

TOWARDS DESTIGMATISING GAMBLING HARMS IN AOTEAROA NEW ZEALAND

*Christine Ngā Hau Elers**

Emma Tibble-Gotz†

Alyrra Aron‡

Vanessa Hammond§

Abstract

This narrative review examines the intersection of gambling harms and stigma among Māori, Pacific peoples, Asian communities and youth in Aotearoa New Zealand. The literature shows that stigma is shaped less by individual behaviour than by structural factors such as colonisation, socio-economic inequities, migration pressures and the concentration of pokies in low-income communities. We identify how stigma is experienced within each population and how it influences help-seeking, highlighting the central role of identity, cultural obligations and collective wellbeing. The review synthesises culturally grounded strategies for destigmatisation and emphasises the importance of community-led approaches by lived experience. A key finding is the uneven distribution of research across priority populations: Māori receive the least contemporary research despite experiencing the highest rates of gambling harm. By weaving these insights together, the review informs the development of equitable, culturally aligned initiatives to reduce gambling harm in Aotearoa.

Keywords

Aotearoa New Zealand, Asian, gambling harms, Māori, Pacific, stigma and destigmatisation, youth

Introduction

In 2020, approximately 65,000 people aged 16 years and over were at moderate or high risk of experiencing gambling harms in Aotearoa

New Zealand (Te Hiringa Hauora, 2020). An additional 119,000 people were at low risk but would experience gambling harms during their lifetimes, and approximately 183,000 adults

* Ngāti Kauwhata, Ngāti Raukawa, Ngāti Hauā, Ngāti Hikairo, Ngāti Maniapoto, Rangitāne me Ngāti Kahungunu ki Wairarapa, Kai Tahu. Senior Researcher, Health Promotion, National Public Health Service, Health NZ | Te Whatu Ora, Aotearoa New Zealand. Email: christine.egers@tewhatuora.govt.nz

† Ngāti Whakaeue, Te Whānau-ā-Apanui, Ngāti Porou, Ngāti Tuwharetoa. Research Assistant, Health Promotion, National Public Health Service, Health New Zealand | Te Whatu Ora, Aotearoa New Zealand.

‡ Researcher, Health Promotion, National Public Health Service, Health New Zealand | Te Whatu Ora, Aotearoa New Zealand.

§ Senior Analyst, Health Promotion, National Public Health Service, Health New Zealand | Te Whatu Ora, Aotearoa New Zealand.

experienced second-hand gambling harms in the wider family or household. Non-casino gambling machines (pokies) are the most harmful modes of gambling. Although there has been a decline in licensed pokie venues and pokie machines since the late 1990s, total gambling expenditure (i.e., player losses) continues to increase. The highest recorded annual total gambling expenditure was \$2.624 billion for pokies, Lotto, TAB NZ and casinos in 2020–2021 (Ministry of Health, 2022).

Māori, Pacific peoples, Asian communities and youth (the priority populations for this research) are disproportionately impacted by gambling harms (Ministry of Health, 2022). Māori and Pacific peoples face systemic barriers that contribute to elevated levels of vulnerability to gambling-related harms. Historical injustices, socio-economic disparities, limited access to resources and cultural marginalisation are among the factors exacerbating the prevalence of gambling harms (Rockloff et al., 2021). Pokies are highly concentrated in lower socio-economic areas, where many Māori and Pacific peoples live (Palmer, 2014).

The current study

This article contributes a unique analysis of gambling harm stigma by bringing together, for the first time, literature across Māori, Pacific, Asian and youth populations in Aotearoa. While prior studies have examined groups largely in isolation, this review intentionally reads across populations to identify shared structural drivers of stigma and the relational ways harm is experienced and responded to. A central contribution of this paper is making visible inequities in the research landscape itself. Despite experiencing the highest rates of gambling harm, Māori have received the least contemporary research investment, constraining the development of culturally aligned responses. Similar gaps are evident within Pacific and Asian research, where some ethnic groups dominate the evidence base while others remain under-represented, and where youth perspectives are often embedded within broader adult analyses. By weaving together lived experience, Indigenous knowledge systems and public health literature, this review extends existing scholarship beyond description to identify new directions for equitable, culturally grounded destigmatisation initiatives in Aotearoa.

