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Gambling harm among Aboriginal and Torres Strait Islander peoples: A systematic scoping review of determinants, impacts and solutions

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Abstract

Aboriginal and Torres Strait Islander peoples experience a disproportionate burden of gambling-related harms, yet there is limited evidence on the determinants, impacts and solutions. While gambling has both cultural and social dimensions within many communities, commercial gambling products pose significant risks, particularly within the broader context of colonisation, socioeconomic inequities, and targeted industry practices. This scoping review systematically mapped and synthesised, informed by Aboriginal perspectives, the literature on the determinants and impacts of gambling harm among Aboriginal and Torres Strait Islander peoples in Australia, alongside proposed actions to reduce harm and evidence gaps. A systematic search of peer-reviewed and grey literature published after 2001 was conducted across Medline, CINAHL, PsycINFO, Informit Indigenous collection and Scopus, alongside grey literature from Australian Aboriginal and Torres Strait Islander health organisations, government agencies, and web-based sources. Articles were included if they focussed on Aboriginal and/or Torres Strait Islander peoples in Australia and examined gambling determinants, impacts or solutions. Forty-two articles (29 peer-reviewed, 13 grey literature) were identified. Socio-cultural determinants were most frequently examined (79%), followed by individual determinants (60%), with less attention to environmental (33%), social (31%), commercial (19%) and political (7%) determinants. Commercial gambling, particularly electronic gaming machines and online sports betting, was linked to financial distress, family violence and erosion of kinship networks. Responses were predominantly individual or community-based (63%), with fewer addressing structural drivers (25%). Future research should adopt a commercial determinants of health lens, particularly to examine online gambling and marketing practices on Aboriginal and Torres Strait Islander peoples.

Introduction

Throughout this article, the term ‘Indigenous’ is respectfully used to reference Indigenous peoples globally, while ‘Aboriginal and Torres Strait Islander’ specifically refers to Indigenous peoples of Australia. These terms do not capture the full diversity of the unique language, social, cultural, and political diversity of Indigenous peoples; we respect the inherent rights and ongoing connections Indigenous peoples have to the lands and waterways on which they reside (Raglan et al., 2023).

Aboriginal and Torres Strait Islander peoples represent 3.2% of the Australian population (Australian Bureau of Statistics (ABS), 2022). They comprise diverse Nations, languages, and cultural knowledge systems that have existed for over 65,000 years (Nagle et al., 2017, Yunkaporta, 2020). These knowledge systems are grounded in self-determination, cultural expression and continuity, and connection to Country, family, kinship, and community (Salmon et al., 2018, Lovett R et al., 2020). Embedded within these knowledge systems are Aboriginal and Torres Strait Islander conceptualisations of health, which are deeply interconnected and encompass the cultural, physical, emotional, social, and spiritual dimensions of wellbeing (National Aboriginal Community Controlled Health Organisation (NACCHO), 2022b). The ongoing impacts of colonisation, including dispossession, systemic racism, and intergenerational trauma, remain significant structural determinants that underpin health inequities (Sherwood, 2013, Butler et al., 2022). These inequities are further sustained and exacerbated by commercial, economic and political systems, which enable weak regulatory oversight, conflicts of interest, and a revolving door between government and industry (Crocetti et al., 2022, Poirier et al., 2022a, Gilmore et al., 2023). Consequently, many public health and harm reduction interventions within Australia fail to address the powerful commercial interests shaping social environments and their consequences for health and wellbeing (Fogarty et al., 2018, Johnson et al., 2023). This is compounded by the limited understanding of how commercial and political systems specifically undermine Aboriginal and Torres Strait Islander knowledge systems and concepts of health (Crocetti et al., 2022).

In Australia, the gambling industry contributes to substantial public health harm, including for Aboriginal and Torres Strait Islander peoples. Unlike, in the US and Canada, where Indigenous communities frequently own and operate casinos (Oddo et al., 2019, Manitowabi, 2011), commercial gambling in Australia is operated by large non-Indigenous corporations and foreign-owned companies. Australia has the highest per capita gambling losses in the world, with total losses reaching AU$31.5 billion in 2023 (Equity Economics, 2025). These losses have fuelled the rapid expansion of the Australian gambling sector, especially online. As of November 2025, there were 198 online licensed betting providers and an estimated 186,684 electronic gaming machines (EGM) in Australia, equivalent to one EGM for every 149 people, among the highest per-capita ratios globally (Australian Communications and Media Authority (ACMA), 2025, IBIS World, 2025). It is estimated that 650,000 or 2.5% of Australians experience moderate to severe gambling-related harms and a further four million are affected by the broader social and economic impacts of gambling (Gupta and Stevens, 2021). There is substantial international evidence linking commercial gambling to a range of health, wellbeing and social harms, including increased risk of financial distress, family breakdown, family violence, suicide, and involvement in financial crime (Wardle et al., 2024, Rintoul et al., 2025, Hahmann et al., 2021, Rintoul et al., 2013, Rintoul et al., 2023, Tulloch et al., 2022). These harms are not shared equally across society; they disproportionately affect people experiencing socioeconomic injustices, young people and Aboriginal and Torres Strait Islander communities (Hing et al., 2014f, Davis et al., 2025, Selin et al., 2024). The commercial practices deployed by gambling companies, including online advertising and sponsorship, further exacerbate health and social inequities (Wardle et al., 2024).

A substantial proportion of the literature and public health responses on gambling focus on ‘problem gambling’, reflecting largely non-Indigenous and deficit-based framings that overlook the complex social and cultural systems in which Indigenous societies are embedded (Tran et al., 2024, Gabellini et al., 2023, Calado and Griffiths, 2016). Problem gambling is a widely used label applied to individuals whose gambling behaviour causes substantial ‘problems’ to their relationships, finances, wellbeing, and employment (Tran et al., 2024). However, stigmatising labels such as ‘problem gambler’ and ‘disordered gambling’ may discourage people with lived experience of gambling harm from seeking support (Victorian Responsible Gambling Foundation, 2024). Additionally, terms such as ‘problem gambling’, ‘gambling disorder’ and ‘gambling harm’ are often used interchangeably in the literature, despite referring to different concepts (Rodda et al., 2024). While not diminishing these gambling-related harms, further nuance is needed when considering Aboriginal and Torres Strait Islander grounded perspectives. Previous research suggests that most Australian literature about gambling among older adults focused on individual or socio-cultural explanations, while structural and commercial drivers of gambling-related harm are often overlooked (Johnson et al., 2023). For these reasons, we adopt the public health term, ‘gambling harm’, and interrogate the social, environmental and commercial determinants of gambling and its consequences (Rodda et al., 2024).

Previous reviews of gambling prevalence and determinants among Aboriginal and Torres Strait Islander peoples are now over a decade old (Hing et al., 2014d, Breen and Gainsbury, 2013), and Indigenous knowledges, values and conceptualisations of health have been largely absent from this research. This study seeks to position gambling related harm through a lens that reflects the realities of many Aboriginal and Torres Strait Islander peoples ways of knowing, being and doing. Shifting the gaze away from Western individually focused responses to self-determined and community-driven responses and research agendas from the perspectives of Aboriginal and Torres Strait Islander peoples. Recent international reviews have sought to identify gambling interventions for Indigenous peoples in high income countries (Whiteside et al., 2020, Saunders and Doyle, 2021, Whitty et al., 2021), however, a comprehensive critical analysis of the gambling literature informed by Aboriginal perspectives using a commercial determinants lens have not been undertaken. This omission is also evident in national policy in Australia, where the prevalence of gambling harm is not routinely reported within Aboriginal and Torres Strait Islander health and wellbeing datasets, and gambling is absent from the National Aboriginal and Torres Strait Islander Health Plan (Commonwealth Government of Australia, 2021).

This scoping review aimed to systematically map and synthesise the literature on the determinants and impacts of gambling among Aboriginal and Torres Strait Islander peoples, and actions proposed to reduce gambling harm, while identifying key evidence gaps. This included critical appraisal of available literature through an Aboriginal lens and considering the broader social, environmental, political and commercial determinants of health, beyond individual responsibility. Specifically, our review question was:

How are the determinants, impacts, and proposed solutions to gambling harm among Aboriginal and Torres Strait Islander peoples represented in the existing literature?

Methods

We conducted a systematic scoping review, following the Joanna Briggs Institute (JBI) methodological guidance (Peters et al., 2022) and reported here using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for scoping reviews (PRISMA-SCR) (Tricco et al., 2018). A scoping review was selected as a comprehensive review of gambling among Aboriginal and Torres Strait Islander peoples has not previously been undertaken. Scoping reviews are useful for examining the breadth of the body of literature on a given topic and for identifying knowledge gaps (Munn et al., 2018).

Research team positionality

This review was initiated in response to requests from our partner organisations from the Aboriginal community-controlled health sector who identified gambling as a priority issue in their communities. The review was undertaken by a team of Aboriginal researchers (BC, FM, SS, TW, NL, SAB, CC, JH, DD, and YP) and non-Indigenous researchers experienced in Aboriginal and Torres Strait Islander health research (JB, AC and PL), as part of a broader program of research on the commercial determinants of Aboriginal and Torres Strait Islander health (Cubillo et al., 2026). The review protocol was developed by Aboriginal senior author (BC) in consultation with the rest of the team. The authors of this study observed that gambling literature in Australia and gambling interventions did not centre Indigenous ways of knowing, being and doing, and frequently used deficit discourse by focusing on individual behaviours. Consequently, we approached this review with a commitment to advancing Aboriginal and Torres Strait Islander health and self-determination, and to critically examine the commercial systems and practices harming health and wellbeing in a manner that centred the lived experience of Aboriginal and Torres Strait Islander peoples. As a research team, we acknowledge we are not gambling experts; however, Aboriginal authors bring deep understanding of the lived realities of Aboriginal peoples and effective public health responses require strong Aboriginal and Torres Strait Islander leadership.

Search strategy

We searched for both peer-reviewed and grey literature in September 2024. Peer reviewed studies were identified through searching Medline, CINAHL, PsycINFO, Informit Indigenous collection and Scopus. Grey literature was located through Google, Google Scholar and the websites of the Australian Indigenous HealthInfoNet, Lowitja Institute, National Aboriginal Community Controlled Health Organisation (NACCHO), state and territory peak Aboriginal community-controlled health organisations, and government agencies including the Australian Institute of Family Studies, the Australian Bureau of Statistics, the Australian Institute of Health and Welfare and the Victorian Responsible Gambling Foundation. The grey literature search was repeated in October 2025 to ensure most recent data were included. We also contacted researchers and practitioners working in gambling and Aboriginal and Torres Strait Islander health for further grey literature reports.

