"The Penny Dropping'

Gambling Harm and Economic Abuse Project:

Final evaluation report

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"When I asked the question, the client said,

"It is like the penny dropping"'

GambleAware

Rise
freedom from abuse & violence

MONEY ADVICE PLUS

Breakeven

Contents

1. Introduction

Economic abuse and gambling

The Home Office Statutory Guidance Framework for Controlling or Coercive Behaviour (2023)[1] states that examples of economic abuse can include gambling with a victim's money without them knowing or coercing them into providing money for gambling. Yet little is known in the UK about how economic abuse intersects with gambling. Given that money is central to both, it is perhaps unsurprising however, that research in other countries has revealed connections between the two.

The international literature suggests that victim-survivors of domestic/economic abuse, may be what the gambling sector in the UK calls:

- An 'Affected Other' (AO) and/or
- A 'Person Experiencing Gambling Harms'(PEGH)

These groups are not mutually exclusive (IFF Research, 2023) since victim-survivors who are AOs may also be PEGHs. Indeed, Denedo et al. (2026) observe that the international evidence base shows the relationship between gambling and domestic abuse to be complex.

Developing responses

A detailed understanding of the nature of the relationship between gambling and economic abuse is needed to inform appropriate interventions and enable frontline practitioners to respond in an integrated way.

Frontline practitioners will work in specialist services that support victims of domestic/economic abuse as well as gambling services that support people as AOs and/or PEGHs. They may also work in generic services where money is central – for example, money/debt advice, banks or in public bodies that have a money collection function (for example, council tax collection and welfare benefit services).

Banks are particularly relevant here as a key stakeholder in responding to gambling and domestic abuse (including economic control) via vulnerable customer teams. Guidance published by the Financial Conduct Authority (FCA) on the fair treatment of vulnerable customers in 2021[2] defines a vulnerable customer as someone who, due to their personal circumstances, is especially susceptible to harm. Domestic abuse is recognised as a driver of vulnerability within the life events, relationship breakdown category of the guidance.

Whilst gambling is not named specifically within the guidance, research has shown how high levels of gambling increase an individual's risk of negative outcomes like financial distress, social exclusion, disability and unemployment (Muggleton et al. 2021). As such, gambling is also linked to life events (job loss) as well as the other drivers of vulnerability set out in the guidance, including resilience (financial shocks), capability (low financial knowledge and/or confidence) and health (conditions or illnesses).

Many banks have introduced optional blocks on payments to gambling firms to help customers who would benefit from greater control of their spending on gambling, empowering them to take back control.

It is not, however, clear to what extent these two issues are connected in practice.

The Gambling Harm and Economic Abuse Project

Money Advice Plus (MAP) led the Gambling Harm and Economic Abuse Project between April 2024 and March 2026. MAP is a charity which operates a national service for victim-survivors of domestic abuse, providing specialist support in relation to economic abuse and coerced debt through its Centre of Excellence for Debt and Economic Abuse Services (CEDEAS).

The Project itself was a partnership between MAP and Rise,[3] a domestic abuse service based in Brighton and Breakeven, a charity helping those affected by gambling related harm based in the East of England.

The **goal** of the project was to provide a mechanism through which to develop a shared understanding, support and referral pathway between all three partners. In so doing, the Project sought to work towards the following two **outcomes**:

1. An effective, inclusive and sustainable service delivered in partnership.
2. Women who are victim-survivors of domestic abuse and who have experienced gambling harm are safe, regain control of their finances and regain economic independence and/or security.

In turn, achievement of these outcomes was intended to contribute towards the following:

1. Improved awareness and understanding of the gambling harm among women.
2. Increased diversity/service mix in the provisions for women, so women have the choice and can find support that works for them.
3. Increased co-production/co-delivery of support for women.
4. Increased mechanisms to support existing provision and establish new approaches to supporting women.
5. Increased ability of funded projects to generate and share learning with each other and the wider system to:
   - adapt and improve approaches to support women.

- build what works evidence base, including improved outcomes beyond initial support.

6. Improved effectiveness of support for women.

This report starts by setting out what the research literature tells us about the links between gambling and domestic, including economic abuse. This provides a backdrop against which to interpret the evaluation findings.

The evaluation methodology is then outlined before details outlining how the outcomes were achieved across the 24 months of the Project.

Recommendations are made to inform follow-on activity.

2. Overview of the literature

This overview of the research literature summarises what is known about gambling harm among women, as it is experienced in the context of domestic, including economic abuse.

Economic abuse is a form of domestic abuse. It is defined in the Domestic Abuse Act 2021 as 'any behaviour that has a substantial adverse effect on [the victim's] ability to (a) acquire, use or maintain money or other property, or (b) obtain goods or services.[4] MAP's data shows that 97 per cent of domestic abuse victim-survivors will experience economic abuse (Sharp-Jeffs, 2026).

According to Freytag et al. (2020), domestic abuse and gambling harm are both significant public health problems and form a 'dangerous' combination. The complex health, financial, economic and social harms that result from gambling and from domestic abuse can be both immediate and crisis-inducing, but also long-term, and enduring.

In addition, both gambling and domestic abuse are gendered, with men being significantly more likely to gamble than women (Gambling Commission, 2025), and women more likely to be harmed by someone else's gambling within the family (Dowling et al., 2025).

Research evidence on gambling and domestic abuse within the context of the UK is limited (Denedo et al., 2026). In fact, the first study to examine the co-occurrence of domestic abuse and gambling in the UK was not published until 2019 (Roberts et al., 2019). As such, the overview draws heavily on international literature, much of which comes from Australia.

Understanding gambling harm in the context of domestic abuse

Suomi et al., (2025) state that substantial evidence in Australia shows that domestic abuse and gambling harm are co-occurring problems. They are also gendered problems. Gambling by both men and women intensifies domestic abuse experienced by women (Hing at el., 2020). In other words, women may not only be subject to domestic abuse by men who gamble, but they may also be subject to domestic abuse because of their own gambling.

Hing et al. (2022) have identified three main patterns:

1. The person who gambles perpetrates the abuse;
2. A person who already gambles and becomes a victim of abuse; and
3. A victim of abuse begins to gamble to cope with current or past abuse.

At the same time, they recognise the potential for hybrid scenarios. This might include being both a victim and a perpetrator (see Suomi et al., 2013) although this is more likely to happen in contexts where abusive acts are 'situational' and ungendered (Suomi et al., 2019).

Denedo et al. (2026) distinguish between 'gambling-related domestic abuse' where a perpetrator's gambling could contribute to and intensify domestic abuse and 'domestic abuse-related gambling' where women gamble as a coping mechanism.

▪ Affected others/gambling-related domestic abuse

There is growing recognition in the UK of the harm that individuals and families can experience because of someone else's gambling, a group commonly referred to as 'Affected Others' (IFF Research et al. 2023). Yet little is known about the experiences of women in this category even though they are more likely a) to be AOs, particularly as a partner or spouse b) experience negative impacts of being an AO on their financial, health and wellbeing and c) be subject to personal relationship harms (BetKnowMore, 2021).

Personal relationship harms may include domestic abuse (see Hing et al. 2020, 2021). Abuse can be differentiated from relationship difficulties, conflict and breakdowns by virtue of it forming part of a broader pattern of behaviour that is characterised by power imbalance, fear and control (DWP, 2023).

Characteristics of gambling have been found to interact with gendered drivers of violence against women For example, in a study by Hing et al. (2020) gambling venues were reported as places where men found peer encouragement to subordinate women. In the same study, female partners also reported they were typically blamed for their male partner's gambling losses. Indeed, Freytag et al. (2020) note that abusive partners use gambling addiction as a justification for violence against women[5].

In a review of the research, Hing et al. (2022) found that between 37 and 56 per cent of adults with a gambling disorder had perpetrated some form of violence against their intimate partner. This, of course, depends on how different forms of abuse are defined.

In a UK specific context, Roberts et al. (2020) found that over 20 per cent of clients reported intimate partner violence. Similarly, a survey conducted by GamCare's Women's Programme found 22 per cent of affected others experienced some form of domestic abuse, with GamCare's support staff regularly hearing from female affected others that they had been coerced into taking out credit or had experienced fraud (GamCare, 2022) are which both forms of economic abuse.

In fact, research shows that economic abuse is a common form of gambling related abuse. Hing et al. (2022) reviewed research that showed women were subjected to economic abuse in over half of all cases. Examples of economic abuse uncovered by research in the context of gambling (see for example Collard, 2022) included a male partner:

- Controlling financial decisions in ways detrimental to the family.
- Unauthorized use of joint funds.
- Using money earmarked for household expenses such as bills and food.
- Taking possessions out of the home to sell.
- Using a woman's income to pay for gambling.
- Coercing or duping a woman into taking out a loan.
- Coercing a woman into criminal activity to obtain funds.

In UK-based samples, Banks and Waters (2022) found evidence of intimate partners being coerced into concealing their partner's gambling and the use of physical violence to extract money from partners for gambling. Denedo et al., (2026) outline how female victim-survivors described perpetrators stealing money, misusing victim-survivors' identities to obtain loans or purchase vehicles on credit without consent and incurring debts without their knowledge. In other accounts, victim-survivors reported being pressured or compelled to assume increasing levels of debt because of the perpetrator's harmful gambling. Where perpetrators also managed household finances and restricted access to information, women described not understanding the extent of debt, arrears or financial damage until a crisis point.

However, research also shows that economic abuse rarely occurs in isolation and will operate alongside other forms of coercive control, including emotional and psychological abuse, isolation, intimidation, physical abuse and sexual violence (Hing et al., 2022; Denedo et al., 2026).

As the Economic Power and Control Wheel developed by Sharp (2008) illustrates, economic abuse commonly threads through and reinforces other forms of abuse. The study undertaken by Denedo et al. (2026) highlighted how victim-survivors were exposed to sustained patterns of gaslighting behaviours through which

perpetrators repeatedly distorted events, reframed narratives and denied abusive behaviour to manipulate their everyday realities and to undermine their perceptions. Research by Collard et al. (2023) uncovered links between gambling and emotional or psychological harms such as stress and anxiety due to money difficulties. Social isolation also arose from friends and family because of a partner's gambling problems and reinforced dependency. Surveillance behaviours and the monitoring of movements were described in one study where the perpetrator's computer was positioned by a window (Denedo et al., 2026).

Denedo et al. (2026) found that, for many victim-survivors, gambling structured everyday life. Women described being coerced into participating in gambling-related routines, such as remaining present in gambling venues whilst also managing perpetrators' moods following financial losses and absorbing verbal abuse and humiliation. Perpetrators would blame their partners for their gambling behaviour, stating that they were driven to gambling by them being bad wives and mothers.

In addition, risk factors for gambling-related domestic abuse reflect broader patterns of domestic abuse and include the perpetrator being unemployed, having dependent children at home (Bellringer et al., 2016), alcohol use (Brasfield et al., 2012) and drug and steroid use (Denedo et al. 2026). This reinforces the findings of Roberts et al. (2016) who uncovered only associations between domestic abuse and harmful gambling, rather than causality. Gambling is a reinforcing factor that can exacerbate its frequency and severity.

Impacts

The economic impacts of gambling related domestic abuse include debt, bankruptcy and significant financial losses (Azemi et al., 2023; Denedo et al., 2026), sale of family assets, financial deprivation, destitution, employment loss, housing instability and homelessness (Hing et al., 2021; Denedo et al., 2026). Long-term legacy impacts include not being unable to purchase/rent a home due to poor credit histories, accumulated debt and reliance on benefits, diminishment of children's inheritance, non-receipt of child support, and facing ongoing requests for money post-separation (Hing et al. 2020, citing also Patford, 2009; Hing et al. 2021; Scottish Women's Convention, 2021; Denedo et al. 2026).

