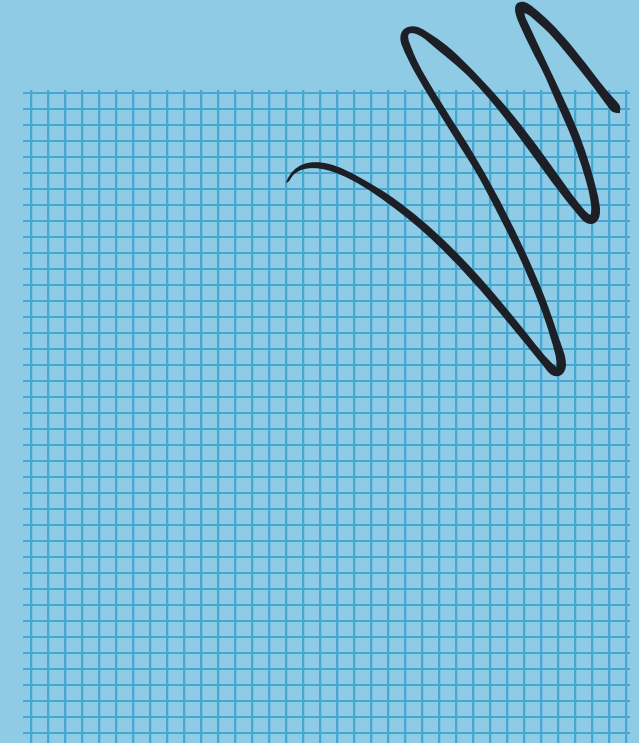


Massachusetts Gaming Commission

Understanding Gambling & Help-Seeking Among Veterans

September 24, 2026



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Technical Assent, LLC

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Research Context & Methods

Why This Study

Gambling has become increasingly accessible in Massachusetts, particularly following the introduction of retail and mobile sports wagering in 2023, and gambling-related harm affects a meaningful subset of Massachusetts Veterans. Yet gambling-related concerns remain underrecognized within systems designed to support Veterans.

WHAT WE ALREADY KNEW

- Existing research — including MGC-funded work — confirms Veteran gambling-related harm is real and measurable, but is often overlooked in Veteran-serving communities and focuses on prevalence, not lived experience
- Screening is inconsistent across Veteran-serving systems, and awareness of gambling-specific resources is limited

WHAT REMAINED UNKNOWN

- **Lived Experience:** How gambling actually shows up in Veterans' day-to-day lives — and why it escalates for some but not others
- **Identity & Diversity:** How service history, identity, and geography shape risk and help-seeking
- **Trust & Disclosure:** What blocks disclosure, and what kinds of support Veterans would trust and use

This study brings together the voices of 43 Massachusetts Veterans, 10 Veteran-serving stakeholders, and a 10-member Community Advisory Board to close that gap.

Veterans in Massachusetts Carry a Disproportionate Burden of Gambling-Related Harm

- ~8% of the U.S. Veteran and military populations experience problem gambling compared with 1.4% among adults overall
- Active duty service members have 2x+ the adjusted odds of elevated gambling severity compared to civilians
- At-risk or problem gambling among Veterans is associated with PTSD, depression, substance use, trauma, and homelessness, with risk further shaped by post-deployment adjustment, stressful life events, and low social support

Veterans represent **20.6%** of Massachusetts' problem gamblers, but just **3.7%** of the population.

These figures establish scale but not cause. This study was designed to directly address that gap — through the voices of Veterans themselves.

Research Design & Community Partnership

Four research aims, a rigorous qualitative design, and a community-embedded partnership shaped how this study examined gambling's impact on Massachusetts Veterans.

