



Building Knowledge of Women's Lived Experience of Gambling and Gambling Harms Across Great Britain

Final Report

Report prepared for GambleAware

April 2023

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1 Acknowledgements

GambleAware is a grant-making charity using best-practice in commissioning, including needs assessment, service-planning, evaluation and outcome-reporting to support effective, evidence-informed, quality-assured prevention of gambling harms. They commissioned this research to build knowledge of the lived experiences of women in relation to gambling - experiences both as women who gamble and as affected others to inform delivery of their Organisation and Commissioning Strategy.

IFF Research alone are responsible for the views expressed in this report, which do not necessarily represent the views, decisions or policies of the institutions with which they are affiliated. More information on IFF Research can be found at: www.iffresearch.com.

IFF Research would like to thank the University of Bristol and GamCare for their support throughout the research, including GamCare's Lived Experience group of women. We would also like to thank the expert witnesses and women who generously gave their time to share their experiences with the researchers.

2 Executive Summary

Background

Research to date has shown that women experience gambling and gambling harms in different ways from men, but little is known about the gambling experiences of British women who gamble. Similarly, there is growing recognition of the harm that individuals and families can experience because of someone else's gambling, a group commonly referred to as "affected others" (AO).

GambleAware commissioned a consortium of IFF Research, the University of Bristol and GamCare's Women's Programme to build knowledge about why women in Britain take part in different types of gambling, the effect this has on them and their lives, and their experience of treatment and support services.

An initial literature assessment helped us understand (1) what is known about the drivers of gambling and gambling harms among women and (2) what good might look like in terms of treatment and support for women experiencing harm from their own gambling or someone else's. The research also involved capturing the views of women who gamble, women as affected others and experts in the field, through depth interviews, focus groups, workshops and online communities, and analysing GambleAware's Treatment and Support Survey (2021).

What is the role of gambling in women's lives?

While evidence indicates that more men gamble than women, the gender gap seems to be narrowing, with recent data suggesting that rates of participation in gambling activities excluding the National Lottery, are equal. The increase in accessibility of gambling through digital platforms may have contributed to this, as online gambling is the preferred medium of gambling activity for British women. To understand the role that gambling plays in women's lives, we explored experiences of gambling across life stages.

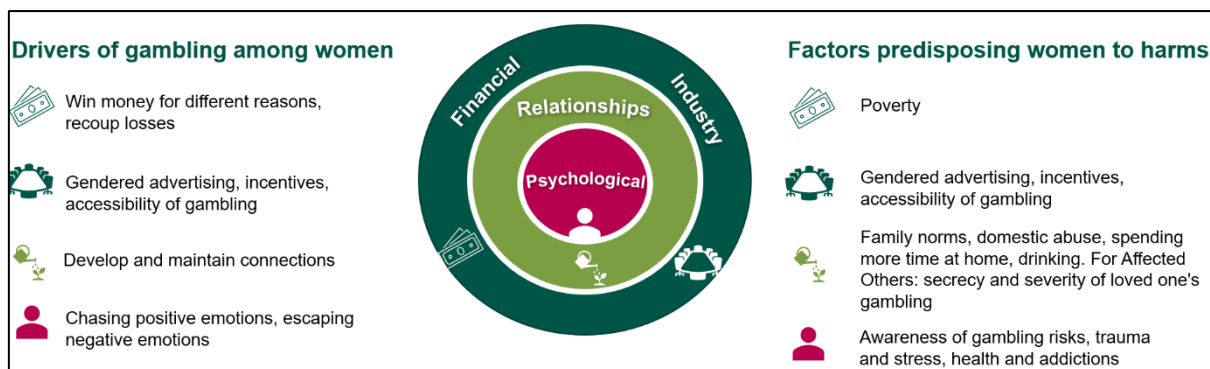
Many women who gamble reported positive childhood experiences of gambling, which both normalised gambling as an activity, and created positive associations with gambling that persisted to adulthood. In contrast, affected others tended to report either no childhood experiences of gambling, or negative experiences.

Women's first experiences of gambling as an adult often involved a social aspect, for example, some form of gambling with family, friends or colleagues, and often also involved drinking alcohol. Some women also gambled at home, alone – this was often in addition to gambling with others, so represented an escalation of their gambling. The COVID-19 pandemic was a common trigger to gambling at home, as gambling venues closed during lockdowns.

In terms of language used to describe their gambling, few women used the umbrella term, "gambling". Instead, they used language that described either the specific activity, for example, "getting my free spins", "placing a bet", or the occasion, for example, "going to the bingo". Expert witnesses also acknowledged the importance of language that resonates with women, but a few felt that it is challenging to practically avoid the term "gambler" when thinking about service design/delivery.

What causes women to gamble, and how can it become harmful?

This research found four main categories of drivers of gambling among women. These are often complex, multi-layered, and mutually reinforcing. Not everyone who gambles will experience harms. This research identified factors that appear to predispose women to gambling harm.



Psychological drivers included seeking positive emotions and avoiding negative emotions. The positive emotions associated with gambling were often critical as a motivation for women to gamble; the feeling of excitement described as “the buzz” or “the thrill”. Gambling was also described as a mental escape from negative emotions such as stress, boredom, loneliness, and serious trauma.

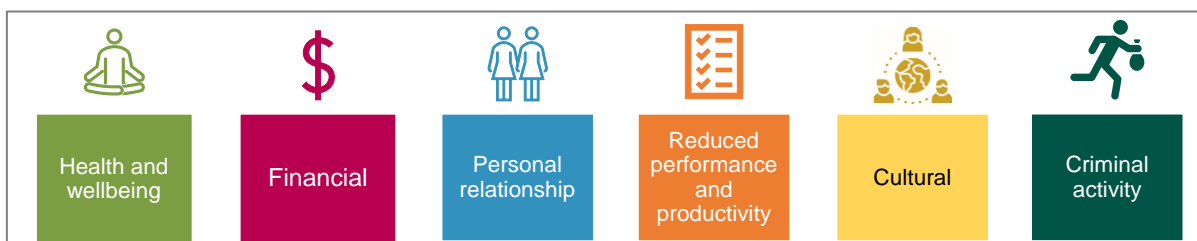
Gambling helped some women to develop and maintain **relationships** – their friendships, acquaintances, family and colleagues. Women who gambled because of the social aspect rarely differentiated gambling and socialising from one another. Gambling risks were often downplayed because of the high importance of the social benefits women gained from gambling. Relationship factors that predisposed women to harmful gambling included family norms, domestic abuse, spending more time at home, drinking, and, for affected others, the secrecy and severity of a loved one's gambling.

The idea of winning money (**financial drivers**) motivated some women to gamble. However, while the idea of winning money was motivating, findings from our study suggest that this was rarely the *only* reason, or even the *primary* reason women said that they had started gambling – instead, it was most likely to sit alongside psychological and (sometimes) social motivations. Financial factors that predisposed women to harmful gambling included poverty.

Features of **gambling industry practices** also contributed to women gambling, particularly the rise of gendered marketing and advertising. For the women in our research, such marketing strategies did not emerge as a driver to *begin* gambling but were prompting women to continue to gamble, gamble more often, or diversify to try new gambling products. Industry factors that predisposed women to harmful gambling included gendered advertising, incentives and the accessibility of gambling.

What do gambling harms look and feel like for women?

As with other complicated and entrenched social problems, harmful gambling impacted women experiencing it in many ways. Gambling harms included: harms to health and wellbeing; financial harms; relationship harms; reduced performance and productivity; cultural harms; and criminal activity. The interrelationships between harms lead to compounding harms and an enduring legacy of harms.



Gambling can impact on women's **health and wellbeing**. Harms to mental wellbeing included feelings of anxiety, stigma, shame, stress and loss of self-esteem. In the most serious cases, these included thoughts of self-harm and attempted suicide. Harms to physical wellbeing included irritability, loss of sleep and appetite.

Gambling can have a severe impact on individual and family **finances**. Financial harms included worsening living standards, loss of savings, borrowing, debt, and legal issues, and in severe cases, the loss of ones' home.

The strain on **relationships** from gambling, often due to financial pressures of prioritising gambling above others, was a common type of personal relationship harm captured by the research. This could be due to both the financial pressures of prioritising gambling, and the secrecy and deception that often sit alongside harmful gambling, which could cause breakdowns of trust and relationships.

Performance at work was also harmed. This included losing jobs and women working multiple jobs to be able to afford their gambling habits, which impacted their lives in other ways, for example, through a loss of time for activities outside of work.

Two types of harm identified in wider literature though not commonly expressed by the women we interviewed were **cultural harms** and **criminal activity**. Cultural harms refer to the tensions between gambling and cultural practices and beliefs, including the impact of gambling on participation in cultural practices and roles. Wider literature found relatively strong evidence linking gambling with criminal activity, some of which suggested that crime as a gambling-related harm can affect women as much, or in some instances, even more than men.

How can gambling harms be prevented or reduced among women?

Gender-specific gambling treatment and support options in Britain are on the rise but more can be done to connect women who gamble and affected others with the treatment and support they need. Understanding the barriers that currently stop women seeking and accessing support is a useful way to start to identify such opportunities.



The research suggests that there is not one “ideal” support for women experiencing gambling harms – just as there is no one pathway into gambling harms, or way of experiencing it. A mix of support for different experiences of gambling harms, and stages of help seeking, is needed. Women want support that is participant-centred, that is, guided by user needs and that meet the diverse needs of people who use them. Experts stressed that partnership and resource-sharing across deliverers was critical to ensure that support was available and sustainable.

Drawing together insight from across the research, there are key principles that underpin participant and expert responses as to what good support looks like. These included:

- Both preventative (prior to harm being experienced) and responsive (after harm has occurred) support
- Confidential, non-judgemental, friendly support, with the initial option of anonymity for women
- Free to women using the service (for example, fully funded)
- Gender-sensitive and trauma-informed approaches
- Joined up support, offering or signposting to a range of support options
- Community-based, integrated services that make it easy for women to get the range of help they need
- Better public information and messaging about the signs of gambling harms for women and the support that is available, emphasising confidentiality and anonymity
- Wider interventions that address the socio-economic and socio-cultural determinants of women's experiences and look to disrupt industry practices that are harmful to women

Experts identified a potential pathway to break down barriers to seeking support. These included: destigmatising conversations about gambling and gambling harms; raising awareness among women who gamble about gambling harms; raising awareness among affected others that services to support them exist; and support that is easy to access, joined up, and ongoing.

Recommendations

For all audiences	To normalise and embed gambling harms prevention, treatment and support in everyday life, talk more openly about gambling harm, use language that is relatable and non-judgemental, leverage lived experience and join up information and support services.
For communications and awareness raising	To raise awareness of prevention support and treatment support through more, and diverse, channels, consider introducing new public health campaigns, using messaging that challenges norms of traditions or family activities to highlight risks. Also provide a prevention and treatment “roadmap” or a “one stop shop” of treatment and support options, including clear communication about the typical response or engagement times.
For education for preventing gambling harm	To educate children and young people, and the adults in their lives, about gambling harms, including ensuring that family and friends are well equipped to provide emotional support
For service commissioning, design and delivery	Provide gender-specific support services that offer intersectional support services, draw on best practice learnings from parallel sectors, utilise new technologies effectively, and expand the role of women with lived experience. Such services should also collect information about the characteristics and circumstances of users. Dedicated support for affected others should also be researched and developed. Service commissioners should consider the impact of time limited or ringfenced funding in restricting innovation, and should support grassroots initiatives
For wider public systems	<p>Within the justice system, raise awareness of the impact of gambling harms, particularly on affected others – for example, putting suitable child custody arrangements in place, considering financial impacts, and adopting routine screening for gambling harms with female offenders, and offering support options.</p> <p>Within health and social care, the NHS can signpost to gambling harms support, standardise screening questions for gambling harms, and consider social prescribing (that is, referral to non-clinical services, for example activities with community organisations).</p> <p>Within the education system, utilise discussions with young people about gambling to embed the risks of gambling harms.</p>
For researchers	To grow the evidence base for gambling and gambling harms, consider further research into: quantifying the experiences and attitudes explored in this study; sub-groups of women and the role of intersectionality; cultural or societal influences; and the self-help practices women use to manage their gambling.

3 Background, aims and approach

Introduction

This is the final report for research conducted by IFF Research, in partnership with the University of Bristol and GamCare's Women's Programme, to build knowledge about why women in Britain take part in different types of gambling, the effect this has on them and their lives, and their experience of treatment and support services.

Background

The existing gambling and gambling harms evidence base tends to focus predominantly on men. There are several legitimate reasons for this, including that men are considered to be the most at-risk group for gambling disorder. Given that participation in gambling among women and the rate of women experiencing gambling disorder is increasing more quickly than among men, this is now a growing issue (Wardle et al., 2010).

Research to date shows that women experience gambling in different ways from men, specifically in relation to the types of gambling they participate in and their motivations for doing so. It is therefore important that research on the lived experience of women in relation to gambling is analysed through a gendered perspective, rather than comparing the behaviour of women against that of men.

Previous research highlighted how, at a broad level, sub-groups of women experience gambling harms in different ways. For example, research commissioned by GambleAware in 2019 found that women who gamble with a Problem Gambling Severity Index (PGSI)¹ score of 1+ were more likely to be younger, from lower social grades or from a minority ethnic community (Gunstone and Gosschalk, 2020). This research highlighted differences in gambling motivation, participation and harms among different groups of women. As a quantitative study, the objectives were limited to identifying differences rather than exploring the drivers contributing to the variation in gambling harms among women. It is important for research to explore the range of distinct needs and challenges of women, and the diversity within these, so that interventions and support can be tailored appropriately.

To build on this insight, GambleAware commissioned a consortium of IFF Research, the University of Bristol and GamCare's Women's Programme to build knowledge about why British women take part in different types of gambling, the effect this has on them and their lives, and their experiences of treatment and support services.

Research objectives

It is unclear from the existing literature why some groups of women are more likely to experience gambling harms, and access treatment and support for gambling harms, than others. Taking a

¹The Problem Gambling Severity Index (PGSI) is a widely used measure of 'problem gambling' in the population. PGSI score 0: gamblers who gamble with no negative consequences; 1-2: gamblers who experience a low level of problems with few or no identified negative consequences; 3-7 gamblers who experience a moderate level of problems leading to some negative consequences; 8 or more: gambling with negative consequences and a possible loss of control.

<https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>

gendered approach to women and gambling in the current evidence base was uncommon. The overarching objectives of this research were therefore to:

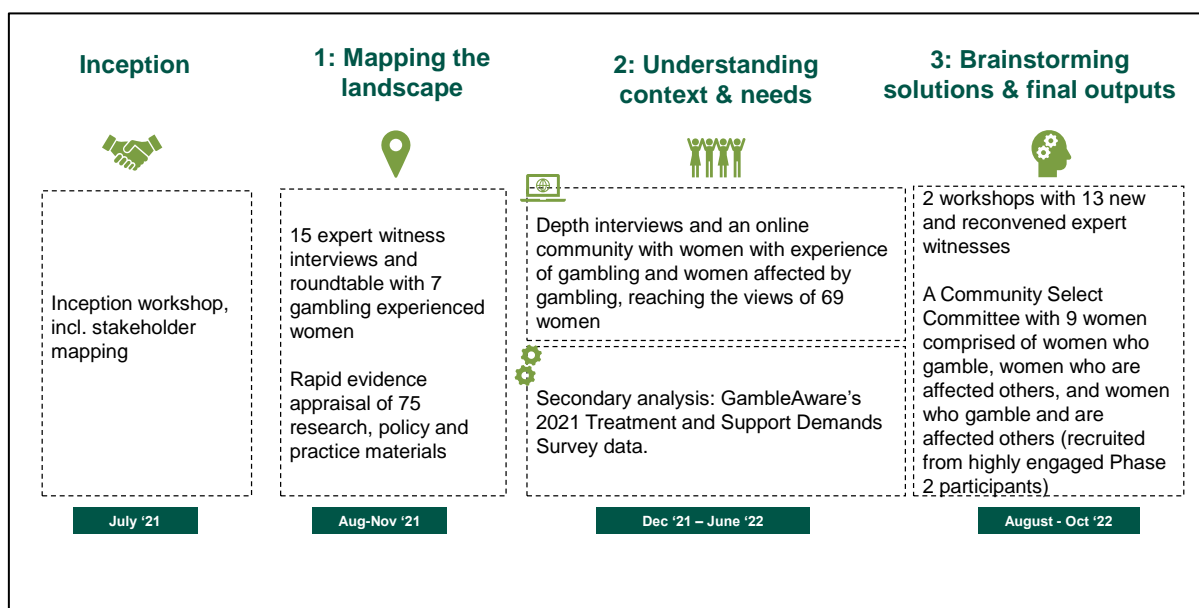
- Explore the reality and lived experiences of women and their engagement with and experience of gambling, gambling harms, and gambling treatment and support services;
- Establish and explore the drivers of gambling harms among British women; and
- Explore the services, interventions, and policies needed to reduce and prevent gambling harms for women.

Research approach

The research was conducted iteratively across three phases, with each phase flexibly adapting to emerging insight from the phase before. Figure 1.1 below illustrates how Phase 1, completed in November 2021, mapped the landscape via interviews with Expert Witnesses in the field (for example, service designers, deliverers, researchers and policy stakeholders), experts by experience, including women who gamble and women who were affected by others who gambled, and a Rapid Evidence Assessment (REA) of literature on the topic. Phase 2, completed in June 2022, explored the views of British women experiencing gambling and gambling harms using a combination of individual depth interviews and a five-day long online community. To further explore potential support responses (Phase 3), the findings from the previous phases were shared in September 2022 with Expert Witnesses and in October 2022 with women with lived experience of gambling in a Community Select Committee. These women had also taken part in Phase 2 depth interviews.

Appendix B: Research Approach includes all research tools and further details about the research approach. A summary of each element is provided below.

Figure 1.1 Summary of the research approach



Phase 1: Mapping the landscape of women in gambling in Great Britain

To build knowledge of the lived experiences of women in relation to gambling – both women who gamble and affected others – we first established what is known about the push/pull factors into gambling and gambling harms for women, what gambling harms look like for women and the treatment and support landscape.

To learn from the experiences of experts, IFF and the University of Bristol conducted depth interviews with expert witnesses. These included service designers and deliverers (for example, those from holistic women-centred services and parallel addiction fields), and policy and research experts who brought knowledge of social issues and the needs of different groups of women.

We also facilitated an online roundtable with eight women who identified as having experienced harm (either themselves, as an affected other or as both). The roundtable lasted for 90 minutes and was designed for the women to speak from their personal experience and help set the agenda for this research.

The University of Bristol conducted a REA to understand what is known about the systemic and personal drivers of gambling and gambling harms among women and ‘what good looks like’ and might look like as treatment and support for women harmed by their own gambling or someone else’s (Collard et al., 2022).

The assessment included the social context and broader conditions of women’s lives that may influence gambling behaviour and experiences of harm; and wider public health approaches to harm prevention tailored to women, beyond gambling. The assessment included:

- Academic peer-review journal articles, working papers and conference papers, in fields including gambling studies, social policy behavioural science and psychology, health studies, gender studies and public health;
- “Grey literature” research reports produced by government, regulators, think-tanks particularly those that have addressed the social issues women face, the broader conditions of women’s lives and their gambling experiences, any evidence-based practice materials about approaches to harm prevention tailored to women produced by charities and non-profit and for-profit organisations; and
- Evidence and reports from government committees and consultations, including relevant submissions to the review of the Gambling Act 2005.

Phase 2: Understanding the context and needs of women in gambling

To explore the reality of women’s lived experiences with gambling, gambling harms and gambling treatment and support services, we used a combination of an online community and semi-structured depth interviews. This helped capture the views of 69 women who gambled, were affected by someone who gambles, or both (i.e. women who gamble and are affected others).

Depth interviews were more accessible for women who were less able to take part online (for example, digitally excluded, or less digitally literate). The online community allowed women to contribute their views over multiple days and share their views with other people. It also benefitted from anonymity for those who may have felt shame and stigma discussing gambling, and it allowed both one-to-one discussions with an IFF moderator and group discussions with other women. Women

who gambled, and women who were affected others as well as both, took part in two separate online communities – this ensured that group discussions were among women with similar lived experiences. For more information see Appendix B on research approach.

We also conducted a secondary analysis of GambleAware’s Treatment and Support Survey 2021 to explore the prevail of the attitudes and behaviours that have been identified through the qualitative research. We explored the characteristics (within the broader category of “women”) that makes someone more or less likely to experience gambling harms, to receive support or to face barriers to seeking help.

Finally, we developed five journey maps - visual summaries that illustrate women’s experience with gambling harms – to help to articulate key research findings. They were not drawn from an individual woman’s lived experiences, nor those of particular sub-groups of women. Instead, they represent composite journeys based on the range of experiences described by different women in qualitative depth interviews and the online community. Researchers began by reflecting on the findings, discussing what they felt were the important themes emerging from the research and developing high level outlines of the five journeys. These were shared among the research consortium for reflection and comment before the journeys were further developed with key events and associated emotions for each event. The support opportunities were the final part of the journeys to be developed and were identified either through reflections from women involved in the research or where researchers felt analysis indicated an opportunity for support.

Phase 3: Brainstorming solutions

IFF facilitated two online workshops with 11 new and reconvened Phase 1 stakeholders to validate our findings from previous phases and to test and refine service design and support solutions.

We also reconvened 12 women with experience of gambling in brainstorming solutions, through a Community Select Committee led by the University of Bristol. This approach put the power back into the hands of experts by experience; women who gamble and affected others. The committee members were selected to reflect a range of lived experiences, and sampled from women who took part in previous phases of the study and consented to be recontacted. The committee involved discussing possible solutions to the needs of women with similar lived experiences to them.

Three service providers also attended and presented summaries of their treatment and support options to the women, who then discussed in detail which parts of these appealed more and less. These organisations were:

The Patchwork Programme: A 24-week long, women-led responsive support group in Rochdale, Bury and Oldham. Support groups took place online and in person. Groups were specifically for women, and operated using a peer support model.

The Six to Ten Project: One of the few services specifically for affected others. Six to Ten offers holistic information, support and signposting on a range of issues including housing, financial, legal, mental and physical wellbeing support. Support is delivered on a one-to-one basis, in-person, by project workers.