In the Denedo et al. (2026) study, some women reported turning to survival sex work as a means of securing housing or meeting urgent financial obligations. Stakeholders also emphasised that the power imbalances inherent in housing insecurity left some women vulnerable to sexual exploitation by landlords and other housing providers.

Marionneau et al. (2023) point to social harms, including damaged relationships within families, with friends and colleagues and with the wider community.

Denedo et al. (2026) recognise longer-term emotional and psychological harms. This chimes with the work of Jeffrey et al. (2019) who found that female spouses of gamblers are particularly vulnerable to emotional harms and can undertake acts of self-harm, experience suicidal ideation and attempt suicide/take their own lives. In a literature review, Irie and Kengo (2022) found that in the worst cases gambling-related domestic abuse included murder.

In addition to mental health harms, physical health harms may result from a lack of self-care and stress.

▪ People Experiencing Gambling Harms (PEGH)/Domestic-abuse related gambling

There is also limited understanding of the experiences of women who gamble (IFF Research et al. 2023) both generally, and in the context of domestic abuse specifically. Research to date shows that women experience gambling in different ways from men in relation to the types of gambling they participate in and their motivations for doing so (ibid).

Hing et al. (2020) identify domestic abuse from an intimate partner as a driver for gambling behaviour as a way of coping.

The study undertaken by IFF Research et al. (2023) found that the idea of winning money can provide both a form of psychological escapism as well as hope of actual physical escape from an abusive partner, enabling a victim-survivor to 'get away'. In their research on domestic abuse, gambling and housing security, Denedo et al. (2026) interviewed victim-survivors who were gambling. Their narratives also framed gambling as a form of escapism and emotional regulation used to cope with the domestic abuse they were subjected to. For some, gambling went beyond escapism and became an entrenched behavioural response to trauma and stress – just like other addictions such as substance misuse or eating disorders.

Denedo et al. (2026) further found that, in some cases, women were introduced and compelled to gamble by the perpetrators during periods of vulnerability. Their findings also suggested that a small number of victim-survivors engaged in what they described as 'reactive gambling', operating on the assumption that if their partner could gamble, they could do so as well. This response was interpreted as a form of constrained resistance and attempt to reclaim agency, even though it often reproduced or deepened the financial harms associated with economic abuse and coercive control. For a few, this evolved into gambling-related offences that resulted in criminalisation and imprisonment.

According to Hing et al. (2020) gambling venues can function as a physical place of safety where women can go for respite from their partner's abuse (see also O'Mullan et al., 2021). Being highly accessible and open late at night, women in the Hing et al. (2020) study also described the social connection they found in these venues, reducing their isolation. Yet, at the same time, frequent visits could exacerbate their gambling and result in violence from their partner.

In fact, abusive male partners may use a woman's own gambling as an excuse to perpetrate violence against her, such as when she incurs losses. Women in the Hing et al. (2020) study described being humiliated, threatened, punched and raped by their abusive partner as a 'punishment'.

In addition, Langham et al. (2016) found a connection between gambling, homelessness, incarceration and removal of children by statutory agencies, all of which can be impacts of domestic abuse.

What works in the provision of services

▪ Support for Affected Others

There is a low level of awareness that support exists for AOs in the UK. In relation to women, IFF Research et al. (2023) suggest that this may be connected to how services frame their messaging.

Women who were AOs in the Australian study by Hing et al. (2020) reported that when they did access support, organisations downplayed a male partner's gambling problem or considered it to be irrelevant to domestic abuse.

Similarly, a UK based study on seeking help around another person's gambling found that most women failed to find support, despite asking for advice from multiple services. One interviewee described a lack of understanding with respect to custody of children, with the gambling of her abusive partner not being given due consideration by the family court (Howell, 2025; see also Denedo et al., 2026). Certainly, Roberts et al. (2016) argue that, outside of specialist services, harmful gambling is still often perceived as an issue that does not warrant serious attention due to societal norms.

A study in the UK found that affected others seeking to access gambling support for their abusive partner described negative reactions to their encouragement to access support services. Abusive responses prevented women from putting measures in place which would protect them from harm and left them incredibly distressed, worsening their situation (Howell, 2025). With secrecy often a defining feature in the production of gambling-related debt, Davies et al., (2022) highlights how this also causes significant delays in people seeking advice which, in turn, impacts the options open to them.

When support is accessed, a report on women and gambling (Thrivin' Together, 2024) highlighted that it is usual for gamblers in recovery to be encouraged to pass their finances onto a trusted person to reduce risk of activity or relapse. However, there are risks to this in contexts of power and control. In fact, the report goes on to suggest that gambling harm services 'are conveniently ignoring the reality' that gamblers can also be abusers.

Only one reference was identified in the research literature addressing the issue of support for PEGH's who also abuse. Roberts et al. (2020) recognised that gambling support services should be trained to recognise the signs of domestic abuse since they are well positioned to engage not only with female victims but also with male perpetrators, creating opportunities for earlier intervention.

- ## Support for People Experiencing Gambling Harms

IFF Research et al. (2020) found that women are unlikely to describe their behaviour as 'gambling' and so are also unlikely to want or seek treatment/support. Or they may not perceive the relevance of such services, not thinking that their gambling is sufficiently harmful to warrant accessing help. The authors note that this is important when services are considering their messaging.

Women who use gambling as escapism from being subjected to domestic abuse may be particularly reluctant to address the issue (Freytag et al. 2020). They may also believe that they deserve their partner's abuse, which can deter them from help-seeking due, in the Hing et al. (2020) study, to feelings of guilt, shame and diminished self-worth.

Some of the other reasons surrounding low take up of gambling support among women subjected to domestic abuse include practical barriers, such as caring responsibilities, waiting times, distance to and the location of support, financial constraints, lack of internet access and additional burdens of stigma, with the experience of domestic abuse making accessing support even harder (IFF Research, 2023; see also BetKnowMore, 2021; Freytag et al., 2020).

Denedo et al. (2026) observe that, just as gambling harms and domestic abuse are gendered issues, barriers to accessing support are also shaped by gender, influencing how individuals recognise harm, seek help, and engage with services.

Of course, the controlling behaviour of the perpetrator can also prevent women accessing support for gambling due to the monitoring of their actions and the consequences of doing so (IFF Research, 2023). It may even be that the abuser encourages them to continue gambling.

Hing et al. (2002) state that when women did access gambling help in their Australian study, they reported that their domestic abuse victimisation was ignored, even though it was the underlying reason for their behaviour.

Improving support provision

As the research evidence-base indicates, gambling is not on the radar of many services. Gambling support services have a need for resources to help identify and address domestic abuse, whilst domestic abuse services would benefit from programmes aimed at identifying and managing co-occurring problems with gambling (Suomi et al., 2025). Denedo et al. (2026) believe this would address professional 'blind spots' linked to the positioning of gambling relative to other forms of addiction and risk. For example, in the UK, domestic abuse screening tools and frontline practice have historically prioritised alcohol and substance misuse, while gambling is often absent.

Research by Suomi et al. (2025) in New South Wales, Australia revealed that disclosures of both domestic abuse and gambling harm often occurred in the context of the therapeutic relationship, through building rapport and gaining trust with the client. This is important since women in the Denedo et al. (2026) study spoke of feeling vulnerable about revealing their circumstances, particularly given the stigma associated with addiction and domestic abuse which may be more acute in some cultures and religions where gambling is forbidden.

Suomi et al. (2025) highlight in their study how specific conversation topics enable client disclosures: finances for gambling disclosures, and family relationships including children and parenting for domestic abuse disclosures. However, again, some women may face additional barriers to disclosure due to perceived risks linked to immigration status, safeguarding processes, and the possible removal of children from them. Moreover, perpetrators deliberately exploit these fears, particularly threats involving police intervention or social services, to maintain control and discourage their partners from seeking help (Denedo et al. 2026).

Interestingly the research found that domestic abuse services tended to refer their clients out for gambling or other therapeutic supports, while gambling support services were more confident supporting their clients with domestic abuse. This was partly because clients experiencing co-occurring issues did not want to be referred to another service.

Outside of specialist domestic abuse and gambling support services, these issues are often not routinely asked about, and service users may again feel reluctant to disclose them. O'Mullan et al. (2022) state that this is particularly problematic because non-specialist services, especially health services, may encounter a significant number of women affected by abuse and, in some cases, may be the only services they access. Hing et al. (2022) argue that services across sectors can play an important role in supporting people experiencing gambling harms linked to domestic abuse, as well as those facing co-occurring issues such as substance use, which may exacerbate a perpetrator's abusive behaviour.

Taking a broader public health perspective, Guilcher et al. (2016) argue that services should address the intersection between harmful gambling, housing instability, and other comorbidities. Such collaboration could prevent both gambling problems and domestic abuse from escalating, thereby helping to protect adult and child victims.

Early intervention could, according to the Denedo et al. (2026) study, also be facilitated through the practice of financial institutions, including banks. Victim-survivors in their study highlighted the critical role they can play in identifying suspicious transactions, assessing economic control, and recognising gambling-related debt incurred through coercion. More broadly, Denedo et al. (2026) also advocate for more trauma-informed, economically sensitive financial and welfare policies.

Overall, there is consensus that coordinated service systems, cross-sector risk assessment, and perpetrator-focused interventions are critical to addressing the cumulative and compounding risks identified, ensuring that support is both holistic, responsive and protective to the complex realities women face (Denedo et al., 2026). The need for joined up and integrated services is picked up in research undertaken by IFF Research (2023) which suggests that, because gambling can co-present with other difficulties in women's lives, it is important to have spaces where they can reflect and learn more about the wide range of support that exists. The authors suggest that connecting existing gambling support services with other services such as housing, financial advice, domestic abuse, substance addiction, mental health and legal advice would make it easier for women to access whatever types of support they need for their individual circumstances.

The IFF Research (2023) further states that, in creating and delivering services for all women affected by gambling, it is important to learn from and reinforce best practice across parallel sectors such as debt advice and domestic abuse support which may have lessons to offer gambling support services. Key principles for designing service provision identified through a review of the literature on women and gambling, plus their own research include:

- Ensuring services are informed by lived experience and guided by user-needs which meet the diversity of the women who use them.
- Both preventative (prior to harm being experienced) and responsive (after harm has occurred) support.
- An awareness of the socio-economic and socio-cultural determinants of women's experiences.
- Providing confidential, non-judgemental and friendly support, with the initial option of anonymity to be able to stay in control and not have their circumstances recorded in formal file.
- Being free to women using the service (for example, fully funded).
- Being gender-sensitive and trauma-informed (not having to tell their stories multiple times).
- Being community-based and integrated.

Finally, studies (for example, Denedo et al. 2026) recommend increasing awareness of gambling harms since gambling is often normalised within social or cultural contexts, making them harder to identify.

3. Methodology

As the literature review makes clear, gambling, financial difficulties and domestic, including economic abuse can co-occur.

The suggestion that connecting existing gambling support services with other services, including financial advice and domestic abuse services might make it easier for women to access the support they need underpins the premise of the Gambling Harm and Economic Abuse Project.

The Partnership developed a monitoring, evaluation and learning framework which is presented below. This is drawn from the Project application and sets out:

- The high-level outcomes sought by the funder, GambleAware, in support of the overarching goal of reducing the legacy of gambling-related harm for women.
- The two Project outcomes that will contribute to achieving the high-level outcomes and the indicators which will demonstrate direction of travel.
- Project activities.
- Sources of evidence for the evaluation.