While the priority populations examined were predetermined through national commissioning frameworks, this review contributes a cross-population analysis that makes visible shared structural drivers of stigma and inequities in the research landscape itself.

This narrative literature review therefore synthesises published literature to understand how stigma is perceived in the context of gambling harms among the priority populations and its effects on help-seeking. We also examine the strategies used to reduce stigma for each priority population, with the intention of informing future destigmatisation initiatives. A thematic analysis is presented for each population group, supported by tables summarising key characteristics of the included studies.

Methods and reflexive positioning

The priority populations examined in this review (Māori, Pacific peoples, Asian communities and youth) were predetermined through national commissioning and policy settings. Our role was not to define priority populations, but to critically examine how stigma and gambling harm are understood, researched and addressed within and across these groups.

Our research team comprises two Māori authors (one of whom identified as youth at the time of writing), one Asian author and one European author, each bringing different cultural standpoints, lived experiences and professional commitments to this work. These positionalities shape how we interpret stigma, equity and help-seeking and how we attend to power, voice and representation within the literature. While we have proximity to some of the communities discussed, we also acknowledge distance and heterogeneity within each population. We therefore approach this review with reflexive awareness, drawing on Kaupapa Māori principles, lived experience and equity focused public health perspectives, while remaining attentive to whose knowledge is foregrounded, whose is absent and how structural conditions shape both harm and the evidence base.

We drew on the Te Hiringa Hauora Research framework, which guides best-practice health promotion research in Aotearoa (Ratima & Wikaire, 2021). The framework brings together mātauranga Māori and Western science to generate new knowledge in health promotion contexts. Literature was identified using key search terms during May 2023, from various national and international database searches, including the Ministry of Health gambling publications website from 2008 to 2023. Sixty-three potentially relevant articles were initially reviewed. One of the main criteria was that the studies needed to involve participants with lived experiences of gambling-related harm; secondary analyses of existing datasets were excluded. One additional

study published in 2007 was included due to its importance for Māori. In total, 22 studies with primary lived experience data were included in the final analysis.

Findings

Māori

Māori comprise approximately 17% of New Zealand's population (Stats NZ, 2023), and continue to face significant disparities across health, socio-economic and cultural domains due to ongoing colonisation processes (Morrison & Wilson, 2015). These inequities are reflected in gambling harm. Data from the Health and Lifestyles Survey 2020 show that Māori are 3.13 times more likely to experience moderate or problem gambling than non-Māori and non-Pacific peoples (Te Hiringa Hauora, 2020). These harms erode whānau wealth, diminish social capital, and negatively impact health and wellbeing (Rockloff et al., 2021).

Stigma associated with gambling harm has been described through concepts such as whakamā, wairua harm, and damage to mana and mauri, all of which act as barriers to help-seeking (Dyall, 2007; Herd, 2018). Destigmatising gambling harm requires a collective orientation to wellbeing that aligns with Whānau Ora principles. Levy (2015) advocates for a strengths-based approach, emphasising whānau capabilities to achieve aspirations, while Morrison and Boulton (2013) highlight the importance of Māori identity and cultural values and early detection strategies embedded within whānau settings.

Culturally informed solutions are consistently stressed. Palmer's (2014) evaluation of seven gambling-related projects found that Māori in low socio-economic communities carry a disproportionate burden of harm, noting that twice as many pokies are located in these communities than in wealthier areas. Palmer also questioned the relevance of international measurement tools for Māori and reinforced the importance of interventions grounded in mātauranga Māori.

At the same time, gambling can hold positive cultural functions, for example, fundraising for marae or community events when carried out within tikanga frameworks (Wātene et al., 2007). Effective harm reduction strategies must go beyond individual behaviour change to include whānau and marae or kaupapa-based initiatives tailored to specific regional and cultural needs.