Reducing Gambling Harms/Humans of Scotland: An awareness campaign which is part of the wider campaign and advocacy work done by the Health and Social Care Alliance Scotland to highlight the voices of various people including those with addiction issues.

About this report

- Chapter 4 summarises the pre-existing evidence available about women and gambling, drawing on our Rapid Evidence Assessment.
- Chapter 5 discusses the variety of roles that gambling plays in women's lives.
- Chapter 6 discusses the drivers that lead women to gamble, and risk factors for harmful gambling.
- Chapter 7 discusses the lived experience of gambling harms among women.
- Chapter 8 considers how gambling harms might be prevented or reduced among women.
- Chapter 9 provides illustrations of the range of experiences with gambling that women may experience over their life course, through composite 'journey maps'.
- Chapter 10 summarises the key findings from this research and conclusions tailored to different groups of readers.

A separately published appendix provides more detail on the method of the research and copies of key research instruments. The Appendices cover:

- Appendix A: A full list of the organisations that contributed to the research across the lifespan of the project.
- Appendix B: The full research approach for each phase
- Appendices C – E: Topic guides and other prompts for each research phase, split by audience.

A note on terminology used in this report

Throughout this report we refer to women who gamble, and women who have experienced harm as a result of someone else's gambling, referred to as "affected others". Some women who are affected others also gamble themselves, therefore these groups are not mutually exclusive.

4 Learning from the existing research landscape

Little was known about the experiences of British women who gamble or have been affected by others who gambled. Population statistics about the types of gambling women engaged in and the reasons for their behaviour were limited, and the data available did not enable analysis by different groups of women.

Three main data sources² were previously used to measure gambling prevalence and harmful gambling in Britain, all based on self-reported responses from surveys of adults that had different sample sizes and different methods of data collection. The figures have been disputed, for example based on sample size and data quality (House of Lords, 2020).

Overall, evidence from these sources was contradictory. Historically, more men have gambled than women. Some recent sources indicate that this is still the case. For example, one survey found that, as recently as 2018, more men gambled than women, and that gender differences were most marked in online gambling (15% of men participating in the past 12 months compared with 4% of women) (Health Survey for England, 2018). However, other sources indicate that this gender gap is narrowing, and that for some types of women, has closed entirely. For example, in a 2021 survey, the Gambling Commission found that, when respondents who only gambled on the National Lottery were excluded³ from the data, the figures for the numbers of men and women who gamble were almost identical, with 28.2% of men and 28.3% of women having participated in at least one form of gambling “in the past four weeks” (Gambling Commission, 2021).

Findings from other surveys also differed on whether gambling has been increasing or decreasing over time. For example, the British Gambling Prevalence Survey (BGPS) showed that the proportion of women gambling at least once a week had increased from 37% in 2007 to 40% in 2010 (McCarthy et al., 2019). In contrast, the Health Survey for England data for the period 2012-2018 showed gambling participation reducing for both men and women (GOV.UK/Public Health England, 2021a). According to the 2021 Gambling Commission survey data, the proportion of women gambling on at least one product in the last four weeks (excluding those only playing National Lottery draw products) stayed relatively stable between 2010 and 2021.

Consequently, there is no clear agreement on whether women’s gambling has increased or decreased over time. In addition, prior to this research, the existing gambling and gambling harms evidence base tended to focus predominantly on men’s experiences, and men’s support needs.

Evidence from other countries suggests that women might experience gambling, and gambling harms, differently to men, so their support needs may also be different. For example, Matheson et al., 2021, Castrén et al., 2018 and Carneiro et al., 2020 all found rates of “problem gambling” to be higher among men than women across different countries. These authors and others (for example, GambleAware 2021; the Gambling Commission, 2021) also showed that women experienced gambling in different ways from men, specifically in relation to the types of gambling they participated in and their motivations for doing so – for example, uptake of online gambling using gambling apps,

² The Health Survey for England (2018), Gambling Commission survey data for Britain (carried out yearly since 2017) and the British Gambling Prevalence Survey (2010)

³ As participation in National Lottery draws is so much higher than for other gambling activities, changes in National Lottery participation can have a noticeable impact on overall participation rates. It is therefore useful to remove the responses of those who have only participated in National Lottery draws.

and increased participation in increasingly “feminised” gambling spaces, whereby gambling is embedded within other social activities (Thomas et al., 2020, McCarthy et al., 2019). Throughout this report we will explore these themes in more depth, drawing on the existing literature where relevant, as well as building on the evidence with findings from this study.

This chapter outlines the main gaps in knowledge that have informed our research approach. These have been drawn from the REA that was undertaken at the start of this research project (Collard, Davies & Fannin, 2022).

What are the main gaps in knowledge about gambling and gambling harms among British women?

The REA identified seven gaps in knowledge about gambling and gambling harms in British women:

1. **Geography:** much of the research comprised qualitative studies conducted in Australia and New Zealand. There was a need for comparable work in Britain to explore the similarities and differences in women’s experiences and the extent to which learning from other geographies is transferable.
2. **Heterogeneity and intersectionality:** the evidence base looked at differences in women’s experiences mainly in relation to age and, to a lesser extent, ethnic background and class. There was less research on how women’s intersecting or overlapping social identities of gender, race, ethnicity, class, religion, or ability shaped their experiences of gambling and gambling harm, particularly in a British context.
3. **Gambling pathways and harm trajectories:** while there was some qualitative evidence about women’s gambling pathways and harm trajectories, this was mainly from outside Britain and was necessarily retrospective (for example, asking women about how past experiences influence present practices). Longitudinal research would provide insight into how women come to experience harm and routes out of harm; as well as experiences of harm over the lifecycle and intergenerationally. There was also a lack of evidence on gambling harm related to productivity and performance, and cultural harms.
4. **Measures to prevent or reduce harm from gambling among women:** there was reasonable evidence about the barriers to accessing gambling treatment and support among women, but less on how exactly these barriers interact with women’s gendered roles and responsibilities in a British context. And, while research has helped inform what gender-sensitive and trauma-informed gambling treatment and support services might look like, there was little evidence about how this approach could be implemented in practice or how effective it is.
5. Relatively little was known about women as **affected others (AO)** in Britain. The above evidence gaps on “heterogeneity and intersectionality”, “gambling pathways and harm trajectories” and “measures to prevent or reduce harm from gambling among women” apply as much to women as affected others as they do to women who gamble.
6. **Online practices:** the evidence base on gendered use of technology generally and online practices specifically was under-developed and could provide valuable insight into women’s

gambling pathways and harm trajectories as online gambling continues to grow; as well as opportunities around online treatment and support for women.

7. Women in the gambling industry: the evidence suggests that women working in the gambling industry **may have particular experiences of harm that are not well understood**. For example, gambling industry employers encouraging their employees to make trial bets or otherwise participate in gambling activities as a requirement of their job role, ultimately resulting in gambling harms for employees (this issue was outside the scope of this research project).

These insights informed the development of research tools and interpretation of research findings for Phases 2 and 3.

This chapter has given a brief overview of the existing research landscape. Further findings from existing research are included within each chapter, as relevant. The remainder of this report describes our research findings in more details, starting with the role that gambling plays in the lives of women who gamble and affected others in Britain.

5 The role of gambling in women's lives

Introduction

This chapter explores the experiences of women who gamble and women affected by others (AO) who gamble in Britain. It provides evidence of gendered differences in how women and men gamble, both in product type and in gambling practices. It also highlights statistics⁴ about levels of gambling harms experienced by different groups of women and notes the importance of understanding the changing nature of women's gambling practices. This chapter first discusses women who gamble and then moves on to talk about women affected by others' gambling.

Experiences of gambling among women who gamble

Participation in gambling

Prevalence of and participation in gambling practices varied across different demographic groups but wider literature highlighted that men were more likely to participate in gambling activities compared to women. The Health Survey for England found that men (57%) were more likely than women (51%) to have participated in a gambling activity in the last 12 months (Public Health England, 2021).

While evidence indicated that more men gamble than women, the gender gap seems to be narrowing. According to the most recent Gambling Commission survey data, in the year to September 2021, 44% of men in Britain participated in at least one form of gambling in the past four weeks, compared with 41% of women. However, once respondents who only gamble on National Lottery draw products were excluded, the figures for men and women were almost identical, with 28.2% of men and 28.3% of women participating in at least one form of gambling in the past four weeks (Gambling Commission, 2021). Furthermore, Health Survey for England (HSE) data for the period 2012-2018 showed that gambling participation has been reducing at a similar rate for both men and women since 2012, displaying proportionality in gambling habits between men and women.

There was evidence of gendered differences in gambling participation by product type and how people gambled. The 2018 Health Survey for England found that women in England (18%) were as likely to buy scratch cards as men (18%) but more likely to take part in bingo (6% compared with 3% of men). Men however, had higher participation rates in all other gambling activities, especially online betting with a bookmaker, machines in bookmakers (including fixed odds betting terminals), betting on sports events and private betting (GOV.UK/Public Health England, 2021). Overall, the most common gambling activities women participated in were national lottery (41%), scratch cards (17%), other lotteries (15%), online betting (horse/dog 4%, football 3%) and online casino games (3%) as revealed from the analysis of Treatment and Support survey (GambleAware, 2021). Experts agreed that women's engagement with gambling can have gendered aspects, and elaborated that women tended to gravitate towards gambling products and activities that were more casual and easily accessible. However, there is also evidence of an emerging group of young women who use similar gambling products to young men, including more skills-based games (Castrén et al., 2018).

Outside the UK, there was also evidence of differences between men and women in the gambling products they use. One study found that in Australia, women preferred electronic gambling machines,⁵ which was also linked to an increase in their gambling participation and harmful gambling

⁴ From the previous wave of the GambleAware commissioned Gambling Treatment and Support Study conducted in 2019.

⁵ Electronic gambling machines include fruit and slot machines and video lottery terminals.

(Thomas et al., 2020). In Sweden, women were significantly more likely than men to report recent online casino gambling, land-based casino and online bingo gambling, and significantly less likely to report sports betting (Sundqvist and Rosendahl, 2019, cited in Ramanauskas, 2020).

Online gambling was the preferred medium of gambling activity for women: 70% of British women who gamble used apps or websites (Gambling Commission, 2016). The most popular location for online gambling was at home regardless of sex but, beyond the home, women were most likely to gamble online when commuting (10%), while men were most likely to gamble online at work (13%). A study based in New Zealand found that young women may be engaging in more online betting because it was viewed as “*anonymous, less intimidating and safer*” (Baño et al., 2021). This was reinforced by service providers in our research.

“We know women prefer safe confines for gambling because it can often make them feel vulnerable and online gambling provides the right level of anonymity and protection from the ‘real world’ to them.”

Expert Witness, Service Delivery (residential retreat and counselling service)

Women’s early experiences of gambling

To understand the role that gambling plays in women’s lives, our research explored experiences of gambling at all life stages from childhood to adulthood. There was existing evidence that, among young women in Australia, early participation in gambling as a family activity with parents and others was an important factor in shaping their attitudes to gambling and facilitated the normalisation of gambling (McCarthy et al., 2020).

Positive childhood experiences and positive associations with gambling were commonly described early experiences of gambling among the women in our research. These positive experiences included whole-family experiences, such as getting together to bet on the Grand National and/or visiting arcades as part of childhood holidays, or bonding with a parent, usually a father, as part of that parent’s out-of-home gambling. In both types of experiences, women recalled actively participating in gambling as children; for example, by choosing a horse to bet on or being given money to play slot machines. Experts corroborated this and added that, as a result of these positive childhood experiences, women tended to feel protective of their gambling habits and were easily triggered at the insinuation of gambling harms as a potential consequence of their gambling.

“Much like nostalgia, women tend to hold onto positive associations of gambling and look back on it as something pure like spending time with parents, bonding with siblings etc.”

Expert Witness, Service Delivery (individual and group support)

Other women grew up normalising gambling as a “safe family activity” which brought the family closer. One woman described how early experiences of gambling were also a way for her to bond with parental figures that were absent from her day-to-day life because of divorce.

“I remember my father taking me out every second Saturday of the month for lunch and we would watch the horse race and support our favourite horse in the race. I didn’t know much about horses, but I felt the closest to him during those Saturdays.”

Woman who gambles, England

When describing these early experiences, women often used language such as “fun”, “nostalgia” and “excitement”. They celebrated wins, for example, by spending winnings on a family meal or other treat, and often considered losses as unimportant.

“My brothers and I would see it like a treat-day where we would celebrate with family takeout or pastries or just something to celebrate a small win in our house.”

Woman who gambles, England

Early experiences of gambling could also be negative. Women recalled negative aspects of family gambling behaviour, such as arguments between parents about the amount of money spent or lost, which tended to contribute to a turbulent environment at home growing up.

“Mum and dad would squabble after his races sometimes. At first I didn’t understand what it was about because mum would place bets too, but I wondered if they put out different amounts and fought over the wins.”

Affected other, Scotland

Despite some women recalling negative experience, overwhelmingly women positioned their childhood gambling experiences as a normal activity with few downsides. This framing typically persisted through to adulthood and provided the lens through which adult gambling was initially viewed as a normal, and harmless activity.

The examples shared by women of different groups differed somewhat. Black African and Black British women that participated in our research tended to share fewer experiences of engagement with gambling as children.

Women’s experiences of gambling in adulthood: gambling with others

Regardless of any childhood experiences of gambling, women’s first experiences of gambling as an adult often involved a social aspect - for example, some form of gambling with family, friends or work colleagues. Gambling was seen as a way to develop and maintain social connections, and they had often taken up gambling as a way to socialise or build a community with likeminded women through this shared experience.

The social aspect of gambling in adulthood was supported in the REA, which found gambling activities to be ‘social rituals’ engaged in with peers (BetKnowMore, 2021). An Australian study found early participation in gambling as a family activity with parents and others seems likely to be an important factor in shaping their attitudes to gambling and facilitated the normalisation of gambling (McCarthy et al., 2020).

Some women also described their early experiences of gambling as something triggered by social pressures to participate with peers; for example, going out for bingo after work with colleagues.

“The sense of belonging, from being a part of that group and having a common hobby was delightful... [It] made me feel like a part of a community, like a start of a friendship.”

Woman who gambles, England

Women who gamble outside of the home at bingo or casinos tended to do so in an all-female group or with one other woman such as a best friend or mother. Women often described these as “girls’ nights out”. This type of social gambling was usually undertaken on a regular, planned basis. This is

in line with the Treatment and Support Survey findings which suggest that 24% of women who gamble do so on a weekly basis (GambleAware, 2021).

“I don’t see bingo as gambling, it’s something fun you do with friends.”

Woman who gambles, Scotland

Women often described drinking alcohol as an integral part of their social gambling experience. Several women attributed alcohol-consumption as a trigger to spend more money than they had planned but described their feelings about this more as a frustration than a serious worry or issue.

“It’s always the downside of going out because you spend pennies you don’t have, and drinking makes you forget even more about your spending sensibilities.”

Woman who gambles, England

Less frequent, one-off occasions of gambling such as a major sporting event or being on holiday could also function as triggers to gamble with others, particularly for those who had done so with family since childhood. A fifth (20%) of all women who gamble do so once or twice a year, or once a month based on the Treatment and Support Survey data (GambleAware, 2021).

Horse racing events such as the Grand National or Cheltenham Festival were most commonly mentioned by women interviewed. These were framed as “family traditions,” where the event itself and the excitement of watching it on TV with the family, usually in the home but occasionally in a pub, were core parts of a shared family experience. Women emphasised these aspects over and above the gambling aspect, which they viewed as secondary to a fun tradition.

“The Grand National now happens around one of my kid’s birthdays. The whole family is here, and we all put our bets on and watch it.”

Woman who gambles, England

Women’s experiences of gambling in adulthood: gambling alone

Some women gambled alone, usually in their own home. This was rarely their first experience of gambling – gambling alone typically happened as their gambling escalated, so while some gambled both socially *and* alone, others moved to solo gambling as an alternative to social gambling.

“Gambling is a life-long habit for me but over time it seems to have become less of a social activity, and I’ve done it more on my own.”

Woman who gambles, Scotland

This was most common in instances where women were gambling beyond their means. These findings mirrored findings from an Australian study that found that once gambling escalated to become harmful, “*the more regularly they [older women] gambled, the more they gambled alone and became isolated from their social networks,*” (McCarthy et al., 2021a, page 5).

Some women started to gamble online alone while venues were closed during the pandemic, which they maintained as a habitual behaviour after lockdowns were lifted.

“Lockdown made all of us adapt to different workings - work from home, online shopping, even betting online. There is no going back from the ease of doing things from your sofa.”

Woman who gambles, Scotland

Convenience and the potential for “impulse purchases” were also motivations for playing scratch-cards, which remained an option during the pandemic because they can be easily purchased as part of a grocery shop, or at a petrol station. The convenience and availability of online gambling, often via an app on a smartphone or tablet, was a popularly mentioned activity among women who gamble alone.

The frequency of gambling alone varied but overall, women we spoke to who gambled alone did so more often than those who gambled socially, typically ranging from weekly to daily. Products such as online slots that offered daily “free spins” were described as triggers to gamble more frequently, so as to not “miss out”.

Patterns of gambling alone differed by individuals, based on their preferences and circumstances. Women who participated in our research did not gamble alone at any set time of day, or any set day of the week. Instead, they gambled alone at whatever time the gambling afforded them the most pleasure, whether as a “lift” to start the day, a means to unwind in the evening or at the weekend as a “end of week” reward.

“I just thought it were just a bit of easy play, a bit of fun...mine was usually when I'd finished the food shop for the week, when you've got a little bit of spare change in your purse or, I've got one or two quid, I'll grab a couple of scratch cards. That was kind of like, me rewarding myself for going food shopping.”

Woman who gambles, England

Personal circumstances also influenced patterns of gambling alone. For example, different work schedules meant gambling either before or after work, and those with children waited until after their children were in bed.

“During lockdown when kids would stay home for school, my husband and I would put them to bed earlier than usual after supper to make time for our chores like admin, household work, and relaxing at the end of the night with some [gambling] gaming.”

Woman who gambles, England

Women’s experiences of gambling in adulthood: sub-group analysis

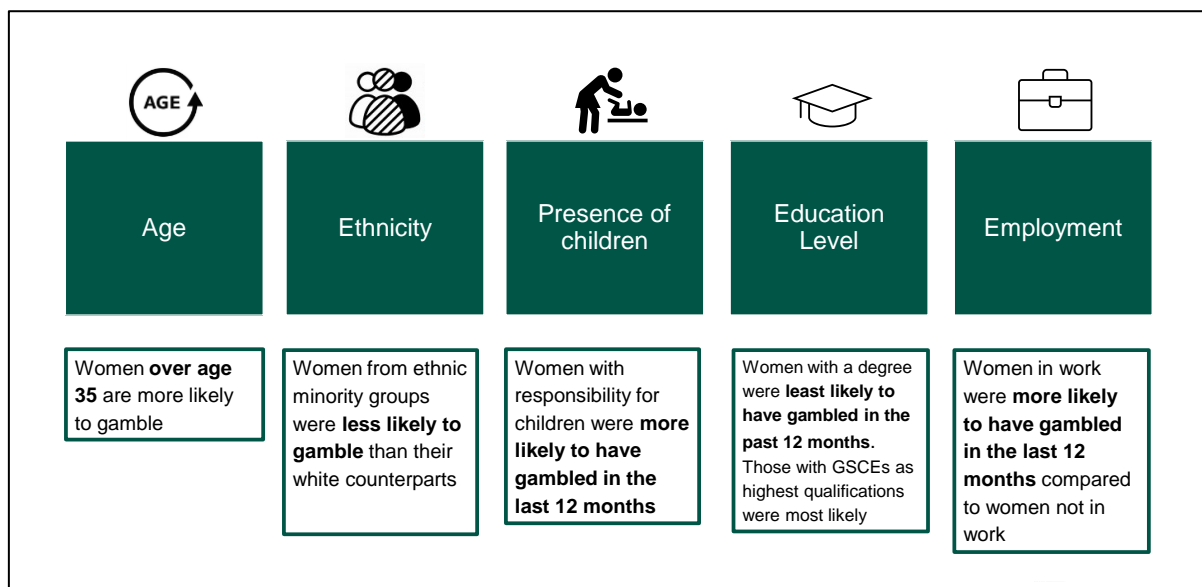
GambleAware’s Treatment and Support Survey (2021) suggested some differences in patterns of gambling behaviour among women by demographics, however, these differences were relatively small.

Figure 5.1 overleaf shows women between the ages of 35-54 (61%) were more likely to gamble compared with women aged 18-34, and 55+ (47% and 58%, respectively). Women from ethnic minority groups were less likely to participate in gambling than their white counterparts (46% gambled in the last month compared with 57% of white women). Women from lower social income groups and those with childcare responsibilities were both slightly more likely to have gambled in the last 12 months and when they had gambled, the products were scratch cards, bingo, or online casino games.⁶

⁶ 58% of C2DE women participated in gambling in the last 12 months compared with 54% of ABC1 women. Among women with responsibility for children, 61% gambled in the last 12 months, compared with 55% of those without responsibility for children. These findings, and all quantitative findings within this report are statistically significant at a 95% confidence level.

Women with a degree were the least likely to have gambled in the last 12 months (36%) compared with all other qualification levels. Women whose highest qualification was GCSE level were the most likely to have gambled (64%). Women in work were more likely to have gambled in the last 12 months compared with women not in work (59% compared with 51%, respectively).

Figure 5.1 – Extent and patterns of gambling by groups of women



Frequency of gambling also differed by groups of women. Women aged 55+ and women in relationships were more likely to gamble more than once a week. Perhaps unsurprisingly, women with a PGSI score of 8+ were over three times more likely to gamble once a week or more, compared to women with lower PGSI scores of 7 or less (66% compared with 20%).

Women’s attitudes to gambling and use of language when discussing gambling

It is important to look at the ways in which people generally, and women specifically, make sense of and talk about their own gambling practices. This “meaning-making” seems closely tied to the role that people see gambling playing in their lives, and is relevant for researchers, services designers and deliverers and communicators of public health messages around gambling and gambling harms.

Different factors underpinned women’s attitudes to, and experiences of, gambling in adulthood. Both women who had not experienced gambling harms, and some women who may have experienced harm (who scored 1+ on the short-form PGSI) described their adult gambling practices as a harmless social pastime, provided that their gambling did not cost them more money than they could afford.

“I feel in control of my gambling and money as long as I don’t go beyond the limit I set for myself each month.”

