STIGMA STAND DOWN

Financial Stability & Responsible Gambling Initiative

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Gambling-Related Financial Harm in Military Communities

How stigma and career consequences can delay early intervention



Kindbridge Research Institute

Kindbridge Research Institute (KRI) advances research, education, and approaches to care for gambling-related and other behavioral harms. Its Financial Stability and Responsible Gambling (FSRG) Initiative focuses on the financial consequences of gambling and earlier opportunities for prevention. Stigma Stand Down (SSD) works with military and veteran communities to reduce stigma, improve understanding of gambling-related harm, and strengthen access to support.

Executive Summary

Gambling-related financial harm often develops without visible signs and may go unrecognized until a crisis makes concealment impossible. For service members, the same financial difficulty that threatens a household budget can also affect a security clearance, a promotion, or an assignment. Those consequences can make disclosure feel risky at precisely the point when early support could be most useful.

This issue brief examines that overlap through two areas of work at Kindbridge Research Institute (KRI). The Financial Stability and Responsible Gambling (FSRG) Initiative studies how gambling-related financial harm develops and why it is often recognized late. Stigma Stand Down (SSD) addresses the barriers that keep military personnel and veterans from seeking care. Drawing on published studies, KRI research with military-connected populations, and insights from both initiatives, the brief considers why financial harm and stigma can reinforce one another and what may help people seek support earlier.



Two Lines of Evidence, One Finding

Gambling disorder is often described as a hidden condition. Unlike alcohol or drug use, it has few outward signs, and financial losses can be concealed for some time. One veteran in a 2026 qualitative study called it "a very silent disease" that is "very easy to hide until you can't hide it no more." For some, help-seeking begins only when a crisis makes concealment impossible.

> **Very easy to hide until you can't hide it no more.**
>
> Veteran,
> 2026 qualitative study

Veterans interviewed through 50x4Vets, KRI's research partnership with the Department of Veterans Affairs, UNLV, and the University of New Mexico, described this experience. Several waited to seek help until a divorce or bankruptcy made silence impossible, and some would engage only through anonymous channels such as online therapy, citing concern that a record could reach their chain of command. Participants in the same 2026 study, which interviewed 28 service members and veterans with gambling disorder, described a similar dynamic: disclosure typically comes only after a person has "already hit the rock bottom" and can no longer meet basic financial obligations.

A separate body of work reached a parallel conclusion. KRI's Financial Stability and Responsible Gambling (FSRG) Initiative convened financial institutions, payment providers, and healthcare organizations to examine gambling-related financial harm. A central finding was that this harm is typically identified late, when individuals present in crisis through healthcare, the legal system, or bankruptcy proceedings.

One body of evidence concerns stigma; the other concerns financial stability. Both point to the same gap: harm that develops out of view and becomes visible only at the point of crisis. For military and veteran populations, that overlap is built into the structure of service. The question is whether financial warning signs can be recognized sooner, without making disclosure another source of risk.

Gambling as a Financial Behavior

Gambling in the United States has shifted from a discrete, location-based activity to one integrated into everyday financial life. Since the 2018 Supreme Court decision that allowed states to legalize sports betting, legal wagering has expanded to most of the country. For most users, it now sits a few steps away from a bank account, a paycheck, or a line of credit.



That shift changes how losses are experienced. Research summarized in the FSRG 2026 Insights Report suggests that linked funding sources and one-click deposits create a sense that money is continuously available, which makes spending harder to track in real time. Protective tools such as card blocks and spending limits exist, but they are voluntary and applied unevenly across banks, credit unions, and operators.

The more significant issue is fragmentation. Gambling-related losses rarely appear in credit reports or standard financial assessments until they are severe. Financial institutions observe transactions without clinical context, and clinicians observe distress without financial context. FSRG's approach treats gambling as a form of spending and focuses on earlier indicators, including how quickly money moves and how heavily a person relies on credit. That distinction is important in the military, where financial difficulty may have professional consequences before anyone identifies a clinical disorder.

Why Military and Veteran Populations Face Elevated Exposure

Service members encounter the same products and marketing as the general public. Several features of military life increase both the likelihood of harm and its consequences.

ENVIRONMENT

Operated by the U.S. Department of Defense as of 2016.

3,141
SLOT MACHINES

~$100M
GENERATED ANNUALLY

Source: U.S. Government Accountability Office (GAO), Report GAO-17-114.

Military service involves elevated stress, trauma exposure, frequent relocation, and extended separation from family, within a culture that is competitive by design. Gambling has also been normalized in that setting. Veterans interviewed about their gambling described dice and card games after duty and between deployments as an ordinary part of military life. On overseas installations, the Department of Defense operates slot machines directly: 3,141 machines as of 2016, generating roughly $100 million a year (GAO-17-114). In a KRI assessment of five of these German sites, none offered standard responsible gambling measures such as self-exclusion, spending limits, or trained staff.