The literature demonstrates that gambling harm cannot be separated from the wider impacts of colonisation, socio-economic deprivation and the erosion of cultural structures that support whānau

wellbeing. Stigma is deeply intertwined with whakamā, mana and wairua, and is experienced collectively across whānau, not only individually. There is a strong preference for culturally grounded responses based on mātauranga Māori, tikanga and whānau-centred approaches. However, there is a notable absence of recent, Māori-led research intervention design. These gaps constrain national destigmatisation efforts and risk perpetuating approaches that do not align with Māori values or lived realities. Overall, the literature signals the need for kaupapa Māori research leadership, regionally tailored strategies and harm reduction models that uphold mana and build on whānau strengths.

Despite being the most at-risk group, out of the four priority population groups, Māori are the least represented in recent research and evaluation in gambling harm (Ministry of Health, 2022). Prioritising Māori-led initiatives and culturally relevant solutions, consistent with te Tiriti o Waitangi obligations, is critical to addressing gambling harm and supporting whānau and communities. Relevant literature about Māori is outlined in Table 1.

Pacific communities

Pacific peoples are the fourth largest ethnic group in Aotearoa, representing diverse cultures and a shared emphasis on collectivism, family responsibilities and community contribution (Tautolo et al., 2020). The majority of Pacific peoples in Aotearoa were born locally (New Zealand Human Rights Commission, 2020). Cultural identity and wellbeing are often expressed through gift-giving to family, church and community (Kolandai-Matchett et al., 2017), and gambling can sometimes be motivated by obligations to fundraise for churches or support community initiatives (Urale et al., 2015).

In the Pacific Islands, gambling is rare, but in Aotearoa, it occurs in predominantly deprived areas, disproportionately affecting Pacific peoples (Wheeler et al., 2006). Pacific peoples are 2.56 times more likely to experience gambling harms than non-Pacific and non-Māori (Te Hiringa Hauora, 2020). Gambling intersects with cultural norms like gift-giving, amplifying financial risks. Concerns about a possible connection between gaming and gambling impacting Pacific youth and families have also been raised (Taufa et al., 2021).

Some Pacific peoples differentiate positive gambling (e.g., church raffles) from harmful commercial gambling. Positive gambling is seen as benefiting the community, while commercial

TABLE 1 Characteristics of the gambling studies in Māori populations

Study	Priority population	Research approach	Method	Participant demographics			Other key characteristics
				N total	Age	Gender	
Herd (2018)	Māori and youth	Kaupapa Māori	Focus groups and one interview	N = 22	16–24	F = 15, M = 7	
Levy (2015)	Māori	Kaupapa Māori	Nine community focus groups, nine whānau photovoice focus groups and two community wānanga	N = 130	Not stated	F = 88, M = 42	
Morrison & Wilson (2015)	Māori women	Kaupapa Māori	60-minute semi-structured interviews grounded in tikanga Māori	N = 35 out of 41	30–59	F = 41	Problem Gambling 3 screening tool utilised
Dyall et al. (2009)	Māori	Small sample qualitative research design	Five interviews (3 × 1:1 interviews and 2 × 1:2 interviews)	N = 7	Not stated	Not stated	
Morrison (2008)	Māori women	Kaupapa Māori and naturalistic	Interviews	N = 46	20–60+	F = 20	Service providers = 10 Partners/ whānau = 16
Wātene et al. (2007)	Māori	Kaupapa Māori	31 focus group discussions and one interview	N = 194	16+	Collected but not specified	

gambling is linked to addiction and financial stress (Urale et al., 2015). Migration, stress relief, social interaction and meeting cultural obligations drive Pacific gambling (Bellringer et al., 2013; Fehoko et al., 2023).

Shame is a significant barrier to seeking help, and Tongan and Samoan communities note its role in avoiding services or gambling altogether (Bellringer et al., 2013; Nosa et al., 2023). Some Pacific peoples prefer non-Pacific service providers to avoid shaming family names.

Pacific communities emphasise ownership of wellbeing and leading decisions affecting their lives (Ministry for Pacific Peoples, 2022). Harm prevention must consider Pacific peoples' use of gambling to meet social and financial obligations (Urale et al., 2015). Churches and trusted cultural conduits like the faikava are critical spaces for delivering gambling harm messages (Fehoko et al., 2022).