Woman who gambles, Wales

The ways in which women talk about and understand gambling was also raised by the Scottish Women’s Convention in its report of a roundtable event it held with women about gambling. It partly attributed its difficulties recruiting women to the event to the fact that women may regard their gambling practices as a social pastime, and therefore dismissed the discussion as not relevant to them. Similarly, it felt the term “gambling harm” might be off-putting (Scottish Women’s Convention, 2021).

Overall, most women in our research described their gambling activities as being positive and socially acceptable leisure activities.

“It’s just a bit of fun with friends at a night out really.”

Woman who gambles, England

Few women described their behaviour using the umbrella term, “gambling”. Instead, they used language that described either the specific activity, for example, “getting my free spins”, “placing a bet”, or the occasion, for example, “going to the bingo”.

Expert witnesses also acknowledged the importance of language that resonates with women, but a few felt that it is challenging to practically avoid the term “gambler”. They felt that most services do not associate the term with women seeking help for their gambling harms and tend to use more neutral terms like “*activities causing harms*”. This becomes important in messaging for services targeted for women as affected others, given that they often struggle to self-identify as experiencing gambling harms. These experts felt that the terminology is important to distinguish the service from other treatment services like mental health, addiction care, etc., and reinforce the gambling messaging.

Hing et al. (2020) highlighted organisational attitudes as a potential barrier to women receiving the help and support they need. Specifically, the limited recognition of gambling as a contributor to intimate partner violence, including by police and the justice system; social services; and some support services, including gambling support and domestic and family violence support.

Experiences of gambling among women who are affected others

There is growing recognition of the harm that individuals and families can experience because of someone else’s gambling, a group commonly referred to as ‘affected others’. The REA evidenced that the actions of each “problem gambler” (PGSI score 8+) negatively impacts between five and ten people in a range of ways, including financially, psychologically and being damaging to personal relationships (BetKnowMore, 2021).

As an emerging issue in research and policy terms, the evidence base around affected others is currently limited. Including adults and children, around 7% of the population in Britain were found to be negatively affected by someone else’s gambling; and affected others were more likely to be women, particularly as partners and spouses (GOV.UK/Public Health England, 2021). Women were more likely to have experienced all the negative impacts of being an affected other such as financial, health and wellbeing, and personal relationships harms (GOV.UK/Public Health England, 2021a). Illustrating the complex nature of gambling harms, one in five (19%) people categorised as “problem gamblers” (PGSI score 8+) also identified as being an affected other, compared with just seven percent of gamblers with a PGSI score of zero, or non-gamblers (Gunstone and Gosschalk, 2020).

Affected others’ early experiences of gambling

Women affected by others’ gambling described three types of early experiences of gambling. First, affected others who also gambled themselves often had similar positive childhood experiences to those described by women who gamble and a similarly normalised view of gambling. However, their subsequent experiences of gambling harms as a result of someone else’s gambling made them less likely to idealise early experiences and to realise that excessive or uncontrolled gambling could be harmful.

“All I remember is the rows when Dad spent too much on the machines. I thought, I’m never doing that.”

Affected other, England

Secondly, some affected others experienced gambling harms in childhood (usually from a parent or close family member), which drove their decision never to gamble.

“Seeing what our mum went through to put us through school because of our dad’s gambling made both my sister and I swear off gambling...20 years later I didn’t think I would end up in the same position.”

Affected other who also gambles, Scotland

Finally, there were affected others who had no experience of gambling until adulthood, then suffered harms as a result of another adult’s gambling.

“Both my husband and I had never gambled before and he only started 3 years ago as part of his online gaming, but never did anything consistently so we never realized when things got out of hand.”

Affected other, Scotland

The relationship between childhood experiences and adult behaviour is explored further in chapter 6 on drivers and risk factors of gambling, under the sub-section ‘Gambling with family members and the impact of parental influence’.

Affected others’ experiences of gambling in adulthood

Affected others who did not have early experiences of gambling in their childhood experienced gambling in adulthood and experienced subsequent harms for the first time. These will be further discussed in Chapter 8: “What gambling harms look and feel like for women”.

Affected others who also gambled also tended to do so both socially and alone. Affected others who gambled socially with other people tended to gamble regularly or on a habitual basis, whereas the frequency of gambling for those who gambled alone was variable. Experts felt that affected others tended to have larger social groups because they did not share the same levels of stigma as women who gambled more frequently and consistently. They elaborated that social isolation as a result of their gambling was less common among women who both, gambled and were affected others.

“The shame and stigma attached to gambling was more second hand for women as affected others and therefore had wider social networks and groups which led to greater frequency of gambling habits.”

Expert Witness, Service Delivery (residential retreat and counselling service)

The main difference between women who gamble and affected others who also gamble was in how the latter maintained control over their own gambling, and in their self-awareness about their gambling behaviour. These involved setting hard financial limits for themselves, for example, amounts per gambling occasion or per month, or setting lines they did not cross, for example, frequency of gambling (for example only gambling at weekends) or gambling type.

“[I’ve] never been worried about spending more because I don’t go over 30 quid a month no matter what. I also use cash only, so I’m not tempted to use the money in my bank account.”

Affected other who also gambles, England

Seeing the harms that could be caused by harmful gambling prompted these women to examine and question their own gambling behaviour in a way that was less evident in women who gambled, who were not affected others.

“It wasn’t until I saw what it did to him [brother] that I realised how out of hand it can get. He wasn’t sleeping. He wasn’t eating. He just wasn’t himself.”

Affected other who also gambles, England

Affected others’ attitudes to gambling

Whether or not they gambled, affected others did not tend to express negative views of gambling, unless they had experienced more severe gambling harms – for example, experiencing financial losses or serious mental distress as a result of a partner’s gambling or witnessing one parent experience harm as a result of the other parent’s gambling.

Although most expressed views that the gambling industry could do more to safeguard and support people experiencing gambling harms, they placed responsibility for harmful gambling with the person who was gambling, rather than with the activity itself or industry practices.

“I don’t blame the machines, plenty of people do the slots and don’t run into trouble. It all comes down to exercising self-control.”

Affected other who also gambles, Scotland

Attitudes to gambling were more negative if the person who gambled was a partner, and they were unaware of their partner’s gambling before beginning the relationship or if the gambling had developed during the relationship. Women found navigating those relationships difficult, especially when they had no experience of gambling themselves, or witnessing anyone else’s previously.

“Being with someone who gambles, it’s like a grieving process when you find out. There’s different stages to it...disbelief, anger, frustration...I would only be ready to hear certain messages at different points.”

Affected other, England

Women for whom this was the case tended to have more negative views about gambling, particularly if their partner’s behaviour had caused more pronounced harms – for example, mental distress due to secrecy and lying, serious financial harms, or negative impacts to their relationship.

“I thought I was doing the best lending him money [to gamble] but it was leaving us without food ... it pushed us apart – less time to watch telly together and be together. I thought [the relationship] could break.”

Affected other, Scotland

Conclusions

This chapter discussed the everyday experiences of women who gamble and women affected by others who gamble in Britain, and has provided evidence of gendered differences in how women and men gamble. The key findings are:

- More men gamble than women, but the gender gap seems to be narrowing

- Many women who gamble described positive childhood experiences, which created associations with gambling that persisted to adulthood and helped to normalise gambling as a fun, safe activity
- As adults, women often start gambling by gambling socially with others. Gambling alone at home is more common when participation in gambling escalates.
- When talking about their own gambling, most women do not use the word “gambling”. Instead, they discuss their gambling activities or occasions, such as “going to bingo”. This phrasing can contribute to perceptions of gambling as a recreational social activity, and downplay the possibility of gambling harms arising
- Expert witnesses also acknowledged the importance of language that resonates with women but a few felt that it is challenging to practically avoid the term “gambler”.
- Knowledge of the early experiences of affected others is more limited, but they are more likely to have had negative experiences of gambling, and to discuss gambling in terms of gambling harms

The following chapter discusses how these and other factors can act as drivers to gamble, and as risk factors for harmful gambling.

6 Drivers of gambling and risk factors for harmful gambling

Introduction

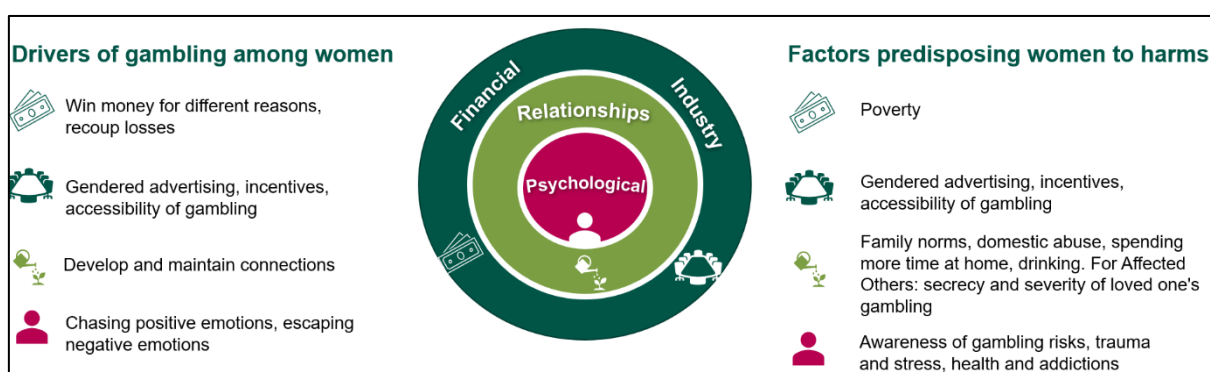
This chapter discusses the reasons why women gamble and the factors that can influence whether women will suffer gambling harms.

Drivers of gambling among women

The evidence suggests there are four main categories of drivers of gambling among women, including psychological; social (relationships and connections); financial and economic; and industry practices. Importantly, these drivers typically interact, reinforcing each other.

Not everyone who gambles will experience harms. This research identified key factors that can influence gambling harm, and we have grouped these with the categories of drivers to gambling they relate. Figure 7.1 summarises these drivers and risk factors, and the chapter discusses each in turn, for both women who gamble and affected others (AO).

Figure 7.1 Drivers of gambling and risk factors for harmful gambling



Women who participated in our research who gamble,⁷ commonly reported some escalation of their gambling over time, either in increased frequency of gambling, increased types of gambling or increased amounts of money spent. Few women reported their gambling remaining constant over time, or de-escalating significantly.

Psychological drivers of gambling among women, and risk factors for harmful gambling

Chasing positive emotions

Positive emotions associated with gambling were often critical as a motivation for women to gamble. This phenomenon is widely reported in the literature on psychological motivation for gambling. Physical gambling environments such as bingo halls or venues with electronic gambling machines (EGMs) were strongly associated with a positive atmosphere, and consequently, the pleasure derived

⁷ As a caveat: This qualitative research does not include a representative sample of women, as we deliberately disproportionately recruited those experiencing gambling harms. This type of escalation may therefore be more typical of women who go on to experience harm.

from being there could be a strong motivator for gambling (McCarthy et al., 2021c); Scottish Women's Convention, 2021). Qualitative studies in Australia showed that the enjoyment gained from the entertainment of gambling was particularly felt by older women, who may have fewer alternative opportunities for entertainment (for example, McCarthy et al., 2021a). The pleasure could be intensified by the “adrenaline” rush of winning (McCarthy et al. 2021c; Scottish Women's Convention, 2021).

The feeling of excitement described as “a thrill” was associated with all types of gambling and was a key driver for gambling in our study.

“I got a massive buzz from that, and I do think that was where I started gambling after that... I got the buzz... I did like that feeling when you win.”

Woman who gambles, Scotland

This “buzz” appeared to have two components – anticipation before and during gambling as women hoped for a win, which intensified to elation if they actually won. Interestingly, the amounts of money bet or, in the case of a win, the amount won, did not seem to particularly affect these emotions – the potential of any win, and a win itself, were sufficient to trigger these positive emotions.

“Sometimes my husband and I go to Arbroath and play the 2p machines. When I won 20p I was cheering! I won £1.70 from my £1. The buzz is the same. It's not about winning big. It's about winning.”

Woman who gambles, Scotland

Some women described using the “buzz” from gambling as a reward for completing tasks and chores. For example, some women would seek this feeling after coming home after shopping for groceries, or for some women who were mothers, relaxing after putting children to bed. Expert witnesses suggested an additional component to “the buzz” – that the positive feelings associated with it included feelings of power and control over their own lives.

Many women described an early “big win” when they first gambled, and of feeling huge excitement and elation, as a motivation to continue gambling. Trying to recapture these emotions was often identified as an important reason women began regularly gambling as adults, particularly for those who already had positive childhood experiences of gambling. This was also a primary driver in continuing to gamble over time. This was true even when the emotions dulled – this dampening could trigger an escalation of gambling in an attempt to recapture the positive feelings.

“I can remember it like it was last week even though it were 20 years ago. We had a work sweepstake, a boxing match, and I hadn't a clue what I was doing but I bet on which round it would end, and I won. I won something like £500. I still remember that absolute astonishment, the complete thrill, and I think I've been chasing that ever since.”

Woman who gambles, Scotland

These emotional aspects of gambling were an important driver for many women. IFF's secondary analysis of GambleAware's Treatment and Support Survey (2021) also supports this; 23% of women said they always/often gamble “because it's fun”, and 18% cited both excitement and the sense of achievement following a win as important drivers to gamble.

As described in Chapter 6, positive childhood experiences with gambling can help to normalise gambling as an activity. These positive childhood experiences, particularly those where a woman's

father had used gambling as a way to help build bonds during her childhood, emerged as a strong driver to start gambling as an adult. Such women still tended to view gambling through “rose coloured glasses”; to focus on the positive experiences and downplay any negative impacts.

“Dad backed the horses when I was a child, it was just what men did then. At the weekend he had newspapers and I’d get to pick a horse as a treat. Horse betting was part of my life, so when I grew up had my own money, I started having a flutter at the weekend.”

Woman who gambles, England

The disappointment associated with losing was typically described as a far less intense emotion than the elation of winning and did not appear to persist for more than a few minutes.

“You’d get a big ‘aaawwwwww’ of disappointment, but it wasn’t serious, and then it would be ‘ok, what’s for dinner then’. You’d just move on.”

Woman who gambles, England

Losing tended to induce more intense feelings of disappointment when the loss was of particular significance. Women who were suffering from serious mental health issues such as severe anxiety, depression and suicidal ideation tended to feel losses more intensely. In addition, women who lost large sums of money or, for those on low incomes, money that had been earmarked for another purpose such as food or other essentials recalled more intense feelings of disappointment or shame, particularly if they then had to borrow money from family or friends to meet basic needs such as buying food.

Escape from negative emotions

Evidence from other studies on gambling suggest that gambling can be used as a mental escape from negative emotions. These negative emotions can occur in combination but can be broadly grouped into gambling as escapism from stress and gambling to alleviate boredom and/or loneliness. The main difference between the two is that escapism from stress can be a trigger to start gambling, while gambling to alleviate boredom is more often a trigger to continue or escalate gambling. In the UK, the COVID-19 pandemic has been noted as a common reason why women felt bored and lonely, and has been cited as the main reason their gambling escalated.

Escapism can be from any stressful situation – for example, caring responsibilities, grief, trauma, other personal responsibilities, marital issues etc. Qualitative studies in Australia found that women often used gambling as a means to distract themselves from grief, caring responsibilities or even trauma (McCarthy et al., 2021a; McCarthy et al. 2019). Cox et al. (2021) found that women from Pacific Island communities in Australia went to bingo as a way of achieving a “time out” from household responsibilities; while Southeast Asian women in Australian communities used gambling to alleviate the anxiety and stress of acculturation (McCarthy et al., 2019). Although there is comparatively little research on British women, a study by BetKnowMore (2021) found that older women who gambled frequently did so specifically to avoid boredom and loneliness.

The design of gambling products can contribute to the feeling of ‘escape’, for example, slot machines require little thought to play, and as such can have an immersive quality that helps gambling become a “a means of avoidance-based coping” (Hing et al., 2020).

Expert witnesses in our study identified escapism as an important motivation for women to gamble. In their experience, more women than men *started* to gamble to escape various negative emotions.

“Men might gamble to create the buzz ...women may gamble to escape, to create some peace.”

Expert witness, Service Delivery (residential retreat and counselling service)

Gambling to escape negative feelings was also a factor in gambling escalating over time by the women in our study. This emerged as a common factor for some women with caring responsibilities, whether caring for children or other family members like older parents, and also women who experienced mental health issues, and physical issues or impairments. For example, women who described experiencing and getting treatment for anxiety and depression started gambling to alleviate boredom, loneliness or low mood. Affected others also noted that gambling to escape stressors in life, such as illness or loss, was an issue for their loved ones suffering gambling harms.

Expert witnesses noted a variety of situations that women may start or continue gambling to escape, such as boredom, loneliness, stress and childcare responsibilities. They described the effect of gambling on the brain as similar to a drug.

“Gambling is a Valium effect for women, to avoid negative feelings, anxiety and depression. It’s an escape.”

Expert witness, Research

However, IFF’s secondary analysis of GambleAware’s Treatment and Support Survey (2021) shows that only 7% of women identified with the statement that they gambled to “escape boredom/fill their time.” This suggests that, at a population level, this was less of a driver to gamble than other factors.

In contrast to the views of expert witnesses, while boredom emerged as an important reason women *continue* to gamble, it was not commonly cited by women who took part in our research as the reason they *first* began to gamble as adults. Women who said they spent a lot of time feeling bored were more motivated to seek out the fun and excitement that gambling provided them. The pandemic was identified as a key reason for women feeling more boredom, particularly during lockdowns, and a reason for some women’s gambling escalating during this time.

“It increased due to Covid and lockdown, boredom got worse. It was my way of dealing with the boredom and the mental health side – being lonely ... I never did any online gambling before lockdown.”

Woman who gambles, England

Social drivers: Relationship and connections drivers of gambling in women, and risk factors for harmful gambling

Gambling can also be a means to develop and maintain social connections, whether with family, friends or colleagues.

Gambling with family members and the impact of parental influence

Gambling with family members was (as noted in Chapter 6: “The role of gambling in women’s lives”), about continuing enjoyable traditions, and did not always lead to gambling harms. However, parental

influence and family influence have been linked with gambling harms in women, particularly where their fathers also suffered gambling harms (Forrest and McHale, 2021).

As described in Chapter 6, “The role of gambling in women’s lives”, women’s first experiences with gambling often occurred as a result of a “bonding activity” with a parent or as a family activity. Women in our study who gambled often grew up watching their parents and other family members gamble, and often formed strong positive associations with gambling at a young age.

“I recall Dad putting on bets for the Grand National. He would let me pick the horse. He would give me the newspaper, see the horses. I would pick one that had a cool name or looked nice. He would put the bet and they [the family] would sit down to watch it [the results].”

Woman who gambles, Scotland

Such women often continued these traditions into adulthood, continuing to participate in gambling events with their family. This could either be family gatherings (for example, betting on national sporting events) or nights out, particularly among female members of the same family. Going to a bingo hall was commonly reported as a social activity between mothers and daughters in particular.

Conversely, affected others’ early experiences of gambling often centred on negative impacts of a parent’s harmful gambling, which could result in them either deciding never to gamble, or exercising control and caution against harmful gambling later in life.

There is therefore strong evidence to suggest that parental influence can act as either a risk factor for harmful gambling, or a protective factor against harmful gambling, depending on the type of early experience.

Gambling with friends and colleagues

Among friends or work colleagues, gambling could help foster social connections – having shared, fun experiences in a gambling setting could be part of these relationships.

Various authors have noted that gambling has often been facilitated through the provision of non-gambling social activities, such as dining (McCarthy et al., 2020). For older women (aged 55+) in particular, gambling could sometimes be driven by a need for social connection in cases where they felt isolated (McCarthy et al., 2021b) and may become embedded in their social practices.

Expert witnesses also acknowledged that gambling could be a means of building social connections and having fun, and that these could act as drivers to gamble.

“It’s about being social, fun and camaraderie-building - this is a big aspect for women. Engagement in particular activities is driven by how socially acceptable it is seen to be...so bingo is primarily thought of as social, and players may have family experience of previous generations taking part in person.”

Expert witness, Service Delivery (a service that helps people control online gambling)

The importance of social drivers of gambling are also reflected in our secondary analysis of GambleAware’s Treatment and Support survey (2021), which showed that one in 10 women (11%) gamble because it is something they do with friends or family. Other reasons women gamble are to be sociable (5%), to compete with others (3%) and to impress other people (2%). These relationship-building aspects of gambling therefore seem to play an important role in normalising gambling activities among women.

Gambling as a shared activity also facilitated existing social connections and fostered a sense of community and inclusivity among like-minded women.

However, the social aspect of gambling could also result in women perceiving gambling with others to be *primarily about socialising*, and did not differentiate between gambling and socialising. Many women in our study downplayed the risks of gambling by placing high importance on the social benefits they accrued from it. For example, women often perceived in-person bingo as a 'social night out' rather than as "gambling".

"[Bingo is] not gambling-gambling. Real gambling is like, being down the casino every night, putting your life savings on the roulette table. This is just the bingo. It's a bit of fun where you might be a winner."

Woman who gambles, England

Some gambling practices were seen by women as less risky and harmful if they involved a social element. Bingo was the most commonly mentioned type of activity, but a few women also mentioned gambling at arcades. Other types of gambling perceived by women as less risky included "free" gambling such as online "free spins", although only if this did not act as a gateway to spending money in an online casino. Any gambling done as part of a holiday was also deemed less risky – again, slot machines at arcades were frequently mentioned.

"Family holidays at the seaside. The penny machines in the arcade. That was so much fun. Even as a child I remember that thrill. Even winning 10p."

Woman who gambles, England

Expert witnesses in our study added that the prevalence of gambling activities within social spaces has led to gambling being normalised in places where people socialise. This normalising of gambling in social spaces could add to women feeling that gambling was a low-risk, fun activity, and downplay the risks of gambling harms.

"The problem for women started when gambling entered into daily life. Pubs are places that everyone enters, even children. Slot machines are visible and accessible. Bingo halls have been put in places that used to be covered markets or dancing places...[gambling has become] very normalised, in places where people socialise."

