poor mental health. You could advise them there are some simple steps they can take now to stop, ban and block gambling.

PREPARE FOR CHANGE

Work through the 'Preparing for Change' worksheet to encourage them to reflect on gambling and the impact it is having on their wellbeing.



You could download the '[Preparing for Change](#)' worksheet from the Chapter One website and go through the questions with the person

REMEMBER

They may be an affected other. The harms caused by gambling can be felt both by the person who gambles and the persons around them.

You could ask if they are worried about someone they know and tell them that they are not alone – gambling-related harms don't just impact the person who gambles.

Helpful language to talk about gambling-related harms (examples of what works and what doesn't)

 TRY TO AVOID	 MAYBE TRY	WHY
"Is the person you care about a problem gambler?"	"Is the person you care about experiencing gambling-related harms?"	The person being harmed by gambling is more than just their experience with gambling and 'problem gambler' suggests the problem is the person when we know there a range of external causes of gambling harms
<p>"Is your gambling an issue?"</p> <p>"Is their gambling causing you harm?"</p>	Avoid assigning the gambling to a person at all, just say "gambling"	We want to move away from anything that creates blame on an individual, or anything that might cause guilt or shame. This moves away from an 'individual responsibility' narrative which is harmful.
"Most people can gamble responsibly."	Avoid comparing gambling like this, gambling is not binary. It is more complex due to different gambling activities bringing different risks	Suggesting some people are fine and others become addicted adds to stigma. All gambling is inherently risky, although some products are more harmful than others. Currently there are no national guidelines that define or indicate what 'safe' levels of gambling are

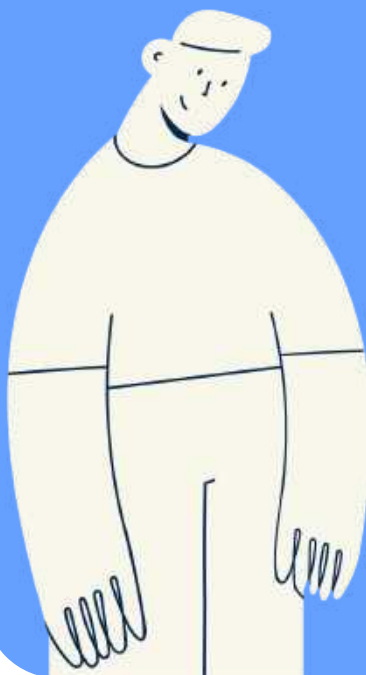
Responding to Disclosures

Provide a calm and supportive response while recognising the bravery it takes to disclose trauma or gambling-related harms. Inform them about gambling-related harms and products. You can start by giving unbiased information about gambling to someone experiencing harm.

You can provide information about the causes of gambling-related harms (see Chapter 2). This includes telling the person that gambling products can be addictive, that there is a physiological impact on the brain and gambling companies can make it difficult to stop.

You can provide indications that someone is experiencing harm because of gambling (see Chapter 2). This includes telling the person that gambling can be the cause of mental health issues, relationship breakdown, physical harm and suicidal ideation.

Ian's story



Background: Ian, a 52-year-old man, experienced sexual abuse during his childhood. As an adult, this led to severe mental health harms.

Gambling as an Escape: Ian began gambling as a way to cope with his pain. The dopamine hit from gambling provided temporary relief from his emotional pain.

Cycle of Harm: Over time, Ian's gambling escalated, leading to further emotional distress and social impacts. His addiction to gambling and the need for a coping mechanism created a harmful cycle that was difficult to break.

Intervention: A trauma and gambling informed counsellor helped Ian understand the link between trauma and gambling, the addictive nature of gambling and the impact on the brain. They counsellor provided information and referred Ian to specialist support.

See Chapter 5 for further information on how to support someone access specialist treatment.



Recap of key points

- There are established principles of trauma-informed care which will help create a safe and supportive environment.
- If you suspect someone is experiencing gambling-related harms as a result of trauma it is important to gauge how often the person is gambling, what form of gambling they are using and for how long.
- Emphasise that the person is not alone in how they are feeling. It is not uncommon or not abnormal to experience ACES, trauma or gambling-related harms.
- Using person-centered language to remove shame and blame can help the person understand the causes of harm.



Reflective Exercise

Thinking about where you work, how would you incorporate gambling-related harms questions into your screening exercises and procedures, using the right language and terminology?



CHAPTER FIVE

Referral to specialist support and treatment

Introduction – what support is there for people experiencing trauma and gambling-related harms?

Help is available for people experiencing trauma and gambling-related harms through a variety of resources and interventions. Because trauma and gambling-related harms often intertwine, support typically includes both psychological help for trauma and gambling-specific treatment.



I sought support for gambling harms because I needed to address gambling and the impacts or I'd end up in prison. It took crime to make me consider seeking help. When I got support I surrounded myself with likeminded people who understood me and who had gone through similar – that was really important



Support Services:

Introduction – what support is there for people experiencing trauma and gambling-related harms?



Clinics providing specialist addiction therapy and recovery for people affected by gambling addiction or gambling-related harms.

Anyone aged 18 or over and registered with a GP in the area can access the services, with 15 clinics covering all parts of England.

For those aged 13 and over, you can access the National Gambling Clinic, London.