Across the Pacific literature, gambling harm is deeply connected to Pacific peoples' collective

cultural obligations and migration experiences, and the structural inequities shaping life in Aotearoa. Stigma is experienced through notions of shame that extend beyond the individual to the wider āiga, often preventing early help-seeking and sometimes guiding people towards non-Pacific services to protect family reputation. The studies emphasise that gambling is not inherently harmful in Pacific communities because church raffles, community fundraising and gift-giving practices are seen as positive, but harm escalates when commercial gambling intersects with financial stress, settlement pressures and cultural obligations. Talanoa-based research consistently highlights the importance of churches, faikava spaces, family networks and community leadership in shaping solutions. Yet, despite rich cultural knowledge, Pacific-led research and interventions remain uneven across ethnic groups, with Tongan male perspectives dominating recent studies. Collectively, the literature points to the need for Pacific-designed and Pacific-led destigmatisation initiatives that

TABLE 2 Characteristics of the gambling studies in Pacific communities

Study	Priority population	Research approach	Method	Participant demographics			Other key characteristics
				N total	Age	Gender	
Fehoko et al. (2022, 2023)	Tongan males	Phenomenological approach	Talanoa	N = 46	20s–70s	M	Mātu'a = 28 To'utupu = 18
Nosa et al. (2023)	Pacific addiction service providers	Thematic analysis	One-on-one semi-structured interviews	N = 8	Not stated	M = 3, F = 5	
Taufa et al. (2021)	Pacific youth	Kakala and talanoa	Seven focus groups and a survey	FG: N = 75 Survey: N = 828	FG: 16–25 Survey: 16–30	FG: M = 47 M = 28 Survey: M = 652 (292 Pacific) F = 162 (102 Pacific) (Other Pacific = 6)	FG: Samoan = 44, Tongan = 19, Cook Island Māori = 6, Niuean = 5, Fijian = 1 Survey: Pacific = 402, non-Māori, non-Pacific = 426
Kolandai-Matchett et al. (2017)	Pacific professionals and problem gambling treatment service staff		Focus groups	N = 34			Professionals = 26, Pacific problem gambling treatment service staff = 8
Urale et al. (2015)	Pacific families and communities	Thematic analysis	Focus groups, semi-structured discussions	N = 9 = 97	18–6–65	F = 6 = 65, M = 3 = 32	Groups of gamblers and non-gamblers = 9=9, Group of church leaders = 1 = 1, Group of gambling treatment providers = 1 = 1, Group of gambling venue staff = 1 = 1; Overseen by an external Pacific advisory group of problem gambling service staff;
Bellringer et al. (2013)	Pacific families and communities	Grounded theory approach	Phase 2: 12 focus groups and 16 semi-structured interviews with Samoan, Tongan and Cook Island participants	Phase 2, N = 9 = 97	Phase 2: 18–6–65+	Phase 2: Specified but not clear	

acknowledge collectivism, enhance financial and cultural wellbeing, and respond to the diverse realities of Pacific families in Aotearoa. Table 2 includes the literature findings for Pacific peoples.

Youth

Youth gambling is a significant public health issue in Aotearoa, where around 1.6 million people are under 25 years old, and Māori and Pacific populations have notably young median ages (Ministry for Pacific Peoples, 2020; Stats NZ, 2024). The Youth'19 survey found that over one-third of secondary school students had gambled, mostly with friends or family, and 10% expressed a desire to reduce their gambling (Archer et al., 2021). Barriers to help include difficulty accessing services, and recommendations include providing support online, by phone, and in schools and communities. Adults reaching out proactively, rather than waiting for youth to seek help, is essential.

Taufa et al. (2021) examined links between gaming and gambling among Pacific youth, identifying harmful behaviours and the need for regulation to align with the Gambling Act 2003 and the minimising gambling harm strategy. Pacific youth emphasised the importance of discussions to identify these links and called for monitoring of violent game content.