Expert witness, Research

Spending more time at home

Evidence from the wider literature found that the pandemic changed and in some cases escalated gambling behaviour among people who had previously gambled with others. An online survey of regular sports betters in the UK during lockdown (Wardle et al., 2021) showed that, while betting generally decreased, "problem gambling" (the term used in that study) was associated with starting new gambling activities during lockdown for men and that women who were shielding for health reasons were especially vulnerable to gambling harms. A further study (Public Health England, 2021c) showed that more female regular online gamblers had signed up for new gambling accounts since the start of lockdown, than male gamblers.

Similarly, our research found that having more free time during lockdown, and the closure of face to face gambling venues such as bingo halls, sometimes resulted in women trying new types of solo betting and gambling such as online bingo or scratch cards.

“I started doing the spins [online gambling using an app] when the bingo halls and casinos all closed. Then when they opened up again, I still carried on with the apps.”

Woman who gambles, England

Expert witnesses added that these newer types of gambling could be particularly appealing to women, as they allowed gambling to be done alone and in secret, which could appeal to women who were ashamed of their gambling.

Tying in with the point above and especially prevalent during lockdown, women described finding themselves with additional spare time and choosing to adopt new gambling habits that resulted in more opportunities to gamble. This was also common among women spending more time at home due to furlough, caring responsibilities for their young children, or long-term illness.

“I’ve done it for a long time, but in the house it’s so easy to access it, you can do it online. [Online bingo is] so easy and it’s advertised, it’s terrible, there’s a lot it’s always on the tv – but again because it’s dead easy to access and during the lockdown you didn’t need to go out the door.”

Woman who gambles, Scotland

The role of potentially life-limiting health conditions in increasing vulnerability to gambling harm is supported by multivariate analysis of the Treatment and Support Survey data, which found that women with Chronic Obstructive Pulmonary Disease (COPD) or diabetes were 2.9 times and 2.1 times more likely to have a score of 1 or more on the PGSI compared with those who do not gamble (GambleAware, 2021).

Increased gambling due to consumption of alcohol

Women who described consuming alcohol frequently or ‘excessively’ felt more vulnerable about crossing the threshold of safe gambling, especially those who saw gambling as a social activity and tended to use it as a gateway for social drinking.

“You spend more at the bingo hall than you mean to, you’ve had a couple of drinks. You spend on the fruit machines, that’s where you spend too much. You’re always chasing a win. You’ve run out of money. What I like to do is play cash. So I try not to go past the cash I’ve brought. But there’s a cash machine there. And if you’re on the fruit machine and it’s a hold and you need more money, you just get a tenner out.”

Woman who gambles, England

The multivariate analysis showed a link between the number of units of alcohol consumed per day, in that heavier drinkers⁸ were 2.6 times more likely to have a PGSI score of 8+ than non-drinkers. Similarly, women who smoke were up to 3 times more likely than non-smokers to have a PGSI score of 8+.

⁸ Defined as those who reported consuming 5-6 units of alcohol daily when they drink

Gambling to cope with domestic abuse and trauma

Finally, there is increasing evidence on the relationship between gambling and women who are victims of Intimate Partner Violence (IPV), notably how women who are in abusive relationships may use gambling as a way of coping (Hing et al., 2020). Gambling can be a way of temporarily forgetting about the trauma suffered at home, but gambling venues can also function as a physical place of safety where women would go to get away from the physical and emotional abuse they experienced at home (O'Mullan et al., 2021). In qualitative research with older women who gamble in Australia (aged 55+), women sometimes described unhappy, negative or abusive relationships with partners or spouses as a reason for starting to gamble regularly (which ultimately led to harmful gambling for them) (McCarthy et al., 2021c).

As well as a driver to begin gambling, being the victim of domestic abuse has been linked to gambling harms, with an estimated 20-49% of people who suffered from gambling harms having been the victims/survivors of domestic or family abuse, and 69% of those being women rather than men (Hing et al., 2020). This can often manifest in gambling to “escape” these relationships, whether that is physical or mental escape.

However, domestic abuse was not directly discussed by any of the women in our study. Due to both the sensitive nature of this topic, and the fact that the focus of the study was gambling rather than domestic violence, we did not directly ask women about it. However, relationship difficulties, high levels of conflict and breakdowns were cited by some women as a key cause of gambling escalating to become harmful.

Although none of the women who participated in our research discussed experiencing abuse, other periods of trauma, such as divorce, were identified by them as being linked to increased gambling as a means of psychological escape. This was not, however, a universal experience among woman who gambled.

“When my son was in a terrible car crash, he’s disabled permanently now, and at the same time my father was diagnosed with heart failure I suddenly had two people to take care of, and that was when I went out of control with it [online gambling]. It was just an escape from all the stress and responsibility.”

Woman who gambles, Wales

Expert witnesses also noted that trauma can be a driver. As well as domestic violence, they identified other traumatic experiences such as sexual abuse as potential triggers for harmful gambling (among other addictive behaviours) later in life.

Financial and economic drivers

The idea of winning money motivated some women to gamble. Reasons for women wanting to win money could vary – for example, some women hoped to win enough money from gambling to contribute to household finances and to relieve financial pressures, so saw gambling – particularly bingo – as a way of potentially supporting their family (for example, Cox et al., 2021). A desire for financial independence could also lead women to gamble for their own personal spending money, which is kept separate from household finances (Freytag et al., 2020; Scottish Women's Convention, 2021).

The idea of winning money could also provide hope of physical escape (as opposed to psychological escape discussed above), from their relationships or more broadly, from their financial situation and poverty, or to escape domestic abuse.

“They [women in abusive relationships] sometimes try and get money so they have enough money to move away from that abuser, so they were using gambling in that way.”

Expert witness, inter-related issues affecting women

The desire to win money as a driver to gamble is supported by GambleAware’s Treatment and Support Survey data (2021), which found that 56% of women “always or often” gamble for the chance of winning big money.

However, while the idea of winning money was motivating, findings from our study suggest that this was rarely the *only* reason, or even the *primary* reason women said that they had started gambling. Instead, it was most likely to sit alongside the psychological and (sometimes) social motivations previously discussed.

“You have a little daydream about what you’d do if you won big money, like a big holiday. And someone’s got to win, so that’s quite a lure. But for me it’s more about the fun of it, the excitement when you have a win, even if it’s just a fiver.”

Woman who gambles, England

Expert witnesses typically agreed with this finding and illustrated while the desire to win money could be motivating, it tended to be a contributory driver to gamble rather than a primary motivation to start gambling.

“It’s a bit of excitement, and as a bonus, it’s a way to try and gain money”.

Expert witness, inter-related issues affecting women

Expert witnesses further reported that the desire to win money could be a gendered issue, particularly when women were living in poverty, although they also noted that this issue is currently under-researched in Great Britain.

Being on a low income resulted in some women gambling less due to having no spare funds, but this also triggered others to gamble more, in the hopes of spending a little and winning more. Financial loss could also lead to increased gambling as women tried to recoup losses.

“I hated myself for doing it. I remember putting £10 on and I was scared of losing that £10 because it was money I needed so put another £10 on and chased it that way.”

Woman who gambles, England

Evidence from the wider literature has shown gambling to be associated with poverty indicators and that people living in impoverished areas were found to be more vulnerable to “gambling problems” than those in affluent areas, with historically marginalised groups such as indigenous peoples and Black people at greater risk (Hahmann et al., 2021). There was, however, no evidence to find women living in poverty to be at greater risk of gambling harm than men living in poverty.

However, while this may be true as a trend at a population level, findings from our research did not directly support the wider literature. In contrast to findings reported in the REA, our qualitative

research findings suggest that it is challenging to infer correlations between levels of income and gambling habits. This was because women of different income levels had different reasons for gambling and spent different amounts. Some women we spoke to gambled because they had spare disposable income, others gambled because they had very little money and were trying to win more, while others restricted their gambling due to lack of available funds.

“I never used to personally go out of my way to buy a scratch card ... they are by the cash register so maybe pick one up if I had a bit of spare change ... it was for fun really with the chance of winning, but really just for fun and was not breaking the bank so the odd £1-£2 ... just what I could afford.”

Woman who gambles, England

Industry practices

The growth in women gambling has been partly attributed to the “feminisation” of the gambling industry, which has employed specific strategies to appeal to women.

McCarthy et al. (2020) cited feminisation of gambling spaces as key to the normalisation of gambling for young women in Australia, whereby gambling became associated with glamour, and was combined with other social activities such as drinking and eating. Other research in Australia found that certain gambling environments were more acceptable to women than others, particularly venues with electronic gambling machines (EGMs) (Thomas et al., 2020). Other research shows that women may increase their participation in gambling in an environment where they felt important (McCarthy et al., 2020).

Another study in Australia found that bingo provided a social environment for migrant women from Pacific Islands countries that was accessible, relatively affordable and accepting of people from different ethnic and class backgrounds. For them, bingo was mainly a social event where alcohol was either marginal or absent; the orderly conduct of games allowed women to feel safe; and they could enjoy themselves without fear of being harassed by men or worrying about their husbands being jealous (Cox et al., 2021).

A recent study by BIT’s Gambling Policy & Research Unit (2022) identified six ways in which gambling and betting operator sites adopt practices that make it easier for people to gamble, as opposed to making it easier to stop gambling. These were: taking longer to close an account than to open one (often with a lack of clear and accessible instructions about the cancellation process); “frictions” in gambling management tools such that it takes more actions to set up a deposit limit compared with placing a bet; implementation of a minimum account balance needed to withdraw money, which could hinder some customers from closing their accounts; no feedback offered to customers about the time or money they spend gambling; and other defaults that are not in the customer’s best interests.

The impact of marketing, particularly gendered advertising, has been noted as an important driver for women to gamble. Strategies have included using female celebrity endorsement, or targeted campaigns aimed at different groups of women (Castrén et al., 2018, BetKnowMore, 2021). In the UK, an estimated £747 million was spent in 2017 on marketing messages aimed at specific groups of people, including women of specific ages (House of Commons, 2020; cited in BetKnowMore, 2021). There is evidence of gambling operators using marketing to target women in relation to online bingo sites (Gov.uk/Public Health England, 2021) and online casinos (Håkansson & Widinghoff, 2020b) – for example, by depicting women in the adverts who were enjoying themselves, emphasising free spins and using language designed to appeal to women, such as “treat yourself”.

Expert witnesses discussed the rise of gendered marketing for gambling, and of how prevalent and normalised this had become in Great Britain in recent years.

"We know that widespread promotion and advertising, broadly across the population, but women specifically, normalises gambling activity and it removes the stigma around gambling."

Expert witness, Research

Targeted marketing was seen by expert witnesses as an important driver to women starting to gamble, even if women themselves did not always realise its prevalence and impact. In particular, experts noted the frequency of such advertising on daytime television, and of how this tended to normalise gambling by emphasising how easy and enjoyable gambling could be and downplaying any risks of gambling harms.

Experts also noted that the style of marketing had changed, and that gambling companies were trying to target not just women, but different demographics of women.

"Gambling firms are targeting young people now, including women. They're trying to make it more cool and for younger people so they're using rap stars and social media stars to try and sell it to a younger audience."

Expert witness, inter-related issues affecting women

Unsurprisingly therefore, industry practices such as aggressive gendered marketing and targeted incentivisation have also been associated with gambling harm in women. Dow Schüll (2002) maintains that gendered differences in patterns of 'compulsive gambling' are explained by social context rather than sex, including gambling operators targeting women with highly addictive products that offer an escape from an unequal care burden, designing "consumer technologies that capitalize on potent cultural anxieties" (Dow Schüll 2002, cited in BetKnowMore, 2021).

For the women in our research, such marketing strategies did not emerge as a driver to *begin* gambling but were noted as a contributory factor in many women continuing to gamble, gambling more often, or diversifying to try new products or modes of gambling.

"You see it in the ads, Paddy Power sponsors Corrie, just seeing the logo makes you want to have a spin."

Woman who gambles, Scotland

Some women also recalled gradually increasing the amount they spend on gambling due to the "high" and "rush" of winning as a result, sometimes losing track of their expenditure and becoming more vulnerable to suffering financial harms, if they spent more than they could afford. Expert witnesses also confirmed that the women they had spoken with (for example, in support groups or in other research) had experienced this and attributed it partly to increased advertising.

Gambling operators often offered incentives that allow players to gamble free of charge, for example, sign-up offers or "free spins", or other financial incentives and special offers. For the women we spoke to, these incentives often provided a strong motivation to continue to gamble among those who already gambled online. A few women who had moved from in-person gambling to online gambling cited these as the trigger to first try online gambling.

"These sites were coming up saying if you join you will get cash back on [gambling sites] ... it was the adverts that drew me in ... they have all the betting sites on there like Coral and BetFair, and they say

if you join we will give you £10 back which is quite a good offer really, so I ended up having six on the go at that point.”

Woman who gambles, England

Women saw these offers advertised both on TV and online, and in bingo halls, for example, on the back of toilet stall doors.

Increased accessibility of where and how to gamble also led some women to gamble more. The proliferation of online gambling, particularly apps, mean that women can now gamble from anywhere on a smartphone, tablet or computer. New technology in bingo halls, with pencil and paper bingo being replaced by touchscreen consoles enabled women to play “multiple lines” with less mental effort and awareness of spend.

Replacing cash with bank cards or electronic payments made it more difficult for some women to keep track of exactly how much they were spending, both in person or online, and also made it more difficult to set hard limits on how much they would spend.

“These days I will go with what I can afford to spend so I will leave my bank card at home and go out with cash I can afford to spend. When I was playing online, there were no limits and it’s shocking how fast it racks up.”

Woman who gambles, Wales

Finally, some women also mentioned the strategic positioning of scratch cards by tills making them an easy impulse purchase.

Conclusions

This chapter discussed the reasons women gamble and the factors that influence whether women suffer gambling harms. The key findings are:

- The evidence found four main categories of drivers of gambling among women, including psychological; social (relationships and connections); financial and economic; and industry practices. Importantly, these drivers are often complex, multi-layered, and mutually reinforcing.
- **Psychological drivers** included seeking positive emotions, such as a feeling of excitement described as “the buzz” or “the thrill” after a big win. Women tended to use this “buzz” from gambling as a reward for completing tasks and chores in their lives thereby normalising gambling as an activity. Positive childhood experiences were also critical as a motivation for women to gamble and to normalise gambling in their adulthood. In terms of gambling as a way to avoid negative emotions, this tended to occur in combination but was broadly grouped into gambling as escapism from stress and gambling to alleviate boredom and/or loneliness.
- Gambling was also seen as a means to develop and maintain social connections (**social drivers**), whether with family, friends or colleagues. Familial and friendship influences, particularly around normalising gambling and downplaying negative impacts due to positive childhood experiences, emerged as a strong driver to gamble as an adult. Other relationship factors that predisposed women to harmful gambling included family norms, domestic abuse, spending more time at home, drinking, etc.

- The idea of winning money (**financial drivers**) motivated some women to gamble. However, reasons for women wanting to win money varied – for example, some women saw it as a way to potentially support their families. For others, the idea of winning money provided hope of physical escape from their relationships or more broadly, from their financial situation and poverty, or to escape domestic abuse.
- Features of **gambling industry practices** also contributed to women gambling, particularly the rise of gendered marketing and advertising. Industry factors that predisposed women to harmful gambling included gendered advertising, incentives and the accessibility of gambling.

The following chapter discusses how these factors influence women's experiences of gambling harms.

7 What gambling harms look and feel like for women

Introduction

This chapter discusses the profile of women experiencing gambling harms. It then explores the harms experienced by women who gamble and affected others (AO), including health and wellbeing, financial, personal relationships, reduced performance and activity, legal and cultural harms.

Profile of women experiencing gambling harms

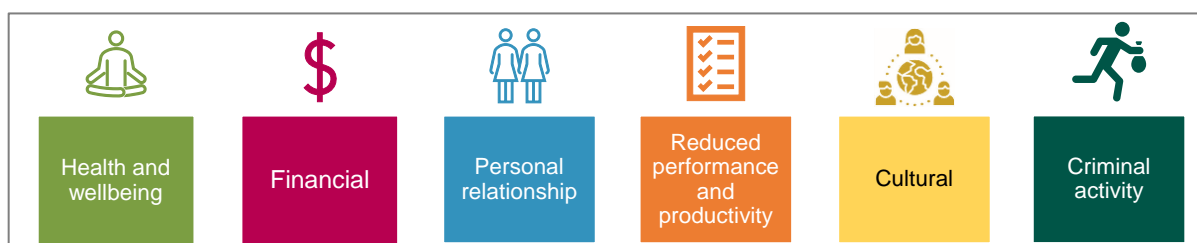
Age was found to be correlated with gambling harms. Secondary analysis of the Treatment and Support Survey by Gunstone and Gosschalk (2020) found that women gamblers experiencing high levels of harm from gambling (a PGSI score of 8+) tended to be younger, between the ages 18-34. They also found that women who were “problem gamblers” (classified as PGSI 8+) were also more likely to be from an ethnic minority background (35% compared with 12% of white women who were PGSI 8+). It is worth noting that although women from ethnic minorities experience greater harms from gambling, the proportion of women from ethnic minorities that gamble at all is smaller than the proportion of white women who gamble.

Existing research has found that for many gambling products, the likelihood of women’s involvement increased in line with their PGSI score. For example, online casino games were played by 26% of women who gamble with a PGSI score of 8+ compared with just two percent of women with a PGSI score of zero (Gunstone and Gosschalk, 2020). A similar pattern was observed for gambling in a casino (15% compared with two percent), gaming machines (15% compared with under 1%) and fruit or slot machines (17% compared with 4%). An exception to this was National Lottery tickets, wherein women categorised as “problem gamblers” were much less likely to participate (39%) than women who gamble with a low or moderate risk of harm (70%).

Gambling harms experienced by women who gambled

The harms experienced by women who gamble are many and varied. Gambling harms have been grouped using Langham et al.’s (2016) “taxonomy of harms”: harms to health and wellbeing; financial harms; relationship harms; reduced performance and productivity; cultural harms; and criminal activity. The interrelationships between harms are important, leading to compounding harms and an enduring legacy of harms. The taxonomy of harms are illustrated in Figure 7.1 below.

Figure 7.1 Health and wellbeing harms experienced by women who gamble



Health and wellbeing harms

Gambling harms often manifested in harms to health and wellbeing, and these types of harms were closely linked to the experience of financial and relationship harms. Figure 7.2 summarises the health and wellbeing harms identified in this study.

Figure 7.2 Health and wellbeing harms experienced by women who gambled



Women interviewed discussed how feelings of anxiety, stigma and shame relating to the impact of their gambling on family duties and family finances had a severe impact on their mental wellbeing. This was especially prevalent in instances where their gambling led them to feel like they had “*failed in their duties*” as a “*mother*” “*wife*” or “*daughter*”. Experts added that the guilt and shame experienced by women was a gendered phenomenon that stemmed from the burden carried by women to stay in control and keep the household together.

“There are higher expectations for women to perform in a certain way. Women feel more shame and stigma attached to gambling compared to men because they perform the role of primary caregivers that keep the household intact and running.”

Expert witness, Research

Women added that psychological harms such as loss of self-esteem contributed to their lower levels of physical and mental health. These women tended to feel a sense of guilt and shame for “wasting money” and “losing control” when spending more than they had intended. Many women described this as a sense of “disappointment in self”.

“I felt so low, I felt unworthy of being a mother to children – but I couldn’t stop.”

Woman who gambles, Scotland

The sense of burden felt by women in having to hide their gambling behaviours and subsequent consequences from their partners and family was seen as a key reason for severe underlying anxiety and stress. A fifth of all women (18%) from the Treatment and Support Survey sought treatment, advice or support due to concerns or anxiety about their gambling (GambleAware, 2021). In the more serious cases captured by the research, harmful gambling elicited thoughts of self-harm and attempted suicide.

“I came very close to giving up when I had lost my week’s salary in betting and had no way to pay for the shops. I thought of my daughter and never went through with it, but I still remember the feeling like it was yesterday.”

Woman who gambles, England

Evidence from the REA suggested that suicidal events (deaths, attempts, ideation) were significantly higher among adults with gambling disorder compared to the general population (GOV.UK/Public Health England, 2021; Valenciano-Mendoza, 2021; Håkansson and Widinghoff, 2020a). A study found that some participants, particularly women, had already experienced suicidal events before starting to gamble, which suggested that gambling can trigger suicidal events in some people already prone to suicidal ideation (GOV.UK/Public Health England, 2021).

For these serious cases, a lot of their mental distress also came from feeling low and depressed about lack of winnings. Some women in our research described how gambling had taken the role of an important activity in their lives and had the potential to directly impact their sense of purpose in life.

“Online slots had almost become a habit now that if I lost my money for the day I’d lose the will to carry on with other activities and just count the hours until I could play again. The losses felt deeper each time.”

Woman who gambles, Wales

For these women, gambling had been so entrenched in their day to day lives that they struggled to draw boundaries and separate it from their sense of self. Experts added that it is harder for women to separate gambling activities from their sense of self especially if they were not in employment or without childcare responsibilities because in those instances gambling tended to serve a bigger purpose for them. It had the potential to become an all-consuming activity, in the absence of other diversions.

Other health and wellbeing harms such as irritability, loss of sleep and appetite, and stress from having to figure out the finances in the event of gambling losses were common among the women interviewed. Service designers interviewed reinforced these findings and added that physical and mental health harms tended to go hand in hand and that the presence of one often led to the other.

“There can be an absence of food in the house because they’ve spent all the money which leads to a trickle-down effect in the form of no heating, no food, can’t afford bills, etc. This plunges their mental health into self-loathing, depression and isolation”.

Expert witness, Service Designer (umbrella organisation with multiple treatment and support programs)

Financial Harms

Gambling can have a severe impact on individual and family finances. As illustrated in Figure 7.3, the women interviewed shared how financial harms they experienced impacted their families and led to consequences such as worsening living standards for the family and loss of family savings. This was especially more likely if harmful gambling led to economising in other areas of life or drawing on savings (BetKnowMore, 2021).

Figure 7.3 Financial harms experienced by women who gamble

Financial impacts were the second most commonly cited motivation for seeking help for gambling by women in the Treatment and Support Survey analysis (mentioned by 17% of those who sought help) (GambleAware, 2021). A less commonly expressed view shared by women who struggled to identify suffering from gambling harms felt that this was the “most visible reality check” with respect to spotting signs of needing help. It wasn’t until they were in financial trouble that some of these women recognised the harms incurred from gambling frequently and beyond their means.