DEMOGRAPHICS

GAMBLING RISK BY AGE
Adults reporting concerning gambling behavior

15%	2%
Ages 18–34	Ages 55+

Source: FSRG 2026 Insights Report.

The force skews young and male. The average age is about 28 and more than 80 percent of its members are men. That profile closely matches the population at highest risk nationally. According to the FSRG report, approximately 15 percent of adults ages 18 to 34 report concerning gambling behavior, compared with 2 percent of adults 55 and older.

OCCUPATIONAL CONSEQUENCES

This factor most clearly distinguishes military populations. For a civilian, gambling debt is a serious personal problem. For a service member, financial instability can affect a security clearance, a promotion, or an assignment. Participants in the same interview study described concern that disclosure would get their problem "flagged," with potential loss of a clearance or weapons qualification and, with it, the ability to perform their duties. The effects also extend beyond the individual: to morale and cohesion at the unit level, and to readiness and security at the command level. The result is a difficult tradeoff. The earlier a service member acknowledges a problem, the more opportunities there may be to address it, but the perceived career costs of disclosure can make waiting seem safer.

FINANCIAL EDUCATION

Service members receive financial training early in their careers, but ongoing education is inconsistent. One veteran in a 2026 study reported receiving no finance instruction across four years of active duty. Existing content rarely addresses gambling, digital payments, or newer products such as prediction markets, which are often marketed as trading rather than wagering.

VETERANS

9%
Lifetime prevalence of problem gambling among U.S. veterans

44%
Reported a past suicide attempt

~60%
Attributed the attempt to financial or gambling problems

Sources: Grubbs et al. (2023); Grubbs et al. (2024); Valle Frias et al. (2025).

Many of these pressures continue after separation, often alongside the loss of structure and social support that service provided. Estimated lifetime prevalence among U.S. veterans is approximately 2 percent for gambling disorder and 9 percent for problem gambling, compared with roughly 0.4 to 1.6 percent and 1 to 4 percent in the general population (Grubbs et al., 2023). Clinical data underscore the severity. Among veterans receiving inpatient gambling treatment at a VA hospital, more than one-third had a current substance use disorder (Grubbs et al., 2024), and 44 percent reported a past suicide attempt, including nearly 60 percent of women (Valle Frias et al., 2025). Among those whose reason was recorded, approximately 60 percent attributed the attempt to money or gambling. In this population, financial harm and health harm are tightly linked.

Stigma and Financial Harm as a Single Problem

Mental health stigma has a long history in the military. During World War I, service members who sought care could be labeled "weak malingerers" (Erwin, 2019). As recently as 2004, only 23 to 40 percent of service members with likely mental health problems sought care (Hoge et al., 2004). Conditions have improved, but stigma has changed form rather than disappeared. It now operates less through overt shaming and more through perceived consequences, as individuals weigh what disclosure may cost them.

When disclosing financial difficulty may affect a clearance or an assignment, concealment is a predictable response. A service member falling behind on obligations has strong incentives to cover the shortfall, avoid disclosure, and try to recover losses independently.

Policy has moved to address this. DoD Instruction 6490.08, reissued in 2023, states that a service member may voluntarily seek mental health care without reporting it to a commander, except in defined exigent circumstances. The exceptions, however, include risk to the mission and positions with special reliability requirements, and the instruction cites conditions affecting "impulse control, insight, reliability, and judgment" as an example. Gambling-related debt also raises financial concerns that fall outside a mental health confidentiality framework. Researchers studying service members with gambling disorder characterize existing protections as ambiguous and inconsistently applied. In practice, policy has advanced faster than awareness, and help-seeking decisions are shaped more by observed outcomes than by written guidance.

The consequence is that concealment can delay early intervention, even when financial warning signs are present, including accumulating losses, growing reliance on credit, and accelerating transaction activity. These are the signals FSRG seeks to make visible, and in military settings they are the signals individuals have the strongest incentive to hide.

The effect is visible in the evidence base itself. A KRI review of 11 prevalence studies among active-duty personnel found estimates ranging from 0.04 percent to 68.6 percent. Studies conducted by or in close partnership with DoD consistently reported rates below general population estimates, while independent surveys reported substantially higher rates. That pattern is consistent with underreporting when respondents perceive risk in answering honestly. It also has policy consequences: between 2005 and 2018, DoD removed gambling items from its Health Related Behaviors Survey, citing consistently low prevalence (Segura et al., 2024).

The cycle is self-reinforcing. Financial systems already detect gambling harm late, and stigma delays detection further. By the time the problem is visible, debt is substantial, relationships are strained, and the career consequences individuals sought to avoid have become more likely.