Māori youth in a 2018 study stressed the need for social marketing campaigns to include youth perspectives, be non-judgemental and involve whānau (Herd, 2018). Current campaigns fail to resonate with youth, who want solutions that reflect their lived experiences and cultural contexts.

Studies such as the Pacific Islands Families Study (in the 2017–2018 survey wave) found gambling to be a primarily social activity occurring with family (49.2%) or friends (47.7%). Only a small proportion sought help from adults, preferring friends instead. The Youth'12 survey identified disproportionate gambling harm risks for Māori, Pacific and Asian male students, as well as those in low socio-economic areas (Rossen et al., 2016).

The youth literature shows that gambling harm for young people is strongly shaped by social environments, whānau dynamics and broader structural determinants, including deprivation, exposure to pokies in low-income areas, and the growing convergence of gaming and gambling. Stigma operates differently for youth than for adults. It is expressed through fear of judgement, reluctance to involve adults and a preference for peer support rather than formal services. A consistent theme is that current harm minimisation and social marketing approaches do not resonate with youth

because they overlook the realities of digital life, cultural identity and whānau relationships. Māori and Pacific youth, in particular, call for solutions that reflect their lived experiences, avoid moralising messages and include their voices in campaign design. The literature also reveals significant gaps, including limited youth-specific research within Asian communities and an absence of studies examining gender, sexuality or disability-related differences. Overall, the youth evidence highlights the need for culturally grounded, co-designed and relational approaches that address both gambling and wider wellbeing challenges. Table 3 sets out a summary of literature related to youth.

Asian communities

In Aotearoa, 15.1% of the population identifies as Asian and Asian Family Services estimated 71,736 are high-risk gamblers, over half of whom are from the Indian community (Zhu, 2021). Despite this, there is limited research on gambling harms specific to Indian communities. Stigma remains a significant barrier to help-seeking: 78% of Asian communities perceive greater societal stigma around excessive gambling compared with recreational gambling. However, lack of awareness about gambling harms (49.3%) and limited knowledge of services (46.7%) are also key barriers (Zhu, 2021).

For many Asian families, gambling is a response to immigration stress, including isolation, language barriers and employment challenges (Ho, Feng, & Prasad, 2022; Tse et al., 2012). The disconnect between expectations of a better life in Aotearoa and the struggles of resettlement often drive individuals towards gambling as a coping mechanism (Palmer du Preez et al., 2020).

Self-stigmatisation among Asians who gamble often manifests as disappointment (35.5%), guilt (27.8%) and a perceived lack of self-control (27%) (Zhu, 2021). Shame and fear of “loss of face” discourage help-seeking, affecting not only the gambler but also their family (45.5%).

Research highlights the importance of reconnecting with “natural life”, encompassing balanced lifestyles and harmonious relationships, as a pathway to healing for Asian gamblers (Zhang et al., 2022). Peer and professional support, along with family involvement, are crucial. Strengthening culturally aligned support systems and offering linguistically diverse services can reduce stigma and encourage help-seeking (Ho, Feng, & Prasad, 2022; Palmer du Preez et al., 2020).

A recent intervention involved co-designing resources with Asian participants who had lived