The search strategy was developed following initial pilot searches of Medline and CINAHL and consultation with a university librarian. We combined search terms that described Aboriginal and/or Torres Strait Islander peoples (e.g. Aboriginal, Torres Strait Islander, Indigenous, First Nations) with synonyms for gambling and different types of gambling (e.g. gambling, betting, wager, casino, horse racing, poker etc.). The full set of search terms are provided in Supplementary File 1.

Inclusion criteria

Peer-reviewed studies and grey literature reports published in English were included if they focused on Aboriginal and/or Torres Strait Islander peoples in Australia and reported on at least one of the following characteristics of gambling: determinants, impacts and/or solutions. We included studies published after 2001 as this was the year online gambling became legal in Australia. Theses, book chapters, media articles, opinion pieces and literature reviews were excluded; however, reference lists were screened for relevant articles.

Study screening and selection

Records identified through database searches were imported into Covidence and duplicates were removed. Each title and abstract was independently screened against the inclusion criteria by two researchers (BC, JB, TW or AC). Potentially relevant full text articles were then screened independently by two researchers with reasons for exclusion recorded (BC, JB, TW, AC, SAB). All conflicts were resolved through discussion and consultation with a third researcher when necessary. An Aboriginal senior researcher (BC) oversaw every stage of study selection.

Quality appraisal

While quality appraisal is not essential for scoping reviews, we elected to assess the extent to which Aboriginal and Torres Strait Islander perspectives, values and principles were considered in the available gambling literature. The Aboriginal and Torres Strait Islander Quality Appraisal Tool, developed by the Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) was specifically designed to assess the research quality from an Aboriginal and Torres Strait Islander perspective (Harfield et al., 2020). This tool consists of 14 questions spanning: setting appropriate research questions; community engagement; research leadership and governance; community protocols; Indigenous intellectual and cultural property; data collection and management; Indigenous research paradigms; strength-based approaches; research translation; community benefit; and capacity strengthening (Harfield et al., 2020). In the present review, quality appraisal was completed by two independent researchers, at least one of whom was Aboriginal. Discrepancies were resolved through discussion with a senior Aboriginal researcher, with the judgement of Aboriginal appraisers prioritised. If an included study was authored by members of the review team, quality appraisal was completed by a team member who did not author it. In line with a previous published review using the CREATE tool (Christidis et al., 2021), we rated studies high quality if at least 10 of the 14 appraisal questions were satisfied, moderate quality if 6–9 were met, and low quality if authors reported details to satisfy up to 5 of the appraisal questions.

Data extraction and synthesis

A data extraction tool was developed in Microsoft Excel and piloted by two reviewers (BC and JB) to ensure consistency. Details extracted from each study included dates of study, geographical focus, population characteristics, study aim, funding source, study design, types of gambling investigated, key findings regarding the determinants and impacts of gambling and/or proposed actions to address gambling harm, as well as the authors' conclusions and recommendations. Findings related to the determinants of gambling among Aboriginal and Torres Strait Islander peoples were coded across six determinant domains (Table 1), informed by a previous gambling scoping review (Johnson et al., 2023). Data were extracted by multiple authors (BC, TW, NL, SAB, AC, JB, PL) and cross-checked by AC. Findings were narratively synthesised according to the review aim and question, focussing on how gambling among Aboriginal and Torres Strait Islander peoples is represented in the literature, while applying a critical perspective and identifying research gaps.

Table 1
Definitions of determinants of health adapted from Johnston et al. (2016) (Johnson et al., 2023)

Determinant	General definition
Historical determinants	Structural legacies of colonisation, dispossession, racism and intergenerational trauma that shape contemporary harms (Sherwood, 2013).
Individual determinants	Individual-level characteristics and behaviours, including lifestyle practices and personal attributes (Australian Institute of Health and Welfare, 2024).
Socio-cultural determinants	Community norms, attitudes and social relations that shape gambling practices and impacts (Hilbrecht et al., 2020), including the impacts on cultural determinants such as cultural meanings, kinship networks, and collective obligations (Lovett R et al., 2020).
Environmental determinants	Factors within an individual and community's environment that impact on their health. In the gambling context, this can include accessibility, availability, density and design of gambling products and venues in both physical and online environments (Johnson et al., 2023).
Social determinants	The social conditions in which people are born, grow, live, work and age (World Health Organization, 2013), including racism, income, housing, education and employment, that shape health behaviours and harms (Carson et al., 2007).
Commercial determinants	The systems, practices and pathways through which, in the gambling industry context, seeks to promote and normalise gambling and drive health and equity, including marketing, lobbying, and corporate responsibility strategies (Gilmore et al., 2023, Wardle et al., 2024).
Political determinants	Government structures, policies, regulation and the political economy of gambling (Wardle et al., 2024).

Results

Overview of included studies

Forty-two studies met the inclusion criteria and were included in the review (Fig. 1). Of these, 29 were peer-reviewed journal articles and 13 were reports published in the grey literature. One grey literature report (Bancroft-Gardiner et al., 2025) was subsequently published as a peer-reviewed article (Cincotta et al., 2025). Most studies were qualitative (n = 27), followed by quantitative cross-sectional studies (n = 11), and mixed methods studies (n = 4). Studies were conducted across multiple Australian states and territories, with the greatest representation from Victoria (VIC) (n = 8), followed by the Northern Territory (NT) (n = 8); New South Wales (NSW) (n = 8), studies across NSW and Queensland (QLD) (n = 7); QLD alone (n = 4); national-level studies (n = 4); South Australia (SA) (n = 1); NSW, QLD and VIC (n = 1), and a joint QLD–NT study (n = 1). Across jurisdictions, most studies were conducted in urban and rural settings (n = 15), followed by those spanning urban, rural and remote contexts (n = 7). Smaller numbers focused on urban, regional and remote settings (n =

3), urban and regional areas (n = 3), rural and remote areas (n = 3), rural settings (n = 3), regional settings (n = 2), urban and remote regional contexts (n = 1), remote and non-remote areas (n = 1), and exclusively urban settings (n = 1). One study did not specify their rurality. Studies were published between 2006 and 2025, with a notable peak in publications in 2012 and 2014 (n = 7 respectively). Over half of all peer-reviewed articles (n = 15/29) were published between 2012–2015 by the same research centre. The characteristics of included studies are outlined in Table 2.

Quality of studies from an Aboriginal perspective

Applying the Aboriginal and Torres Strait Islander quality appraisal tool (Harfield et al., 2020) to the included studies (n = 42) showed nine (21%) studies were assessed as high quality, eight (19%) studies were considered moderate quality, and 25 (60%) studies were rated low quality (Supplementary File 2). Among the qualitative studies and mixed methods studies (with a qualitative component), nine were rated high quality, seven moderate and 14 low quality. Seven of the 15 grey literature articles were rated high quality, four moderate and one low quality. In contrast, two of the peer-reviewed articles were rated high quality, three were moderate and 24 were rated low quality. The most frequently absent quality assessment domains related to negotiating agreements on rights of access and ownership of Aboriginal and Torres Strait Islander intellectual and cultural property (35 of 44 included studies), community control over research materials (28 of 42 included studies), and Aboriginal and Torres Strait Islander leadership and governance (21 of 42 included studies), and, where identifiable, the extent to which studies were Aboriginal-led or included Aboriginal authors (22 of 42 studies).

Forms of gambling

The literature reported a wide spectrum of gambling activities, spanning commercial gambling to community card games. Unregulated private card gambling was the most frequently mentioned form of gambling (n = 32 studies), followed by electronic gaming machines (EGMs) (n = 28), TAB (racing and sports) betting (n = 25), bingo (n = 21), keno (n = 21), online/mobile gambling (n = 19), casino games (n = 17) and lotteries/scratch tickets (n = 12

Table 2. Study characteristics, determinants and impacts of gambling and proposed actions

Abbreviations: not specified, N.S, ACCO, Aboriginal Community Controlled Organisation; NGO, non-government organisation

Representations of gambling

Table 2 provides an overview of the included studies (n=42), including the reported determinants and impacts of gambling and the proposed actions to address gambling harm. To address the research question, the subsequent sections are structured around the representations of gambling (individual, socio-cultural etc.) we observed in the literature. Within each representation, we outline the reported determinants, impacts and proposed solutions. Socio-cultural representations of gambling were most frequent (n=33), followed by individual representations (n=25). Environmental (n=14) and social representations (n=13) were less common, while representations grounded in commercial (n=8) and political determinants of health (n=3) appeared the least. More recent literature integrated multiple representations of gambling, situating it within socio-cultural contexts, while acknowledging individual motivations, social, environmental and commercial influences, and community-led responses that support healing and wellbeing (Maltzahn et al., 2017b, Maltzahn et al., 2017a, Bancroft-Gardiner et al., 2025).

Of the 40 studies that proposed solutions to gambling harm among Aboriginal and Torres Strait Islander peoples, 63% (n=25) focused on individual and therapeutic responses, including behaviour-change strategies, clinical support, or public awareness initiatives. Forty-eight percent (n=19) recommended community-led and culturally-grounded responses, with a further 10% (n=4) describing community involvement without specifying culturally-grounded or cultural governance mechanisms. Regulatory and structural changes to address permissive commercial, economic and political environments was suggested in 25% of the studies (n=10), with an additional 8% (n=3) also proposing economic support to help address the broader structural inequities underpinning gambling harms. Ten percent of studies (n=4) also proposed industry/venue-led measures.