What We Set Out To Do

Well-being: Examine how gambling affects Veterans' financial, social, and emotional welfare

Identity: Explore how age, race/ethnicity, LGBTQ+ identity, and service history influence vulnerability, resilience, and trust

Trust & Engagement*: Identify strategies that foster trust and engagement across Veteran communities

Sustainable Capacity*: Build lasting research and design capacity in Veteran-serving communities

How We Did It

Sample: 43 in-depth Veteran interviews; two stakeholder focus groups (10 participants)

Recruitment: Engagement with WJI and our Community Advisory Board, VSOs, Veteran-serving organizations, the Massachusetts Lottery, and digital outreach

Data Collection: IRB-approved semi-structured guides; sessions audio-recorded and transcribed

Analysis: Structured thematic coding to saturation, validated with Veterans and community partners

Who We Partnered With

Academic Partner: UMass Boston's William Joiner Institute (WJI) provided PhD-level advisory support and Veteran research assistants

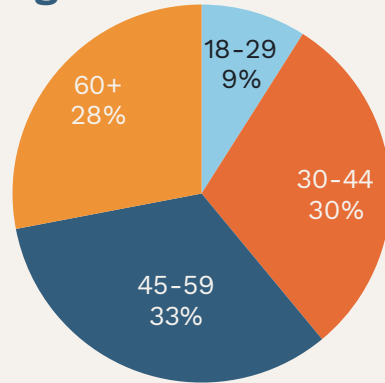
Community Advisory Board: 10 members spanning clinical, public health, policy, Veteran-service, and academic expertise, engaged from design, through validation

**Advanced further in Phase II*

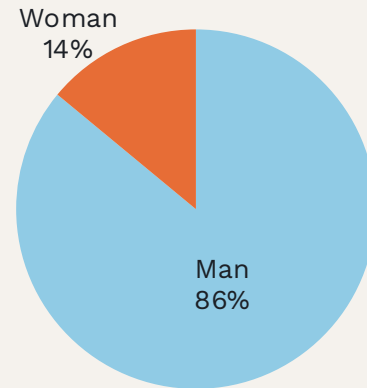
Engaging a Diverse Range of Veterans

This study engaged 43 Massachusetts Veterans through in-depth individual interviews. We recruited participants from across the state, representing a diverse range of military backgrounds, demographics, life experiences, and relationships with gambling.