“I had been gambling for years and felt completely in control until I realised I was spending more than I was saving each month until finally when I was in deficit and had no money left in my savings account...it wasn’t until I saw the zeros that I realised how bad it had gotten.”

Woman who gambles, Scotland

The “opportunity cost” of alternative ways of spending the money that had been used by women for their gambling was another financial harm. For example, using money that had been set aside for retirement plans and holidays, for gambling. Some women regretted the other potential ways that they could have spent money that they had lost through gambling, and some considered this to have resulted in negative impacts on their quality of life, through the absence of other things (mainly experiences) that could have brought them joy or peace of mind.

“My brothers and I were hoping to get a new TV and car and I knew I could contribute to that but started to lose the money I had set aside quick quickly... Wish I had continued saving instead.”

Woman who gambles, England

Resource depletion because of harmful gambling could often lead to borrowing and debt for both women and men who gambled, with potentially severe consequences for them and other family members (including children) such as loss of the home through repossession, or eviction because of mortgage or rent arrears (BetKnowMore, 2021; Forrest and McHale, 2021; GamCare, 2021). Gambling-related debt can often lead to other harms such as relationship problems, physical and mental health problems, and even crime in some instances (Forrest and McHale, 2021).

There is some evidence to suggest that gambling-related debt can be gendered. A survey in Sweden (Håkansson and Widinghoff, 2020a) found that the self-reported financial consequences of gambling, including accruing debt and over-indebtedness, were significantly more common in women who gamble categorised by the PGSI as ‘problem’ or moderate-risk compared to men. Experts in our research felt that this related to women having more propensity to feel stigma and shame as a

consequence of gambling harms, and as a result reached out for financial support more openly than men.

“Men would think twice before admitting and recognising harms and reaching out for financial support but women do that as a way to overcorrect and make up for losses incurred as a result of their gambling. This tends to be the start of a debt-trap if not controlled and monitored.”

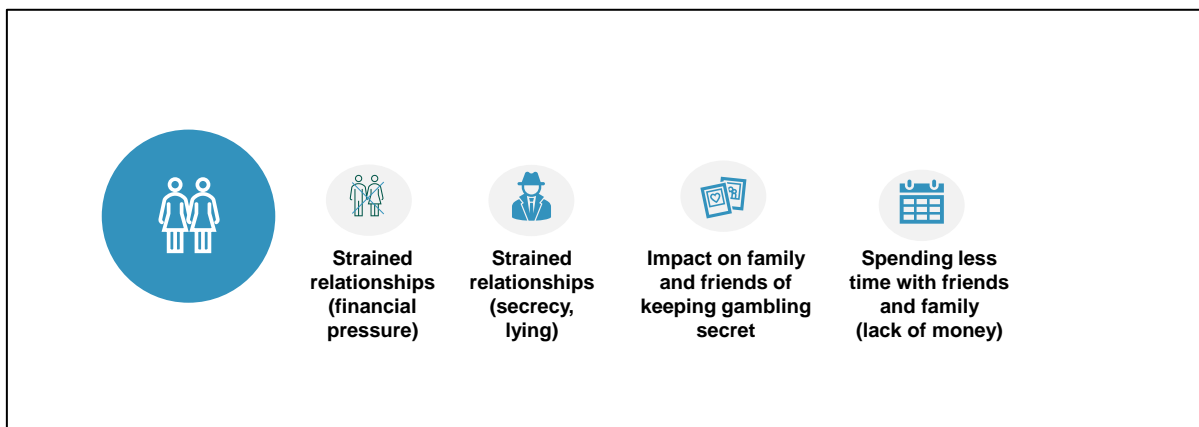
Expert witness, Research

A less common view shared by women interviewed was that the threshold between intended expenditure and overspending was quite small. For instance, for one woman spending £10 a week was normal and made her feel *“in control”* but spending £40 a week led to serious emotional consequences such as guilt, shame and regret.

Personal relationship harms

The strain on relationships from gambling, often due to financial pressures of prioritising gambling above others, was a common type of personal relationship harm expressed by women who were interviewed, as illustrated in Figure 7.4. Wider literature corroborated this finding, with one quantitative study reporting that people classified as moderate-risk or “problem” gamblers experienced lower levels of family functioning and social support (Forrest and McHale, 2021). Qualitative evidence also illustrated how this relationship strain was experienced within family and friendship networks, including arguments, domestic and/or economic abuse (Forrest and McHale, 2021; GamCare, 2020), lack of trust (Hing et al., 2020; McCarthy et al., 2019), and communication breakdown (McCarthy et al., 2019).

Figure 7.4 Relationship harms experienced by women who gambled



As seen in the figure above, women interviewed spoke of spending less time with friends and family because of shame, and because they could not afford to go out with them. They mentioned having to hide the extent of their gambling from friends and family as a result and felt a sense of *“loss of self”* from having to conceal a big part of their lives. In the case of one participant this contributed to the breakdown of her marriage.

“It causes words sometimes [so] I hide a lot of it from him [husband]. It’s the money - some weeks quite a lot. It causes tension with him, so I just don’t tell him, he’d moan.”

Woman who gambles, Scotland

There was also evidence of a “*power struggle*” wherein women felt a sense of entitlement and agency over their finances and found that to clash with their partner and families’ disapproval of their gambling, especially if it involved financial losses.

“It was a big issue when I got engaged and we needed to sort it out. We had lots of arguments. It was stressful. I don’t like being stopped doing something I like doing, I felt more trapped. Like I’m not able to express myself and do the things I enjoy.”

Woman who gambles, England

Some experts felt that gambling harms can manifest as a coping mechanism or a knock-on effect from other relationship harms such as being in an abusive relationship.

“[She said] I actually would not define myself as a person who had a gambling problem... I’m a person who had a relationship problem and gambling gave me a way to quickly get some money, so I could feel more empowered within my life or to get away from my problems for a short period of time... I wouldn’t say I was a gambler I would say that I was in a coercive relationship.”

Expert witness, Research

A unique view was that women sometimes felt protective of their gambling activities and described them as “me time” that was just for themselves. In their attempts to keep this as something their own they tended to isolate themselves from the rest of the world.

“I was good at it [betting on cards] so it sort of became a hobby. I liked that it was just mine and helped me get away from reality and just enjoy myself.”

Woman who gambles, England

Reduced performance and activity

In their own assessment of the research, Forrest and McHale (2021) identified qualitative evidence of adult gamblers losing jobs, being demoted or resigning due to gambling. Gambling was also linked to poor concentration at work, lateness, absence and turning up for work after no sleep (ibid). In a Scottish Women’s Convention round table event on women and gambling in 2021, one participant who worked in the gambling industry described losing her job after she was caught stealing scratch cards (Scottish Women’s Convention, 2021). Although a small number of women mentioned losing jobs, others reported working multiple jobs to be able to afford their gambling habits, which impacted their lives in other ways, for example, through a loss of time for activities outside of work (other than gambling).

“I was working three jobs before my son was born, living on red bull and pro-plus. I was a week overdue with my baby and I was still in the bingo.”

Woman who gambles, England

A few women in our research mentioned taking up gambling as an activity during furlough or while working from home, which was borne out of boredom but escalated into a habit they then struggled to reduce.

It is worth noting that while these harms are a part of Langham’s “taxonomy of harms”, there was less evidence of reduced performance and activity as a gambling harm across both the literature reviewed

and the qualitative interviews with women who gamble and experts. It therefore remains an area for further exploration.

Cultural harms

Another type of harm identified in wider literature was cultural harms. These refer to the tensions between gambling and cultural practices and beliefs, including the impact of gambling on participation in cultural practices and roles (Langham et al., 2016). Most of the evidence on cultural harms related to the shame and stigma that gamblers felt generally, where gambling was outside their cultural norms or forbidden (Freytag et al., 2020; Forrest and McHale, 2021). There was no substantive evidence about cultural harms in the interviews with women and experts.

Criminal harms

Wider literature found relatively strong evidence linking gambling with criminal activity, some of which suggested that crime as a gambling-related harm can affect women as much, or in some instances, even more than men. In a quantitative study of the prison population in England (2012), 5% of men and 3% of women respondents considered that their current offence was linked to gambling. A larger proportion (13% of men and 7% of women) felt they had only committed an offence to finance gambling or pay off debts (Ramanauskas, 2020; GOV.UK/Public Health England, 2021). Expert Witness interviews corroborated that the need to fund gambling can lead women to criminal activities such as theft.

Co-occurring issues and comorbidities

Although the precise nature of the relationship is unclear, the evidence shows that harmful gambling is associated with a range of co-occurring issues, including mental health disorders and use of alcohol, tobacco and drugs (GOV.UK/Public Health England, 2021). Studies indicate that these associations can be stronger for women than men (Ramanauskas, 2020; Venne et al., 2020; McCarthy et al., 2019), supporting the idea of gendered pathways into harmful gambling.

In reviewing the evidence on women and gambling harm, McCarthy et al. (2019) found that women with gambling problems were more likely than men to have co-occurring anxiety and depression, personality disorders, alcohol-related problems, psychological distress, and were more likely to have experienced childhood abuse. They suggested that women may gamble as a way to mitigate mental health problems, but this can escalate into gambling that causes harm. Research in Sweden found that having anxiety or depression prior to the onset of gambling constituted a risk factor for developing a gambling addiction amongst women, but not men; anxiety and depression also presaged problem gambling for women, but not for men (Sundqvist and Rosendahl, 2019, cited in Ramanauskas, 2020).

Intergenerational and lifecycle harms

There was relatively little information in the literature reviewed about intergenerational harms from gambling and the experience of harms across the lifecycle, although some of the focus was on women's experiences of intergenerational harms. Langham et al. (2016) found that homelessness, incarceration and removal of children by statutory agencies represented significant life course and intergenerational gambling-related harms, with both immediate and ongoing impacts for all those involved. A study in Britain concluded that, because women who gamble (from low-risk to "problem gambling") were more likely to have children at home, consideration needed to be taken of the risk of harm to families (Gunstone and Gosschalk, 2020).

It is worth noting that while women described things that could be linked to Langham's taxonomy as a "harm", they often did not identify these as harms themselves. When describing their experiences, the language used suggested an agnostic perception of the impact gambling had in their lives. For instance, they tended to see only serious financial loss or relationship breakdown as harm, not the more subtle indicators such as social isolation and impact on mental health.

"Much like the discourse around visible compared with invisible impact of mental health issues, gambling harms are also often unrecognised when there is lack of a tangible impact such as financial or social loss. This is why a lot of the warning signs tend to get lost and it's not until things get out of control that people recognise it to be a problem."

Expert Witness, Research

The evidence also clearly shows the inter-relationships between different dimensions of harm that have implications for treatment and support interventions. More specifically, this alludes to the need for support interventions to be holistic and joined up, because types of harms do not happen in isolation, and are often intertwined with other types of or manifestations of different harms.

Gambling harms experienced by women as affected others

The gambling harms experienced by women as affected others are largely the same as the harms experienced by women who gambled beyond their means, with financial and health and wellbeing harms as the most pronounced, and reduced performance, criminal activity, and cultural harms with the least evidence.

Health and wellbeing harms

Among affected others, there was evidence that both children and partners (who were often women) experienced mental and physical health problems that were linked to living in fear, anger, guilt, loss, despair and uncertainty (McCarthy et al., 2019; Palmer du Preez et al., 2021b). In a study conducted in Britain, women who were affected others were more likely to report depression, anxiety and anger towards the person who gambled (81%) compared with men (64%) (Gunstone and Gosschalk, 2020).

Women interviewed as part of this research brought to light that cohabitating or married women particularly felt more burdened by their partner's gambling as in some situations their partners tended to offload and share their experience of gambling and gambling harms which impacted their own mental health. For example, one woman recounted how when she was pregnant and her partner would confide in her about his gambling and the financial losses he was incurring, which aggravated her stress and caused sleep deprivation.

"I remember my anxiety always being through the roof, because I was hiding it from my mum."

Affected other who also gambles, England

Among women who were married or cohabitating, there was a sense of "shared stress" with their partners especially because they would act as their partner's confidant and help them unburden their stress about their financial issues. In other instances, it was their partner's lying and secrecy of said issues that caused women to feel more mental strain and stress. This tended to play a key role in women feeling socially isolated from the world.

“He was gambling four times a week. I knew the money had to be coming from somewhere, but he wouldn’t tell me where or how. I would obsess in bed over where this money was coming from and how bad was the situation actually.”

Affected other, England

Generally speaking, in the case of women as affected others, psychological harms as a result of their partner/family’s gambling were more pronounced than physiological harms.

There was also evidence of the ripple effects of someone else’s harmful gambling on the performance and productivity of affected others, where being tired and distracted at work or study was the result of emotional or psychological distress because of someone else’s gambling (Langham et al., 2016).

Financial harms

Assessment of wider literature showcased that women as affected others were more likely to have experienced financial impacts from harmful gambling than their male counterparts (67% of women compared with 48% of men) (GOV.UK/Public Health England, 2021). In line with that, economic abuse against women by men who engage in harmful gambling was a strong theme in the literature (Hing et al., 2021; Scottish Women’s Convention, 2021; Hing et al., 2020; McCarthy et al., 2019). Qualitative research in Australia with women who experienced economic abuse by a male partner with a gambling problem illustrated how harmful gambling intensified the need for significant sums of money to sustain the addiction. The devastating financial consequences that women had to deal with included depleted funds for household expenses, debt, sale of family assets and financial deprivation, with long-term legacy impacts (Hing et al., 2021).

The literature also found that gambling-related economic abuse is overwhelmingly perpetrated by male partners against women,⁹ and may include:

- Using a woman’s income to resource gambling
- Controlling financial decisions in ways that are detrimental to the family
- Unauthorized use of joint funds
- Taking possessions out of the home to sell
- Gambling money earmarked for household expenses such as bills and food, meaning women can be left with large debts
- Coercing or duping her into taking out a loan and then spending it on gambling
- Coercing her into criminal activity and debt
- Gambling family resources away post-separation (Hing et al., 2021; Scottish Women’s Convention, 2021).

The impacts of gambling-related economic abuse were severe and could include the loss of safety and financial security for women and children (Palmer du Preez et al., 2021b), homelessness following relationship breakdown (Scottish Women’s Convention, 2021) and children missing out because money was always short due to gambling (Scottish Women’s Convention, 2021).

⁹ There was no mention in the literature reviewed about economic abuse perpetrated by other men in women’s lives such as male relatives.

These findings were corroborated in interviews with women wherein irrespective of their background, most women felt the financial burdens and responsibilities of the person whose gambling was affecting them which led to increased borrowing and added financial pressure for them.

“I was literally ringing my dad, can you lend me some money and I was making excuses, mum lend me some money and more excuses – it was a circle of hell [for] maybe £300. I know that is not a lot, but it is when you haven’t got much. That can buy a lot of food in two months.”

Affected other who also gambles, England

Women who were not in permanent employment or did not have a steady source of income tended to experience health, wellbeing, and relationship harms in addition to financial harms. This was often due to the lack of financial independence which either led to borrowing from other friends and family which led to a sense of “shame” and “guilt” in some women resulting in strained relationships, and/or caused additional anxiety and stress as they were burdened with having to figure out a way to financially stay afloat.

“I had to keep borrowing money from my brother to put food on the table. I couldn’t face him any more after a point and went into a hole. I was losing our relationship because of gambling.”

Affected other who also gambles, Scotland

This was especially apparent among women with shared caring responsibilities with their partner, and women that had financial responsibilities for their family/siblings.

Personal relationships harms

Research in Australia with women who have experienced gambling-related domestic violence showed that triggers for violence multiplied where gambling caused conflict with an abusive partner, for example, women recalled violent backlashes when they questioned their partner’s gambling, with violence getting worse as the strains on the relationship increased (Hing et al., 2020; McCarthy et al.), and abusive partners using gambling problems as a justification for violence against women (Freytag et al., 2020). A New Zealand qualitative study linked patriarchal family structures to physical violence against women when they refused to provide their partners with funds for gambling (Palmer du Preez et al., 2021b). The resulting poverty that women experienced from gambling and economic abuse felt like entrapments in abusive relationships (Hing et al., 2021) or like they were left in dire financial situations after relationship breakdown (Scottish Women’s Convention, 2021).

Langham et al. (2016) highlighted the confusion of roles and responsibilities that harmful gambling could create, which resulted in relationship tensions. Spouses and partners of people who gambled to harmful levels described how their relationships changed to that of a parent/child because they had to assume responsibility for all the family finances, check on their partner’s whereabouts and give their partners an allowance to try and limit the amount they could spend gambling. This could cause resentment or distress among partners – and for women potentially represented an added (possibly unwelcome) dimension to their domestic burden of care.

Similar to harms experienced by women who gambled themselves, the strain on relationships from their partner/family member’s gambling, often due to financial pressures of prioritising gambling above others, was a common type of harm experienced by the women who were interviewed.

“I was mad because I felt like an idiot because me and [my partner] needed the money ourselves to feed our kids and pay for Christmas presents and I thought I would be getting that money back ... it caused arguments because we didn't have money and were skint really.”

Affected other, England

Criminal harms

There was some evidence of legal harms that some women faced as consequence of gambling. In these handful of instances, women were concerned about protecting their children from gambling harms of their partners. This was especially apparent in instances where the partners had split and parents wanted to protect their children from their partner by undertaking legal proceedings such as obtaining a court order to limit contact. These tended to manifest as long-lasting harms, for instance, one woman mentioned her legal issues had been going on for 16 years. Women also shared concerns that when legal action is taken against those who gamble, the system is not set up to make allowances for affected partners and children.

“My children are still exposed to someone who has a gambling addiction, and they are very vulnerable because they're now in their teen years. I worry about that and want to distance them from that person as much as I can.”

Affected other, Scotland

Conclusions

This chapter discussed the profile of women experiencing gambling harms and explored the harms experienced by women who gamble and affected others. These included health and wellbeing, financial, personal relationships, reduced performance and activity, legal and cultural harms.

Gambling harms tended to be intertwined in that women often experienced more than one harm, or one type of harm sometimes resulted in another. The impact of these harms often varied and the importance of their consequences depended on what else was going on in the women's lives.

The key findings are:

- The most common type of gambling harms were to health and wellbeing. Loss of self-esteem, guilt, shame and stress were experienced by most women who gamble and affected others. Financial harms were also common, and included worsening living standards for family, loss of savings, borrowing, debt and, in severe cases, loss of the home.
- Some women also reported a strain on personal relationships from gambling, often due to the financial pressures of prioritising gambling above financial priorities.
- Fewer women reported harms relating to reduced performance at work, and little evidence was captured for cultural and legal harms.

The following chapter discusses how these gambling harms might be prevented or reduced among women. It considers how to best support women, both in terms of the treatment and support services that already exist, and what an ideal support service might look like to women with lived experience of gambling harms.

8 How gambling harms might be prevented or reduced among women

Introduction

The previous chapter discussed the complexity of self-identification of harm, and the multitude of ways in which the harmful effects of gambling, and acknowledgement of these, can be suppressed, minimised, hidden and rejected by women. This chapter considers how best to support women, drawing on the views of women with lived experience of gambling harms, experts and the wider literature.

An overview of treatment and support options in Great Britain

Gender-specific treatment and support options have developed over the course of this project. Table 8.1 summarises the types of treatment, support and advice types (GambleAware, 2021) and Table 8.2 presents some providers currently offering these types of services.

Table 8.1: Types of treatment, support and advice types

Source	Treatment, support and advice type
GP	Treatment
Mental health services (for example, counsellor, therapist)	Treatment
Social worker, youth worker or support worker	Treatment
Specialist treatment service for gambling (for example, National Gambling Treatment Service)	Treatment
Other addiction service (for example, drug or alcohol)	Treatment
Online therapy for gambling for example, Cognitive behavioural therapy (CBT)	Treatment
Face-to-face therapy for gambling	Treatment
A support group (for example, Gamblers Anonymous)	Support and advice
Your spouse/partner	Support and advice
Friends or family members	Support and advice
Your employer	Support and advice

Books, leaflets or other printed materials	Support and advice
Websites (for example, BeGambleAware.org, Citizen’s Advice, GamCare)	Support and advice
Online forum or group	Support and advice
A telephone helpline (for example, National Gambling Helpline)	Support and advice
Self-help apps or other self-help tools (for example, self-exclusion, blocking software and blocking bank transactions)	Support and advice

Table 8.2: Summary of the existing specialist treatment and support options in Great Britain

Provider and service name	Summary of service
GambleAware – National Gambling Treatment Service (NGTS)	<ul style="list-style-type: none"> • Works with the National Health Service (NHS) • Free at point of delivery • Telephone, online and face to face options for individuals and groups • Treatment is provided by a network of voluntary sector organisations
Gordon Moody Association (part of the NGTS)	<ul style="list-style-type: none"> • Opened the first women’s residential gambling addiction treatment centre in January 2022 • The centre offers offer a unique safe environment to treat ten women who are severely affected by gambling
National Gambling Helpline with GamCare (part of the NGTS)	<ul style="list-style-type: none"> • Support families and affected others via phone, webchat and one-to-one, as well as an online forum for friends and family
GambleAware - begambleaware.org	<ul style="list-style-type: none"> • Website providing free, confidential information and advice to anyone worried about gambling
BetKnowMore – New Beginnings program	<ul style="list-style-type: none"> • A women-only support service providing a safe space for women affected by gambling harm. • Structured group, provided by a team of trained Lived Experience facilitators
GamCare	<ul style="list-style-type: none"> • A range of support options, including focusing on young people and the rising issue of gamified gambling • Plan to look at sub-groups within these including young women and girls.
Gamblers Anonymous and GamAnon	<ul style="list-style-type: none"> • Self-help peer-support groups for people affected by gambling and affected others

The Patchwork Program	<ul style="list-style-type: none"> • Women-only support group for those who have been affected by gambling in Rochdale, Bury, and Oldham • Helps women and affected others
The Six to Ten Project	<ul style="list-style-type: none"> • One to one support for affected others • Holistic, bespoke support – for example, housing, financial, legal, mental and physical wellbeing
GamFam	<ul style="list-style-type: none"> • Helps families recognise the early warning signs of harmful gambling
Family	<ul style="list-style-type: none"> • Provides online support for affected others
Various banks and building societies	<ul style="list-style-type: none"> • Blocking bank accounts or debit cards from being used for gambling transactions • Some offer financial tracking and personal support and advice
Various self-help resources	<ul style="list-style-type: none"> • A growing number of podcasts and online resources produced by and with people who have experienced harmful gambling that aim to raise awareness and offer support and advice • Software that blocks gambling websites on smartphones and personal computers • Schemes that enable people to self-exclude from gambling venues and online gambling
Family members, friends, faith groups and community organisations	<ul style="list-style-type: none"> • Informal sources of advice and support

These services are a positive development in providing treatment and support for people suffering gambling harms. However, there are still opportunities for more to be done to connect women who gamble and affected others with the treatment and support they need. Understanding the barriers that currently stop women seeking and accessing support is a useful way to start to identify such opportunities.