Historical determinants of gambling and the legacy of colonisation

Most studies acknowledged the historical and ongoing impacts of colonisation, dispossession, and discrimination in shaping social conditions underpinning gambling harms (Crocetti et al., 2024, MacLean et al., 2019, Maltzahn et al., 2019, Hing et al., 2014g, Breen and Hing, 2014, Hing et al., 2014a, Breen, 2012c, Breen et al., 2012, Breen, 2012b, Hing et al., 2014e, Hing et al., 2015, Hing et al., 2014b, Breen, 2012d, Stevens and Young, 2010, Breen, 2012a, Holdsworth et al., 2013, Nagel et al., 2011, VRGF and FNF, 2023, Arabena and Wood, 2023, Maltzahn et al., 2017a, AHMRC . 2008, AHRC, 2020, Breen et al., 2010, Wild and Anderson, 2007, Young et al., 2006, Bancroft-Gardiner et al., 2025). Participants in the study by Bancroft-Gardiner et al. (2025) described harmful gambling as a consequence of unresolved trauma, grief, and systemic exclusion, with colonisation identified as a root cause of the social and economic stressors they experienced (Bancroft-Gardiner et al., 2025). Similarly, Breen et al. (2010) attributed the prevalence of gambling-related harms among Aboriginal and Torres Strait Islander peoples, in part, to the history of invasion, dispossession and trauma (Breen et al., 2010). Stigmatisation and stereotyping of Aboriginal peoples as “gambling addicts” was described as adding another layer of harm (p.10, Maltzahn et al., 2017b, Bancroft-Gardiner et al., 2025, Nagel et al., 2011, Arabena and Wood, 2023). Experiences of racism and exclusion were also reported in gambling environments (Gupta et al., 2021, MacLean et al., 2019). These historical determinants intersect with contemporary societal challenges, producing the conditions in which gambling-related harms are embedded, thus colonisation operates as an overarching determinant and is woven throughout each of the domains reported below. Figure 1 presents a circular systems model for understanding Aboriginal and Torres Strait Islander gambling harm. Gambling harm is positioned at the centre as the outcome. This is surrounded by an overarching structural layer of ongoing colonisation, dispossession, and discrimination, which shapes the conditions under which gambling harm is produced and maintained. These are both influenced and are influenced by a set of interconnected determinant domains, individual, socio-cultural, social, environmental, and commercial and political, which are arranged in a circular configuration to emphasise reciprocal reinforcement. Inward-pointing arrows indicate how these domains not only contribute directly to gambling harm but also reproduce and intensify underlying colonial and discriminatory structures. Finally, the outer circle represents resistance, regulation, and policy, positioned as counterforces that sit outside but act upon the system.

Authors	Jurisdictional area (locality)	Sample size (n)	Publication type	Type of study	Determinants of gambling	Impacts of gambling	Proposed actions
(Bancroft-Gardiner et al., 2025)	VIC (urban and regional)	N=96 survey; N=22 interviews	NGO report	Mixed methods, surveys & interviews	Historical, individual, socio-cultural, social, environmental, & commercial	Negatives - financial distress, suicide, family/relationship breakdown, mental health issues, food insecurity, child wellbeing and safety concerns Positives - social connectedness	Treatment & support services (culturally safe counselling & mental health services, service accessibility) Community-led & cultural governance responses (role modelling, lived experience sharing, yarning circles, alternative social activities) Individual & behaviour-change responses (money management, self-exclusion, stimulus reduction & activity substitution) Public awareness & education-based responses (public awareness, financial literacy) Aboriginal community-controlled responses (ACCHO collaboration, networks and mainstream-ACCHO links) Regulatory & legislative responses (review venue hours, venue statewide self exclusion policy)
(Crocetti et al., 2024)	VIC (urban and regional)	N=23	Journal article	Qualitative, interviews	Historical & commercial	General adverse effects, high social cost	Regulatory & legislative measures (Marketing)
(Arabena and Wood, 2023)	VIC (urban and rural)	N=15	NGO report	Qualitative, co-design: desktop review & stakeholder consultations	Historical, individual, socio-cultural, social, commercial & environmental	Financial distress, mental health issues, shame, family/relationship breakdown, family violence, child wellbeing and safety concerns, drug and alcohol misuse	Treatment & support services (counselling/suppor Public awareness & Education response (financial literacy an school-based education) Regulatory & legislative measures (advertising & availability controls)

							Community-led & cultural governance (Elder and guided)
(Victorian Responsible Gambling Foundation and First Nations Foundation (VRGF & FNF), 2023)	VIC (urban and rural)	N.S	NGO report	Qualitative, focus groups	Historical, individual & socio-cultural	Financial distress, reduced social cohesion, mental health issues, strained reciprocity & kinship	Public awareness & education responses (financial literacy)
(Gupta and Stevens, 2021)	NT (urban, regional and remote)	N=27 (10 identified)	Journal article	Qualitative, interviews	Individual & environmental	Financial strain, family/relationship breakdown	Regulatory & legislative measures (online gambling controls, venue spending limits) Public awareness & education responses (school-based programs, informal help-seeking, social marketing campaigns) Treatment & support services (helplines)
(Gupta et al., 2021)	NT (urban and regional)	N=29	Government report	Qualitative, interviews	Social, commercial & political	Financial distress, mental health issues, family/relationship breakdown, food insecurity, child wellbeing and safety concerns	Industry/ venue- led measures (staff engagement & alternative entertainment) Individual & behaviour-change responses (self-regulation) Treatment & support services (lived/ living experience support) Community-led & cultural governance responses (collectivist approach) Regulatory & legislative measures (incentive bans, TV advertising ban, EGM reduction, licensing & access controls, bet & hour limits) Economic & structural support responses (income/social support controls) Public awareness & education responses (social marketing)

(Australian Human Rights Commission (AHRC), 2020)	National (urban, rural and remote)	N=2294	NGO report	Qualitative, large-scale participatory consultation	Historical, individual & social	Mental health issues, alcohol and drug misuse, family violence	Government-led intervention (community-engage policing) Economic & structural support responses (social support controls)
(MacLean et al., 2019)	VIC (regional)	N=50	ACCO report	Qualitative, interviews	Historical, individual, socio-cultural, social & environmental	Loss of culture, child wellbeing and safety concerns, domestic violence, isolation and shame	Regulatory & legislative measures (venue availability restriction) Community-led & cultural governance responses (yarning circles/cultural activities/ communit initiatives e.g., bingo harm education)
(Maltzahn et al., 2019)	VIC (regional)	N=26	ACCO report	Qualitative, interviews	Historical, individual & socio-cultural	Negatives - avoid family commitments, financial strain, lead to EGM use Positive - Bingo - social connectedness and fun, respite from violence. Less risky form than EGMs	Community led responses (community-run bingo)
(Riley et al., 2018)	SA (unspecified)	N=296 (56 identified)	Journal article	Cross-sectional, survey	Individual	Legal issues	Treatment & support services (culturally appropriate interventions - non-specific)
(Aboriginal Resource Development Services (ARDS), . 2017)	NT (remote & rural)	N.S	ACCO report	Qualitative, participatory action	Socio-cultural, environmental and political	Cultural strain and disconnection	Community-led & cultural governance responses (card gambling regulation, cultural reconnectio cultural law & responsibility)
(Bond et al., 2017)	National (unspecified)	N=30 (7 identified)	Journal article	Mixed methods, Delphi	Social & socio-cultural	Family/relationship breakdown, housing and legal issues	Community-led & cultural governance responses (yarning)
(Maltzahn et al., 2017b)	VIC (rural)	N=26	ACCO report	Qualitative, interviews	Individual, socio-cultural, political, commercial, environmental	Financial distress, poverty, mental health issues, family violence, food insecurity,	Treatment & support services (non-judgemental support counselling & support)

					& social	drug and alcohol misuse, legal problems, racism	Regulatory and legislative measures (venue access & advertising controls) Community-led & cultural governance response (yarning) Public awareness & education response (general community education) Community-led responses (alternative social activities) Individual & behaviour-change responses (self-regulation tools)
(Maltzahn et al., 2017a)	VIC (rural)	N=24	ACCO report	Qualitative, interviews	Historical, individual, socio-cultural, commercial & environmental	Mental health issues, family violence, legal problems, food insecurity	Regulatory & legislative measures (venue density & hours) Industry/venue-led measures (promotions, player monitoring & cultura safety training) Aboriginal Community-controlled services responses (Aboriginal-led programs) Public awareness & education responses (harm reduction) Community-led responses (alternative social activities e.g., free bingo) Individual & behaviour-change tools (self-exclusion Economic & structural support responses (employment and economic opportunities)

(Hing et al., 2015)	NSW (urban and rural)	N=169	Journal article	Qualitative, interviews	Historical, individual, socio-cultural & environmental	Negatives - Financial distress, mental health issues, reduced social cohesion, strained reciprocity and kinship Positives (social card gambling) - social connectedness	Community-led & cultural governance response (norms-based community programs)
(Hing et al., 2014f)	NSW and QLD (urban and rural)	N=1259	Journal article	Cross-sectional, survey	Individual	Financial strain, guilt and regret, reduced social cohesion, child wellbeing and safety concerns	Treatment & support services (Aboriginal counsellors and othe services)
(Bertossa et al., 2014)	NSW and QLD (urban and rural)	Consultation N=34, survey N= 301	Journal article	Mixed methods, (consultation + survey)	Socio-cultural	N.S	N.S
(Hing et al., 2014c)	NSW and QLD (urban and rural)	N=1259	Journal article	Cross-sectional, survey	Socio-cultural	N.S	N.S
(Hing et al., 2014g)	NSW and QLD (urban and rural)	N=1259	Journal article	Cross-sectional, survey	Historical & individual	Alcohol and drug use, reduced social cohesion and family/relationship breakdown	Community-led & cultural governance response (collectivist, whole o community programs) Economic and structural support (reducing inequities)
(Breen and Hing, 2014)	NSW, QLD, VIC (urban, rural and remote)	N=57	Journal article	Qualitative, interviews	Historical, individual & socio-cultural	Financial strain, guilt, shame and anxiety, family/relationship breakdown and reduced social cohesion	Community-led responses (culturally grounded interventions) Individual & behaviour change responses (natural recovery)
(Hing et al., 2014a)	NSW and QLD (urban and rural)	N=1259	Journal article	Cross-sectional, surveys	Historical & socio-cultural	Financial distress, family/relationship breakdown, depression, family violence, job loss, legal issues, child wellbeing and safety concerns	Public awareness & education responses (family/peer support & education)
(Hing et al., 2014b)	NSW (urban and rural)	N=1259 (analysis restricted to 489 men)	Journal article	Cross-sectional, survey	Historical & individual	Financial distress, family breakdown, mental health issues, domestic violence	Aboriginal community-controlled responses (liaison and counselling)
(Hing et al., 2014e)	QLD and NSW (urban and rural)	N=687	Journal article	Cross-sectional, survey	Historical, individual & socio-cultural	Financial distress, Mental health issues,	Treatment & support services (culturally safe care)