The evaluation methodology included:

- Qualitative analysis of monthly meeting Project notes.
- Analysis of the reports submitted to the funder over the duration of the Project.
- Qualitative analysis of interviews with the three Project leads at the mid-way point of the Project as well as with the three Project leads and two specialist workers (at MAP and RISE) at the end of the Project.
- Quantitative and qualitative analysis of MAP case notes for a sample of women (n=95) supported by the Project.
- Qualitative analysis of an in-depth interview with a client who had accessed all three of the services. Whilst not representative of all clients supported, her words do illustrate some of the broader themes identified.
- Analysis of further quantitative case data provided by Breakeven.
- Analysis of all three partner websites.
- Future funding applications.

Interviews and case notes were analysed using NVivo, a software package designed for identifying themes in text base data. All MAP clients provided written consent to give feedback on the service provided or participate in evaluation.

Table: Monitoring, evaluation and learning framework

Reducing the legacy of gambling-related harm for women			
GambleAware outcomes	**Project outcomes**	**Project activity and targets**	**Data sources**
1. Improved awareness and understanding of the gambling harm among women. 2. Increased diversity/service mix in the provisions for women, so women have the choice and can find support that works for them.	Women who are victim-survivors of domestic abuse and who have experienced gambling harm are safe, regain control of their finances and regain economic independence and/or security. ▪ Percentage of victim-survivors reporting greater control over their finances six months after receiving support across the partnership (second evaluation). ▪ Percentage of victim-survivors with improved money knowledge and confidence after completing casework with Money Advice Plus (second evaluation). ▪ The percentage of victim-survivors accessing the MAP casework service who receive	Delivery of referral mechanism. Delivery of MAP's specialist support to victim-survivors in relation to economic abuse and coerced debt.	Monthly Project meeting notes. One year on report to funder. Interviews with Project leads. Interviews with specialist case workers. MAP casework notes.

	a financial gain e.g., grants, welfare benefits, debt write-offs (second evaluation). ▪ Development of shared resource for the use of women who have experienced gambling harm outside of the complex casework undertaken in the project (second evaluation).		
3. Increased co-production/ co-delivery of support for women. 4. Increased mechanisms to support existing provision and establish new approaches to supporting women. 5. Increased diversity/service mix in the provisions for women, so women have the choice and can find support that works for them. 6. Increased ability of funded projects to generate and share	An effective, inclusive and sustainable service delivered in partnership. ▪ Partnership principles in action (principles to be articulated during the inception phase). ▪ Number of front-line professionals trained under the partnership. ▪ Increase understanding of front-line professionals of the effect of gambling harm who are victim-survivors of domestic and economic abuse.	Develop and deliver training on domestic and economic abuse for the gambling sector that is trauma-informed and victim-survivor-led. Develop and deliver training for the domestic and economic abuse sector on how to identify and understand the impact of gambling harm on victim-survivors. Provision of a female gambling debt caseworker within MAP's Centre of Excellence for Debt & Economic Abuse Service (formerly the Financial Support Line). *[70 women will receive complex Financial Conduct Authority regulated debt and benefit advice casework each year. The Specialist Economic Abuse and gambling debt worker will*	Interviews with project partners about the referral pathway and its operation. Data from MAP/RISE/Breakeven casework systems. Analysis of case notes from MAPs casework system. Future funding applications.

learning with each other and the wider system to: adapt and improve approaches to support women. build what works evidence base, including improved outcomes beyond initial support.	▪ Number of referrals made across the partnership. ▪ Funding in the pipeline to continue the service after the project ends.	*use the economic abuse evidence form to advocate with financial services for women who are supported by this project.]* *[At least 50 women will be supported by Breakeven to reduce the long-term effects of gambling harm. If the new support and referral pathways identify more than 50 women, Breakeven will add resources using different funding streams to support them.]* Provision of an 'Economic Abuse and Gambling Harm Complex Needs Advocate' at RISE. *[20-30 women - dependent on complexity - will receive complex casework to support with the impact of domestic abuse and gambling harm and help with rebuilding their lives. 8 women will receive counselling/therapeutic support to help with coping and recovery per year.]* Create seamless referral pathways between RISE, Money Advice Plus and Breakeven so victim-survivors can access the support they need. *[60% of female victim-survivors are referred to a secondary delivery partner for support.]*	
7. Improved effectiveness of support for women.			

		Victim-survivors brought together in a Lived Experience Group to provide their knowledge to help shape future training and resources (second evaluation).	

4. Findings

Project outcome: An effective, inclusive and sustainable service delivered in partnership.

Through coming together to provide a mechanism to develop a shared understanding, support and referral pathway, the organisations in the partnership have developed an awareness of gambling harm among women. They have also changed their practice.

Training

The aim of the training was to help frontline staff at MAP and RISE feel confident in identifying those experiencing gambling harm and to better equip Breakeven in responding to women who had disclosed domestic, including economic abuse.

- Breakeven provided training to 14 of MAP's casework and helpline staff and 10 RISE staff and helpline volunteers.
- MAP and RISE co-delivered two rounds of training to 22 professionals within Breakeven's assessment and counselling teams.

In total, 46 staff members from the three organisations benefitted from the training.

The training sought to ensure that **90 per cent of the project staff would have an increased understanding of the impact of gambling-related harm on victim-survivors of domestic and economic abuse**. Across all three organisations, 100 per cent of staff reported an increased understanding.

"The training was really great – people are still talking about it."

A target was also set that **90% of the wider delivery partners staff who received training would have an increased understanding of the impact of gambling-related harm on victim-survivors of domestic and economic abuse.** Again, 100 per cent of staff and volunteers working in other roles reported increased knowledge and skills in gambling harm and available support.

Changing practice

The training has **supported existing provision** for Breakeven because the organisation already screened for domestic abuse before the Project started. Depending on how a client accesses Breakeven's support, they may be asked about domestic/economic abuse by the National Gambling Helpline, at the point of triage by Breakeven or during assessment.[6]

However, the Breakeven project-lead[7] shared that the joint training received from MAP and RISE had enhanced the team's understanding of economic abuse and that this new knowledge would be brought into practice.

"Economic abuse is something that's only just started to kind of be in my headspace a little bit more because we often think about domestic abuse, but never really economic. So, I think it really gave us all a little bit more to think about when we speak to our clients."

The training has **established new ways of supporting women** for MAP and RISE. The two organisations describe having moved 'into an entirely new space' because of the partnership with Breakeven. In the words of the MAP Project lead, asking about gambling harm has highlighted:

"What we did not know, because we had never previously asked, about victim-survivor experiences of gambling related harm and the impact it has."

She also shared at the end of the Project that:

"We're probably more curious about it [gambling] than we were previously in terms of how it all links together."

Because of the Project, MAP has introduced a screening question on gambling harm which sits alongside questions related to economic abuse. It took some time, but the service was able to establish how to ask about gambling harm in a way that would meet the recording obligations that it has under the Financial Conduct Authority (FCA). Clients who disclose gambling harm are referred to the Gambling Debt Caseworker, a role created as part of the Project.

The Project lead at RISE similarly shared the impact of the training delivered by Breakeven.

"I don't think I'd particularly thought about it [gambling] before this project. The training made us have those conversations."

RISE also started to ask routinely about gambling harm by incorporating a question about it at the point of referral and via its helpline. It too created a bespoke role – an Economic Abuse and Gambling Harm Complex Needs Advocate - to work with identified cases.

Both RISE and MAP talked about the role the training played in building confidence to ask questions about gambling. For RISE this was also achieved through team discussions that took place afterwards:

"The training and then the discussions afterwards. I think the discussions really helped us to understand how we were going to ask the questions if you see what I mean…You know, actually I don't feel comfortable asking that question. How can I word it?"

Another enabling factor identified by the RISE Project lead was the ability to frame questions about gambling in relation to economic abuse.

MAP built their team's confidence in asking about gambling through the development of some crib sheets. It was also clear in the interview with the specialist MAP caseworker at the end of the Project that confidence to ask about gambling has increased over time.

"Obviously I had training at the beginning, so that was really useful in understanding how the brain works and how it becomes an addiction, the gambling behaviour, you know, that was useful. But I think, it's just the kind of range of cases and how different it is for everybody. And yeah, just kind of doing the work, I think is probably the best way of learning. I'm much more confident in talking about it now."

Both the RISE and MAP Project leads shared that they had noted parallels between risk factors for PEGHs and domestic abuse. This enabled professionals to understand the significance of asking about gambling. MAP's Project lead reflected:

"So, they talked about that, you know, people with financial problems or history of trauma being risk factors to problem gambling. It's not unfeasible that our clients are impacted in this way because they're experiencing several of these risk factors. So those risk factors were helpful. I think for the staff to be able to put into perspective what we're asking."

Integrated practice

MAP's Project lead observed that gambling can help explain why someone might be in debt. In this way the issue – once asked about - becomes an integral part of the advice conversation.

"I think potentially people don't think there's a link until they start kind of talking about it a bit more you know and realise that actually, you know, because part of what we do with the debt advice conversation is we're talking about why those debts came about and exploring that a bit more."

As noted above, RISE also recognised the connections between gambling and economic abuse, an issue that it works on in partnership with MAP.

New to both partners was the idea that gambling might also represent a coping strategy for women who have been subjected to domestic abuse. But again, the RISE Project lead shared that whilst this had not been something the service had previously considered, it was 'obvious' when you understand that gambling is an addiction, alongside other behaviours such as relying on drugs and alcohol.

"I would expect that perpetrators would use gambling. I don't think I'd particularly before this project considered the gambling as a way of coping as much, whereas alcohol, drugs…I would automatically think of. But it's obvious when you think about it."

This recognition of points of connection and the need for an integrated approach was less clear in Breakeven's description of its practice. Several reasons appeared to explain why this was the case.

First and foremost, the Breakeven Project lead explained that, unless a client chooses to talk about having been subjected to domestic including economic abuse then the issue is not explored, even if the counsellor is aware there has been a disclosure at assessment stage. In Breakeven's experience, AOs do not want to focus on domestic abuse as an issue, even when it is clear they are being subjected to it.

"When it's clear that there is economic abuse, domestic abuse, they're really reluctant to want to admit that because it's almost like, no, it's not my problem. I want him to get help and no, this is not an issue. And you always have to treat that first before you try and unpick anything else".

More commonly the victim-survivor's focus is getting the support their partner needs. This may reflect the belief that it is their partner's gambling that is the cause of the abuse. The interview with the client of all three services indicated this was the case for her:

"He had some counselling, and I thought it would be very helpful for me to also learn about, you know, addiction, because at that time I knew nothing about it. They taught me to try and understand a bit more about addiction and what I could do and what I was doing, right and wrong and enabling and that kind of thing."

Breakeven also chose not to appoint a dedicated support worker for clients who had disclosed being subjected to domestic including economic abuse. Whilst this had been the intention, the Project lead explained that she had taken on a project management role instead.

"I think in, in the beginning the idea for me was that I would be a counsellor put in position by Breakeven to counsel anybody coming through to us who had experienced domestic abuse. So, you know, I was quite keen to get on board with that. I was really keen to do that and then we realised that it actually changed, so it's more about kind of getting the referral pathway up and running."

This issue was revisited at the end of the Project with the new lead at Breakeven. He explained that the service has specific counsellors for people with complex mental health needs or who are neurodiverse. Given that the Economic Abuse and Gambling Harm Project had received continuation funding and was moving into its third year, he believed that the same approach should be adopted moving forwards. An advantage to this approach, he felt, would be the opportunity to bring specialist counsellors together every quarter to discuss internally how the Project was going.

"I think it would be good to have a group of say three or four counsellors that work with this caseload so that we can bring those together, and actually look at some themes and some sort of similarities and differences within that work, rather than trying to speak to 30 different councillors who may have had one, you know, one across the board."

