



## **GAMBLING RELATED HARM**

### **A Guide to Culturally Responsive Language**

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Gambling Related Harm – A Guide to Culturally Responsive Language

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## Introduction

Language is a powerful tool. When working with clients and community members, the language we use sets the framework that can assist in fostering positive personal outcomes and individual change. On the negative side, it can be used to reinforce existing social and individual situations and beliefs, or it can be used to affirm a positive, person centred and strengths based approach to encourage choice and control over things that affect the person's life.

Western Sydney Community Forum developed this guide to assist organisations and community workers in embedding a culturally responsive framework to gambling related harm. Gambling related harm impacts all cultures and communities, and the language we use is vital in encouraging positive and long lasting change. People impacted by gambling related harm may be isolated from their loved ones and can often experience stigma and shame. We need to be cautious in the words we use as they may result in more isolation, stigma and trauma.

The development of this guide was based on a range of action research initiatives undertaken in 2020. The research has captured insights from existing literature as well as case studies with contributions from people with lived experience, focus groups and a practice scan of existing gambling harm minimisation initiatives and programs throughout Western Sydney. A Framework Implementation Group (reference group) comprising Government and non- Government service providers was formed to guide and inform the research and framework development process.

This guide is a live document and new language and suggestions may be added. Contact Western Sydney Community Forum if you have any suggestions or would like further information.

This guide was inspired by the Recovery Oriented Language Guide, Mental Health Coordinating Council, 2018.

## General principles

- Be respectful and non-judgemental
- Use a person-centred approach and ask the client what language they prefer you to use regarding their culture and identity
- Try to use strengths based language to show respect for the person and acknowledge the strengths they have
- Use language that encourages decision making, and choice and control over areas that affect a person's life
- Use positive language and limit language that may cause further shame or further stigmatise a person
- Be aware of trauma based behaviours and adopt language that is trauma informed
- Use plain English and avoid jargon
- If needed or requested, provide support in a person's language using suitably qualified bilingual/bi-cultural workers or interpreters

## Problematic language vs Culturally responsive language

### **Avoid** the term 'problem gambling'

Problem gambling refers to instances characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community (Neal, Delfabbro & O'Neil, 2005).

### **Use** 'gambling related harm'

Research by Langham et al. (2016) explored the breadth and depth of harms that can manifest from gambling across multiple domains of people lives. The classifications, or taxonomy of harms, recognises that harm can occur for the person who gambles, their family and friends, and the broader community.

Six themes or areas of a person's life within which harm could occur were identified: financial; relationships; emotional or psychological; health; work, study or economic activity, and criminal acts.

Importantly, further examination of the data concerning people from culturally and linguistically diverse backgrounds, those with strong religious beliefs and people from indigenous populations found that these groups often experienced a seventh classification of harm: **cultural harms**. These emerged as distinct to the other six classifications although they tend to occur concurrently due to the often-intangible link to culture through family and other communal relationships.

**Don't** refer to the person through a label or issue eg. 'problem gambler'

**Don't** equate identity with a person's issue or struggle

**Use** language that puts people first eg. 'Person with a gambling issue' or 'person impacted by gambling related harm'.

**Don't** attribute the issue to a person's ethnic background or ancestry

**Don't** ask 'is that because of your ethnic background?'

**Don't** reinforce racist views by that people from specific cultural backgrounds act in certain ways or that the behaviour is related to their ethnicity

**Don't** use stereotypes or make judgements about beliefs and behaviours in particular cultures

**Use** an intersectional lens that considers the overlap of other aspects of a person's identity such as race, class, gender and other individual characteristics

**Acknowledge** that the person may be bi-cultural

**Acknowledge** that behaviour is individual and not necessarily linked to a certain race or culture.

**Use** language that acknowledges diversity within cultures and recognises that races and cultures are not homogenous

**Learn** as much as you can about the person, their culture and ancestry

**Don't** ask 'what does your religion say about the issue of gambling?'

This may reinforce feelings of shame

**Ask** 'what does gambling mean to you?'

The person can choose to discuss their culture or religion if it is relevant

**Don't** use language that says 'you let your family/loved ones down', or 'you failed your family'

**Don't** say 'you've brought shame/disgrace on your family/community'

Can be fatalistic

Disregards what could be trauma based behaviours

**Acknowledge** the person's trauma

**Ask** for examples of where they have supported or positively impacted their family/loved ones

**Don't** say 'you have a disorder/disease/mental health problems'

**Don't** refer to the person as an addict

This may have different meanings in different belief systems

Can be fatalistic, leaving little room for change

Pathological gambling was first included as a disorder in the International Classification of Diseases (ICD) in 1977 and is included in the ICD-10 under impulse disorders (WHO, 1990)

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) incorporated gambling disorder as a new category in the behavioural addictions classification '(previously grouped with Disorders of Impulse Control)', in line with research findings indicating that gambling disorder is similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology and treatment (APA, 2013)

**Ask** 'has gambling related harm impacted your mental or physical health?'

**Refer** the person to a specialist such as a clinical psychologist if they require diagnosis and/or treatment for a mental health condition

**Don't** say 'you need help'

Can have very negative connotations to different people

Can promote a sense of failure

Does not use a strengths based approach

**Say** 'you can work to minimise harm and the impact it has on your life'

**Don't** say things like 'you lost everything'

**Say** 'you have a chance to rebuild', 'you have a chance to regain your family's/loved one's trust'

**Don't** say the person has challenging or complex behaviours

**Say** that the person needs to look at more effective ways to get their needs met

**Don't** focus on what you view are the person's limitations or problems

**Focus** on the person's abilities, strengths and skills

**Don't** ask 'why didn't you seek help before it was too late?'

**Say** 'it's never too late to make change in your life'

**Acknowledge** the potential stigma and shame they may feel and reinforce that help seeking is positive

**Reinforce** that it's positive they sought assistance

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