						family/relationship breakdown	Public awareness & education responses (harm minimisation) community-led response (alternativ activities) Economic & structural reform (inequity reduction)
(Holdsworth et al., 2013)	QLD and NT (urban)	N=11	Journal article	Qualitative, interviews	Historical & socio-cultural	shame & low self-esteem	Individual treatment & support services (culturally appropriate services Aboriginal liaisons and counsellors)
(Stevens and Bailie, 2012)	NT (rural and remote)	N.S	Journal article	Cross-sectional, survey	Social & environmental	child wellbeing and safety concerns	Public awareness & education responses (harm education, youth-focused) Education programs Community-led & cultural governance responses (social regulation)
(Breen, 2012c)	QLD (urban and rural)	N=74 (60 identified)	Journal article	Qualitative, interviews	Historical, socio-cultural, environmental & commercial	Financial distress, strained reciprocity and pressure on kin resources Positives (commercial) - social acceptability within venues	Individual & behaviour change responses (time/expenditure limits) Community-led & cultural governance responses (social regulation)
(Breen et al., 2012)	NSW (urban, rural and remote)	N=12	Journal article	Qualitative, interviews	Historical, individual, socio-cultural & social	Financial distress, strained reciprocity and kinship Positives (social gambling) - strengthens social networks and maintains cultural values	Community-led & cultural governance responses (gamblin awareness program in existing social networks)
(Breen, 2012b)	QLD (urban, rural and remote)	N=60	Journal article	Qualitative, interviews	Historical, individual & socio-cultural	Financial distress, family/relationship breakdown, strained reciprocity and kinship Positives - social connectedness and comfort	Industry/venue-led measures (culturally appropriate gamblin messages) Treatment & support services (counsellin therapeutic care, support programs), Community-led & cultural governance programs (Elder-guided support)
(Breen, 2012d)	QLD (urban and rural)	N=60	Journal article	Qualitative, interviews	Historical, socio-cultural, social	Financial distress, child wellbeing and safety concerns, reduced social cohesion	Community-led & cultural governance responses (role modelling, family/kin support)

(Breen, 2012a)	QLD (urban, rural and remote)	N=60	Journal article	Qualitative, interviews	Historical, individual & socio-cultural	Negatives (committed gamblers) - financial distress, food insecurity, child wellbeing and safety concerns Positives (social card gamblers) - strengthen social networks and relationships, limiting alcohol use, protective childcare	Social card gambler - public awareness & education (harm-minimisation messages) Committed gambler - Individual treatmen & support services (culturally appropriate clinical care) Binge card gambler - Community-led & cultural governance (group regulation)
(Hing et al., 2012b)	NSW (rural)	N=169	Journal article	Qualitative, interviews	Individual & socio-cultural	Negatives - financial distress, family and relationship breakdown, reduced social cohesion, mental health issues, legal problems, strained reciprocity and kinship Positives (light commercial gamblers) - social connectedness, reduced alcohol consumption, improved mental health	Public awareness & education response (social marketing)
(Hing et al., 2012a)	NSW (urban and rural)	N=277	Journal article	Cross-sectional, survey	Individual & socio-cultural	Financial distress, strained reciprocity & kinship, family/relationship breakdown, domestic violence, mental health issues, legal problems, child wellbeing & safety concerns	Treatment & support services (culturally appropriate service Aboriginal counsellors/liaison
(Breen et al., 2011)	NSW (urban and rural)	N=169	Journal article	Qualitative, interviews	Individual & socio-cultural	Negatives (commercial gambling) - financial distress, family/relationship breakdown, reduced social cohesion, child wellbeing and safety concerns, domestic violence, strained reciprocity and kinship, mental health issues and legal problems Positives (social card gambling) - social connectedness, keeps money circulating within Community	Industry/ venue led measures (harm minimisation, consumer protectio
(Nagel et al., 2011)	NT (urban and remote)	N= 71	Journal article	Qualitative,	Historical & socio-cultural	Negatives - financial distress,	Community-led & cultural governance

				interviews & focus groups		shame, substance misuse, family/relationship breakdown Positives (social card gambling) - social connectedness	responses (alternative activities Public awareness & education responses (education programs Regulatory & legislative measures (non-specific)
(Stevens and Young, 2010)	National (remote and non-remote)	N=8523	Journal article	Cross-sectional, survey	Historical, social & socio-cultural	Legal problems, alcohol misuse, violence	Community-led responses (community cohesio initiatives) Government-led interventions (law enforcement)
(Breen et al., 2010)	NSW (urban and rural)	N= 200 (169 identified)	NGO report	Qualitative, interviews	Historical, individual, socio-cultural, commercial & environmental	Negatives - financial distress, family/relationship breakdown, reduced social cohesion, mental health issues, legal problems Positives (social card gambling) - social connectedness	Public awareness & education responses (community education, culturally specific responsible gambling resources) Treatment & supports services (culturally safe clinical treatment services) Aboriginal Community-Controlled service responses (counselling) Community-led & cultural governance responses (role modelling) Industry/venue-led responses (exclusio enforcement)
(Stevens and Young, 2009)	National/NT focus (urban, rural and remote)	N.S	Journal article	Cross-sectional, survey	Historical, social & socio-cultural	Personal and community violence, reduced social cohesion, family/relationship breakdown, legal problems	Community-led response (not Indigenous specific alternative activities)
(Christie et al., 2009)	NT (remote and rural)	N=14	Government report	Qualitative, Yolŋu consultancy	Socio-cultural, & environmental	Negatives (commercial gambling) - Financial distress, reduced social cohesion, food insecurity, child wellbeing and safety concerns, family/relationship breakdown, domestic violence	Community-led & cultural governance (land & kinship) Government-led structural change (traditional authority Regulatory & legislative measures

						Positives (social card gambling) - money circulating within community	(venue restrictions) Public awareness & education responses (financial literacy)
(Young et al., 2007)	NSW and QLD (urban and rural)	Survey n=1873 (126 identified); interviews n= 64	Journal article	Mixed methods, scoping & secondary survey analysis	Historical, socio-cultural, social & environmental	Financial distress, reduced social cohesion, family breakdown	N.S
(Aboriginal Health and Medical Research Council (AHMRC), . 2008)	NSW (urban, rural and remote)	N=98	ACCO report	Qualitative, consultation	Historical, individual, socio-cultural & environmental	Financial distress, child wellbeing and safety concerns, family violence, shame and stigma, depression, suicide, legal problems	Public awareness & education responses (financial literacy, culturally specific support resources and programs) Aboriginal community-controlled responses (counselling, tailored screening tools) Treatment and support services (case management/ conferencing/ culturally adapted residential rehabilitation, employing Aboriginal people)
(Wild and Anderson, 2007)	NT (urban, regional, remote)	N.S	Government report	Qualitative, consultation	Historical & socio-cultural	Child wellbeing and safety concerns, food insecurity, financial distress	Public awareness & education responses (community education) Treatment & support services (child-focused counselling) Regulatory & legislative measures (non-specific)
(Young et al., 2006)	NT (urban, regional and remote)	N.S	University report	Qualitative, (interviews/consultation)	Historical, socio-cultural & environmental	Negatives - Financial distress, child wellbeing and safety concerns Positives (social card gambling) - social connectedness and raise money for community	Aboriginal community-controlled responses (service delivery) Treatment & support services (Aboriginal counsellors)

Individual representations of gambling

Several studies conceptualised gambling as existing on a continuum, from social or recreational participation to more harmful forms, highlighting that individuals may move between these levels of control and risk over time (Breen, 2012b, Breen, 2012a, Breen and Hing, 2014, Hing et al., 2015, Breen et al., 2012, Breen et al., 2010, MacLean et al., 2019). However, much of the peer-reviewed literature adopted an individual “problem gambling” lens (n= 19/29) (Gupta and Stevens, 2021, Bond et al., 2017, Riley et al., 2018, Hing et al., 2014f, Bertossa et al., 2014, Hing et al., 2014c, Stevens and Young, 2009, Hing et al., 2014g, Young et al., 2007, Hing et al., 2014a, Breen, 2012c, Hing et al., 2014e, Hing et al., 2014b, Breen, 2012d, Breen et al., 2011, Stevens and Young, 2010, Hing et al., 2012a, Holdsworth et al., 2013). Instruments such as the Problem Gambling Severity Index and the Australian Indigenous Problem Gambling

Index were applied (Bertossa et al., 2014, Hing et al., 2014a, Armstrong and Carroll, 2017, Hing et al., 2014g), and participants were categorised into risk groups (non-problem, low risk, moderate risk, and 'problem gambler'). One high rated study adopted a strengths-based approach, seeking to destigmatise gambling and promoted safer, more mindful participation in order to minimise harms (Arabena and Wood, 2023).

Sixteen studies reported financial motivations and coping strategies as key individual determinants of gambling among Aboriginal and Torres Strait Islander peoples (Breen et al., 2011, Breen, 2012a, Hing et al., 2012a, Maltzahn et al., 2017a, Breen et al., 2010, Bancroft-Gardiner et al., 2025, MacLean et al., 2019, Maltzahn et al., 2019, Hing et al., 2014g, Hing et al., 2015, Arabena and Wood, 2023, Maltzahn et al., 2017b, Gupta et al., 2021, Australian Human Rights Commission, 2020). Several studies characterised gambling as being driven by the hope of financial gain (Breen et al., 2011, Breen, 2012a, Hing et al., 2012a, Maltzahn et al., 2017a, Breen et al., 2010, Bancroft-Gardiner et al., 2025), particularly in the context of economic insecurity (MacLean et al., 2019, Maltzahn et al., 2017a). Maltzahn et al. (2019) reported some bingo players described winning money as a way to improve their life circumstances or meet immediate needs, while others saw it as secondary to the pleasure of socialising in gambling environments (Maltzahn et al., 2019). Gambling was also reportedly used as a coping strategy to manage stress, grief, trauma, boredom and loneliness (Hing et al., 2014g, Hing et al., 2015, Arabena and Wood, 2023, Maltzahn et al., 2017b, Australian Human Rights Commission, 2020, Breen et al., 2010). For example, EGMs, in particular, were described as "good pain killers", providing relief or escape, and a good distraction from life (Maltzahn et al., 2017b, p.12, Aboriginal Health and Medical Research Council, . 2008). Gupta et al. (2021) noted, while gambling was described as a universal and social activity, it was also framed as a maladaptive coping strategy for stress, loneliness, and addiction (Gupta et al., 2021).