However, due to the introduction of a statutory levy for gambling harm reduction at the same time as phase one of the Project had ended there was a major shift in how gambling-related support is now funded and coordinated. As such, it was not possible to make definite plans until the broader picture was clearer.

"Funding with Gamble Aware was very clear and transparent and you know, the funding came through quite quickly and our sort of landscape is completely different at the moment, and we've been running now for what, so two months now with NHS England and we still don't really know that much about how it's working really."

Reflecting the fact that gambling support services are led by people with lived experience, the new Project lead suggested that a similar model might be considered in relation to domestic abuse if his plans went ahead.

Client numbers

From August 2024 up until the end of the Project in March 2026, MAP supported 106 victim-survivors of economic abuse, 95 of whom consented for their data to be audited. Of this number, 93 were AOs, one was a PEGH, and one was both an AO and a PEGH[8] (unknown for nine).

In the same timeframe, RISE supported 39 victim-survivors in total: 35 AOs, one PEGH and three as both AOs and PEGHs. Of these, 6 have also received therapeutic support, 12 engaged with psycho educational recovery work, and 10 were accepted onto the service's self-directed online recovery courses.

MAP and RISE both fell short of their target numbers of 140 and 40 across the duration of the Project, although both organisations did not start asking about gambling harm until August 2024, four months after the Project had started.

At the mid-term point of the Project, RISE's Project lead had anticipated that more clients would disclose gambling as part of their experience of domestic including economic abuse. She suggested that reasons for why this had not been the case this could include women not seeing financial issues as a primary reason for contacting the service. Numbers remained steady for the rest of the Project, and this was still her view at final interview.

"They've stayed steady, so we're still getting the same numbers. I suspect it's just that it's not the most important thing in their [client's] lives when they're an affected other and they come into a domestic abuse service."

RISE's specialist case worker talked about the importance of continuing to raise awareness of gambling harms, highlighting how financial abuse was not an issue that clients talked about a decade ago, but that now nearly all do. She felt the same would be true of gambling related domestic abuse over time.

"It's an awareness that this is an issue. So, they're coming more with the finance stuff now. So maybe this is something that needs to grow."

She also highlighted the nature of the service run by RISE which is not crisis-driven or linked to the criminal justice process, suggesting that clients will be in a more stable position and less likely to see domestic abuse related gambling as a priority.

At the same time, RISE's specialist caseworker also recognised a potential 'danger' when it comes to clients disclosing gambling related to domestic abuse as this may be used against them in family court hearings.

"And if you add that to the most of the women that I'm working with are going through family court proceedings, that's an additional reason why actually they're more likely not to want to have that disclosed, because that's part of, you know, they're wanting to present a picture for the family court."

MAP's specialist case worker also highlighted how the secrecy and hidden nature of gambling, coupled with the danger of questioning a perpetrator means that the victim-survivors she speaks to may not be aware of or the extent to which their partner gambled. This led her and MAP's Project lead to suspect that gambling-related domestic abuse is a much bigger problem than the data is showing.

At the same time, when a client is aware that their abusive ex-partner was gambling, the MAP caseworker observed how clients are likely to find it easier to talk about their ex-partner's gambling (gambling-related domestic abuse) rather than talk about their own (domestic abuse-related gambling).

She went on to observe that, because gambling is more socially acceptable than substance misuse, it may not be perceived by the individual as a problem, rather as a space in which she can exercise control.

"She [a client] doesn't want to stop or she doesn't see it as the biggest problem because she's kind of abstaining from alcohol and drugs and she's trying to do a lot, trying to get some control back as well."

In contrast, Breakeven surpassed its target of 50 (n=53) clients, at the mid-term point although it should be noted that the time frame was slightly longer (from April 2024 until March 2025). This is because the organisation had an established process for identifying client experiences of domestic abuse in place before the Project started.

However, by the end of the Project, it too fell short of the target number of 100 clients over the two years. By March 2026, 77 female clients had been supported around domestic abuse and gambling harm: 64 as AOs and 13 as PEGHs. At the same time, it should be acknowledged that the number of domestic abuse disclosures were higher at assessment stage (129: 86 AOs and 43 PEGHs) but, as noted above, clients will not always disclose experiences of abuse during treatment.

Between them, the partners supported 220 clients across the Project. The vast majority (n=192) were AOs,15 were PEGHs and 4 were simultaneously AOs and PEGHs.[9] Whilst falling short of the overall target of 280 (249 if the 24-month targets for MAP and RISE are reduced to 20 months) MAP's numbers represented 17 per cent of all service users supported in the same time frame and is broadly similar to the prevalence of gambling/domestic abuse cases identified via the two UK studies outlined in the literature review (Roberts, 20% and GamCare's Women's Programme, 22%).

Referral pathway

The referral pathway was established by the three partners with the intention of offering women a more comprehensive response to the harms of gambling and domestic including economic abuse than one service could offer whilst, at the same time, delivering it in a safe female-only environment.

As each service already existed, the process of establishing partnership practices (such as passthrough agreements) was described by the Breakeven Project lead as straightforward:

"I think the setup initially was fairly straightforward because I don't think anyone was totally reinventing the wheel, so we weren't setting up a brand-new service. We were kind of just trying to sort of understand what was going on for our clients within our existing services."

MAP and RISE both shared that because of their size and independence it was easy for them to tweak their systems to introduce screening questions and track cases.

At the time, this was not the case for Breakeven because it was part of the National Gambling Support network and so did not have the same flexibility to introduce routine questioning.

There was some frustration about this on the part of MAP and RISE due to safety concerns, and this was recognised by Breakeven in the quote below.

"It's more about sitting back and kind of just waiting for the client just to touch on that [domestic abuse]. So, I understand with some people, it can be really frustrating."

However, due to the shift in how gambling-related support is funding and coordinated, Breakeven will be able to review its practices related to domestic abuse moving forward, something that the second Project lead touched on in the final interview.

"Before, we worked on a system that had a lot of restrictions, but long term, we will have a standalone system that we can adjust and add things into it as we want to. So, it's not like we have to go through anyone else. We can literally put things in as we want."

This development will be very welcome to Breakeven's partners who have been keen to share their expertise since the beginning of the Project in the same way they have benefitted from Breakeven's specialist knowledge. Both partners also reflected that because the new Project lead at Breakeven had a more strategic role, the broader perspective he brought to the Project had been extremely helpful.

Across the Project period, a total of 28 women (13 per cent) were referred to another delivery partner for support:

- 2 women were referred to Breakeven by MAP and another four were signposted.
- 7 women were referred to Breakeven by RISE and another two were signposted.

- 2 women was referred to MAP by Breakeven.
- 15 women were referred to MAP by RISE and another two were signposted.

- No women were referred to RISE by Breakeven.
- No women were referred to RISE by MAP, although one was signposted.

- One woman was referred across all three Partner organisations.

These outcomes did not, therefore, meet the Project target that **60% of female victim-survivors would be referred to a secondary delivery partner for support.** Similarly actual **engagement of the victim-survivors identified as needing support from a secondary delivery partner** was lower than the target of 80 per cent.

At the mid-point of the Project a lack of familiarity with Breakeven and what it does was perceived by the RISE Project lead as part of the explanation for low referral numbers.

"We were sort of trying to encourage, you know, talk to a client and say, you know, you might benefit from [Breakeven], would you like us to make a referral? But we couldn't really answer their questions. It seems as if it is quite individualistic to each counselor as to the style or the approach that they take or even their sort of specialism potentially, which makes it difficult to sort of provide a consistent answer to a client who's saying well…it's a bit of a mystery for us."

It was recommended that Breakeven provide some case studies of successfully working with victim-survivors of domestic including economic abuse so that partners could better understand the client journey. However, at final interview stage, some confusion still existed.

"I don't think I've got a better handle on what they're offering. I mean, it feels like they are offering a good service and that, you know, once the client gets there, they will be able to give them what they need because they have these groups and things that they talk about. But I don't feel like I would be able to tell a client on the phone that Breakeven, do this, this, this and this."

Another factor was the **geographical location and catchment areas** the services operate across. RISE covers Brighton and Hove, Breakeven works across South-East England and MAP works nationally.

Again, the RISE Project lead flagged this issue in her interview:

"None of the service users we have identified as experiencing gambling harms have been referred by our partners – we think because of our limited geographical support area."

Geography was also an issue that the client who accessed all three services commented on when discussing the many different stakeholders she had engaged with.

"Different funding, different ways of contacting, different processes, you know, there's all of that, and it is a lot to try and fathom who does what. There was a good legal place in [city], but then they only cover certain areas."

RISE's Project lead shared that conversations had taken place around whether women could be referred to the service by MAP and Breakeven regardless of geographical area – for example, giving someone advice and then referring them onto their local domestic abuse service. However, this was not progressed because it would necessitate victim-survivors having to share their story twice which is not trauma-informed practice.

In the end of Project interview, RISE's caseworker also highlighted the importance of taking community into consideration, with victim-survivors of domestic abuse wanting to access services that are embedded locally.

"Everyone that we work with, there's something about it being local, part of the community. Everyone knows about RISE, absolutely everyone you meet. You meet someone in the supermarket, they'll know about RISE, it's the local service. So, and money advice, very much a local service."

The mid-point evaluation identified a learning question to explore how the issue of geographical reach could be overcome or finding other ways through which RISE could share its experience with the Project partners. As it is, RISE will now be able to contribute to the review of domestic abuse practices which Breakeven plans to undertake, including how it responds to PEGH's who use abusive behaviour which is the focus of the next project phase.

In those cases where MAP – a national service - has been unable to refer to Breakeven because of its more limited geographical scope, alternative gambling services were identified and signposted to. Similarly, RISE made clients aware of gambling services operating outside of Breakeven's catchment area.

This practice addresses the Project target that **80% of female victim-survivors know where to get additional support with gambling-related harm.**[10]

In addition, MAP explored how it could broaden the gambling services within the referral mechanism by reaching out to other partners in the Gamble Aware network. This led to a connection with an organisation called Thrivin' Together which works with women only.

The low referral numbers from Breakeven reflected the fact that, for some women, **support was already in place**. Breakeven's Project lead reported that their clients may already be working with a debt management company or domestic abuse charity:

"We'll sort of ask the question or the question will be asked about domestic abuse and it'll be well, I'm already receiving support, so it might be that it's flagged on assessment, but when we've actually spoken to them, it's oh, actually, I've been in this support for, you know, a number of days or however much."

As noted, Breakeven used to be part of a broader network and so support may have already been offered before the client accessed the service.

"With Breakeven because we are part of a wider network, what we call the national Gambling Support Network we have a two part assessment stage - I think sometimes it could be because people already receiving support, especially if they've come through the national gambling helpline, they may have already been signposted to things like sort of StepChange and PayPlan in terms of debt."

Analysis of MAP's 95 cases revealed this was also the situation of a woman who had been signposted to it by the gambling service GamCare. She shared that she was seeking advice purely around the sale of her jointly owned property, the cost of which she could not maintain alone. The client had already received support for debts she had been coerced into by PayPlan, all of which had been written off, apart from one.

This links to another theme identified by the Project partners: offering the **right support at the right time**. Although only 28 of the 220 women experiencing both forms of harm were referred to another service, this was not because the other women did not think the support might be valuable, rather they felt that they did not need it at that time. They were focused on their immediate priority. The following quotes from MAP's case notes were not uncommon.

"He had issues with gambling, I discussed Breakeven and the support available, and the client is considering a referral on to them; however she feels Rise are helping her a lot at the moment."

"The client said that although she was affected financially by his gambling, she didn't feel she needed help at the moment."