Military leaders recognize the gap. In KRI's work in Colorado, installation leadership identified a need for clearer guidance on gambling disorder, greater support for personnel facing financial instability, and better tools for early identification. What they described is a coordinated system, not additional awareness materials alone.



A Multi-Level Public Health Response

Because stigma and financial harm reinforce each other at the individual, unit, and institutional levels, single-point interventions have limited reach. A helpline serves people who are already ready to seek help. It does not equip leaders to recognize risk or give financial institutions a pathway to act on what they observe. This is also a problem of disconnected information. Financial institutions may see spending patterns but not the circumstances behind them; clinicians and military leaders may see the consequences without seeing how the financial strain developed.

Stigma Stand Down is structured around the social-ecological model, a public health framework that addresses health across interacting levels: the individual, relationships, organizations, community, and policy. The program integrates education, research, outreach, and treatment access, with three objectives: reducing stigma, expanding access, and protecting anonymity.

1 **INDIVIDUAL**

Confidential entry points, including a free anonymous gambling self-check, telehealth through TRICARE-paneled providers, and the 1-844-FREEVET line, offer ways to seek information or care without creating a record they fear.

2 **UNIT AND INSTALLATION**

Command briefings and leadership training position help-seeking as a readiness issue rather than a disciplinary one. In our experience, mid-level and front-line leaders are often the earliest adopters. SSD works with Fort Carson, Peterson, Schriever, and Buckley, as well as base clinics that have adopted SSD materials and continuing education for staff.

3 COMMUNITY

Many veterans are reached outside military settings. Partnerships with Joining Community Forces, the Home Front Military Network, Wounded Warrior Project, and county veteran resource networks extend SSD into those settings.

4 POLICY AND SYSTEMS

SSD integrates with Colorado's Voluntary Self-Exclusion program, conducts a statewide survey of gambling and financial stability among military-connected Coloradans, uses aggregate financial data to monitor risk, and convenes military leaders, clinicians, and researchers through a statewide summit.

Screening also sits at this level, and it remains contested. A 2024 meta-review concluded that population-wide screening would generate predominantly false positives and recommended limiting it to higher-risk groups. Researchers from KRI and 18 other institutions argued in Military Medicine that annual screening of all service members is warranted, given the consequences of undetected gambling harm for readiness, suicide risk, and security. DoD's substance use instruction has since been updated to explicitly include gambling disorder (DoDI 1010.04, 2025), and brief instruments such as the three-item Brief Biosocial Gambling Screen make routine screening feasible.

Lived experience points in the same direction. When service members and veterans with gambling disorder were asked what would improve help-seeking, their recommendations fell into four areas: greater awareness, an "open door" for disclosure without repercussions, reduced access to gambling on installations, and expanded treatment resources, including peer support.

This is also where FSRG and SSD converge. Financial strain may be apparent in spending or credit activity even when service members are reluctant to disclose the problem to commanders or clinicians. FSRG focuses on recognizing that harm earlier, while SSD addresses the barriers that can keep people from seeking support.

Bankruptcy Should Not Be the Point of Entry

Two principles anchor this work.

STIGMA STAND DOWN

SSD PRINCIPLE

The first, from **Stigma Stand Down**, is that help-seeking is a component of readiness, not an indication of weakness. Early attention to financial and gambling problems should be as routine as early attention to a physical injury.

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FSRG PRINCIPLE

The second, from **FSRG**, is that gambling is a form of spending. Framed that way, it belongs in conversations about budgeting, debt, and credit, creating opportunities for leaders, financial counselors, and clinicians to recognize signs of financial stress earlier.

Several practical steps require minimal resources:

1. Leaders can address financial well-being alongside other readiness indicators and include gambling in stand-down day content.

2. Financial counselors can ask about gambling directly.

3. Clinicians serving military patients can add gambling to routine screening.

4. Anyone in these roles can learn DoDI 6490.08 and their branch's policy well enough to explain accurately what protections exist.

The usefulness of these steps depends in part on how they are presented. Leaders can explain the limits of confidentiality before a crisis forces the question, and counselors and clinicians can make gambling a routine part of discussions about debt and financial strain. Military and veteran-serving organizations can also keep referral options close at hand, so recognizing a problem leads to a practical next step rather than another reason to remain silent.



ANONYMOUS SELF-CHECK

Service members and veterans with questions about their own gambling can start with the anonymous self-check. It requires no name and creates no record. The aim is earlier recognition, before a financial crisis forces the issue.

If you or someone you know is in crisis, call 988 and press 1 for the Veterans Crisis Line, or text 838255.

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About this Initiative

Financial Stability and Responsible Gambling (FSRG) Initiative and Stigma Stand Down work to advance the early identification of gambling-related financial harm, reduce barriers to help-seeking, and expand access to support for military service members and veterans.



Learn More

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