These individual motivations to gamble can reportedly be underpinned by gambling-related cognitions, as documented in six studies (Hing et al., 2014g, Maltzahn et al., 2017a, Hing et al., 2014f, Bancroft-Gardiner et al., 2025, Gupta and Stevens, 2021, VRGF and FNF, 2023). People experiencing gambling harm were reportedly more likely to endorse survey item beliefs such as *after losing many times in a row you are more likely to win* or EGMs are *due to pay out* (Hing et al., 2014g). Some participants described chasing wins for the 'rush' or experiencing loss of control, including chasing losses, betting beyond their means and increasing bet sizes to achieve same level of excitement (Hing et al., 2014f, Bancroft-Gardiner et al., 2025, Maltzahn et al., 2017a). These behaviours were reported to be particularly common among those experiencing the highest levels of gambling harm (Hing et al., 2014f). Limited financial management skills were reported to be associated with more favourable attitudes towards gambling and more frequent participation with EGMs and community card games (VRGF and FNF, 2023).

Low engagement with formal gambling support services was reported in five studies (Hing et al., 2014e, Hing et al., 2014c, Hing et al., 2014b, Gupta et al., 2021, Holdsworth et al., 2013). Many gamblers reported believing they could manage their problem alone, preferring informal support from kin networks, and distrusting mainstream (non-Indigenous) services (Hing et al., 2014e, Hing et al., 2014c, Hing et al., 2014b, Gupta et al., 2021, Holdsworth et al., 2013). Barriers to seeking help included feeling culturally unsafe, lack of Aboriginal counsellors, and the relational complexity of suggesting help to Elders (Holdsworth et al., 2013). Individual impacts of gambling reported in the literature included feelings of shame, guilt, depression, anxiety and loss of self-esteem (Hing et al., 2015, Hing et al., 2014b, Hing et al., 2014e, Holdsworth et al., 2013, Breen and Hing, 2014, MacLean et al., 2019, Hing et al., 2014f, Hing et al., 2014a, Hing et al., 2012b, Breen et al., 2011, Hing et al., 2012a, Nagel et al., 2011, VRGF and FNF, 2023, Arabena and Wood, 2023, Maltzahn et al., 2017b, Maltzahn et al., 2017a, AHRC, 2020, Gupta et al., 2021, Breen et al., 2010, Bancroft-Gardiner et al., 2025). Shame, in particular, was reported as a major barrier to formal help-seeking (Holdsworth et al., 2013). In two studies, participants reported gambling-related harms to include increased instances of suicide. (Bancroft-Gardiner et al., 2025, AHMRC, . 2008) Some participants described escalating harms including displacement of work and education, substance use while gambling and engaging in illegal activity to sustain their gambling (Crocetti et al., 2024, Breen and Hing, 2014, Hing et al., 2014g, Maltzahn et al., 2017a).

Studies oriented towards individual representations of gambling emphasised self-regulation strategies and community-based support services as the solutions for addressing gambling harm. Breen & Hing (2014a) found many participants used self-regulation and natural recovery as common pathways out of harmful gambling (Breen and Hing, 2014). Self-exclusion, setting spending limits, and automated rent or bill payments were also proposed (Bancroft-Gardiner et al., 2025, Gupta et al., 2021, Gupta and Stevens, 2021). Family and peer support were considered central in shielding individuals from pressure to gamble and providing practical assistance (Breen, 2012d, Hing et al., 2014a). School-level education, role models, and financial literacy education were proposed as empowering tools to reduce reliance on gambling for income (Breen, 2012d, Bancroft-Gardiner et al., 2025, VRGF and FNF, 2023, Stevens and Bailie, 2012, Stevens and Young, 2009, Christie et al., 2009, Arabena and Wood, 2023, AHMRC, . 2008, Gupta and Stevens, 2021, Breen et al., 2010, Hing et al., 2014a, Hing et al., 2014e). A non-judgemental, therapeutic approach to gambling (Maltzahn et al., 2017b), paired with increased social and recreational opportunities was viewed as critical for prevention and recovery (Maltzahn et al., 2017b, Nagel et al., 2011, Maltzahn et al., 2017a, Bancroft-Gardiner et al., 2025, MacLean et al., 2019). Authors' argued these findings highlight the need for culturally appropriate services such as Aboriginal counsellors, liaison officers, financial counselling, and the integration of gambling within Aboriginal Community Controlled Health Organisations (ACCHOs), alongside the mobilisation of existing Aboriginal and Torres Strait Islander social networks for early intervention and harm-awareness efforts (Hing et al., 2014f, Hing et al., 2014b, Hing et al., 2012a, Young et al., 2006, Bancroft-Gardiner et al., 2025, Holdsworth et al., 2013, AHMRC, . 2008, Breen et al., 2010, Maltzahn et al., 2017a, Breen, 2012a). Recommendations also emphasise culturally safe spaces, programs co-designed with Elders, and approaches addressing structural inequalities to reduce stigma and shame. (Holdsworth et al., 2013, Hing et al., 2014e, Breen, 2012b).

Socio-cultural representations of gambling

Six studies reported on how Aboriginal and Torres Strait Islander sociocultural norms, including collectivism, reciprocity and resource sharing can, at times, be exploited in gambling contexts, as gambling often occurs within kin networks where sharing and reciprocity is expected (MacLean et al., 2019, Bertossa et al., 2014, Breen, 2012b, Breen, 2012a, Maltzahn et al., 2019, Breen, 2012c). For example, in a qualitative study in regional Victoria, participants shared losses and debts diffused through families as people approached relatives for money, thereby extending gambling harms beyond the individual (MacLean et al., 2019). Social expectations to stake others and to share winnings were reported to reflect collective norms and social pressure to play (Bertossa et al., 2014).

In some settings, especially for those Breen et al. (2012b) referred to as “committed commercial gamblers” this reciprocity could become exploitative when Elders, bound by cultural obligation to support community members, were pressured to provide funds (p.32, Breen, 2012b). It was reported that mainstream harm-reduction advice (e.g., leave cash at home) often did not work in communities where money is a shared resource and housing can be overcrowded (Maltzahn et al., 2019). Studies with socio-cultural findings, therefore, emphasised the socio-cultural and historical contexts of gambling. For example, Christie et al. (2009) and Young et al. (2006) situated gambling within Aboriginal social and cultural life (Christie et al., 2009, Young et al., 2006), with gambling harms represented as one of the catastrophic impacts of colonisation, systemic racism, and intergenerational trauma (VRGF and FNF, 2023).

Twelve studies discussed cultural practices, meanings and early socialisation, with a particular focus on card gambling (Hing et al., 2014a, Breen and Hing, 2014, Hing et al., 2012b, AHMRC, . 2008, Hing et al., 2014e, Hing et al., 2014c, Breen et al., 2011, Young et al., 2007, ARDS, . 2017, Christie et al., 2009, VRGF and FNF, 2023, Breen et al., 2010). Card gambling was described as a longstanding, culturally embedded practice that is widely played, watched and talked about within certain communities, (Hing et al., 2014c, Breen et al., 2011) while also understood as an activity adapted through contact with European settlers (AHMRC, . 2008), and earlier through interactions with Macassan traders (ARDS, . 2017). For some groups, card gambling was linked to spiritual concepts of luck and distinct moral economies (Young et al., 2007, ARDS, . 2017, Christie et al., 2009). For example, it was noted by some participants within some Aboriginal communities, saving was discouraged and money was collectively mobilised to address community needs requiring large sums (Christie et al., 2009). It was also reported that community storytelling and cultural narratives could valorise wins (hope, providing for family), reinforcing perceived frequency of success and sustaining play (VRGF and FNF, 2023). Early, family-based exposure to gambling (including underage play) was reported to normalise participation and contribute to more harmful commercial gambling among teenagers and young adults (Hing et al., 2014a, Breen and Hing, 2014, Hing et al., 2012b, AHMRC, . 2008, Hing et al., 2014e). Intergenerational narratives illustrated how gambling could be transmitted alongside emotional support and cultural connection (Breen and Hing, 2014). For example, Breen and Hing (2014) reported participants recalled fond memories of gambling with relatives during major horseracing events (Breen and Hing, 2014). Similarly, reported habituation and belief in lucky machines reflected socio-cultural attachments to specific gambling forms and settings (AHMRC, . 2008, Breen et al., 2010).

Nine studies represented bingo and low-stakes card games as forms of gambling that promote social connection, leisure and a sense of community (Maltzahn et al., 2019, Hing et al., 2015, Breen et al., 2011, Bancroft-Gardiner et al., 2025, Young et al., 2006, Breen et al., 2012, Nagel et al., 2011, Hing et al., 2012b, Breen, 2012a). This social aspect of gambling was reported to strengthen networks, support fundraising and circulate money locally, whereas commercial gambling, particularly EGMs, were described as eroding social ties and draining funds from communities (Young et al., 2006, Bancroft-Gardiner et al., 2025, Breen et al., 2011, Hing et al., 2015). Venues hosting bingo or card games were represented as accessible spaces to meet, yarn and relax, shaped by familiarity and limited alternative recreation (Breen et al., 2012). Several studies identified positive or mitigating features of gambling, particularly in low-stakes, socially regulated contexts, such as reduced alcohol use, social bonding and respite from other stressors, while still acknowledging the potential risks (Maltzahn et al., 2019, Hing et al., 2015, Breen et al., 2011, Breen et al., 2012, Nagel et al., 2011, Hing et al., 2012b, Breen, 2012a).