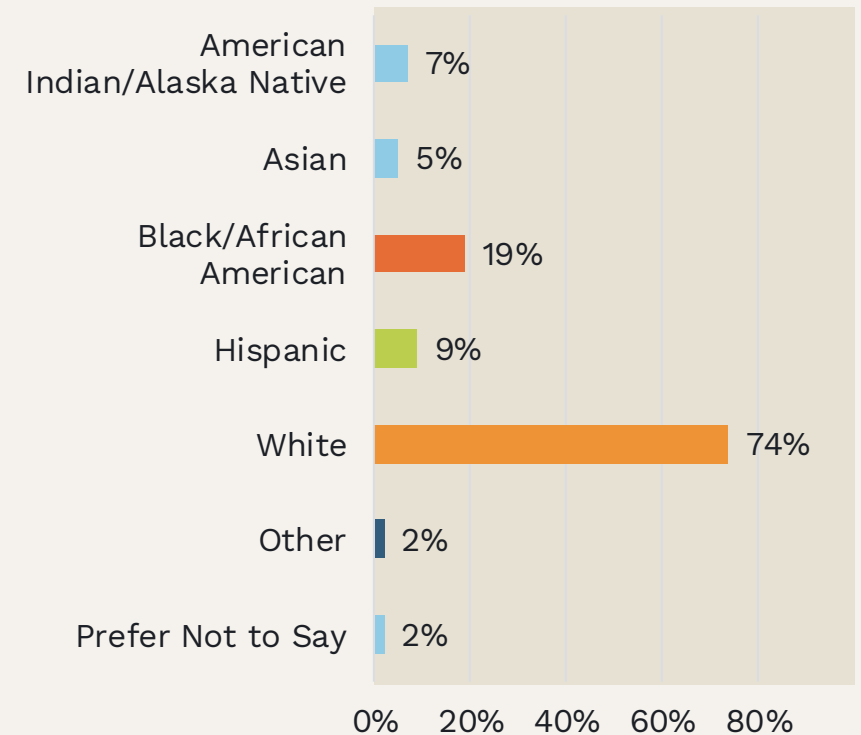
Age



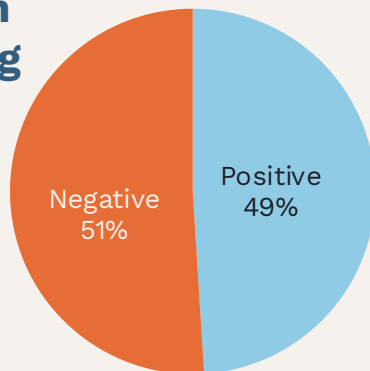
Gender Identity



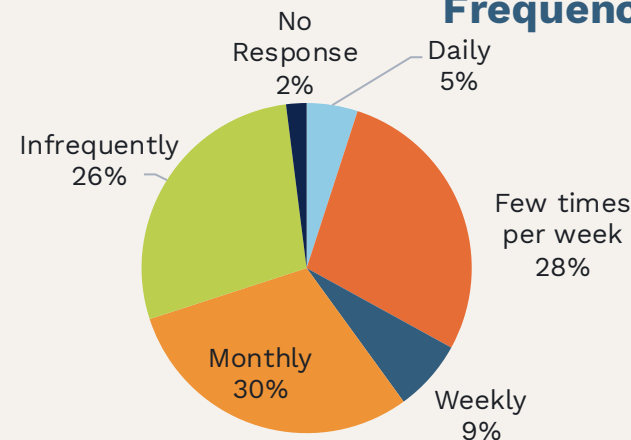
Race/Ethnicity[^]



Problem Gambling Screen (BBGS)



Gambling Frequency



[^]Respondents selected all racial/ethnic categories that applied to them.



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Findings

Summary of Key Findings

Across 43 interviews and two focus groups, four themes emerged that together explain why gambling-related harm among Massachusetts Veterans often goes unaddressed and what it will take to change that.

1. Veteran Gambling Occurs in a Different Context than the General Population. Military culture normalizes gambling and discourages disclosure.

“ [When I'm deployed,] I'm always going to have a house. I'm always going to have food. So, it was easier to...continue gambling and maybe increase the betting. More risk; more gain.

3. Veterans Use Self-Directed, Relational, and Indirect Pathways to Manage Gambling. Veterans lean on personal guardrails and peer relationships far more than gambling-specific services.

“ I'll delete it off my phone and then something will come up. I'll be like, 'okay, let me download it' and then I'll just pour a couple hundred dollars into it until I say, 'you know what, I need to get this off my phone again.'” — Veteran

2. Gambling Affects Veterans' Lives in a Less Visible Way. Financial harm is visible; the shame-driven social and emotional toll often is not and is harder to recover from.

“ There's a lot of shame involved... the loss of income, the loss of self-esteem, the loss of motivation, the manipulation.

4. Bridges Already Exist to Reach Massachusetts Veterans, but Coordination is Needed. Veterans aren't hard to reach; they're under-reached. The infrastructure, trusted messengers, and natural touchpoints exist, but the coordination does not.

“ I know when I'm not doing well, whether that's financially or mentally or whatever it may be, it's a lot easier to admit that if a person asks me than for me to go and ask for that help myself.

The findings in this presentation reflect the varied experiences of study participants, not all Veterans.

What Makes Veterans' Relationship with Gambling Distinct

Veterans gamble for many of the same reasons as everyone else — connection, stress relief, financial hope, excitement. What's different is the context: a military culture that normalizes gambling and discourages disclosure, deployment conditions that make financial risk feel low-stakes, a transition period that concentrates multiple risk factors at once, and, for some, a monthly VA compensation cycle that can activate gambling on a recurring basis.

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Military culture can normalize gambling while suppressing disclosure

- Gambling was often just part of active-duty life — barracks card games, casino trips near duty stations, deployment downtime — normalized rather than flagged as risky.
- That same culture discourages help-seeking: expectations of toughness and self-reliance make acknowledging a problem feel incompatible with military identity.
- For service members in security clearance-dependent roles, disclosure can carry real professional risk — financial instability can jeopardize a clearance, adding a structural barrier beyond shame.