In addition, the Breakeven Project lead shared:

"We are more aware of how and who to signpost and refer our clients to but are still faced with the fact that not all clients are willing to engage with any other services whilst receiving support from Breakeven".

The MAP Project lead further suggested that the experience of gambling related harm is historic for many of its clients. Therefore, their focus was accessing support to address the legacy impact, namely coerced debt.

"I think a lot of our clients were historic, so they'd almost, let's say, historic gambling issues. They felt like they'd parked it and moved on."

Victim-survivors find it extremely challenging to engage with multiple organisations when it comes to addressing the impact of domestic including economic abuse as it commonly requires sharing their experience multiple times. Whilst the referral process developed by the Project partners addresses this by passing on information to partners through a 'tell us once' approach, it may be that the victim-survivor is seeking to prioritise immediate safety. The RISE Project lead explained:

"We've found that service users that come to us for support primarily want to engage with addressing the most urgent needs (e.g. safety, protecting their children, court) before they are ready to address other issues – e.g., debt support or counselling. I need to focus on this now. So not everybody is wanting those referrals. Not everybody is taking them up."

Analysis of MAP cases provided a sense of this, with clients often disengaging from the service before an outcome was obtained because of more pressing issues. Against this backdrop, therefore, clients referred to other Project partners may have intended to engage but not been able to.

The new project lead at Breakeven indicated that going forward the service might need to work with clients for longer as, based on his experience, the cases are more complex and more sessions are needed before clients disclose domestic abuse, compared to drugs and alcohol, for example.

"This is a lot more tough - it's not an easy project. It's not. It's a challenging project. And even if that's going on [abuse], how is that person going to accept and come forward for support with all three, or even two of them [issues] really, let's be fair. So, I think the challenges remain, but I think it's understanding how we need to work and understand the client and maybe, you know, put things in place where we can work with that client for a lot, lot longer if we have them so that we have like a longer term plan."

It is also of note that, even though Breakeven's recognises that women have specific experiences of gambling through the introduction of a facilitated online platform specifically for them (Women in Need of Gambling Support), based on the current funding model, they may not always be allocated a one-to-one counsellor who is a woman.

Recommendation: This is something that Breakeven may wish to consider if a new specialist support model is introduced (see also women centred approaches below).

Successful referral engagement

"In the grand scheme of things, even if we help just a bunch of people in this period, it's still, you know, really worthwhile work."

Despite the low numbers of referrals, interesting insights emerge across the experiences of the 28 women who engaged with another Project partner (including the one client who engaged with all three).

For example, the following case study highlights how immediate physical safety needs led the client to be in touch with the domestic abuse service which then referred her to money/debt advice. This was because her safety strategy of staying in hotels after the abuser started coming to the property was exacerbating her already unstable financial situation.

case study: rise to map

The client in this case had been made to take out finance on a car for her ex-partner who was abusive. She does not drive herself. She was behind in her rent because of the repayments she was making and because the abuser had started coming to the property making her feel unsafe. As such she and her children had at times, stayed in a hotel, due to the fear of going home. Her ex-partner claimed he was not working so she was not receiving chid maintenance. In addition to economic abuse, she had experienced intimidation and psychological abuse. Her ex-partner gambled. He would use her credit cards, and she would have to use her money to cover joint costs.

RISE referred this case to MAP. When MAP told her about the support provided by Breakeven, she stated it was something she would consider but felt that the help she was receiving from RISE was enough.

In another case, a referral was made from Breakeven to MAP because the client had immediate economic safety needs. She had lost her home due to the abuser's gambling behaviour and had also discovered that he had tried to take a loan out in her name. This client wanted advice about how to protect her finances moving forward.

case study: breakeven to map referral

The client had recently been evicted because her husband had not been paying their rent, spending the money she gave him for this purpose on gambling. She also discovered that he had attempted to take a loan out in her name. Breakeven referred the client to MAP as she wanted to understand what this meant for her, how she could dissociate her finances from his and protect herself against his debts. Because the tenancy was not in her name, she was not in debt herself, so MAP provided advice only.

A year later the client got back in touch. She explained that the situation was ongoing with post-separation abuse and that the financial situation was still unresolved. Her ex-partner had recently been very abusive to her in front of others when he had attended a social event she was at and continued to threaten her with his suicide or her arrest.

Similarly, the following case study which engaged with all three services was driven by both immediate physical and economic safety needs.

case study: rise to map to breakeven

The client went to RISE needing support around her divorce and finances, after separating from her husband 3 years earlier. She had experienced physical, verbal, emotional and economic abuse as well as other forms of coercive control for over 25 years.

She was overwhelmed and scared by the situation. She explained that her husband had gambling issues and then developed an addiction to cocaine. He lost his job, took money without her agreement from the house equity, and was now demanding a further £30,000 stating that because of his mental health he was able to access legal aid and would 'take her to the cleaners'. He threatened that he would move back into the family home if she did not give him the money immediately, as he couldn't afford to live anywhere else. In addition, he was drawing their adult son into the situation, accusing the client of being abusive toward him. The client's son was gambling having been significantly affected by his father's abuse.

The client already had a solicitor and was looking for emotional support whilst she tried to manage the situation through court. RISE provided this, offering access to its online psycho-educational courses and signing her up to participate in its recovery group.

RISE spent time safety planning with the client to protect her from her ex-partner and worked with her on her well-being. Thanks to the project, the service was also able to refer her to MAP's Centre of Excellence for Debt & Economic Abuse Service (formerly Financial Support Line) in recognition that the financial situation was not only a massive emotional burden, but also the method her ex-partner was using to continue his abuse of her and their son. RISE also signposted to breakeven, but she did not feel ready to engage with two referrals at the same time.

The client had been paying the joint-mortgage since her ex-husband had left the marital home whilst trying to progress the divorce and obtaining agreement to sell. Her ex-husband sabotaged these attempts though the use of threats, vexatious court action and refusing to engage with the financial settlement. As a requirement of their joint off-set mortgage the couple still had a linked bank account in both their names. The client's ex-husband took £20,000 of her savings from this account creating significant mortgage arrears which she was struggling to pay to prevent repossession.

MAP supported the client with budgeting, income maximisation and understanding her options to address the mortgage arrears and prevent further economic abuse. As she was already in dialog with a sympathetic mortgage lender, no direct advocacy was required in this case. However, the client did disclose that throughout their marriage her husband had subjected her to multiple forms of domestic abuse and gambled away large sums of their joint money. She suspected that the savings he had stolen post-separation were also linked to his gambling.

MAP offered to refer the client to Breakeven, and she is now being supported by them.

During the learning away day in September, the MAP Project lead suggested that it might be possible to identify a particular pattern or 'order of support' and this formed the basis of another learning question.

The end of Project interviews identified that, in the absence of 'immediacy' leading to a successful referral clients can still be well supported in relation to a non-specialist issue, when it understands the connections and has had training to improve understanding. Both the Project lead and specialist caseworker at MAP reflected on a presentation at the learning away day from someone with lived experience who shared that it was not until they had worked with a gambling service that they understood their position as a domestic abuse-victim survivor.

"Some of the support, I think, can come from the organisation that maybe isn't the expert initially. I wouldn't say that we are in any position to support someone with active gambling addiction. But I think, you know, in terms of what we can offer an Affected Other..."

Along the same theme, the client who had engaged with all three services felt that it would be preferable to have a 'one stop' shop which provided all the answers in one place. This reflected the fact she was also dealing with her bank, as well as in criminal and family law processes.

"I remember literally sending the same email to 15 different places, hoping that somebody would just give me a nugget of help or something, you know, because it feels like everything's still controlled by him – you do feel very alone in it."

Whilst not yet at any scale, the existence of the referral pathway and its future potential not only **increases diversity/service mix in service provision for women**, so that they are given choice about and can find support that works for them, but also enables individual services to better respond to client's needs holistically through the improved knowledge arising.

Women-centred approaches

More broadly, the evaluation findings highlight the importance of women-centred and tailored casework when it comes to creating safe-spaces for disclosure.

For instance, just 37 Breakeven clients disclosed domestic abuse at triage stage (24 AOs and 13 PEGHs), but this number increased by 248 per cent (n=129) at assessment stage.

Similarly, only a third (n=34) of MAP's 95 clients disclosed gambling related harms when they were asked screening questions at the point of referral. Yet sixty-one clients went on to disclose gambling harm in their first appointment.

Analysis of MAP's case notes further revealed that **victim-survivors may themselves not recognise gambling harm as connected to experiences of domestic/economic abuse** until this issue is explored. One caseworker shared:

"When I asked the question, the client said, 'it is like the penny dropping'. She had always questioned how he could get through £15,000 a month."

One of the objectives of the Project was to produce a resource for victim-survivors themselves to understand the impact of gambling harm. This was in recognition that the service delivered by the Project will not be available to all. By placing the resource on the Partner websites as well as the website of the National Gambling Support Network it was anticipated that there would be 20,000+ secondary beneficiaries. It was anticipated that traffic to the resource could be driven using social media, including on key awareness-raising days. Indeed, the three organisations announced their partnership work on International Women's Day in 2025 to around 10,000 followers.

Having identified clients with experience of gambling harm and domestic including economic abuse in the first year of the Project, MAP worked with RISE to form a Lived Experience Group to take this forward in year two. Concurrently the partners recognised that developing the resource was not as straightforward as first envisaged due to the low take up of referrals. This had led the Partnership to take a step back and to take time to better understand the client journey. This is something that all three organisations are planning to do in the second phase of the Project, broadening out the Lived Experience Group and taking on board what the MAP lead described as 'three stage stigma'.

Project outcome: Women who are victim-survivors of domestic abuse and who have experienced gambling harm are safe, (re)gain control of their finances and (re)gain economic independence and/or security.

RISE reported that 100 per cent of female victim-survivors who were identified as needing long-term support around domestic abuse and gambling harm engaged with them. This surpassed the target of 80 per cent.

Breakeven also surpassed the target, with 84 per cent (n=108) of the 129 clients identified at assessment stage going on to disclose abuse during counselling, although it should be noted that these numbers relate to both female and male clients. More than double the number of female clients (n=77) disclosed abuse during their counselling than male clients (n=31) with most female clients (n=64) being AOs.

MAP's data showed that three-quarters of clients (75%[11]) engaged, which is 16 per cent higher than clients who have not experienced gambling harms. That a quarter did not engage reflects the many issues that victim-survivors are often dealing with such as criminal or family court proceedings which can take priority over

addressing debts. It is not unusual for clients to drop out of MAP's service and return when they have addressed other priorities.

However, of those supported and whose cases were closed at the point of evaluation (n=41):

- 100 of victim-survivors reported **improved money knowledge and confidence** after completing casework with Money Advice Plus.

- 100 of victim-survivors accessing the MAP casework service went on to receive a financial gain e.g., grants, welfare benefits, debt write-offs.

- The average confirmed financial gain to each client was £6,616 and the overall predicted gain was £8,116.

The partnership in practice

MAP and RISE were already **familiar with each other's services** as the two organisations had previously worked in partnership together. Through supporting victim-survivors of domestic abuse with money and debt advice, MAP is also closely connected to the domestic abuse sector and so they spoke the 'same language.'

Both partners described finding the term PEGH confusing – to them it suggested people other than the person gambling. Differences in language therefore had implications for the partnership in practice.

"With MAP - great, because it's, you know, we're all on the same page. We've all worked together in various different ways for so long that you know, we all speak the same language. Breakeven has been more – I'm trying to think what the word is. It's not been as easy. I find the term [PEGH] confusing, because it doesn't seem to be - it could also be affected other."