Sociocultural dynamics were also reported as having the potential to produce harms, particularly in relation to commercial gambling. Practices like ‘humbugging’[1] shape how money is spent or shielded, sometimes diverting funds into gambling to avoid family claims (Young et al., 2006, Bancroft-Gardiner et al., 2025). Persistent financial hardship linked to commercial gambling can strain reciprocity and kinship obligations, reduce social cooperation, and contribute to declining social networks (Breen et al., 2012, Hing et al., 2015, Stevens and Young, 2009, Hing et al., 2014f, Hing et al., 2014g, Young et al., 2007, Breen and Hing, 2014, Breen, 2012c, Breen, 2012b, Hing et al., 2012b, Breen, 2012d, Breen et al., 2011, Hing et al., 2012a, Christie et al., 2009, VRGF and FNF, 2023, ARDS, . 2017, Breen et al., 2010, MacLean et al., 2019). Commercial venues were also viewed as sites of resource extraction, funnelling money out of communities and redistributing it inequitably (Young et al., 2006, Young et al., 2007, AHMRC, . 2008). Multiple studies reported that gambling produced profound financial distress, including rental debts, unpaid bills, borrowing money, and reliance on relatives to meet basic needs (Hing et al., 2014e, Hing et al., 2015, Hing et al., 2012a, Gupta et al., 2021, Hing et al., 2014f, Bancroft-Gardiner et al., 2025, Maltzahn et al., 2019, Gupta and Stevens, 2021, Young et al., 2007, Breen and Hing, 2014, Hing et al., 2014a, Breen, 2012c, Breen et al., 2012, Breen, 2012b, Hing et al., 2012b, Hing et al., 2014b, Breen, 2012d, Breen et al., 2011, Breen, 2012a, Nagel et al., 2011, Christie et al., 2009, VRGF and FNF, 2023, Maltzahn et al., 2017b, AHMRC, . 2008, Breen et al., 2010, Young et al., 2006). This financial stress could, in turn, lead to arguments, relationship breakdown and family violence (MacLean et al., 2019, Hing et al., 2014e, Hing et al., 2014b, Maltzahn et al., 2019, Gupta and Stevens, 2021, Bond et al., 2017, Hing et al., 2014g, Young et al., 2007, Breen and Hing, 2014, Hing et al., 2014a, Breen, 2012b, Hing et al., 2012b, Breen et al., 2011, Hing et al., 2012a, Nagel et al., 2011, Christie et al., 2009, Arabena and Wood, 2023, ARDS, . 2017, Gupta et al., 2021, Breen et al., 2010, Bancroft-Gardiner et al., 2025). Children were described as particularly affected by gambling harms, sometimes experiencing missed meals, financial neglect, inadequate supervision or exposure to violence (Stevens and Young, 2009, Wild and Anderson, 2007, Maltzahn et al., 2017b, Bancroft-Gardiner et al., 2025, Young et al., 2006, MacLean et al., 2019, Stevens and Bailie, 2012, Hing et al., 2014f, Hing et al., 2014a, Breen, 2012d, Breen et al., 2011, Breen, 2012a, Hing et al., 2012a, Christie et al., 2009, Arabena and Wood, 2023, AHMRC, . 2008, Gupta et al., 2021). Intergenerational burdens were also highlighted, when family members needed to provide long term financial and emotional support to people experiencing gambling harm (Holdsworth et al., 2013, Gupta et al., 2021, Hing et al., 2012a).

Correspondingly, many studies recommended community-led, culturally grounded solutions preserving social connection while reducing gambling harms (Stevens and Young, 2009, Stevens and Young, 2010, Breen, 2012d, Hing et al., 2015, MacLean et al., 2019, Maltzahn et al., 2017b, Maltzahn et al., 2019, Christie et al., 2009, ARDS, . 2017, Bancroft-Gardiner et al., 2025, Bond et al., 2017, Stevens and Bailie, 2012, Hing et al., 2014g, Breen, 2012c, Breen et al., 2012, Breen, 2012b, Breen, 2012a, Hing et al., 2014b, Nagel et al., 2011, Arabena and Wood, 2023, AHMRC, . 2008, Gupta et al., 2021, Breen et al., 2010, Young et al., 2006). Yarning circles were suggested as an alternative social practice to harmful forms of gambling, providing safe spaces for connection and healing (MacLean et al., 2019, Maltzahn et al., 2017b, Bond et al., 2017, Bancroft-Gardiner et al., 2025). Community-run, not-for-profit bingo in safe venues without EGMs was described as a harm reduction measure that could preserve social benefits while minimising risks (Maltzahn et al., 2019). In some communities, broader protective approaches emphasised strengthening Aboriginal authority, kinship networks, and opportunities for people to live on Country (Christie et al., 2009, ARDS, . 2017). These community members also emphasised the need for stronger Aboriginal-led regulation to prevent children from developing a taste for gambling at a young age, expressing the view meaningful change was unlikely to come from government or the gambling industry (ARDS, . 2017).

Community cohesion initiatives, local role models, and programs founded on collective norms and resilience were also identified as protective factors (Stevens and Young, 2009, Stevens and Young, 2010, Breen, 2012d, Hing et al., 2015, Gupta et al., 2021, Hing et al., 2014g, Nagel et al., 2011). The most recently published study identified the need for stronger inter-organisational collaboration among ACCHOs, alongside improved coordination and referral pathways between ACCHOs and mainstream health and social services (Bancroft-Gardiner et al., 2025).

Social representations of gambling

Thirteen studies highlighted the central role of economic, educational and employment inequities in shaping gambling harms (MacLean et al., 2019, Maltzahn et al., 2017b, Breen, 2012d, Bond et al., 2017, Gupta et al., 2021, Arabena and Wood, 2023, Bancroft-Gardiner et al., 2025, AHRC, 2020, Hing et al., 2014g, Hing et al., 2014b, Stevens and Young, 2009, Wild and Anderson, 2007, Young et al., 2007). Bond et al. (2017) suggested the socioeconomic disadvantage experienced by many Aboriginal and Torres Strait Islander peoples served to normalise the financial stress associated with gambling harm (Bond et al., 2017). In some studies, gambling was described as a strategy some participants used to supplement low incomes, with the desire to win money particularly salient in the context of financial hardship (Maltzahn et al., 2017b, VRGF and FNF, 2023). Economic inequities and gambling harms were reported as intersecting with broader community challenges. (Hing et al., 2014g, Hing et al., 2014b, Stevens and Young, 2009, Wild and Anderson, 2007, Young et al., 2007). Several studies highlighted how gambling harms were connected to other social issues, including alcohol and drug use, family violence, youth crime and child safety concerns (Wild and Anderson, 2007, Young et al., 2007, Stevens and Young, 2009). Cross-sectional analysis also found individuals experiencing these challenges were more likely to experience gambling harms (Stevens and Young, 2009). Unemployment and limited access to meaningful education were linked to gambling harms in four studies (Gupta et al., 2021, Arabena and Wood, 2023, Bancroft-Gardiner et al., 2025, AHMRC, 2020). Participants reported limited education and financial literacy as increasing vulnerability to gambling harms (Gupta et al., 2021), while reduced access to education and employment was reported to entrench cycles of harm (AHRC, 2020). Conversely, education and employment were identified as protective factors that strengthen resilience and reduce harmful coping behaviours, including solitary gambling (Bancroft-Gardiner et al., 2025). Several studies suggested the need for structural reforms to address the social and economic inequalities underpinning gambling harm (Hing et al., 2014e, Maltzahn et al., 2017a, AHRC, 2020, Gupta et al., 2021, Hing et al., 2014g).

Environmental representations of gambling

Thirteen studies reported the high density and visibility of gambling venues and EGMs as a key driver of gambling harm (Christie et al., 2009, Hing et al., 2015, Breen, 2012c, Breen et al., 2010, Maltzahn et al., 2017b, Maltzahn et al., 2017a, ARDS, . 2017, MacLean et al., 2019, Bancroft-Gardiner et al., 2025, Young et al., 2007, Young et al., 2006), particularly in socio-economically disadvantaged areas where pubs and clubs dominated the social landscape (MacLean et al., 2019, Bancroft-Gardiner et al., 2025). In one qualitative study, participants reported the clustering of venues, often operating with long hours and easy transport access, made gambling highly accessible (Maltzahn et al., 2017b). Seven studies reported on the design and sensory environments of gambling venues, highlighting features such as air conditioning, cheap meals, free drinks, comfortable seating, and extended opening hours which made venues appealing, especially in hot and humid climates (Christie et al., 2009, Hing et al., 2015, Breen, 2012c, Breen et al., 2010, Maltzahn et al., 2017b, Maltzahn et al., 2017a, ARDS, . 2017, AHMRC, . 2008). It was also reported that walkways were strategically routed through gambling areas and EGMs were visible from dining spaces, normalising participation and making it difficult to disengage (Maltzahn et al., 2017a), while the lights, sounds, and visual stimulation of EGMs created a captivating environment (Breen et al., 2010, Bancroft-Gardiner et al., 2025). Three studies from the Northern Territory reported that casinos strongly influenced community mobility patterns, (Christie et al., 2009, Young et al., 2007, Young et al., 2006) with some Aboriginal people reportedly travelling long distances or visiting casinos opportunistically while in town (Young et al., 2007). Casinos were also described as among the few spaces in Norther Territory towns where Aboriginal peoples were treated with respect and one study described gambling venues as serving as respite spaces for Aboriginal women experiencing violence (Young et al., 2006). Four studies, three of which were high quality, reported the increasing accessibility of online and mobile phone gambling was a growing concern (Arabena and Wood, 2023, Maltzahn et al., 2017b, Maltzahn et al., 2017a, Gupta and Stevens, 2021). Participants described being wary of the ability to gamble anywhere, at any time, through apps, smartphones, and laptops (Arabena and Wood, 2023, Maltzahn et al., 2017b, Maltzahn et al., 2017a, Gupta and Stevens, 2021). Online formats were reported to blur the boundaries between play and gambling, making losses less tangible and extending exposure with 24-hour access (Maltzahn et al., 2017a).

Commercial representations of gambling

Two studies explicitly framed gambling as a commercial determinant of health (Crocetti et al., 2024, Bancroft-Gardiner et al., 2025). These studies characterised gambling as a harmful industry driven by extractive business models and predatory marketing practices, positioning gambling alongside other harmful commodities (Crocetti et al., 2024, Bancroft-Gardiner et al., 2025). Several studies identified gambling advertising and promotion as key determinants of gambling harm for Aboriginal and Torres Strait Islander peoples (Gupta et al., 2021, Crocetti et al., 2024, Maltzahn et al., 2017a, Breen, 2012c, Arabena and Wood, 2023, Maltzahn et al., 2017b, Bancroft-Gardiner et al., 2025). Study participants, including Aboriginal leaders, reported high exposure to gambling marketing across multiple platforms, including via direct promotion through emails and text messages from betting companies, pervasive marketing at sporting venues and frequent exposure to gambling advertisements while watching sport (Gupta et al., 2021, Crocetti et al., 2024, Arabena and Wood, 2023). Other studies highlighted how gambling-like games on social media leveraged social networks to normalise betting as a source of entertainment, reinforced by marketing images of hope, happiness, and dreams of winning (Maltzahn et al., 2017a, Breen, 2012c).