What We Heard

“I was stationed in eastern Connecticut, about 20 minutes from the largest casino in America...for nine out of my 10 years. We would go to the casino on the weekends. That's what we did.” –Veteran

“In my military experience, there was a huge stigma around getting help. There were multiple times my [fellow soldiers] went to get help and were penalized for it.” –Veteran

“A big stigma comes from that community, because certain military occupations require security clearances, and if there's a fiscal instability in that individual's life, that clearance can get pulled, and then they lose their jobs, so it spirals really, really quickly.” –Veteran Service Officer (Focus Group Participant)

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The transition out of service represents a particularly high-risk window

- Leaving service removes what made gambling feel low-stakes — steady income, housing, structure, and social connection — while introducing new financial pressure.
- Veterans described depleting deployment earnings, gambling more as financial strain intensified, and struggling with the loss of identity and purpose that service had provided.
- Both Veterans and Veteran-serving stakeholders named this transition window as one of the clearest opportunities to intervene.

What We Heard

“You're sending them home like, ‘here's 30 days of your medicine and your DD-214... you'll figure it out.’”

–Veteran

“After I got out of the military, I definitely was gambling a lot. I would never ask [for] money to gamble, but what I would do is I'd gamble all my money away and then ask my friends for loans to get me through eating and stuff like that.” –Veteran

“You lose a sense of purpose. You lose a sense of meaning and importance. When I was in the military, I was the head honcho. And then when you get out, you're a civilian [but] not a lot of people understand your skills or experience that you bring to the table.”

–Veteran

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Monthly VA compensation checks can create a recurring gambling activator post-service

- For Veterans receiving VA disability or pension payments, the monthly cycle can create a pattern: a temporary sense of financial security drives increased gambling, followed by rapid depletion.
- Disability rating reductions can trigger the same pattern in reverse: financial pressure driving gambling to replace lost income.
- For some, gambling becomes tied to the rhythm of the payment cycle itself, not just financial need.

What We Heard

“When I first get my check, it's like you got extra money, so it's almost like you feel like king for a day. So, you just get whatever you want ...for a day. And so, buying more scratch tickets is a part of that. It's like an upgrade.” –Veteran

“My big trigger is always the beginning of the month when I get my money.” –Veteran

“When we give out our checks, I would see Veterans with their front pocket completely bulg[ing] with scratch tickets...their whole check would pretty much go.” –Veteran Service Officer (Focus Group Participant)

How Gambling-Related Harm Affects Veterans' Financial, Social, and Emotional Well-Being

For many Veterans in this study, gambling remained recreational or manageable. But for those whose gambling escalated, the effects extended beyond financial loss — to relationships, emotional well-being, housing stability, and willingness to seek help. Much of this harm is shaped by Veteran-specific circumstances: military norms of self-reliance, transition-related disruption, and limited awareness of gambling-specific support.

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Gambling-related concerns often remain undisclosed across support settings

- Nearly every participant had never been asked about gambling by a VA provider, VSO, or clinician — not because they refused, but because the question never came up.
- Trust in Veteran-serving systems is personal, not institutional: many trust an individual provider or peer while staying skeptical of the larger organization.
- For Veterans who've watched benefits or policies shift without notice, that distrust runs deeper. Gambling becomes one of the last things disclosed until a crisis forces it.

What We Heard

“I had never mentioned about my gambling problem to someone other than my spouse. Even though I've had mental therapy through the VA, I actually never mentioned about the gambling problem.” –Veteran

“I've never heard anything specific to gambling problems for Veterans.” –Veteran

“I think that [asking about gambling] is something I want to incorporate into my conversation when I'm meeting clients and Veterans for the first time because of this discussion, so thank you for having me on.”
–Veteran Service Officer (Focus Group Participant)

How Veterans Manage Gambling through Self-Directed, Relational, and Indirect Pathways

Veterans described several pathways that help keep gambling within limits or reduce harm once those limits start to erode: self-directed strategies like spending caps and app deletion, relational supports like partner or peer accountability, and indirect pathways through treatment for co-occurring conditions like depression or PTSD. Most relied on these personal strategies rather than gambling-specific services — often because those services were unfamiliar, unavailable, or didn't feel like a natural source of support.