The term PEGH is used over 'problem-gambler' which is regarded in the gambling sector as stigmatising. In fact, the stigma attached to gambling is linked to why Breakeven does not proactively bring up domestic abuse in counselling sessions. There is an acute awareness of the impact of 'labelling' individuals in the gambling sector. To suggest someone might be an 'abuser' when they have already come forward because of gambling would, it is felt, undermine the courage shown in doing so:

"So, anyone who comes to us who's in a person who's experienced gambling harm, we would not say well, you are a perpetrator of financial abuse. For example, we would not do that because it's already taken them a lot to come to ask for help…It's not only stigma for the person who's done the gambling, but the person also who's experienced the gambling from partner or family member. Whoever. There's a lot of shame and stigma for them as well."

Breakeven similarly noted that a client may not identify as a victim-survivor of domestic/economic abuse either.

"Especially with an affected other - if someone were to turn around to me and say oh, you're a victim of you know I'd probably challenge it and ask why as much as I understand what happened. For me, I've always said in you know, when we've had the meetings, we just need to learn to tread a little bit carefully with the terminology that we use on our side of things. I'm quite passionate about the fact that we don't want stigma. I don't want stigma - I don't want my clients to feel stigma. So how can we better manage that?"

This was recognised by the RISE Project lead who recognised the stigma attached to domestic abuse too.

"Because there are so many similarities, you know with, with domestic abuse, with the whole, you know, stigma and, you know, people only ask for help later on."

In addition to the monthly project meetings referenced in the quote above, partners discussed the issue of language at the learning away day held in September 2025. The importance of finding common terms that can be used was highlighted in one of the presentations by Dr Kelly Henderson of Addressing Domestic Abuse who, at the time, was working on research about the links between domestic abuse, gambling and social housing. It was felt that, as this area of interest widens, there is a risk that the language used to describe what is happening may not be used consistently. This has the potential to cause confusion for those working on the issue, as well as victim-survivors themselves.

Challenges around language were still not resolved by the end of the Project. The new Breakeven Project lead felt it required a face-to-face approach because of the sensitivities, making it harder to discuss via a virtual platform like Teams. The RISE Project lead felt that phase two of the Project provided a space to address this. She also suggested that it might be easier to achieve this with Thrivin' Together being part of the Project moving forward since the service is women focused.

The MAP project lead also reflected that:

"I think it was really helpful, like, so Kelly Henderson and her colleagues' piece of work, seeing the conversations and the sort of the language that they were talking about using and having the distinction between whether it's gambling related domestic abuse or domestic abuse related gambling. So I think having some of those things to lean on in terms of language is going to be really helpful to come back and have those conversations."

Because the research undertaken by Dr Henderson and her colleagues has been published, **it is recommended** that Project partners consider using the terminology suggested in their research:

Gambling related domestic abuse for when a perpetrator's gambling is intensifying or driving specific forms of abuse; and

Domestic abuse related gambling for when women are gambling to cope with current or previous experiences of domestic abuse.

The Partnership Principles established at the inception of the Project, revisited and confirmed at the September away-day (see also below) means that partners all remain committed to the Project and are optimistic in addressing challenges, aided by good communication between them.

"I think that we're getting better at as we go on. You know, the pattern of it and how it fits into the bigger picture."

6. Generating Learning

One of the high-level outcomes that Gamble Aware sought in granting the funding for the Project was an increased **ability of funded projects to generate and share learning with each other and the wider system** to: adapt and improve approaches to support women; and build what works evidence base, including improved outcomes beyond initial support.

One of the founding principles was to form a learning partnership. The Project team met regularly to consider case insights and make necessary project adaptations in a timely manner.

"I go to the monthly partnership meetings. It's useful to see the different experiences of the three organisations, I think that you know and how we're embedding it or not or what we're picking up or what patterns we're learning or not."

This set up supported the development of an enthusiastic and committed Project team from the get-go. The positive engagement within the Project team and more broadly within the participating organisations means that each partner has benefitted from the expertise of others. The Project has also shone a light on the

complimentary roles that each partner plays. This came through strongly through feedback and in interviews with Project leads, despite the challenges identified.

"I feel the partnership and work that all three of our services are doing to support those who access our services, is of great importance and value and this is clear to see as we progress through the year."

As noted above, the Partnership principes were reaffirmed at a Learning Away Day which took place in September 2025. It included:

- A review of what partners had learned from the project so far from an analysis of 28 closed MAP cases.
- A presentation from Dr Kelly Henderson on related research exploring the experience of victims of gambling-related domestic abuse living in social housing.
- A presentation from Thrivin' Together – an organisation that takes a gendered approach to supporting AOs and PEGHs through working only with women.
- A presentation about what can be learned from lived experience by a victim-survivor of domestic abuse who used gambling as a coping strategy.
- A presentation from the charity Respect.

Through supporting 220 women between them by the end of the Project, the partners have been able to **build and add to the evidence base** outlined in the literature review.

Affected Others, People Experiencing Gambling Harm – and People Causing Harm

The Project found that victim-survivors of domestic abuse can be AOs, PEGHs and/or be both simultaneously.

In practice, data collected by MAP, RISE and Breakeven shows significantly more of the female victim-survivors impacted by gambling harms were AOs/experiencing gambling-related domestic abuse. RISE reported 35, MAP reported 93 and Breakeven reported 64 identified at the assessment stage, representing nine in ten of all clients supported.

	Affected Others	**People Experiencing Gambling Harms**	**Affected Others and People Experiencing Gambling Harms**	**Missing**	**Total**
MAP	93 (98%)	1 (1%)	1 (1%)	9	104
RISE	35 (90%)	1 (2.5%)	3 (7.5%)	-	39

Breakeven	64 (83%)	13 (17%)	-	-	77
Total:	192 (91%)	15 (7%)	5 (2%)	-	220

Fifteen clients were identified as PEGHs (domestic abuse related gambling) and five experienced both harms.

Demographics

Consistent with the funding criteria, all clients were female.

Where recorded (n=134), the majority of those supported were White British (74%). Minority ethnic groups included Asian (7.5%), Black (4%) and mixed race (6%) and Eastern European (1%) not known for Ethnicity was unknown for 7.5 per cent.

The smaller numbers for other groups may reflect **cultural and religious barriers to disclosing experiencing domestic abuse and gambling harm** for people from black and minority ethnic backgrounds. Such findings highlight the importance of working to gain the trust of and engagement from marginalised communities and understanding cultural/faith nuances.

Ethnicity

	Rise	MAP	Total
Asian	1	9	10
Black	1	5	6
Mixed race	1	7	8
White British	31	68	99
Eastern European	0	1	1
Not Known	5	5	10
TOTAL	39	95	134

Nearly four in ten clients were aged 35-44 (39%). A further three in ten were aged 25-34 (30%) and nearly two in ten were aged 45-54 (18%). As such, nine in ten women were aged between 25 and 54.

Age

	Rise	MAP	Total
16-24	8	2	10
25-34	16	24	40
35-44	7	45	52
45-54	5	19	24
55-64	0	5	5
65-74	0	0	0
75-84	1	0	1
Not known	2	0	2
TOTAL	39	95	134

It is possible to build up a fuller picture of the client group drawing on additional data collected by MAP. Of the 95 clients supported (45% of total sample):

- A fifth (19%, n= 18) had no religion; 15 per cent (n=14) were Christian; 6 per cent (n=6) were Muslim, 2 per cent (n=2) were Hindu; 1 per cent (n=1) was Sikh; 5 per cent (n[=5) were 'other', 4 per cent (n=4) preferred not to say; and nearly half did not specific a religion (47%, n=45)

- Eighty-five (89%) were heterosexual, one was a lesbian, two were bi-sexual, three were unsure and four did not respond.

- Only three were still in a relationship. Ninety-two (97%) were either divorced (n=6), separated (n=35) or single (n=51).

- 67 (70%) had children: 21per cent had one child, 31 per cent had two children, 14 per cent had three children and 4 per cent had four children.

- One client reported that she was pregnant.

- Nearly half all clients (48%, n=46) reported that they were disabled; 19 per cent were not disabled; and 33 per cent did not respond.

- 202 different health issues were reported across the client group, representing two issues per victim-survivor.

- Mental ill-health (n=71) and stress/anxiety (n=26) were by far the most reported health issues, representing nearly half (48%) of those disclosed. Suicide represented 3.5 per cent (n=7).

- Long term illness was the next highest health condition (7%, n=14).

In terms of economic resources across the MAP sample:

Housing

- 20 per cent (n=19) had a mortgage, a further 7 per cent (n=7) were owner occupiers and another 2 per cent (n=2) were in shared ownership accommodation.
- 19 per cent (n=18) were private tenants.
- 15 per cent (n=14) were housing association tenants.
- 9 per cent (n=9) were council tenants.
- 8 per cent (n=8) were living with family or friends.
- 7 per cent (n=7) were living in temporary accommodation.
- 6 per cent (n=6) were in refuge accommodation.
- 5 per cent (n=5) were living in other/unspecified accommodation.

Annual income

On average, each client had an annual income of £25,579.13.

- 4 per cent (n=4) earned less than £5,000 (£3,743.50 average)
- 1 per cent (n=1) earned £5-10,000 (£9.840.24 average)
- 22 per cent (n=21) earned £10-20,000 (£14,817.04 average)
- 48 per cent (n=46) earned £20-35,000 (£26,414.91 average)
- 15 per cent (n=14) earned £35-50,000 (£39,865.42 average)
- 3 per cent (n=3) earned £50-75,000 (£55,789.52 average)
- 6 per cent (n=6) did not have a budget.

Disposable income

On average, each client had a negative disposable income of -£17.71. More was going out that coming in.

- 46 per cent (n=44) had a negative income (£381.73 average)
- 18 per cent (n=17) has less than £100 (£28.10 average)
- 14 per cent (n=13) had £100-434 a week (£252.24 average)
- 16 per cent (n=15) had more than £434 a week (£764.23 average)
- 6 per cent (n=6) did not have a budget.

Economic abuse and debt

Nearly all (96%, n= 91) of MAP's clients were in debt. The average debt stood at just under £20,000.

Amount of debt	Number of MAP clients	Average of Total Debt
Debt less than £500	1	£336.01
Debt £500 to £2,000	3	£1,381.12
Debt £2,000-10,000	38	£5,704.55
Debt £10,000-30,000	22	£18,524.88
Debt more than £30,000	27	£46,822.70
No Debt	4	£0.00
Total	95	£19,926.45

Debt issues were also raised by Breakeven's client group but not disaggregated by sex. Nearly half (48%, n=62) reported having debt issues at assessment stage.

It is unsurprising the percentages were higher for clients engaging with MAP given the nature of the organisation's work.

Economic abuse and gambling

93 MAP clients disclosed that they were AOs and had been subjected to gambling related domestic abuse from their ex-partner.

From the outset, it is important to acknowledge that clients were often unsure about the details of their ex-partner's gambling, reflecting the secretive nature of their behaviour. This is compounded by the fact that it was taking place in a broader context of coercive control, meaning that it was common for the PEGH to have complete control of finances and dangerous for AOs to ask questions.

"He wouldn't talk to her about money. When she brought it up, he got angry and shouted. He'd make her feel bad about herself, suggesting she was disorganised etc." (C25)

"She could not discuss finances with him or challenge his spending because if she tried, he would get extremely violent." (C28)

Examples of gambling behaviours that were shared, included the abuser:

- Running online poker games simultaneously across computers.
- Playing online gambling.
- Playing Bumble on their phone all day.
- Visiting the casino twice a week.
- Going to the bookies/races and betting on the horses.
- Betting on gambling machines in the pub.
- Playing arcade games.
- Match-betting (websites that suggest what bets to place and charge a fee to do so).
- Purchasing large quantities of lottery tickets.
- Taking part in gambling raffles.