Across the included studies, there was relatively limited emphasis on the need for stricter regulation of gambling products, marketing, and environments. Some studies spoke broadly about the need for stronger gambling regulation and legislative reform, (Nagel et al., 2011) specific proposals were less common. Where regulatory action was discussed, recommendations included tighter restrictions on online gambling and gambling advertising, as well as improved monitoring of gambling prevalence and harms, particularly among Aboriginal peoples (Maltzahn et al., 2017b, Crocetti et al., 2024, Arabena and Wood, 2023, Gupta et al., 2021). Additional proposals included reducing the number of gambling venues and machines, shortening venue opening hours, enforcing pre-commitment systems, banning inducements such as free alcohol or credits, and prohibiting free bingo offerings at gambling venues (Maltzahn

et al., 2017b, Maltzahn et al., 2017a, Gupta et al., 2021, Bancroft-Gardiner et al., 2025, Maltzahn et al., 2019). In contrast to these government-led regulatory actions, five studies recommended industry-led measures, such as culturally appropriate 'gamble responsibly' messaging, cultural safety training for venue staff, and other voluntary-harm minimisation practices (Breen et al., 2010, Breen, 2012b, Breen et al., 2011, Maltzahn et al., 2017a, Gupta et al., 2021).

Political determinants representations of gambling

Three studies reported findings relating to the political determinants of gambling (ARDS, . 2017, AHMRC, . 2008, Gupta et al., 2021, Maltzahn et al., 2017b). One study argued that Australia's limited regulatory action on gambling stems from the interdependence between governments and the gambling industry, with governments deriving significant revenue from EGMs and sanctioning their widespread availability (ARDS, . 2017). To convey this, one report used a Yolŋu fishing analogy: while gamblers may believe they are in control, in reality they are the *"fish"* being hooked by addictive machine design (ARDS, . 2017). The *"true fishermen"* are the machine owners, backed by industry and government structures profiting from gambling losses (p.7, ARDS, . 2017). Two studies noted tensions arising for state and territory governments acting as both the regulators and beneficiaries of gambling revenue (Maltzahn et al., 2017b, Gupta et al., 2021).Participants expressed concern that government reliance on gambling revenue discouraged meaningful reform, with some reporting regulatory action would be resisted by both government and the gambling industry (Maltzahn et al., 2017b, Gupta et al., 2021).

[1] 'humbugging' is a slang term used in Aboriginal and Torres Strait Islander English to describe repeated requests for money or material support.

Discussion

This is the first review to systematically map the determinants, impacts, and proposed solutions to gambling among Aboriginal and Torres Strait Islander peoples and analyse how these are represented in the literature. Across the included 42 studies socio-cultural and individual representations of gambling predominated, while the social, environmental, commercial and political drivers of gambling received substantially less attention. This imbalance reflects the continued dominance of 'problem gambling' framings that position gambling primarily as an individual or community pathology rather than as commercially and structurally produced harm. By applying a determinants of health lens and centring Aboriginal perspectives, this review reframes gambling as a product of intersecting historical, social, political, and commercial conditions. The most recent evidence demonstrates how commercial gambling undermines protective cultural practices, extracts resources from communities through venue saturation, predatory marketing and weak regulatory systems, contributing to financial distress, mental health issues, family conflict and child safety and wellbeing concerns. Proposed actions tended to focus on individual and community-based responses, with comparatively limited attention to the structural and commercial drivers of gambling harm. Notably, less than one-quarter of included studies were considered high quality from an Aboriginal perspective and most studies lacked Aboriginal leadership, governance and community control over the research.

The way an issue is framed and represented in research and policy influences how it is understood, what causes are emphasised and the range of possible solutions (Entman, 2007). Our finding that much of the Aboriginal and Torres Strait Islander gambling research was represented as an individual or socio-cultural issue deflects attention away from commercial, environmental, and political drivers of gambling harm. The dominant 'problem gambling' paradigm evident across the peer-reviewed literature, situates dysfunction within individuals and communities (Kolandai-Matchett et al., 2017, Miller et al., 2016), reflecting deficit narratives that have characterised research involving Aboriginal and Torres Strait Islander peoples (Bullen et al., 2023). Deficit discourse narrows attention to perceived failure and dysfunction, positioning Aboriginal and Torres Strait Islander identity in predominantly negative terms while overlooking the diversity, strength and capability within communities (William et al., 2018). Such representation also obscures the broader colonial and commercial systems sustaining gambling harm (William et al., 2018). An individualised lens emphasising the 'problem gambler' or 'responsible gambling' also aligns closely with a broader industry playbook, in which public health issues are framed as matters of personal responsibility to deflect blame and resist regulatory interventions (Petticrew et al., 2022, Maddox et al., 2024, Lacy-Nichols et al., 2022, Livingstone, 2023, Wardle et al., 2024, Miller et al., 2016).

The dominance of sociocultural representations of gambling, observed in this review, reflects the centrality of culture in Aboriginal and Torres Strait Islander health and wellbeing. Cultural determinants of health including cultural expression and continuity, Indigenous beliefs and knowledges, connection to Country, family, kinship, and community are recognised protective factors enhancing Aboriginal and Torres Strait Islander health (Lovett R et al., 2020, Salmon et al., 2018, Verbunt et al., 2021). Within the sociocultural domain, studies described social card gambling in some remote communities as a longstanding cultural practice (Hing et al., 2014c, Breen et al., 2011, Christie et al., 2009). Although social card games can reportedly serve important social functions and maintain cultural continuity, (Hing et al., 2015, Breen et al., 2011, Breen et al., 2012, Young et al., 2006, Nagel et al., 2011, Breen et al., 2010) our findings suggest commercial gambling is increasingly infiltrating these cultural contexts. Furthermore, while sociocultural perspectives are important, particularly for informing community-based solutions, overemphasising the sociocultural determinants of gambling can divert attention from the structural, commercial and political forces driving disproportionate gambling harms (Johnson et al., 2023, Wardle et al., 2019, van Schalkwyk et al., 2021).

Our findings demonstrate how environmental factors, including environmental saturation of gambling venues and EGM design features engineered for prolonged gambling time are contributing to gambling harms for Aboriginal and Torres Strait Islander peoples. These findings align with previous research demonstrating EGM density and gambling losses are highest in disadvantaged areas (Rintoul et al., 2013, Young et al., 2012, Pearce et al., 2008). Recent research has found areas of Australia, where Aboriginal and Torres Strait Islander peoples comprise 10% or more of the population, have 50% more EGMs, compared to areas with lower Aboriginal or Torres Strait Islander populations, highlighting the environmental drivers of EGM gambling (Harrington et al., 2025). The expansion of betting opportunities and pervasive marketing across sports broadcasts and social media platforms was another key structural driver of gambling harms. More than one million gambling advertisements are broadcast on free-to-air television each year, with online wagering companies accounting for 51% of all gambling ads on metropolitan television and 58% on regional television (ACMA, 2023). Online gambling providers also invest disproportionately in promotion compared to all other gambling providers, directing 65% of their total advertising expenditure towards free-to-air television, metropolitan radio and digital platforms (ACMA, 2023). The 2023 Australian Parliamentary Inquiry into Online Gambling Harm called for a comprehensive

ban on gambling advertising across all media platforms, citing strong public support and clear evidence of harm (Standing Committee on Social Policy and Legal Affairs 2023). Yet, despite the inquiry's unanimous recommendation and overwhelming community support (Australia Institute, 2025), the Australian Government has not formally responded to the recommendations or committed to legislative reform.

In the political sphere, government dependence on gambling revenue and regulatory capture by industry interests were reported as reinforcing a policy environment that enables gambling harm. Three studies identified government reliance on gambling taxation as a barrier to effective regulation (ARDS, . 2017, Gupta et al., 2021, Maltzahn et al., 2017b). Weak regulatory mechanisms enable the concentration of gambling venues and products, particularly in disadvantaged areas (Browne et al., 2023a, MacLean et al., 2019, Bancroft-Gardiner et al., 2025). The structural reliance on gambling revenue, coupled with political donations and gifts further entrench government dependence. In 2023-2024, gambling taxation revenue in Australia totalled AU$9.45 billion (Queensland Government, 2024). The three most populous states, New South Wales, Victoria and Queensland, accounted for 84% of this revenue, generating AU$3.49 billion, AU$2.36 billion and AU$2.1 billion respectively (Queensland Government, 2024). Yet, in Victoria alone, the social costs of gambling-related harm were estimated at AU$14.1 billion in 2022-2023 (Browne et al., 2023b), underscoring the profound mismatch between government revenue gains and the far greater societal burden of gambling.

One avenue through which the gambling industry may deter regulation is political donations. Gambling industry actors donate substantial sums to the major Australian political parties, with evidence suggesting clear temporal patterns linking donations to key policy decisions. (Johnson and Livingstone, 2021) Between 1998 and 2020, more than 370 gambling-related donors reportedly contributed over $80 million to Australian political parties (Ting et al., 2021), and between 2023 and 2025 Australian parliamentarians received an estimated $245,000 in tickets to sports events as gifts from gambling-related companies. (Kaye, 2025) A recent qualitative study with gambling policy experts similarly found industry actors have disproportionate access to policymakers. (Thomas et al., 2025) As a result, regulatory systems that should safeguard public health become financially entangled with the industry they are meant to oversee (Livingstone and Adams, 2011, Marionneau et al., 2021), undermining the political appetite for venue density limits, advertising bans, or other effective public health measures. (Johnson and Livingstone, 2021) Recent media reports have further highlighted these concerns, with an Australian Broadcasting Corporation investigation suggesting the gambling industry regulator remains too close to the industry it oversees (Cannane, 2025), reinforcing perceptions of regulatory capture and inadequate independence. These concerns are exacerbated by the absence of a national gambling regulator in Australia, leaving the Northern Territory Racing and Wagering Commission, a part-time committee, to function as the de facto regulatory body for the $50 billion online gambling industry. (Standing Committee on Social Policy and Legal Affairs, 2023)

This review identified numerous ways gambling causes harm for Aboriginal and Torres Strait Islander individuals, families, and communities. These harms, including financial distress, poor mental health, food insecurity, family violence, child safety concerns, erosion of kinship obligations, legal issues, reduced community cohesion (Hing et al., 2015, Wild and Anderson, 2007, Stevens and Young, 2009, Young et al., 2007, Breen et al., 2012, Hing et al., 2014e, Hing et al., 2012a, Gupta et al., 2021), are consistent with the international literature (Wardle et al., 2024, Rintoul et al., 2025, Hahmann et al., 2021, Rintoul et al., 2013, Rintoul et al., 2023, Tulloch et al., 2022). Although gambling-related suicide-deaths are on the rise in Australia and internationally (Rintoul et al., 2025, Rintoul et al., 2023), this was only reported in two of the studies included in this review. (Bancroft-Gardiner et al., 2025, AHMRC, . 2008) Reducing suicide in the Aboriginal and Torres Strait Islander population is a national priority (Coalition of Peaks, 2020,), thus, its relationship to gambling warrants further exploration. Given the multiple ways in which gambling influences mental, social and cultural wellbeing, it should be considered a public health issue, routinely monitored in national health surveys, and prioritised in Aboriginal and Torres Strait Islander health policy.