Barriers to women accessing support for gambling harms

Many barriers to women accessing gambling harms treatment and support exist. These included low perceived relevance of such services, including women not believing that their own gambling is sufficiently harmful to warrant seeking support and having low awareness of available support. Women's willingness to access support can be low, for different reasons, including feeling stigma and shame about accessing support, experiencing practical barriers to accessing support and experiencing domestic abuse which makes accessing support even harder. The research also found low awareness and understanding among some professionals about the needs and experiences of women who gamble or are affected by another's gambling. Figure 8.1 below summarises these.

Figure 8.1 Barriers women face to accessing support for gambling harms



These barriers to support can be greater for some groups of women, including those who have experienced trauma and violence; those with comorbidities such as poor mental health or substance misuse issues and women who were pregnant or have parenting responsibilities (Andersson et al., 2021). Women with substance misuse issues also appeared to have higher rates of negative recovery capital – the factors that impede recovery – which included biological factors as well as socio-cultural taboos associated with women's substance use, poor mental health, and exposure to violence and abuse (Håkansson & Widinghoff, 2020a).

The belief that gambling is not harmful

A key barrier to help-seeking among both women and men is a belief that their gambling is not harmful (Freytag et al., 2020). A consumer survey confirmed that, in Britain, this is the predominant barrier, although it also recognised that people experiencing low levels of harm may not need professional help (Gunstone & Gosschalk, 2020). Similarly, women who experienced gambling-related domestic violence often did not recognise the links between gambling problems and violence. Other women who used gambling as escapism from domestic violence sometimes felt reluctant to address the issue as their gambling helped them to escape from the abuse. The same was true of women for whom gambling was a way of coping with other problems in their lives (Freytag et al., 2020).

In this study, the belief that their gambling was not harmful was identified as one of the most common reasons for women not accessing help or support for the harms they were suffering from gambling. Women who do not make the connection between their gambling and harms, or recognise the severity of their “gambling problem”, are unlikely to want or seek treatment or support.

“I didn't think I had a problem, so I didn't look at any [gamble responsibly] messages.”

Woman who gambles, Scotland

Findings suggested that some women were in denial about the negative effects of their gambling, minimising the impact it had on them and their families.

“I've thought about giving them a call. And then I've thought, “does it really apply to me?” and I haven't called. [...] I just look at it and think, I'm not sure it's me, I'm not sure I'd fall into that category. Then you think, I do don't I? And you don't know.”

Woman who gambles, Scotland

Denial about negative effects of gambling was *not* linked to PGSI score, with instances of women across the harm continuum unaware of whether they could benefit from support.

Some women simultaneously claimed that their gambling was not harmful while describing gambling harms such as the arguments they had about it and the steps they took to hide both their behaviour and the consequences (for example, financial losses) from loved ones.

A further complication for women who gamble was that even those who recognised that their gambling was having a negative impact on their own life often questioned whether their own gambling harms were “serious enough” to warrant seeking support. They questioned whether their gambling behaviour was sufficiently compulsive or problematic to be classed as something they needed support with. They worried that a dedicated support service might judge or dismiss their need for support, that it was “not for people like them” and that they might be wasting the service’s time and resources by asking for help.

“I would feel guilty talking to doctor about it [gambling]. There are better things to go to them about. It’s not a good use of their time. It is your own fault. Health issues deserve priority, I feel like I would be wasting the waste doctor’s time.”

Woman who gambles, Scotland

In contrast to the reported experiences of women, when asked about barriers to seeking support, few Expert Witnesses mentioned disbelief in gambling harms as a barrier. One expert noted that *society* tended to frame women’s gambling as less harmful than men’s and that women suffering gambling harms were at least somewhat aware that their gambling was harmful.

“Society’s view is that if women do gamble it’s a kind of harmless, frivolous fun, all that.”

Expert witness, Service Designer (umbrella organisation with multiple treatment and support programs)

Low awareness and understanding of prevention and treatment service offerings

A further barrier to women seeking help, as identified in the wider literature, was low awareness and understanding of treatment and support services (for example, BetKnowMore, 2021). This included low awareness of prevention support, as well as low awareness of treatment and support once someone was already suffering gambling harms. Prevention support is focused on stopping gambling harms from developing or escalating. For example, through education and awareness-raising (about what gambling is, the risks, and what gambling harms look like) and highlighting the importance of informal support.

Low awareness of treatment and support services was often compounded by a lack of clear, accessible informative advertising about what support was available to them; what type of help they might expect to receive; what the outcomes might be; and whether the services were for “people like them”. This fed into concerns about whether their problems would be understood, worries about services linked to gambling websites, and confidentiality and anonymity.

“I might have liked to reach out to someone professionally but didn’t know who to.”

Woman who gambles, England

Expert witnesses discussed that, even if women were aware of services, many believed they were designed around, and existed for, men, not women. Gamblers Anonymous was referenced by several Experts as both the best-known treatment and support service, but one that was primarily designed around supporting men, and men's experiences of gambling. This lack of representation could make women worry that they would not be able to relate to others in the support group, and speaks to the need for women-only support.

"We did hear a lot in the conversations we had with women...about how difficult it would be to go into a Gambler's Anonymous group and speak about your experiences when you would often be the only woman there."

Expert witness, Policy

Women recalled seeing responsible gambling messages on various channels – for example, television and online advertising, pop-up messages on online gambling sites, in person in bingo halls (often posters in toilet stalls). These included advertising campaigns by GambleAware, and also "slogans" such as "When the fun stops, stop", "Bet Regret" and "Be Gamble Aware". However, although they were aware that such messages existed, they did not always pay attention to them or feel they were relevant to them. This is related to women misperceiving the extent of gambling risk (discussed in Chapter 7), and only conceptualising gambling as harmful if serious financial harms resulted (discussed in Chapter 6).

"I always think, they're for people who are getting into really serious debt, people who are out of control."

Woman who gambles, Scotland

This is also supported by wider research, which found that existing "safer gambling" messages do not change the behaviour of people who gamble. This lack of behaviour change was attributed to "pervasive and sophisticated gambling industry marketing, and the high speed and easy availability of online gambling products."

Women who gamble were often aware of messages about responsible gambling and the availability of helplines, but could rarely name any organisations behind specific messages or support services. GambleAware, GamCare and Gamblers Anonymous were the most widely known.

"When you go into gambling sites, you always see like GamCare, if you think you've got an issue blah blah, but it doesn't really say so much about what to do.... it's very easy to put on bets but not very easy to find out where you can get help for it."

Woman who gambles, England

There were also some women who gamble that were not aware of any help or support available – they did not recall having seen any messages advertising support. Those who did not believe their gambling was harmful (for example, did not fully understand what an addiction is), or at least not sufficiently harmful to need support, tended to have lower awareness of messages about responsible gambling or the availability of support.

"That [support services] is for people with a big problem with gambling and I don't have a problem...People that play every day, in a lot of debt from doing it. The definition of addiction is when you don't have any money, so you borrow money to gamble."

Woman who gambles, Scotland

Low awareness and understanding of treatment and support options was also a strong barrier for affected others in our study. Affected others were typically unaware that specialist support for them existed and had assumed that any treatment and support options for gambling harms was aimed towards supporting people who gambled. Expert witnesses also noted that most of the language used by support services emphasised help for people who gambled, and that few emphasised the available support for affected others.

Upon hearing that support options existed for those affected by another person's gambling, most were interested in finding out more.

"I have never thought about using [different types of support], I thought they were for people with a problem."

Affected other, Scotland

In contrast, women who gamble did not lack *awareness* that support, or treatment existed, however, only women who had accessed such support evidenced any detailed *understanding* of what such services entailed, and therefore for whom the services were suitable. One woman had been referred to counselling for depression, and in the course of the counselling, disclosed her gambling as one of the contributing factors to her depression. Her counsellor was able to talk her through different support options to help her with gambling harms, and she described these in detail during her interview.

Women who gamble and affected others who had not sought any support had difficulty articulating what prevention and treatment services might entail beyond the basic, for example, "see the GP", "get counselling", and "go to Gamblers Anonymous". Some women assumed that support services would promote abstinence, which could act as a further barrier to any who did not wish to stop gambling completely.

"They'll want me to stop completely, like AA, and I don't want that at the moment, it's my only bit of escape."

Woman who gambles, Scotland

Women from Black communities in the research described feeling that support services were "not for Black women"; this view was underpinned by women from Black communities seeing adverts for gambling services that featured white men.

"Some of the online services made me feel as if they were not for me, female and Black. Typically adverts I've seen showed white male figures and I wasn't sure this appealed to me and my needs."

Woman who gambles, England

This point was noted by Black women, but also points to the wider need to feature more women (of all ethnicities) in advertising for support services.

Low willingness to access treatment, advice and support

Few women in our research had actually accessed any formal support for their own gambling. By formal support we mean support from gambling treatment and support services and support around gambling harms (for example, debt advice). For those that did, most started informally, by speaking with a spouse, friend or family member, or using blocking tools or other “self-help” measure. Types of formal support mentioned included a GP, CBT or other one-to-one counselling and Gamblers Anonymous.

Low proportions of women seeking help were similarly reflected in the secondary analysis of the Treatment and Support survey, which asked women whether they would like to access treatment, advice or support. Only 4% of women with a PGSI score of 1+ (suggesting that they were experiencing gambling harms) wanted any treatment, and 3% wanted support or advice. The vast majority, 85%, did not want any advice, support or treatment. Only when women’s gambling becomes more severe (PGSI score of 8+) did more women say they would *like* to access help, and even then, only 18% of women wanted treatment, while 7% wanted support or advice. When considering how many of these had actually *accessed* any treatment, support or advice, the numbers fell even further to c. 6% (GambleAware, 2021).

Some sub-group differences did emerge in willingness to access treatment or advice / support – for example, the survey showed that, among women with a PGSI score of 1+, those who were younger, religious, lower socioeconomic status, from a Black, Asian and Minority Ethnic (BAME) community or had childcare responsibilities were more likely to want treatment or advice / support.

A regression model¹⁰ shed further light on the groups who are more likely to have accessed treatment and/or support as a result of their own gambling behaviour, demonstrating the strength of some of the above factors:

- Younger women (under 25) were over 5 times more likely than older women (over 45) to have accessed any type of help.
- Those with responsibility for children were almost twice as likely to have accessed help.
- Those from minority religious groups were four times more likely to have sought help than those from the dominant religious groups in GB (Church of England, Roman Catholic, those of no religious affiliation).

However, the more compelling finding from the Treatment and Support Survey is how low these numbers are overall, even for those with a PGSI score of 8+.

Stigma, shame and fear

Stigma, shame and fear were also identified within the wider literature as significant barriers to seeking help among women impacted by harmful gambling (for example, BetKnowMore 2021; Public Health England, 2021). In Britain, stigma and shame was found to be a particular barrier among women categorised as “problem gamblers” (McCarthy et al., 2019). The evidence highlights gendered dimensions to stigma, including:

¹⁰ A statistical technique for identifying and measuring what variables impact other variables in a set.

- Feeling like an outsider in treatment services, partly due to being a woman.
- Feelings of shame and guilt at not living up to perceived modern ideals of women; and fears of losing children or physical abuse from partners; and fear of being criminalised (Hing et al., 2020).
- Patriarchal norms and culturally defined gender roles (including the struggle to maintain 'good motherhood') constraining women's ability to speak about and address gambling harms in their families, shown in studies in New Zealand and Finland (Palmer du Preez et al., 2019; Castrén et al., 2018).

Our research identified that even if women suspected or believed they might have “a gambling problem”, the shame they felt about gambling and not wanting to burden loved ones could prevent them from talking to trusted friends or family. This appeared to partly underpin women’s denial that their own gambling was harmful, as their feelings of shame around gambling further motivated them to deny and downplay any problems.

Expert witnesses also noted that stigma, shame and fear could present strong barriers to accessing treatment and support, even informal support from friends or family.

"I think the women feel more shame and stigma attached to gambling than men, though again obviously that's a generalisation...there is more reluctance to come forward and seek help because of that shame and stigma. Well over half of the women that I interviewed still hadn't told key people in their lives."

Expert witness, Service Designer (umbrella organisation with multiple treatment and support programs)

Women also expressed concerns about childcare as a barrier to accessing treatment and support. The stigma around discussing gambling harms (whether as a woman who gamble or an affected other) meant that they were unwilling to speak with family and friends about the situation. This in turn meant that they felt unable to ask friends and family for help with childcare in order to access treatment and support, as they did not want to discuss their reasons for needing the childcare, and were unsure whether they could take their children with them.

Societal expectations of how women should behave prevented women from accessing the support they need. The perception of women as mothers and expectations of how they spend their time can prevent women from seeking, and accessing, support.

"There is often a difference in how we look at women versus men because of motherhood, so there's a potential for people to judge women more harshly than they would men... we're not surprised when men are at the racetrack or playing poker, but we might be more surprised to see women in those spots."

Expert witness, Policy

Finally, experts also noted that some women might fear that accessing support could lead to negative personal consequences for themselves or their families.

"They worry about the negative consequences of accessing support for example, having their children taken away, the loss of reputation. They need to be convinced the clinic is safe and worthwhile."

Expert witness, Research**Practical barriers**

Women faced practical barriers to accessing gambling treatment and support, including waiting times, distance to and the location of support, financial constraints, and lack of internet access (BetKnowMore, 2021). Gender roles and responsibilities can exacerbate practical barriers to access, for example, service provision needs to reflect the fact that many women work as well as having caring responsibilities (Freytag et al., 2020).

In our study, women on low incomes, women with disabilities, women with mobility issues, women with transport issues and those with caring responsibilities (particularly mothers with pre-school children) were most likely to cite practical issues with seeking help and support. These issues affected women who gamble and affected others equally.

Experts added that, while these circumstances could act as barriers to women accessing face to face support, they were even more extensive if residential treatment (such as Gordon Moody's residential service for women) was needed.

"Accessibility, if women have dependents, or responsibilities for an elderly parent. That kind of thing...is a barrier to be able to access the residential [treatment program] which is 28 days long."

Expert witness, Service Delivery (residential retreat and counselling service)**Women experiencing domestic abuse**

Given the links between gambling harm and domestic abuse, Hing et al. (2020) point to a lack of gambling-related questions on assessment tools for other services such as domestic violence; and a lack of specialist services or referral options.

Domestic abuse in the form of emotional abuse and controlling behaviour further prevents women accessing support. Having an abusive spouse could make it more difficult to disclose their gambling to a third party, as conversations were closely monitored, and the consequences of seeking help could be further abuse.

"It wasn't always easy for me to access my phone and that was my only source of internet. When [ex-partner] knew I was on the ball with it and trying to seek help, that was something I tried to avoid doing when he was around."

Affected Other, England**Low awareness and understanding among professionals**

Poor understanding or dismissive attitudes among professionals can also be a barrier to women seeking support for gambling harms. "Professionals" included healthcare professionals, financial institutions, and the justice system. Previous studies found that health professionals may not ask women about gambling harm, or did not take the impacts seriously if they were raised (GamCare, 2021), or women felt professionals lacked understanding about what they were going through (Castrén et al., 2018).

Expert witnesses who work with women with lived experience echoed this view, sharing stories from those women who felt that some GPs did not take the gambling harms they presented seriously, and this was attributed to their gender.

“Unfortunately, quite a lot of women felt like they weren't being taken particularly seriously and weren't being prioritised. What was interesting is that multiple women in that conversation felt like that was exacerbated because they were women. And they felt like if they had been a man who was raising this, they would have been taken more seriously, but they got the feeling that they were being dismissed as maybe being a little bit emotional.”

Expert witness, Policy

Within this study, however, a lack of awareness and understanding among professionals was not a main discussion point about women in the research or expert witnesses; GPs were the common example where this was mentioned. Expert witnesses discussed cases of both good and poor practice among GPs, suggesting a lack of consistency.

Only a few women in our study had sought support from professionals. Those who had, had discussed their gambling harms with their GP and were satisfied with being listened to, or being signposted to support like Gamblers Anonymous.

“Just talking about things with family, GP or professional counselling has been beneficial as it puts things into perspective.”

Affected other who also gambles, England

Low understanding from the UK courts and justice system was reported by both affected others and expert witnesses. Some affected others who had been through the courts after a relationship had broken down due in part to a spouse's gambling, were particularly concerned that courts did not understand how much children needed to be protected from a father's gambling. These women reported that courts failing to take the issue seriously enough meant that court cases became time-consuming and difficult. For example, getting a court order, and persuading courts to take the matter of a spouse's gambling seriously was acknowledged to be challenging. One woman discussed how her legal issues had been going on for 16 years.

“I had to absolutely insist [that her spouse's gambling be taken into account during divorce proceedings] before the court would take my concerns about harm to my children seriously.”

Affected Other, England

Experts also noted that when legal action is taken against people who gamble, the system is not set up to take into account the needs of affected partners and children.

Low understanding, and failure to take into account the needs of affected others, can also extend to financial institutions such as banks.

“The guidance for financial institutions is not very clear and doesn't account for women suffering gambling harms as an affected other, specifically in cases with shared bank accounts and shared debts and liabilities.”

Expert Witness, Policy

A combination of strategies and support are needed

Our research suggests that there is not one “ideal” support for women experiencing gambling harms – just as there is no one pathway into gambling harms, or way of experiencing it.

A mix of support for different experiences of gambling harms, and stages of help seeking, is needed. For example, a woman who is initially seeking support for the first time, compared with a woman who is months into her support journey, may not be receptive to the same messages or same types of support.

“It’s like a grieving process when you find out so there’s different stages to it... It could have been disbelief and anger and frustration. And the practical head would kick in, what am I going to do about this? So, I would only be ready to hear certain messages at different points, and obviously everybody’s experience would be different.”

Affected Other, England

Women want support that is participant-centred and tailored to the needs of the groups they are serving. Support preferences ranged from online-only support, for example, live text-chat only for women who prioritised complete anonymity, telephone calls for women who prioritised a friendly, non-judgemental voice to speak with, and one to one counselling sessions or peer-led group sessions (online or in person) for women who prioritised sharing experiences among women with similar lived experiences.

“Aside from my sons and my daughter I literally don’t have anyone to talk to. So, a group would be good.”

Affected other who also gambles, Wales

Experts stressed that partnership and resource-sharing across deliverers was key to ensure that support was available and sustainable, because it is unlikely a single provider can offer the suite of support different groups of women want and need.

“It’s not possible for one organisation to target everyone at every point – we need to consider fragmentation of services. We need better awareness and referral pathways for organisations so we can make the best use of everyone’s expertise, and direct women to the places most appropriate for them.”

Expert Witness, Service Delivery (information, advice and support)

Overarching principles of good treatment and support

Drawing together insight from across the research, there are key principles that underpin participant and expert responses as to what good support looks like. Figure 8.1 shows the principles that women see as important for an inclusive and accessible service. Figure 8.2 shows some principles for also making services engaging and welcoming to women. Both figures also show expert witnesses views on each of these principles, including highlighting where experts and women do not completely agree.

Figure 8.2: Principles for an inclusive and accessible service

	Women who gamble	Affected others	Expert witnesses
Immediately available	Important to be able to access support when suffering harms		<p>✓ Agree but note that services already offer these and that low awareness of these is the key barrier to access</p> <p>?</p> <p>Challenging to effectively publicise (not using “gambling” while still clearly communicating the purpose of a service)</p>
Practical; flexible	Range of appointment times including outside of 9-5		
Layered messaging and support; no time limits	Different women need different messages and support at different times. Long-term support should be available		
Journey of support	For example, text-chat, to phone, to support group, to ongoing WhatsApp group		
Free or affordable to women (funded)	Important for initial support to be free – cost would be a barrier		
Language that resonates	Avoid using “gambling” or “gambler”; refer to activity (e.g. “bingo”)		

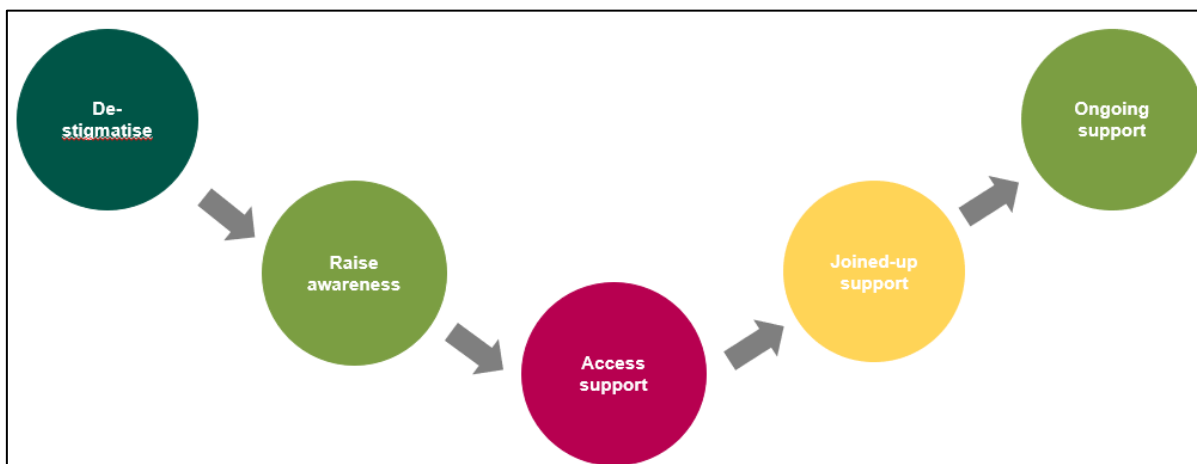
Figure 8.2: Principles for making a service warm and engaging

	Women who gamble	Affected others	Expert witnesses
Private and confidential	Disclosure of harms will not result in unwanted consequences (<i>magnified in cases of domestic abuse; where children involved</i>)		?
Anonymous	To overcome shame and stigma, service should be anonymous (<i>at least initially</i>)		?
Non-judgmental	Avoid abstentionist focus		✓ Agree
Warm and friendly	Services need to be warm, personal and empathetic		?
Holistic	Catch-all services that encompass additional support, e.g. financial and legal advice		?
Women-only, led by lived experience	Credible, trustworthy and relatable; should include personal stories		✓ Agree but balanced by trained experts
Advertised in women's spaces	E.g. Mumsnet, Women's Institute, domestic abuse services		✓ Agree

These principles broadly align with Bloom et al.’s principles for gender-responsive services in alcohol and drug addiction recovery (Cited in Andersson et al., 2021): gender (recognition that gender makes a difference); environment (the importance of safety, respect and dignity); relationships (supporting individuals to establish healthy relationship); services (comprehensive, integrated and culturally relevant); socio-economic status (providing opportunities for enhancement); community (comprehensive and collaborative community services); and trauma-informed (recognising the high levels of trauma experiences by substance-using women as children and/or adults).