TABLE 3 Characteristics of the gambling studies in youth populations

Study	Priority population	Research approach	Method	Participant demographics			Other key characteristics
				N total	Age	Gender	
Fehoko et al. (2022)	Tongan males	Phenomenological approach	Talanoa	No of youth = 18	18–30s	M	To‘utupu = 18 of 46 participants
Ho, Feng, & Prasad (2022)	Chinese, Korean, Indian, Cambodian, Filipino, Indonesian, Japanese, Malaysian, Sri Lankan	A stepped care approach to deliver early interventions	Online survey and an evaluation	No of youth = 59	15–30	Not stated for youth	Youth = 59 of 305 participants
Archer et al. (2021)	Youth		Cross-sectional self-administered survey	N = 5,876	12–18	F = 3,296 M = 2,580	
Taufa et al. (2021)	Pacific youth	Kakala framework and talanoa	Mixed methods. Focus groups and a survey	N = 75 FG N = 828 Survey	FG 16–25; Survey 16–30	FG 37 = F, 63 = M; Survey 162 = F, 653 = M, 13 = Prefer not to say/Other	Focus group: Samoan = 44, Tongan = 19, Cook Island Māori = 6, Niuean = 5, Fijian = 1 Survey: Pacific = 402, non-Māori, non-Pacific = 426
Herd (2018)	Māori youth	Kaupapa Māori	Seven focus groups and one individual interview	N = 22	16–24	F = 15 M = 7	
Rossen et al. (2016)	Youth (European, Māori, Pacific, Asian, Middle Eastern/Latin American/African, Other)		Youth '12 survey	N = 1,890 of 8,500 gambled in the last 12 months N = 804 who gambled in the last 4 weeks	<15→16	Gambled in the last 12 months— F = 978, M = 911 Gambled in the last 4 weeks—F = 363, M = 440	Gambled in the last 12 months: NZ European = 916, Māori = 375, Pacific = 264, Asian = 221, Other = 113 Gambled in the last 4 weeks: NZ European = 335, Māori = 180, Pacific = 142, Asian = 91, Other = 55
Li & Tse (2015)	Chinese international students in Aotearoa	Strengths-based, non-labelling, narrative approach	Two interviews each	N = 15	20–41. Average age = 25.7 years	F = 5, M = 10	Average length of stay in Aotearoa was 3.9 years
Bellringer et al. (2013)	Pacific families and communities—youth included	Grounded theory approach	Phase 2: 12 focus groups and 15 semi-structured interviews with Samoan, Tongan and Cook Island participants	N = 18 youth in the focus groups and N = 3 youth in the semi-structured interviews	18–24	Not clear	Significant others were included but it is not clear how many were associated with the youth

experience of gambling harm (Ho, Feng, & Prasad, 2022). Outputs included multilingual videos and messages promoting awareness and help-seeking. An online survey indicated that 73% of respondents had lived experience, demonstrating the effectiveness of culturally tailored approaches to destigmatisation as a broader approach to overall wellbeing improvement.

Across the Asian literature, gambling harm emerges at the intersection of migration experiences, social isolation, cultural expectations and limited awareness of available support. Stigma is strongly shaped by concerns about “loss of face”, and shame is often internalised, discouraging individuals and families from seeking help until harm becomes severe. The studies highlight that gambling is frequently used as a coping mechanism in response to settlement challenges, including language barriers, employment pressures, and the dissonance between migration expectations and lived realities in Aotearoa. Despite the diversity of Asian communities, a consistent theme is the value placed on harmony, balance and “natural life”, suggesting that wellbeing-oriented, culturally aligned approaches are more effective than problem-focused messaging. Recent co-designed initiatives show promise but remain limited relative to the size and diversity of Asian populations, with Indian communities particularly under-represented despite high levels of risk. These findings capture the need for multilingual services, family-inclusive approaches and Asian-led research that reflects diverse migration histories and spiritual, cultural and linguistic contexts. Relevant literature is included in Table 4.

Discussion

This narrative review brings together literature across Māori, Pacific, Asian and youth populations to examine how gambling harm and stigma are experienced, interpreted and addressed. Across Māori, Pacific, Asian and youth populations, the literature shows that gambling harm and stigma are shaped far more by structural and relational forces than by individual behaviour. The evidence demonstrates that inequities created through colonisation, the clustering of pokies in low-income communities, migration pressures, language barriers and digital environments of exposure are central to the development of harm. These underlying conditions create environments where gambling becomes a response to stress, disconnection, financial pressure or settlement challenges, rather than a standalone behaviour. In each population, stigma is intertwined with these

broader determinants, reinforcing a sense that gambling harm is a personal failing rather than a reflection of systemic inequity.