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Social support is the protective factor Veterans described most often

- The most meaningful protection often wasn't a program — it was a person: a sponsor, partner, or fellow Veteran who noticed and showed up.
- Veterans consistently described greater trust in people who had "been through it" — shared experience reduced the need to explain themselves.
- That protection depended on the relationship feeling authentic; support that felt superficial or purely institutional didn't provide the same anchor.

What We Heard

“To me, the opposite of addiction is connection. Now when I have an addictive thought, I've got a sponsor. I've got a place to go to make a telephone call to somebody that's gonna listen to me and give me good advice. If I didn't have that connection, there's a lot of times in this world I would have slipped up.”

–Veteran

“I would say I found the perfect partner to give me a slap in the face every now and then, just having control of my finances. I am definitely not good in controlling my finances.” –Veteran

“I'd rather talk to somebody that's been through it [military service], and if they've been through it, obviously I'm going to listen more.” –Veteran

What It Takes to Reach Veterans

Participants and stakeholders were consistent: Veterans aren't a hard-to-reach population — they're an under-reached one. The infrastructure, trusted messengers, and natural touchpoints already exist. What's missing is coordination, intentional outreach, and follow-through. Veterans have also watched agencies come in, gather information, and disappear without results — so any effort to reach them must be built on consistency, not just good intentions.

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Veteran identity is a point of pride and connection, but reaching Veterans means engaging the whole person

- Shared military service is a powerful lever for trust and connection — many participants said they were more comfortable with someone who understood military culture.
- The Veteran community isn't monolithic: women Veterans, LGBTQ+ Veterans, and Veterans of color described navigating spaces not built with them in mind.
- For some participants, being a Veteran had no bearing on their gambling or help-seeking at all; service was one chapter of a larger life, not a defining identity.

What We Heard

“I'll walk down the hall [at VA] and I'll be asked questions like, ‘What's your sponsor's Social Security number?’ I'm like, ‘I don't have a sponsor. I have my own Social Security number. I served.’” –Veteran

“‘Veteran’ is just one of many hats that people wear. They might be mothers or fathers, or maybe Latino or Black or queer. And those identities also matter just as much as the Veteran identity.” –Veteran

“[Being a Veteran] is a piece of their identity that carries through all different parts of their life, whether it's a new occupation, their role in their family, different decades, and stages ... of life.”
–Clinical Program Manager (Focus Group Participant)

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Trust depends on known relationships, transparency, and clear pathways to support

Veteran trust in support systems generally reflected three orientations:

- **Interpersonal over Institutional:** Many participants trusted an individual provider, clinician, peer, or Veteran Service Officer while remaining skeptical of the larger organization.
- **Community over Institutional:** Some placed greater trust in community-based organizations that offer personal relationships, continuity, and local accountability.
- **Pragmatic Access:** Others were open to formal services but lacked awareness of available resources or a clear route into support.

What We Heard

“I got trust with the individual that is my doctor, but not in the larger organization.” –Veteran

“I would put more trust in community-based groups than I would in the VA, mostly just because government funding is subject to the whims of whatever Congress and/or the president [decide] at any given moment... especially in my circumstance, like there's a political agenda [about] trans folk, unfortunately. And I've seen benefits get taken away in my lifetime.” –Veteran

“Anybody working with Veterans should be culturally aware of military culture [and] expect that there is going to be a higher level of mistrust. You are going to have to work harder to gain that trust...maybe versus other populations.” –Clinical Program Manager (Focus Group Participant)

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Effective support is peer-led & community-embedded

Veterans trust people, not new programs — effective support taps into networks they already use:

- **Leveraging Existing Networks:** Distribute support through the VSOs, peer groups, and community organizations Veterans already trust.
- **Prioritizing Lived Experience:** Offer peer support. Veterans prefer someone who's "been through it."
- **Offering Flexible Engagement:** Meet Veterans where they are — online, phone, or informal settings.
- **Using Financial Literacy as a Gateway:** Budgeting conversations with case managers or VSOs are practical, low-barrier entry points.
- **Using Social Gambling Settings for Low-Stigma Outreach:** Use the sports pools, raffles, and community events Veterans already attend for brief education and peer outreach.