Building on this, expert witnesses identified a potential pathway to break down barriers and enable women to access support. This is summarised in Figure 8.3 then discussed further below.

Figure 8.3: A potential pathway to break down barriers



Destigmatisation: The first step on the pathway should be to de-stigmatise conversations about gambling and gambling harms. This could be achieved in a number of ways, both online and offline. Starting to embed communication around gambling within women’s informal networks such as social media marketing, and encouraging engagement in the form of online groups and communities, could start to normalise conversations about gambling. Similarly, handing out support leaflets in female-dominated places such as beauty salons or hairdressers, and targeting advertising on official websites (for example, the local council) and news websites (for example, Dailymail.com) could start to bring the topic of gambling and gambling harms more into the mainstream.

“The stigma of thinking ‘I’m not a good Muslim, I’m not a good wife, I’m not a good mother, because I gambled away money, neglected my children’... that’s an area that really needs to be investigated in terms of the socio-cultural positioning of women and their gambling behaviours.”

Expert witness, Research

Raising awareness among women who gamble: Women who gamble, who do not see their gambling as harmful, could benefit from targeted messages and communications to show that gambling harms do not have to be severe, for women to access support. Women already see gambling advertising in gambling venues (for example, on the back of toilet stall doors) and on television, so these would be good places to include such messages.

“It’s about media campaigns it’s about realising...normalizing the problem within those communities...so that women realise that it’s not just me.”

Expert witness, Service Designer (umbrella organisation with multiple treatment and support programs)

Raising awareness among affected others: Few existing services are designed around, and targeted at, the specific needs of affected others – instead, their main focus is on offerings for people who gamble. Support for affected others is rarely highlighted, and feels downplayed in contrast. This not only impacts the awareness and acknowledgement of harms experienced as an affected other, but also can deter women from prioritising their harms in light of someone directly impacted by their own gambling. As previously discussed, affected others in our study were often unaware that support for people like them even existed, so services need to highlight and promote this aspect more strongly.

“For potential affected others, there needs to be awareness-raising about recognising the signs of gambling harm in loved ones and where to go for support, and how to start conversations around family finances.”

Expert witness, Service Designer (group support for affected others)

Easily accessed support: To overcome some of the practical barriers to seeking face to face support, support services could consider offering treatment and support in places that congregate women somewhere easily accessible. “Easily accessible” should take into account practical barriers such as childcare issues (for example, making provision for children) and timing (daytime and evening support). This could in turn incentivise women to build support networks, to help overcome and mitigate gambling harms and patterns born out of social isolation. This was seen as a way of community building and giving those who needed it a social outlet.

“Community organisations that work with those particular population. It could be colleges to reach younger women, it could be workplaces, mosques, community groups. It’s about reaching women who are in their environments, not expecting them to come out of their environment in order to find support services. It is about going in and raising awareness.”

Expert witness, Service Designer (umbrella organisation with multiple treatment and support programs)

Joined up support: Linking up existing gambling support services with other treatment services such as substance addiction, mental health, domestic abuse, housing, financial advice, legal advice and other support interventions. Given that gambling harms can co-present with other difficulties in women’s lives, offering joined up services could help women diagnose and self-reflect on their gambling as a means of escape, and also learn more about the wide range of support that exists. Providing, or signposting to, joined up support options under a single umbrella would also make it easier for women to access whatever types of support they needed for their individual circumstances.

“At the moment, women can end up having to interact with multiple services. A particular service for the gambling, elsewhere for alcohol use, another for domestic violence...So they’re kind of spread all over the place. They’re constantly having to retell life stories, which in itself can be a traumatising experience.”

Expert witness, Service Designer (umbrella organisation with multiple treatment and support programs)

Ongoing support: As mentioned in the previous section of this chapter, women seeking support are on a journey, and their needs can change over time. While some may prefer support for a short amount of time only, others may benefit from ongoing support.

What does good prevention support look like?

As previously noted, prevention support is about preventing gambling harms from developing or escalating for example, through education and awareness-raising (about what gambling is, the risks, and what gambling harms look like) and highlighting the importance of informal support.

Education and awareness raising

As a first step in preventing gambling harms from developing, women could benefit from more information about what gambling is. As mentioned in Chapter 7: “Drivers of gambling and risk factors

for harmful gambling”, evidence suggests that many women who gamble do not think of certain activities as “gambling”, including scratch cards, the national lottery, tombolas, raffles and electronic games with in-app purchase options.

Alongside information about what gambling is, women could also benefit from education about what gambling harms are, and the risks of how these can develop. Many women currently believe that “gambling harms” refers only to very serious financial harms, so challenging this idea and highlighting that a) many different, lower-levels of harm exist, and; b) that support is available to help with these, could help women more easily recognise when harms are starting to develop in themselves and each other. This could help them to seek support at an early stage.

“We were having rows, I was stressed all the time, but I kept thinking, it’s not as if we’re on the verge of losing the house, we can afford the bills, so it’s not that serious a problem.”

Woman who gambles, England

This education could also include practical examples of how gambling harms feel when they start, which would let women identify how to spot the signs and how to spot that, they, or a loved one, might be at risk of harms.

Support from friends and family and self help

In stopping harms from escalating, women in our study mentioned that opening up about the situation to a partner, friend or family member had been an important step in starting to address their own gambling harms. This was expressed by both women who gamble and affected others.

“My husband realized I was getting low and I sat down and explained everything. He said take time out. It wasn’t even just the gambling but sitting round and doing nothing. We worked on it together after that.”

Woman who gambles, England

Some women who were not suffering gambling harms also described techniques they used to moderate their own gambling and thus prevent harms from developing. These “protective techniques” included having a close friend or family member to talk to; setting a mental threshold with spending and then putting practical limits on spending to not surpass that threshold; understanding their own triggers to gambling in a harmful way and then applying strategies to mitigate those triggers.

Having someone close to them - often a partner or close, non-judgemental female friend – with whom women could open up and discuss gambling was important for preventing gambling harms. For these women, having an outlet helped them become more self-aware of their gambling behaviours which in some instances, helped to keep their gambling under control.

Setting personal rules was a protective technique for some women. This took the form of either mental steps such as not going beyond a set limit on gambling spend for a week or month, or more physical controls such as card blocks and limits on their online accounts. Borrowing and debt was seen as a “threshold” that they would not cross and described it as their “way of keeping their gambling in check”. For example, if they were unable to pay rent and bills and had to borrow from friends and family, they would deem this as “problem gambling.”

"I never go beyond my means. I am a regular better, but my life doesn't depend on it. Knowing my limits is part of the fun."

Woman who gambles, England

A technique used by women seeking to change their gambling practices was recognising the triggers that led them to gamble and mitigating these. The action they took depended on their triggers. For example, keeping busy by taking up hobbies so as to not fill their spare time with more gambling. A woman described how she changed her work schedule to reduce her gambling frequency.

"I work 12 and a half hour shifts now and it's just constant - sometimes you don't even get a break. I know I've only got a certain amount of money to play with and I'd like to keep that for leisure."

Woman who gambles, England

What does good responsive treatment and support look like?

Responsive treatment and support is formal support for those suffering gambling harms, whether as a woman who gambled or as an affected other. These include support at critical moments of transition to harms that could have prevented the situation worsening, including speaking to the GP and support services, accessing self-help through online sites, and using signposting or advice from community services.

Importance of anonymity and confidentiality

Anonymity and confidentiality were identified as important options to offer at the point women first reach out for support. This could raise their confidence to reach out to a support service, and help to build trust with a support service. Once trust has been built, they may then feel able to be more open about their experiences and needs. This was particularly true for women who gamble, but also for some affected others experiencing shame or stigma, who were hiding a partner's gambling from friends and family.

"It would put me off if it was not very anonymous or discreet as sometimes it's a topic which you feel embarrassed to discuss."

Affected other, England

Experts confirmed that anonymity is already offered by the majority of treatment and support services in Great Britain, so promoting this fact will hopefully reassure women that it is safe to engage with services. Confidentiality is also the default, unless a need arises further down the treatment line for details to be shared with other treatment providers, or if the service provider has safeguarding concerns. If this happens, GDPR requirements are respected (for example, seeking permission from women to share details with other professionals).

Women discussed anonymity differently from experts. Women often meant complete anonymity, for example, not giving a support service any of their contact details and not having the circumstances of their concern recorded in formal files, like GP notes. In contrast, service providers expected to be able to take basic details from women seeking support, although these would be kept confidential as far as possible unless safeguarding issues were raised. It would be worth service providers clarifying their policy on anonymity (for example, on their website) and explain why basic details were required, so that women knew exactly what level of anonymity they could expect, then make an informed choice about whether to proceed in seeking support.

Speed of access

Immediately available support was seen as important for women who only worried about their gambling at specific times (for example, immediately following a financial loss) but later second-guessed their own need for support. Having to make appointments and then keep them, risked them opting out. This would also support women with busy lives, such as those who work or have caring responsibilities. It would also address a concern expressed by some affected others, who worried about long waiting times and having to answer multiple questions before being able to access support.

“[It’s reassuring if] there was that twenty-four hour help, even if it meant they won’t get back to you straight away.”

Woman who gambles, England

Experts noted that a wide range of existing treatment services already offer immediately available support. Some service design experts felt that a more helpful option would be a hierarchy of support, ranging from support needed more immediately for example, within the timeframe of 24-48hrs such as self-exclusion, national gambling helpline, etc., to more sustained and long-term support which can take up to 12 days due to referrals and other processes such as GP surgeries, etc. Disseminating communication around the full breadth of treatment support available to women would help with instances where women with urgent needs miss out on treatment because they are only aware about ones which have longer waiting and enrolment periods, and vice versa.

Inclusive support

Emotional, non-judgmental support is initially more important than practical support for many women.

“Feeling judged and being given the wrong support or lack of communication can prevent anyone from engaging with any support offered or accessed.”

Affected other who also gambles, Wales

Services that are free at the point of use are also important (for example, a service that receives external funding). Again, experts in our study confirmed that most existing services already fulfil these criteria.

Low commitment / low-pressure support could further help overcome confidence issues that might prevent women from making initial contact with support services. The majority of women described a preference for typing rather than having to speak (for example, a webchat), at least when they initially reached out. This would allow them time to collect their thoughts, and to consider their words carefully. This would also provide another layer of anonymity for those who were least confident or feeling acute pressure from shame and stigma. Experts however expressed some concern about feeling that they only had one chance to engage with women, and that support that was too low-key might risk women opting out of the service before they had had a chance to properly access support.

A service that was easy to opt out of (for example, a webchat) could also help to overcome confidence barriers and enable women to take a break if they felt overwhelmed. Women felt these steps were necessary to “build trust” in a service provider before they could engage with more structured or longer-term support.

Women and experts both agreed that it would be desirable for a treatment and support service to be women-only, and to have a support option that was a peer-led group, led by women with lived experience of gambling harms. This would also ideally include some peer-mentoring, for example, some support options led by women with lived experience of suffering gambling harms, whether as a woman who gambled or as an affected other.

"You need to have people like me running that service – you can't speak to someone who doesn't know what it's like. You don't know the guilt, hurt, deceit, it needs to be someone who has been in that position – who have got better."

Woman who gambles, Scotland

Although experts agreed that peer support was an important option as part of a service, they also emphasised the importance of also having qualified professionals to deliver treatment and support.

Using personal stories, for example, as part of a service's website, were popular with some women but not others, and care should be taken to ensure that these are inclusive. When women can relate to them, personal stories are compelling, engaging and powerful, effectively showing women that they are not alone and that others have gone through similar experiences. For the person sharing the story, they discussed how this could be a therapeutic experience.

"I think for some people it could be really therapeutic to tell that story... it might be the end phase of your journey when you are strong."

Woman who gambles, England

However, they may be less effective and could decrease engagement if women do not relate to them, as they can reinforce the idea that "support is not for people like me". This highlights the responsibility for service providers to ensure a range of stories are told, that are drawn from different sub-groups of women at different stages of help seeking.

Both women and experts noted the importance of using language that resonates with women in advertising treatment and support services. In addition, getting the right messages across to women at different stages of treatment and support is important. Messages that are too strong or intense, too early in the process could be off-putting for women who are feeling high levels of shame or embarrassment at seeking support, per se, for their gambling harms. On the other hand, experts noted that messages and language that were too soft and non-specific might not clearly signal a gambling support service. A good treatment and support service will need to carefully consider how to balance these different needs.

"Naming the service can be an issue too – there needs to be a balance between not having "gamble" in the title, but the title still communicating what the service is for."

Expert Witness, Service Delivery (information, advice and support)

Some experts also mentioned using phrases in messaging that both resonate with women's personal experience of gambling, but also invite them to self-reflect on their gambling, for example "are you taking X hours out of your day to gamble?" or "do you find yourself evading friends and family to make time for gambling activities?". This could help to overcome some women's hesitancy in identifying and acknowledging that they are starting to suffer from gambling harms.

The need for different messages at different stages in the support journey also applied to affected others, who described the process of discovering a loved one's gambling as akin to the grieving process. They describe only feeling ready to hear different messages at different stages in the process, again suggesting that initial messaging should focus more on describing services offered, and using gentle, encouraging language to engage.

An over-arching service that links and signposts to the variety of treatment and support services that already exist would also be welcomed by both women and experts. This would allow women to make their own journey the way that is best for them. Ideally, this would also involve a joined-up approach, so women only have to tell their story once. This over-arching service could include legal help (for example, including the protection of children) and financial help.

"I would actually find that really reassuring, when you go in, and you're an absolute mess. If there's so much to sort out for me, it would be great to have all the services there."

Woman who gambles, England

An expert with lived experience as an affected other described how she was already in the process of setting up this type of "one stop shop" of advice and support for both affected others and women who gamble, that reflects the range of issues they may need help with. These include debt advice, legal help, divorce, financial advice etc. she describes this as "a hub" that will offer an effective means of signposting, and put together action plans for women depending on their most urgent priorities. She describes the motivations for setting this up:

"What was wearing for me was the fact that one organisation was always giving me another number. I make one call, only to be given a number for another one, and not then having that time to do it because I still had to go to work every day and look after two children."

Expert witness, Service Designer (group support for affected others)

Conclusions

This chapter discussed the complexity of self-identification of harm, and the ways the harmful effects of gambling, and acknowledgement of these, can be suppressed, minimised, hidden and rejected by women.

The key findings are:

- Barriers to women accessing gambling harms treatment and support included: the perceived relevance of such services, including women not believing that their own gambling is sufficiently harmful to warrant seeking support; women having low awareness of available support; their willingness to access support; women feeling stigma and shame about accessing support, women experiencing practical barriers to accessing support; women suffering domestic abuse; and low awareness and understanding among professionals about the needs and experiences of woman who gambles or are affected by another's gambling.
- Women and experts identified key principles that underpin what good support looks like. These included:

- Both prevention and responsive support
 - Confidential, non-judgemental, friendly support, with the initial option of anonymity for women.
 - Free to women using the service (for example, fully funded)
 - Gender-sensitive and trauma-informed approaches
 - Joined up support, offering or signposting to a range of support options
 - Community-based, integrated services that make it easy for women to get the range of help they need
 - Better public information and messaging about the signs of gambling harms for women and the support that is available, emphasising confidentiality and anonymity
 - Wider interventions that address the socio-economic and socio-cultural determinants of women's experiences and look to disrupt industry practices that are harmful to women
- Potential pathways to break down barriers to seeking support included destigmatising conversations about gambling and gambling harms, raising awareness among women who gamble about gambling harms, raising awareness among affected others that services to support them exist and support that is easy to access, joined up, and ongoing.
 - Supporting women's abilities to self-reflect on how and how much they gamble, and the implications on their whole lives, is important because they are often hesitant to identify and acknowledge there may be a problem, that could escalate. Some women in this research did not identify their activities as gambling or harmful, though the harms they experienced were gambling-related.
 - It is important to reach women in their own environments rather than expecting them to come to services that are not where they congregate. For example, colleges, workplaces, faith and belief spaces and community groups.

The next chapter shows some illustrations of journey maps. These are visual summaries that illustrate common journeys that women who gamble, and affected others, experiencing gambling harms encountered.

9 Common journeys for women who gamble and affected others

Introduction

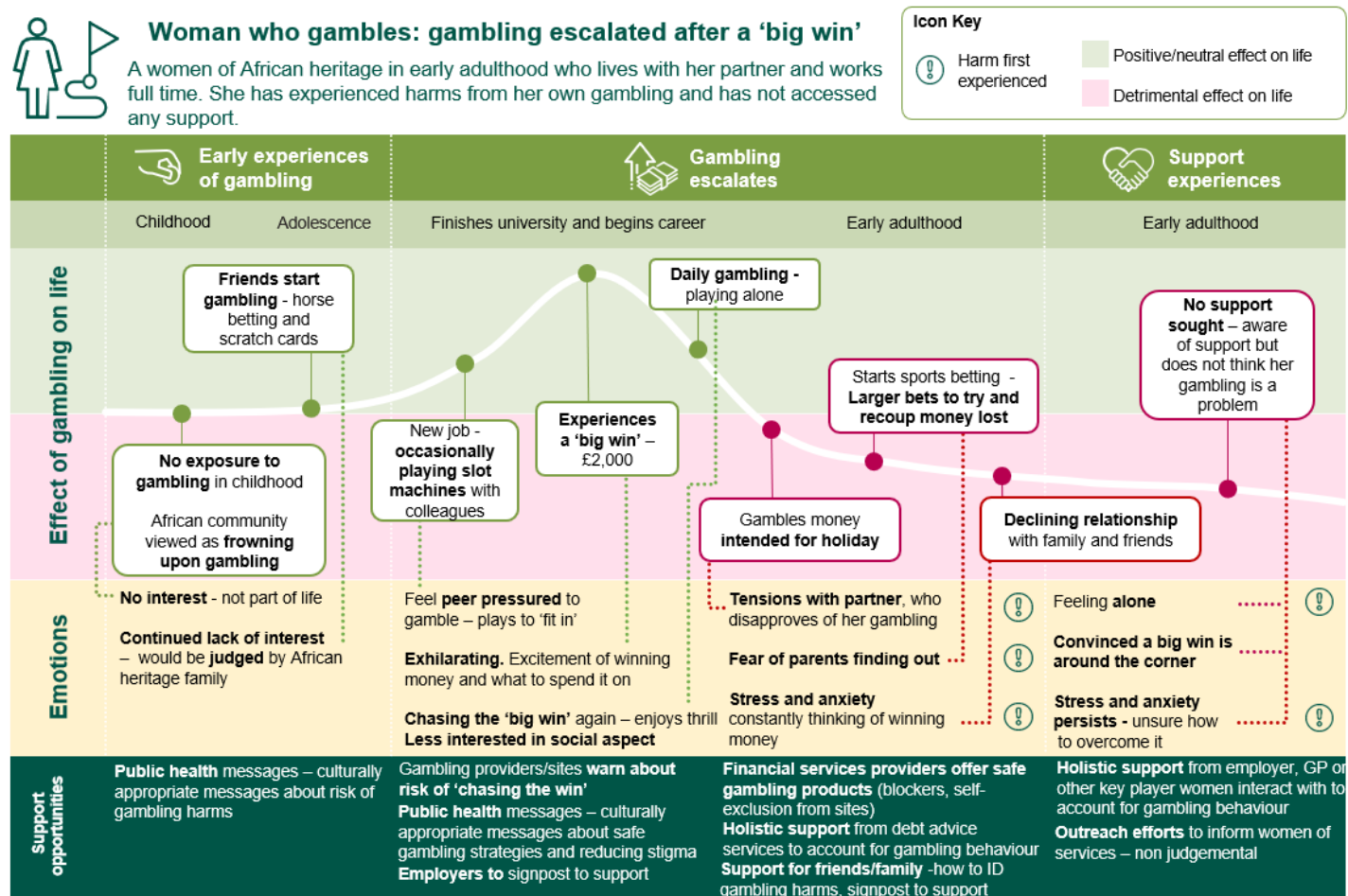
This chapter presents five journey maps: visual summaries that illustrate common journeys that women who gamble, and affected others experience and any gambling harms encountered. These are drawn from the narratives that women who gamble and affected others described in our qualitative research.

These journey maps are case illustrations. They were not drawn from individual women's lived experiences. Instead, they represent a composite of common experiences described by different women in qualitative depth interviews and the online community. We have presented these visually as a relatable way to communicate some women's different experiences of gambling and gambling harms, to help readers' comprehension of the report. The profiles attached to each journey map are similarly a composite of different women – they do not represent specific sub-groups of (for example) ethnicity, age and social status, but rather, the common journeys that span these sub-groups.

The maps demonstrate a journey often starting from childhood experiences of gambling, through to experiencing gambling harms and ongoing support experiences in adulthood. The journeys also indicate support opportunities at various stages of a journey. These support opportunities are the points in a journey where women told us they may be open to seeking and receiving support, backed up by Expert Witnesses observations. The themes and key points for each journey were chosen to achieve a balance between conveying key findings from the research and to represent a variety of experiences.