A relational pattern also emerges across all groups: help-seeking is rarely an individual decision. For Māori, concepts such as whakamā, mana and wairua shape how harm is understood and whether support feels safe. For Pacific communities, stigma is deeply collective; shame affects the wider āiga, shaping how and when people seek help or whether they avoid Pacific services to protect their family name. Asian communities describe stigma through the concept of “loss of face”, in which harm threatens family honour and social standing. Youth, meanwhile, fear judgement from adults and prefer peer-based support, signalling that stigma manifests as a threat to belonging. These relational expressions of stigma highlight that responses must be collective, not individualised, and must engage trusted family, cultural and community systems.

Another strong thread is the role of identity, culture and belonging. Across studies, stigma was not simply embarrassment about gambling but a deeper disruption to identity and relational wellbeing. Māori describe harm as affecting mauri, wairua and mana; Pacific communities link harm to cultural and religious obligations; Asian families frame it as a disruption to harmony and expectations of success; and youth experience it as a threat to their social identity and sense of agency. These identity-based impacts suggest that destigmatisation efforts must go beyond awareness or education campaigns to address cultural, spiritual and relational aspects of wellbeing.

The literature also converges on the importance of culturally grounded solutions. Māori-led approaches based on mātauranga Māori, tikanga and whānau-centred practices are widely preferred. Pacific communities emphasise talanoa, church engagement, faikava spaces and collective ownership of wellbeing. Asian populations highlight the need for multilingual resources, family-inclusive strategies and approaches that reflect diverse migration histories and spiritual traditions. Youth emphasise non-judgemental, digitally relevant, co-designed initiatives that reflect their lived realities. These preferences illustrate that destigmatisation cannot be generic. It must be rooted in cultural knowledge systems and be co-designed with the communities most affected.

A further finding is the significant inequity in research investment. Māori have the highest rates of gambling harm yet are the least represented

TABLE 4 Characteristics of the gambling studies in Asian communities

Study	Priority population	Research approach	Method	Participant demographics		Other key characteristics
				N total	Age	
Zhang et al. (2022)	Recent Chinese migrants to Aotearoa	Hermeneutic, phenomenological approach	Semi-structured in-depth interviews, recruited via a purposeful sampling method	N = 16	20+	Gamblers = 8, Affected family members = 8
Ho, Feng, Prasad, et al. (2022)	Chinese and South Asian migrants and international students	Part 1: Narrative approach Part 2: Co-design approach Part 3: Online survey using key platforms	Part 1: Support group programme Part 2: Workshops Part 3: Evaluation online survey	N = 6 Parts 1 and 2 N = 239 Part 3	Parts 1 and 2: 20–65	Parts 1 and 2: M = 4, F = 2
Ho, Feng, & Prasad (2022)	Chinese, Korean, Indian, Cambodian, Filipino, Indonesian, Japanese, Malaysian, Sri Lankan	A stepped care approach	Online survey and an evaluation	N = 305 Part 1 N = 20, Part 2	15–79	Part 1, M = 131, F = 173
Zhu (2021)	Asian communities	Online survey	Quota sampling	N = 705	18+	M = 348, F = 357
Li & Tse (2015)	Chinese international students in Aotearoa	Strengths-based, non-labelling, narrative approach to intervention	Two interviews each with a six-month gap in between	N = 15	20–41. Average age is 25.7 years	Not stated
Tse et al. (2012)	Māori, Pacific, Chinese and NZ Europeans	Public health approach	Qualitative focus groups and interviews	N = 131	Not stated	Not stated

in contemporary research. Pacific research is unevenly distributed across ethnic groups, with gaps for Samoan, Cook Islands, Fijian and Tokelau communities. Although research focused on Asian communities has increased in recent years, attention remains uneven across subgroups, with Indian communities receiving limited focus despite being identified as a high-risk group. Youth research often appears as sub-analyses within wider ethnic studies, making it difficult to understand the distinct experiences of Māori, Pacific, Asian or migrant youth. These gaps highlight the urgent need for investment in Māori-led, Pacific-led and Asian-led research that reflects the diversity of experiences across communities.