Direct links to forms of economic abuse were also shared and included:

- AO's credit and debit cards being used to gamble without permission/knowledge.
- AO's benefits being taken without permission/knowledge.
- Credit taken out in AO's name without permission/knowledge.
- Jointly owned property remortgaged without the AO's permission/knowledge.
- TV, mobile phone and other household goods sold without permission.
- AOs forced to take out loans.
- Perpetrator spending household income/joint funds on gambling.
- Perpetrator not 'paying their way' using their money to gamble instead.
- Perpetrator expecting the AO to pay off his gambling debts.
- Perpetrator forcing AO to open gambling accounts for his use.
- Perpetrator forcing AO to repay gambling debts to protect him from harm.

The quotes from MAP's casework system help bring these behaviours to life.

"He transferred cash to facilitate his gambling addictions from the bill account, concocting stories when caught. The money was intended for house bills and kids' necessities." (C1)

"Due to his gambling and drug addiction she has been forced into buying things that she didn't want to, plus also picking up the bills due to him not contributing." (C11)

"He cleared her account of money that was needed to pay the bills, using it to pay for gambling instead. The bank statements showed the gambling transactions going from the client's account." (C12)

"He pressurised her to open a Bet 360 account and would lie to her and gas light her by stating that he was helping other people to get money through the gambling." (C45)

Impacts of gambling on AOs

Again, details about the impact of an ex-partner's gambling were not always clear to AOs who were not privy to financial information.

"He gambled regularly, but she is not sure to what extent this affected their finances as he hid all of his income and financial information from her and took any benefits that she received by force." (C26)

Examples shared, included:

- Loss of home/tenancy.
- Accruing debt to cover household bills, food and other necessities.
- Having to work constantly to make ends meet.
- Mental ill-health, stress, anxiety and suicidal thoughts.
- Feeling isolated and fearful.
- Physical and sexual abuse26

Again, casework quotes illustrate the examples:

"He was lying about paying the rent for many years and they got evicted as a result a few weeks ago. He only told her the last day. She was giving him money to pay the rent, but he was gambling it." (C22)

"To cover all their household bills, costs and his gambling, she had to work all the way through her pregnancy and then afterwards returned to work 7 days a week to pay off his debts whilst he remained at home." (C12)

"She is feeling overwhelmed by multiple debts and his gambling habit." (C34)

Other forms of abuse

MAP and Breakeven collect data on the different types of abuse clients were subjected to, although it should be noted that Breakeven does not disaggregate its data by sex.

	MAP (n=95)	Breakeven (n=129, at assessment stage; not by sex)
Financial/economic abuse	57%	47%
Emotional/psychological abuse	52%	47%
Verbal abuse	-	26%
Physical abuse	38%	8%
Sexual abuse	27%	0.75%

MAP clients described being subjected to emotional, physical and sexual abuse during their conversations with advisors.

"She experienced all types of abuse - emotional, psychological including gas lighting, manipulation, physical abuse and financial abuse. He hit her so much he broke his knuckles. She did go to the GP when he strangled her as she lost consciousness and had bruises around her neck." (C26)

"She was subjected to economic, emotional, physical, psychological and sexual abuse throughout, although she said the sexual threat was almost every night by the end of the relationship." (C57)

"He physically restrained her by grabbing her arms, resulting in bruising. He squared up to her on multiple occasions, pushed her, and used his physical presence to intimidate. He would enter her room at night, depriving her of sleep, pacing aggressively, clenching his fists, and demanding financial support." (C76)

Psychological abuse was high across both samples, reflecting the strong link with financial/economic abuse which has been identified within the research evidence.

"Due to the constant gaslighting she wanted to prove to him that she could save, but he then he stole the money to feed the addiction, when she was in hospital." (C67)

That nearly a quarter of the MAP sample disclosed sexual abuse again highlights the importance of female-only spaces and trusted services.

"The client's ex-partner also used gambling to fund their drug habit and pressured the client into sexual activity for money." (C31)

As the examples demonstrate, MAP's data indicated high levels of harm to AOs.

- Three-quarters of clients (74%, n=68) had involved the police, and several perpetrators were in prison.
- Four in ten clients (44%, n=41) had obtained non-molestation orders, were applying for one or had previously had one.
- Forty-four per cent (n=42) of clients were receiving or had received support from a domestic abuse service. As set out above, 6 per cent were in refuge accommodation.
- Economic safety was compromised; a quarter of clients (26%, n=24) had experienced homelessness, nearly six in ten clients (58%, n=53) reported that economic abuse had a negative impact on their employment; and nearly half (48%, n= 32) of those who had children (n=67) reported non-payment of child maintenance or problems with its payment.

Affected Others and People Experiencing Gambling Harms

MAP supported a further two women: one who was a PEGH and the other who was both an AO and a PEGH.

Qualitative analysis of the MAP cases found that one of these women was playing the Lottery and described that she had 'urges' to spend all her money on this. She believed this was self-destructive behaviour linked to her mental health. The strong association between abuse and mental health is commented on above.

The second woman was back in contact with MAP after previously being supported because of gambling - related domestic abuse. She explained that she had been 'too embarrassed' to disclose her own gambling behaviour at the time. She had worried about being judged, or possibly having her children taken away which was something that the abuser regularly threatened would happen. In addition, she explained that she was 'stuck in the house'. She was rarely allowed to leave it on her own and would be followed if she did. Again, reflecting the evidence base to date, she shared that gambling provided a means of interacting with the 'outside world' as she had no other ways of socialising.

People Experiencing Gambling Harms

More clearly needs to be done to build the evidence base in relation to domestic abuse-related gambling.

In addition, more needs to be understood about PEGHs who subject their (ex)partners to gambling related domestic abuse. Whilst this was a not a focus of the research, the domestic abuse related data shared by Breakeven indicated that, across the Project period, eight male PEGHs had disclosed being a perpetrator of domestic abuse at triage stage. This suggests that there might be motivation on their part to address their abusive as well as their gambling behaviour.

If domestic abuse perpetration is not discussed at assessment stage or in counselling sessions as the data indicates, then questions arise about safe practice. For example:

- If partners of PEGHs who disclose causing harm as perpetrators of domestic/economic abuse are also being worked with by Breakeven, how is this being managed safely?
- How are PEGHs who are also abusive to their partners supported in a way that ensures the counsellor is not inadvertently colluding with and emboldening, them?
- What measures are put in place if couples separate during the treatment, the most dangerous time for a victim-survivor?
- What opportunities exist to support perpetrators who are motivated to address their abusive behaviour alongside their gambling behaviour?

The case notes for one MAP client, highlighted a similar scenario in which the dangers are clear:

When he borrowed money from colleagues to support his habit, his boss found out about it and our client went to see if he could be given another chance. It was agreed that his wages would go into her account. Yet despite this being the case, he would wake her up at night to try and get money from her. He would also keep calling and trying to pressurise her into sending him money."

On this basis, the mid-point evaluation recommended that continuation funding for the Project should be secured, and that phase two should also explore how PEGHs who are abusive to their partners can be worked with safely. Drawing on evidence from Project so far, a bid for funding was successful. This means phase two of the Project will also audit Breakeven's practice in this space.

It was also recommended that Respect should be brought into the Project as a learning partner. Whilst a complementary funding proposal was put forward for this, disappointingly for the Project partners, it was not successful. However, there is scope for Breakeven to put details about Respect on its website so that PEGHs who are motivated to change their behaviour know where support can be accessed. In the final interview with the new Breakeven Project lead indicated that the organisation was in the process of building an app for its client base and that it was receptive to including information like this.

Qualitative analysis of MAP's casework data at the mid-point evaluation also suggested that, in addition to using a range of coercively controlling tactics, abusive PEGHs also had other addictions, including drugs and alcohol. Since substance misuse can increase the frequency and severity of violence against women and girls, it was recommended that this was something the partnership could record in the last six months of the Project.

Data from Breakeven shows that two of the eight PEGH cases also involved alcohol addiction and one case involved drug addiction. The data from RISE was limited and not easy to cross-reference. Whilst MAP does not collect data on abusers in its casework system, qualitative analysis of the casework notes shows that substances were mentioned in just under a quarter (23%) of the cases.

Sharing learning with wider system – banks

Analysis of the 95 client cases supported by MAP highlighted that the dynamic between gambling harms and domestic/economic abuse is also playing out in the financial services space. Unsurprisingly, banks are another important touch point when it comes to supporting women who are subjected to gambling-related domestic abuse as well as those who are engaging in domestic abuse-related gambling.

Gambling related domestic abuse

One client reported that gambling transactions made by her partner were being paid from her bank account. She reported this to the bank, and they were refunded whilst the bank investigated them. However, the bank then came back to her saying that the theft from her account was a civil matter and that she was liable for the money they had refunded. At this point she had not disclosed that she was subject to domestic, including economic, abuse and the bank set up an overdraft on the account for her to repay. When she later disclosed, the bank provided her with a consolidation loan to clear the overdraft, so she was not paying as much in interest and charges. Whilst this was a better outcome, a write-off would have been more appropriate.

The Project also uncovered another scenario in which a victim-survivor shared that she had used the GamStop function offered by banks on her own bank account as a protective measure to stop the abuser from using her money to gamble. This safety tactic may, however, lead banks to view AOs as PEGHs. This may also be the case when, for example, a PEGH forces their partner into opening gambling accounts on their behalf. In both scenarios, the customer may not receive a response which recognises them as domestic abuse victim-survivors.

Domestic abuse related gambling

The final interview with MAP's Project lead and dedicated caseworker also indicated that banks may be less understanding of domestic abuse related gambling if they do not recognise gambling as a coping strategy.

"When someone else is gambling, the creditor can see that and it's like a nice packaged up thing. Whereas I think when the victim-survivor is gambling, there's a risk for the creditor there when they're looking at it, so it doesn't feel that they're going to be as sympathetic to them."

They reflected on the use of the Economic Abuse Evidence Form (EAEF) alongside request letters to address coerced debt and observed that when an AO is also a PEGH, it is more challenging to seek a write-off.

"So, it's harder to ask for write-offs when the client's gambling and they [bank] can see that and it's not the perpetrator – yeah, definitely."

The banking response was also one that the client who had accessed all three Project partner services touched upon. On the advice of her bank, she had frozen the joint account because of her partner's gambling. However, when he attempted to take £30,000 out of it and realised this, he was very unhappy. The bank told him that she

had the authority to lift the freeze which she felt then put her under pressure as it led him to ramp up the threats that he was making against her, including that she was financially abusing him.

"The bank had said to him, given him a gateway that if I lifted it [the freeze], they would. So, then he kept saying, well, it's your decision – it's financial abuse if you leave me with nothing. I was just in a complete - I was stuck, and that's continued, even to now. That's continued."

This situation led the victim-survivor to suggest that banks are good at putting emergency measures in place, but less helpful around longer-term issues.

"They just seem to have this very limited process, because they have a whole team, you know, that's supposed to support and protect. But every time I've spoken to them, they don't really want to know."

7. Conclusion and recommendations

The referral pathway established by MAP, RISE and Breakeven was intended to offer women a more comprehensive response to the harms of gambling and economic/domestic abuse than one service could offer.

Changing practice

A more comprehensive response is now offered to clients who experience the dual harms of economic/domestic abuse and gambling. However, the pathway itself has played a more limited role than envisaged. Integrating new knowledge acquired through the Project into the existing service offer has had greater impact, moving RISE and MAP 'into an entirely new space' and causing Breakeven to reconsider its approach.

RISE and MAP now screen for gambling harm through their work with victim-survivors. Thus the 'blind spots' that Denedo et al. (2026) identified in the positioning of gambling by domestic abuse services relative to other forms of addiction and risk are addressed.