Making Referrals to the NHS Gambling Services

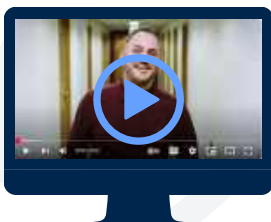
People can access help directly by making a self-referral or a professional can do it on their behalf, all referral links for local clinics can be found [here](#).

The NHS Gambling Services will usually contact the person for an assessment within a week after referral.

Once you've provided the information requested by the clinic, someone from the team will contact the person and book an appointment. They will choose a location that is best for the person (including doing your treatment remotely by video call). Their first appointment will be an assessment and an opportunity to discuss treatment options.

The person may be referred to other services, depending on what they need.

- ▶ Watch: Learn more about the referral process



There needs to be more gambling information, support and treatment for people experiencing what I did because more people deserve the opportunity that I've had

Wider support for gambling harms:



National Gambling Support Network

The National Gambling Support Network (NGSN) is a network of organisations across Great Britain that support people who are experiencing gambling harms, as well as those affected by someone else's gambling.



Gamblers Anonymous

Gamblers Anonymous operates local meetings for people experiencing gambling harms or addiction. Each local group operates slightly differently but participants can join any meeting.

GamFam

GamFam is a charity offering free online peer support, including structured peer support groups for affected others and separate groups for those in recovery. It aims to empower individuals and families to reduce the impact of gambling harms and move to a more positive future.

GamStop

GAMSTOP is a free service that will block you from opening or accessing gambling accounts in your name with all licensed online UK gambling companies. You can sign up for six months, one year or five years. At the end of your chosen self-exclusion period, GAMSTOP will not automatically be removed – it will remain in place for a further seven years, or until removed.

Bank blocks

Almost all UK banks provide free tools to block transactions categorised as gambling, both online and in physical venues.

To set up a bank block, you can:

- Use your mobile banking app
- Contact your bank to see if they offer bank blocks and to get help setting them up or search on Google
- Visit your local branch

Different banks may refer to gambling blocks by different names, such as "card freezes" or "gambling restrictions". You can usually find them under "card control" or "merchant control" settings. If you have multiple cards, you'll need to set up a block for each card.



Recap of Key Points

- There are specialist NHS Gambling Services providing free and confidential treatment that cover every area of England
- There is wider national help such as peer support and counselling through the National Gambling Support Network.
- There are free self-exclusion tools such as Gamban, GamSTOP and bank blocks available for everyone
- The referral process is straight-forward and can be done via the Chapter One website by a self referral or by a professional on behalf of the person experiencing harms.
- If someone isn't ready for treatment or further support there are materials and downloadable and printable resources on the Chapter One website that provide information and self reflection exercises.



Reflective Exercise

The person you've been supporting says they are ready to stop gambling and get treatment. Write down some things you would do to help them access treatment.



*I now have all the tools to live a better life and I'm in a good place now.
Where I am today is a million miles away from where I was.*

*I am gamble free and I can now be true and realistic with trusted people.
Being around people with lived experience and sharing my story has given
me the passion to help others.*

*Talking about what happened to me doesn't bring me bad feelings because I
want to tell people*

Further Information and Resources

Online Resources

[Chapter One](#) Provides information, training and support for everyone affected by gambling
[Trauma Responsive Greater Manchester](#)

Supporting organisations across Greater Manchester to embed ACEs and trauma informed practice into their everyday practices

Toolkits and Guides

[Gambling Harms and Bereavement by Suicide Language Guide](#)

Research/Reference

<https://bmcmmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-72>

[In the Realm of Hungry Ghosts : Close Encounters with Addiction](#)

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

[Young People and Gambling 2024: Official statistics – Summary](#)

[Gambling treatment: assessing the current system in England – GOV.UK](#)

[Jack Ritchie’s landmark inquest in 2022](#)

<https://www.nice.org.uk/guidance/NG248/chapter/recommendations>

Follow Ups

We encourage all professionals to apply the knowledge and skills gained from the toolkit in their daily practice.

If you wish to provide feedback on the toolkit, please email **hello@chapter-one.org**

Additional resources can be found here:

TRGM Resources

Research, websites and videos to support ACEs and trauma informed practice

Professionals Hub

Resources and information to support professionals in contact with those experiencing gambling related harms

Training

Chapter One provides Gambling-Related Harms training for Frontline Professionals. Please contact **hello@chapter-one.org** for more information.

An introduction to ACEs and Trauma training is available for professionals in Manchester. Enquire about training spaces [here](#).

Suicide Support

Throughout this toolkit, there are mentions of suicidal ideation and suicide. Refer to the following services if needed.



NHS

Call 999, 111
or visit A&E



Samaritans

Call 116 123



SHOUT

Text SHOUT to 85258



Childline

Call 0800 1111
for those under 19yrs

Additionally, you may refer to following services



Shining a Light on Suicide

Bringing suicide out of the dark in Greater Manchester. Whether you're feeling suicidal, worried someone else is, or have lost someone to suicide, you're not alone. Whatever you're going through, Shining a Light on Suicide will help you get the advice and support you need.



Gambling With Lives

Gambling with Lives is a charity founded by families who have lost relatives people to gambling-related suicides. The organisation provides therapeutic mental health and bereavement support for those affected by such tragedies, including peer support, telephone check-ins, and professional counseling



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This toolkit was created in March 2025 and will be reviewed annually and updated accordingly.

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