Finally, the literature consistently shows that gambling is rarely experienced as an isolated issue. It intersects with broader challenges such as economic hardship, migration stress, identity disruption, family responsibilities, grief, mental health issues and social disconnection. For this reason, communities across all groups emphasise holistic approaches that support wider wellbeing rather than campaigns focused only on gambling. This points to a national need for destigmatisation efforts that strengthen identity, support family resilience and connect people to culturally anchored pathways of healing and support. Destigmatisation strategies therefore need to strengthen protective cultural practices, engage whānau and communities, and respond to the wider wellbeing challenges that sit alongside gambling harm.

A critical implication of this synthesis is the need to rebalance research investment. Despite experiencing the highest rates of gambling harm, Māori are the least represented in available contemporary research, limiting the system's capacity to design effective, culturally aligned responses. Gaps were also identified for several Pacific and Asian subgroups, as well as for youth whose experiences are often subsumed within broader ethnic analyses. Addressing these inequities is essential for developing responsive, evidence-informed interventions that resonate with the lived realities of diverse communities in Aotearoa.

This review extends existing scholarship by making visible the shared structural drivers of stigma and the relational ways in which gambling harm is experienced across communities. Our synthesis shows that meaningful destigmatisation will not come from individual-focused campaigns, but from Indigenous and culturally grounded approaches that uphold mana and build on whānau strengths.

Strengths and limitations

A key strength of this review is its orientation as a narrative literature review, which is well suited to synthesising diverse forms of evidence and privileging lived experience. Narrative reviews enable a more interpretive, contextually grounded approach than systematic or solely quantitative reviews, allowing us to centre Indigenous knowledge systems, community perspectives and qualitative insights. In line with this orientation, we prioritised Aotearoa literature grounded in the lived experiences of priority populations and down-weighted quantitative or Western-framed analyses that did not reflect the cultural contexts of Māori, Pacific peoples, Asian communities or youth. This approach enabled each population group to be afforded its own space within the review, with tailored summary tables. By doing so, we consciously departed from traditional Western literature review models to privilege culturally grounded perspectives on gambling harm and stigma. We acknowledge that despite an extensive search strategy, some relevant studies, particularly grey literature or community-led reports may not have been captured.

Our synthesis is also shaped by the limitations of the studies included. Several had small sample sizes or limited representation within their population groups, such as research focused solely on men, tertiary students or single ethnic subgroups. We noted these limitations when interpreting individual studies. In some cases, ethnicity was reported only at a high level, particularly within Pacific and Asian research, limiting the ability to distinguish variation within diverse communities. These gaps highlight the need for more comprehensive, culturally specific and community-led research to strengthen the evidence base moving forward.

Conclusion

To reduce gambling harm in Aotearoa, future initiatives must centre Māori leadership and ensure equitable distribution of research and service resources. Effective destigmatisation requires approaches that reflect the diversity within priority populations and that actively involve whānau and collectives in all stages of design and delivery. Priority populations should be supported to lead decisions affecting their own wellbeing, working through trusted cultural and community-based services. Youth-focused responses must be holistic, recognising the multiple challenges young people navigate alongside gambling harm. Co-design with people who have lived experience is essential for

relevance and impact, alongside the development of best-practice tools and robust evaluation frameworks. Strengthening research that foregrounds lived experience, particularly for groups currently under-represented, will be critical for shaping responsive, culturally grounded and effective strategies moving forward.

Glossary

āiga	family
Aotearoa	New Zealand
faikava	in the context of this paper it is a Tongan gathering practice or group where kava is shared
hauora	holistic health, vigour
kakala	Pacific research framework
kaupapa	guiding principles
Kaupapa Māori	Māori approach
mana	spiritual power, charisma
Māori	Indigenous people of Aotearoa
marae	tribal meeting grounds
mātauranga Māori	Māori knowledge
mātu'a	elders
mauri	life force, vital essence
talanoa	Pacific research methodology and method
te Tiriti o Waitangi	the Treaty of Waitangi, although both documents are fundamentally different
tikanga Māori	a system of Māori values and practices
tō'utupu	youth
wairua	spirit, soul, feeling
wānanga	deliberations
whakamā	embarrassed, ashamed, shy
whānau	family unit
Whānau Ora	whānau-centred approach to wellbeing

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