What We Heard

"[It's] essential, crucial. Why would I talk to a non-Veteran person about gambling problems or addiction? I wouldn't do it." –Veteran

"I'd probably feel more comfortable reaching out if there were online resources versus just going in person. I feel like a lot of times the Veteran won't go because they have to go somewhere and then go talk about it." –Veteran

"We try to work on a peer specialist or peer support kind of model as best we can. We find that it can be really helpful with breaking down the barriers."
–Clinical Program Manager (Focus Group Participant)



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Solution Design Considerations

Insights & Solution Design Considerations



Each insight is grounded in what Veterans, practitioners, and the literature tell us about where the broader support ecosystem is falling short, and each design consideration points to a concrete, achievable next step for consideration.

Insight	Solution Design Considerations
Gambling-related harm among Veterans often goes undetected, but existing systems are well positioned to change that. Most participants had never been asked about gambling by VA providers, VSOs, or other Veteran-serving professionals, even when they regularly interacted with these systems.	Integrate gambling screening into VA appointments, primary care visits, and touchpoints with community organizations (e.g., VSOs and nonprofits), and equip those systems to recognize and respond to gambling-related harm.
Veterans facing gambling-related harm need confidential, low-risk pathways to disclose and seek help. Military norms of self-reliance and emotional suppression, compounded by shame and professional or financial risk, can make disclosure and help-seeking feel unsafe.	Offer confidential, low-barrier pathways to care that prioritize psychological safety and reduce immediate career or security-clearance repercussions.
The service member-to-Veteran journey creates predictable windows of gambling risk and opportunities to intervene. From barracks card games to deployment earnings and monthly VA compensation, participants described recurring moments of elevated gambling risk.	Target outreach and prevention at the moments of highest risk, including during service, at transition, and near VA compensation disbursements.
Gambling often functions as a response to underlying distress; care for co-occurring conditions can help manage it. Participants frequently described gambling as a way to cope with emotional pain, mental health conditions, substance use, or financial distress.	Embed support into mental health, substance use, and financial counseling pathways so holistic care plans account for gambling-related harm as an expression of broader psychological or financial distress.
Credible engagement depends on identity-responsive, peer-led, and community-engaged outreach. Veterans were more likely to engage through trusted peers, credible community organizations, and programs that reflected their identities and experiences.	Invest in peer-led, community-based programming and harm-reduction messaging delivered by trusted messengers, designed to reflect Veterans' diversity and provide transparent, no-fee, safe, and inclusive pathways to engagement.

Summary of Next Steps (Phase II)

Phase II will translate the Phase I findings into community-validated recommendations, tested solution concepts, and practical implementation guidance.

IMAGINE

Community Validation, Recommendation Development & Solution Co-Design

- Validate and prioritize the five Phase I solution design considerations
- Co-design potential solutions with Veterans and community partners
- Develop the initial community-validated report of recommendations

MAKE

Prototyping & Testing

- Develop and test up to two medium-fidelity prototypes
- Assess clarity, cultural relevance, trustworthiness, usability, and feasibility
- Refine selected concepts for pilot implementation

BRIDGE

Pilot Implementation & Evaluation

- Pilot and evaluate at least one prototype with up to two partner organizations
- Refine the solution and supporting implementation materials
- Finalize recommendations and implementation guidance
- Disseminate findings and co-developed resources

Phase II Outputs

1. Community-validated report of recommendations
2. Up to two tested prototypes
3. Pilot findings
4. Implementation, sustainability, and knowledge transfer guidance

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 - Jeremy Rhodes

Community Advisory Board

- Jessica Frost, DM – Commonwealth of Massachusetts Executive Office of Veterans' Services
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- Eric Golnick, MAIR – National Association for Veteran and First Responder Wellness
- Gumersindo Gomez – Bilingual Veterans Outreach Centers
- Gabrielle Groth Hoover, PhD – Home Base
- Thomas Miller, MEng – Harvard School of Dental Medicine
- Charly N. Roque, MSW – Former Belchertown Veteran Service Officer (as of March 12, 2026)
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