Consistent with the findings of Suomi et al. (2025), MAP has enabled client disclosures of being an AO and/or a PEGH through specific conversations which link money and debt advice to gambling. RISE has similarly enabled disclosures of gambling by locating it within conversations about economic abuse.

The evaluation has identified that the confidence of both organisations to introduce routine questioning about gambling was developed through acquiring specialist knowledge from Breakeven via training and recognising the overlap between risk factors across the two issues. Whilst the idea that gambling might represent a coping strategy for victim-survivors of domestic/economic abuse was new at the start of the Project, understanding that gambling is an addiction like substance abuse, made logical sense.

The introduction of a bespoke role in each organisation has also been an important factor, with confidence growing through interaction with clients over time. Another enabling factor was the size and independence of both services which allowed them, not only to introduce screening questions, but also to track cases at the individual client level.

Barriers to disclosure

It is notable that, despite these practice changes, both MAP and RISE believe that the number of clients impacted by both domestic abuse and gambling is still under-recognised in their data. They point to several factors which indicate why this is the case.

For MAP these include the secrecy and hidden nature of gambling which, coupled with the danger of questioning a perpetrator, means that victim-survivors may not be aware that their ex-partner gambled, or the extent to which they gambled. At the same time, the MAP caseworker observed how clients are likely to find it easier to talk about their ex's gambling (gambling-related domestic abuse) than to talk about their own (domestic abuse-related) gambling, which they might not even recognise.

For RISE, factors include women not seeing financial issues as a primary reason for being in touch with the service and low awareness of the connections between gambling and domestic abuse. The nature of RISE's service is also believed to play a role. It is not crisis driven, so clients are more financially stable. At the same time, there is perceived to be a risk linked to disclosing their own gambling in case this is used against them in family court hearings. This is juxtaposed with the research evidence showing that victim-survivors were frustrated by the lack of attention paid to the gambling behaviour of the abusing parent, (Howell, 2025; Denedo et al., 2026) which appears to highlight the courts' differing expectations about what it means to be a good mother and a good father,

Breakeven already screened for domestic abuse before the Project started. The partnership with RISE and MAP enhanced the team's understanding of domestic/economic abuse and how this new knowledge could be brought into practice. Yet Breakeven's approach was less integrated. This was because of a disconnect between disclosure and practice. Despite recognising the points of connection, economic/domestic abuse is only addressed in counselling if the client chooses to talk about it. Breakeven shared that it is common for a victim-survivor to focus on supporting their partner to get the help they need, perhaps reflecting the mistaken belief that it is their partner's gambling that is the cause of the abuse. It follows that because Breakeven clients are still in a relationship, the broader domestic abuse context may not be recognised until post-separation.

During the time frame of the Project, Breakeven was unable to make the same changes in practice that RISE and MAP were. This was because they were part of the National Gambling Support network and had to follow its processes. Breakeven also chose not to introduce a specialist role with a focus on economic/domestic abuse. The data suggests that a generic approach is unlikely to elicit disclosures of domestic/economic abuse, particularly when a victim-survivor is assigned a male counsellor. This highlights the importance of female-only spaces.

In recognition of this, Breakeven is seeking to take advantage of the changes brought about by the new statutory gambling levy to introduce a specialist support model moving forward. This will be vital in phase two of the Project which will see to explore how PEGHs who are abusive to their partners can be worked with safely. In the interim, **it is recommended that** Breakeven puts details about Respect on its website and in the app that it is developing so clients who are motivated to change their abusive behaviour know where support can be accessed.

Patterns of gambling harm

Two of the three patterns identified by Hing et al. (2022) emerged from work with the 220 clients supported across the Project.

- The vast majority (n=192) were impacted by their (ex)partner's gambling as affected others (AOs), or adopting Denedo et al.'s language, were victims of gambling-related domestic abuse.
- Fifteen were people experiencing gambling harm (PEGH) or engaging in domestic abuse related gambling.
- 4 were simultaneously both AOs and PEGHs.[12]

Where it was known, PEGHs started gambling to cope with current or past abuse. None gambled before meeting their abusive (ex)partner.

- **Affected others (n=192)**

Consistent with the evidence presented in the research review, affected others reported economic abuse and being in debt. Also consistent with the research literature (Denedo et al., 2026) some women did not understand the extent of debt, arrears or financial damage until a crisis point.

- **People experiencing gambling harm (n=15)**

Whilst the number of PEGHs was far fewer, the case analysis of MAP clients (n=2) both linked domestic abuse related gambling to the abuse they had been subjected to. One survivor spoke of isolation and the other of trauma.

Referral processes

Despite the co-occurrence of economic/domestic abuse and gambling there were low levels of referrals across the partnership.

Interestingly, the data showed that Breakeven only made two referrals over the Project period and that was to MAP about specific financial issues. The findings section captures several challenges around referrals including

catchment areas (geography) and clients already being in touch with domestic abuse or money/debt advice. It has also been acknowledged that some of Breakeven's AO clients might believe that gambling is the cause of the abuse they are subjected to, believing that support for their partner might be the most effective route to it ending.

Although MAP indicated that its service met the needs of AOs who were separated from their partners and were dealing with the legacy of their partner's gambling, this was not the case for PEGHs who they indicated they would be more likely to refer to gambling or other therapeutic supports in recognition that they are not specialists in the area. This appears to be borne out by the higher level of referrals and signposting to Breakeven by MAP (2,4) – practice which RISE also adopted (7,2). Similarly, RISE did not attempt to respond to financial issues, but referred/signposted to MAP (15, 2).

These higher referral numbers could also reflect geography with MAP's national service located close to Brighton in Eastbourne, and it being very much perceived by RISE clients as a local offer. That MAP made no referrals to RISE reflects that economic advocacy tends to follow broader domestic abuse interventions.

Other enabling factors for referrals identified by MAP and RISE were familiarity with each other's services and the fact they spoke the 'same language'. The evaluation findings highlight the importance of women-centred and tailored casework when it comes to creating safe-spaces for disclosure. Only a third (n=34) of MAP's 95 clients disclosed gambling related harms when they were asked screening questions at the point of referral. Yet sixty-one clients went on to disclose gambling harm in their first appointment.

This is consistent with research by Suomi et al. (2025) who found that disclosures of both domestic abuse and gambling harm often occurred in the context of the therapeutic relationship, through building rapport and gaining trust with the client. Even though Breakeven supported smaller numbers of women in counselling sessions (n= 77) than were identified at assessment stage (n=129), it is still the case that just 37 Breakeven clients disclosed domestic abuse at triage stage.

Despite the low take up of the referral pathway **it is recommended** that the partners continue to operate it, as well as signpost to equivalent services outside of the pathway where necessary. As the connections between gambling and domestic abuse continue to develop, so take up should increase over time. This will also ensure that learning across the partnership continues.

Safety

The referral route afforded victim-survivors with several benefits, not least only having to share their story once. Yet it was clear that, in practice, they sought to prioritise immediate physical/economic safety issues.

Whist partners were, broadly speaking, able to ensure clients were well supported in relation to a non-specialist issue, the exception was in relation to working safely with PEGHs not part of the Project – males who abused their female partners. Across the Project period, eight male PEGHs had disclosed being a perpetrator of

domestic abuse at triage stage and concerns surfaced around the likelihood that Breakeven would be working with a partner concurrently.

MAP's casework data revealed that clients subjected to gambling related domestic abuse were also subjected to emotional, physical and sexual abuse - once again consistent with previous research (Hing et al., 2022; Denedo et al., 2026). Moreover, the other forms of abuse threaded through and reinforced economic abuse (see Sharp, 2008). This means physical and economic harm was high.

As captured in the findings section, three-quarters of clients (74%, n=68) had involved the police, nine in ten were experiencing unsustainable debt, a quarter had experienced homelessness, and nearly six in ten clients reported that economic abuse had a negative impact on their employment.

Furthermore, psychological abuse was very high across both the MAP and Breakeven samples and, for MAP clients, mental ill-health and stress/anxiety were by far the most reported health issues.

Sexual abuse disclosures highlighted yet again the importance of female-only spaces and trusted services. In the Denedo et al. (2026) study, some women reported turning to sex work as a means of securing housing or meeting urgent financial obligations; in the evaluation, women spoke of being made by their partners to engage in sexual activity for money.

Supporting perpetrators

It is suggested in the findings section that PEGHs who engage in gambling harm projects might also be motivated to address their abusive behaviour. This reflects the observation made by Roberts et al. (2020) that gambling support services are well positioned to engage not only with female victims but also with male perpetrators, creating opportunities for earlier intervention (although it should not be discounted that their participation can sometimes be disguised compliance).

Continuation funding for the Project has been secured so that phase two of the Project explores how PEGHs who are abusive to their partners can be worked with safely.

Understanding broader patterns

The literature review sets out how factors for gambling-related domestic abuse reflect broader patterns of domestic abuse and include the perpetrator being unemployed, having dependent children at home (Bellringer et al., 2016), alcohol use (Brasfield et al., 2012) and drug and steroid use (Denedo et al. 2026)

Since substance misuse can increase the frequency and severity of violence against women and girls, it was recommended in the mid-term evaluation that this was something the partnership could record in the last six months of the Project. Whilst this is tricky for the partners in practice due to GDPR requirements, qualitative analysis of the MAP casework notes showed that substances were mentioned in just under a quarter (23%) of

the cases. At the same time, data from Breakeven showed that two of the eight PEGH cases also involved alcohol addiction and one case involved drug addiction.

These findings therefore suggest the potential of health care providers to adopt conversation starters that explore gambling alongside substance misuse in domestic abuse cases, particularly given that health is often the only service that victim-survivors can access.

Engaging with banks

The literature review captures the argument made by Hing et al. (2022) that services across sectors can play an important role in supporting people experiencing gambling harms linked to domestic abuse. In addition to connections with health, the evaluation recognised touch points with banks (see also Denedo et al., 2026) including the use of gambling blocks by victim-survivors to protect their funds, banks inadvertently viewing AOs as PEGHs and bank responses to victim-survivors which do not understand gambling as a coping strategy.

It is recommended that the partnership should share the findings and work with the financial services sector. This builds on recognition that it is important to learn from and reinforce best practice across parallel sectors making it easier for women to access the support they need.

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[1] Controlling or coercive behaviour: statutory guidance framework - GOV.UK

[2] FG21/1: Guidance for firms on the fair treatment of vulnerable customers; 33 financial services firms representing 39 brands are also signed up to the recently updated Financial Abuse Code led by UK Finance.

[3] Refuge, Information, Support and Education (RISE)

[4] Domestic Abuse Act 2021

[5] Increased vulnerability to financial abuse (a sub-set of economic abuse) has been noted in UK research – see Collard (2021) McCarthy et al. (2019) and Scottish Women's Convention (2021).

[6] Note that

[7] Note that the project lead spoken to for the mid-term evaluation went on maternity leave so another member of the Breakeven team took part in the interview at the end of the project.

[8] Note that the Project report stated 50 victim-survivors; one was removed from the total as the case did not involve gambling harm after all.

[9] Note that 9 MAP clients did not consent for their data to be audited.

[10] At the mid-term evaluation pint, MAP underperformed in relation to this target, reflecting an initial misunderstanding by staff who had not realised they should be providing details of gambling services to clients who fell outside of Breakeven's catchment areas. When this misunderstanding was recognised, it was addressed.

[11] 43 female victim-survivors identified on referral as needing support from MAP, of which 29 engaged. A further 21 female V/S have been identified during ongoing casework but not counted here as already engaged with service.

[12] Note details for 9 cases were missing