Gambling harms, although experienced at individual and community levels, are structurally produced through environmental saturation, predatory advertising, and policy and regulatory inaction (Wardle et al., 2024, Rintoul et al., 2025). Yet only a minority of studies in this review recommended structural or regulatory interventions; instead, most focussed on behavioural strategies and community-based programs. Recent international reviews have similarly identified a lack of evidenced-based gambling interventions designed for Indigenous peoples and emphasise the need for Indigenous-led programs and culturally grounded evaluation (Saunders and Doyle, 2021, Whitty et al., 2021, Whiteside et al., 2020). In Australia, the National Aboriginal Community Controlled Health Organisation has called for gambling reform grounded in shared decision-making, strengthening the community-controlled sector, transforming mainstream systems and equitable data governance (NACCHO, 2022a). Yet these principles are largely absent in current gambling policy. While ACCHOs are well positioned to deliver culturally responsive support services and community programs and should be funded accordingly (Poirier et al., 2022b, Mackean et al., 2025), these efforts should be complemented with structural and regulatory reform, including marketing restrictions, to address the environmental, commercial and political drivers of gambling identified in this review. We also found limited Aboriginal and Torres Strait Islander leadership and governance in gambling research, highlighting the need to prioritise self-determination and Indigenous data sovereignty in future monitoring, research, and policy. Meaningful reform requires a shift away from individualised education towards statutory mechanisms that enable Aboriginal and Torres Strait Islander governance over decisions disproportionately affecting their communities, providing a pathway to resist gambling industry influence.

Strengths and limitations

A strength of this review was it was designed and overseen by a senior Aboriginal researcher and involved nine other Aboriginal researchers to ensure Aboriginal and Torres Strait Islander perspectives and self-determination principles were centred. Our explicit use of a determinants-based framework enabled interpretation of gambling harms beyond individual pathology, highlighting the broader social, environmental, commercial and political drivers of gambling harm. The systematic search strategy, incorporating grey literature, also strengthened the review by enabling inclusion of culturally grounded, community reports, historically absent in systematic reviews, (Bullen et al., 2023) providing a more comprehensive understanding of gambling among Aboriginal and Torres Strait Islander peoples.

Several limitations warrant attention. Although this review synthesised evidence across multiple jurisdictions, this breadth should not obscure the specificity of local contexts. Aboriginal and Torres Strait Islander peoples are diverse, with distinct cultural practices, languages, kinship systems, and relationships to Country. The included studies demonstrate a diversity of experiences, meanings, and consequences of gambling across communities. Our findings should,

therefore, not be interpreted as homogenising Aboriginal and Torres Strait Islander gambling experiences, but as highlighting shared patterns that cut across contexts.

Our finding regarding the predominance of 'problem gambling' framing and low-quality studies may be attributed to the age of the evidence base. Most studies (36/42) were published before the development of the Aboriginal and Torres Strait Islander quality appraisal tool and updated guidelines on appropriate terminology (VRGF, 2024), therefore, historical studies were appraised against contemporary standards. This temporal gap reveals a lag in Aboriginal and Torres Strait Islander gambling research, while online gambling, betting apps, targeted digital marketing, and the normalisation of sports betting have fundamentally reshaped the gambling landscape, (Wardle et al., 2024, Guillou-Landreat et al., 2021, Nyemcsok et al., 2021, Marko et al., 2022) and the peer-reviewed literature has not kept pace. Contemporary gambling practices among Aboriginal and Torres Strait Islander peoples remain underexamined, leaving critical evidence gaps. Most notably, there is no reliable data on online gambling participation or harms among Aboriginal and Torres Strait Islander peoples, even though emerging evidence suggests these harms may be experienced at higher levels (NACCHO, 2022a, Stevens et al., 2024). Future research should comprehensively monitor gambling prevalence and harms, examine targeted digital marketing, and understand how online platforms shape gambling harm, along with dedicated examination of the structural and commercial drivers of gambling in the Aboriginal and Torres Strait Islander context. Interventions to address gambling, whether community-based programs or regulatory reforms, should be adequately resourced and evaluated for their impact on Aboriginal and Torres Strait Islander health and wellbeing using methods upholding self-determination and Indigenous data sovereignty.

Conclusion

Gambling among Aboriginal and Torres Strait Islander peoples is structured by complex, multi-level determinants and produces a range of harms for individuals, families and communities. Much of the peer-reviewed literature was published over a decade ago and represented gambling as an individual or socio-cultural issue, with limited focus on the structural drivers of gambling harm. Proposed strategies to address gambling reflect this individual framing rather than focusing on upstream policy and regulatory approaches. Future research and policy should interrogate the environmental, commercial and political drivers of gambling harm for Aboriginal and Torres Strait Islander communities and should ideally be led by Aboriginal and Torres Strait Islander peoples.

Declarations

Data availability

The data underlying this article will be shared on request to the corresponding author.

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During the preparation of this work Claude 4.5 Sonnet was used for limited copy-editing and line editing to assist with clarity, flow and readability. After using this tool, all authors reviewed and edited the content as needed. The authors take full responsibility for the content of the published article.

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Figures

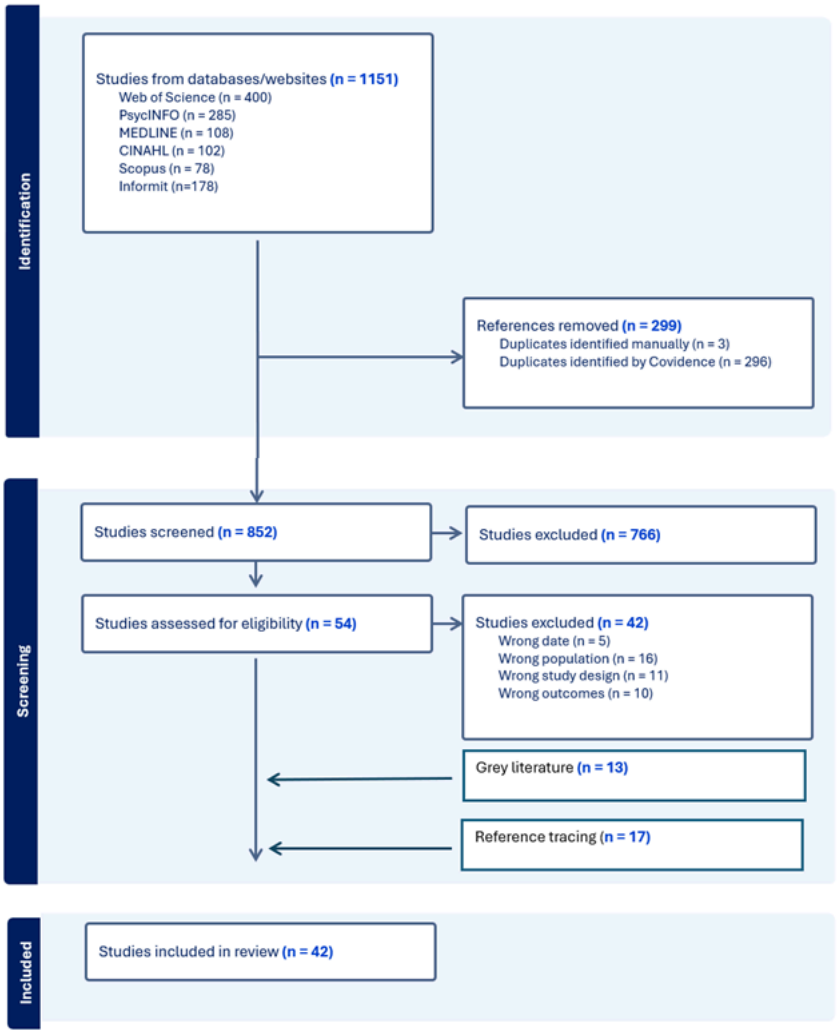


Figure 1

PRISMA Flow Diagram

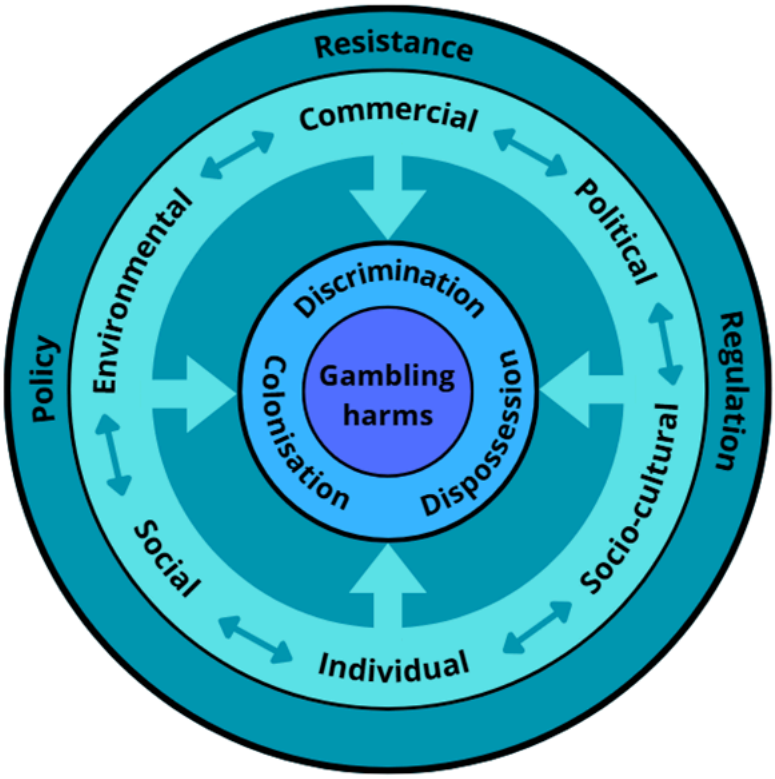


Figure 2

Figure 3. Circular systems model of Aboriginal and Torres Strait Islander gambling harm

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