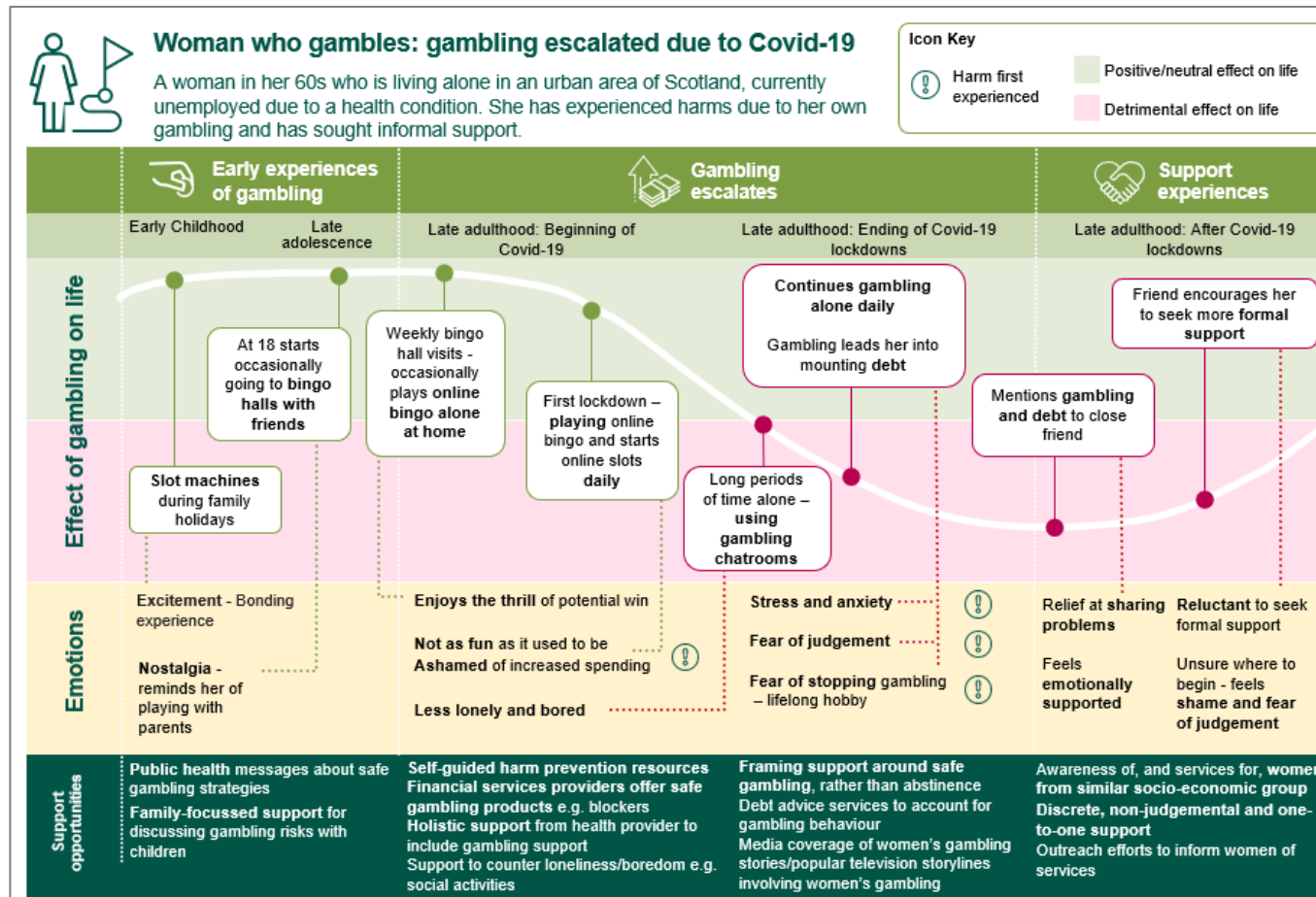
1. Woman who gambles: Gambling escalated after a “big win”

This journey map illustrates a common scenario described by women who gamble, of how gambling can escalate after the psychological thrill of a “big win”. The importance of the thrill of gambling as a psychological driver to gamble is more fully explained in Chapter 7, “Drivers of gambling among women, and risk factors for harmful gambling among women”. This map shows the potential role for public health messaging, gambling companies and third parties in raising awareness of harm prevention and reduction.



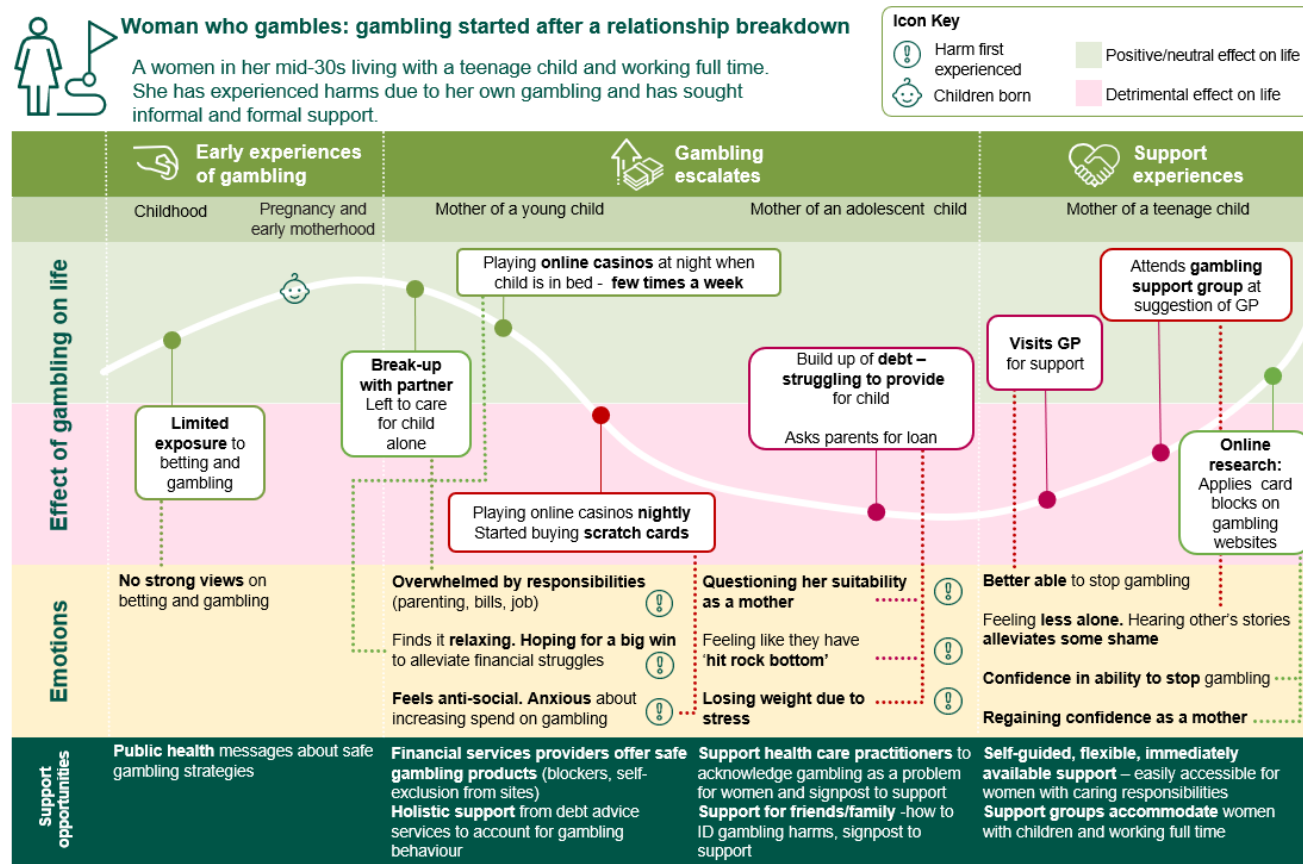
2. Woman who gambles: Gambling escalated due to Covid-19

This map illustrates another common scenario described by women who gamble, about how their gambling escalated during lockdowns in the COVID-19 pandemic, due to loneliness and boredom. The experiences of women gambling alone, is discussed in more detail in Chapter 6, “The role of gambling in women’s lives”. This map highlights the opportunities for holistic support, including approaches that counter loneliness and boredom. It also highlights the need to normalise women’s experiences of gambling, to reduce stigma and fear of judgement.



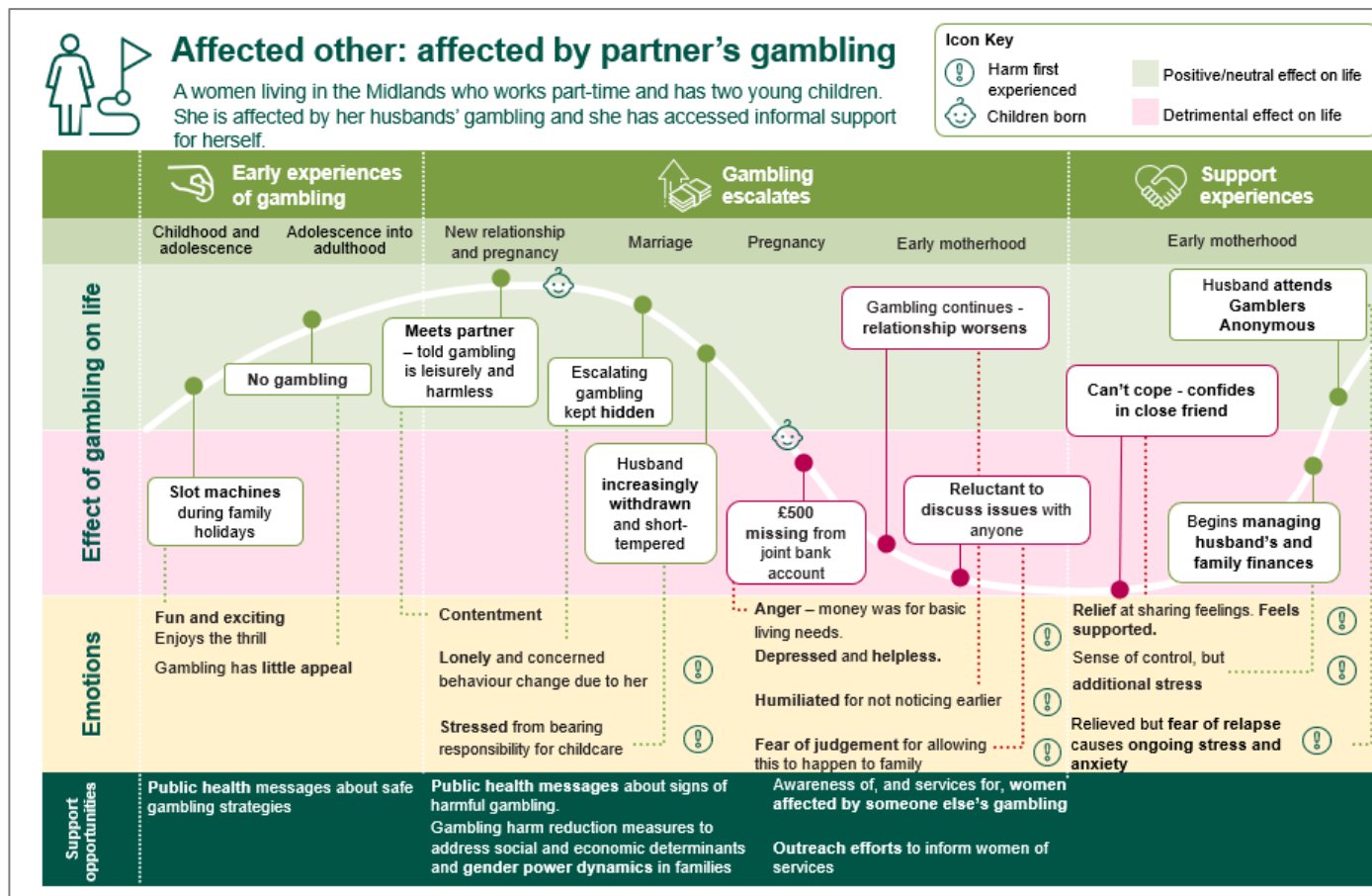
3. Woman who gambles: Relationship breakdown

This map illustrates a less commonly described, but impactful, experience described by women who gamble, on how relationship breakdown can lead to more gambling. Although this experience may be a common one, few of the women we spoke to in our qualitative research mentioned it. This map highlights the important role that family and friends can play in offering informal support. It also shows that services need to offer support options that consider women’s work schedules and childcare responsibilities. More details about these can be found in Chapter 9: How gambling harms might be prevented or reduced among women”.



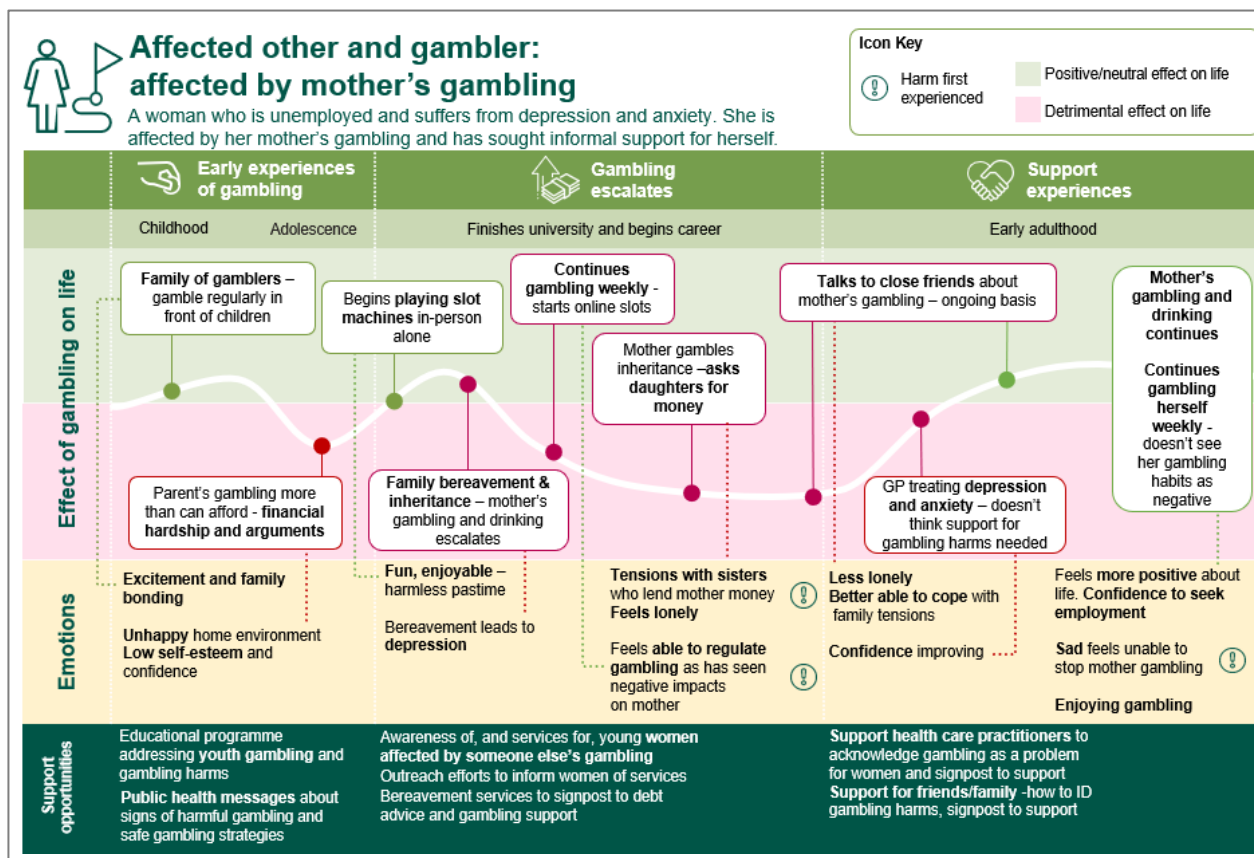
4. Affected other: Partner's gambling

This map illustrates a common experience described by a woman who is affected by her male partner's gambling. The secrecy that surrounded the other person's gambling, and the emotional impact when the gambling was discovered, is discussed in more detail in Chapter 6: "The role of gambling in women's lives". This map highlights the need to raise awareness that help and support is available for affected others, as well as for people who gamble.



5. Affected other and woman who gambles: Mother's gambling

This map illustrates the complex experiences of women who are both affected others and who gamble. The map identifies an important protective factor against suffering harm from their own gambling for affected others who also gambled: having the practices in place to regulate their own gambling. This is described in more detail in Chapter 7: "Drivers of gambling among women, and risk factors for harmful gambling among women". This map again highlights the importance of friends and family as people to talk to and shows the need to support and educate healthcare practitioners about the importance of supporting people suffering gambling harm as an affected other.



10 Conclusions

Introduction

This report details the findings of research commissioned by GambleAware and conducted by a consortium of IFF Research, the University of Bristol and GamCare's Women's Programme between Summer 2021 and Spring 2023. The purpose of the research was to build knowledge about why women in Britain take part in different types of gambling, the effect this has on them and their lives, and their experiences of treatment and support services.

Within this report we have drawn on evidence from primary qualitative research with women who gamble, or were affected by others (AO) who gamble, and Expert Witnesses in the field, a rapid evidence assessment of existing literature, and secondary analysis of existing quantitative data to explore the lived experiences of women in relation to gambling, treatment and support. This chapter summarises what we have learned in response to our research objectives and draws out the implications of these findings for different stakeholder groups.

Key Findings

The lived experiences of women and their engagement with and experience of gambling

What are women's motivations to gamble? How do motivations differ for different women?

Our research has built on existing evidence (for example, McCarthy et al. 2020^{1a}) that motivations for women to gamble include:

- **Psychological factors:** that is, the emotions associated with gambling, both positive and negative, for example the excitement and pleasure derived from winning, and the relief of boredom, loneliness or stress obtained through playing
- **Social factors:** that women use gambling to develop or maintain connections with others
- **Financial and economic drivers:** the role that both winning and losing money plays as an influence on gambling behaviours
- **Industry influences:** tailored marketing, advertising and other tactics used by gambling companies to encourage women, in particular, to gamble.

Our findings having demonstrated how motivations for gambling by women can interact and evolve over time. For example, the psychological drivers that may motivate women to *start* gambling often differ from their reasons for *continuing* to gamble, or from the psychological drivers that can result in women's gambling *escalating* to a level at which they are experiencing (sometimes more or greater) harm.

Considering the experiences of different groups of women, our research has provided new insight into how the experience of health conditions (physical or mental) can interact with motivations to gamble, with the role of gambling to avoid boredom, or to escape from trauma, stress of loneliness being more pronounced amongst this group.

How does gambling fit within women's lives?

We know many women in Britain gamble, and do so on a regular basis, with typical activities that they reported engaging with including playing lotteries or purchasing scratch cards. The types of gambling that women participated in differed from men, with women more likely to report playing scratch cards or taking part in bingo (Public Health England, 2021).

Women often described having experiences of gambling during their childhood, having either witnessed or participated in gambling alongside family members. Their positive experiences in childhood tended to lead them to frame adult gambling as a fun and normal recreational activity. As adults, women often saw gambling as part of traditions (for example, for major sports events) or as a feature of socialising (BetKnowMore, 2020).

It was estimated that more than one in twenty women in the British population were affected others, that is, they had experienced harm as a result of the gambling behaviours of someone close to them (Public Health England, 2021). These women tended to hold more negative overall views of gambling, particularly when they themselves had experienced more severe harms, although it is worth noting that many of these women do still gamble themselves.

How do women view and describe the risks of gambling in relation to their lives and lives of others close to them?

Gambling was generally seen by women as a harmless social pastime, with few describing their own behaviour as “gambling”, and instead focusing on the actual activities that they took part in. As a result, many women felt that the concepts of “harmful gambling” were irrelevant to them, and they were therefore dismissed, despite some having experienced harms related to gambling. The exception to this was when serious **financial** harms had been experienced, then gambling was recognised as behaviour with dangers associated and the potential for causing distress.

For affected others, experiencing harm as a result of another's gambling in adulthood caused them to reframe their own positive experiences in childhood, recognising risks or negative consequences that those who were not affected others may not have observed. Some of those that experienced harm in childhood reported that their own behaviour was influenced as a result, with them choosing not to gamble, or consciously taking steps to place limits on their gambling behaviours.

Drivers of gambling harms amongst British women

What do gambling harms look and feel like for our target groups of women?

Our research reinforced findings from previous studies about gambling harm (for example Langham et al.'s (2016) “taxonomy of harms”) and provided further insight into how harms of the same type, may manifest in different ways for women who gamble compared with affected others. For example:

- **Health and wellbeing harms:** Amongst women who gamble, this type of harm was sometimes evident as a sense of shame for “wasting money” or “losing control”, whereas affected others often felt a burden of being the confidant of a person who gambles, which contributed to them feeling isolated from others.
- **Financial harms:** In addition to harms caused by worsening standards of living because of lack of funds, women who gamble reflected on the “opportunity cost” of missing out on other

ways money that was spent on gambling could have been used, for example for holidays or retirement plans. For affected others, there was evidence of the strain felt by women who expressed shame about borrowing money from family and friends. There was also evidence that gambling-related economic abuse occurred in some situations, for example the loss of financial independence and control of the family finances in a way that is damaging (Hing et al., 2021).

- **Relationships harms:** Some women who gamble spoke of “power struggles” in their relationships, in that they felt ownership over their personal finances, but clashed with partners or family members who disapproved of their gambling. Women who were affected others, conversely, spoke of a loss of trust within their relationships, and the harm caused by arguments related to gambling behaviour.
- **Performance and activity:** Some woman who gambled reported difficulties with staying in work as a result, whereas others found themselves to be working excessively in order to fund their gambling activities. There was less evidence of harms from gambling on performance and activity amongst affected others.

What are the triggers for gambling harm and how do these differ by our target groups of women?

Our research found that different factors may predispose women to gambling harm, compared with triggering gambling harm, although interactions and overlaps were observed between these factors. Factors which were linked to increased vulnerability to gambling harm included: poverty, industry products and practices, parental influences, domestic abuse, perceptions of risk, and for affected others, a lack of awareness of a partner’s gambling prior to their relationship (Hing et al., 2020; O’Mullan et al., 2021; Hahmann et al., 2021).

Triggers for gambling harm for women who gamble included: increased spending beyond affordability to obtain gratification, diversification of type of betting and gambling products used, trauma and stress, spending increased time at home, and alcohol consumption (Dow Schüll (2002); McCarthy et al., (2020); Public Health England, 2021c).

Services, interventions and policies needed to reduce and prevent gambling harms for women

What information sources, networks and services are women at risk of experiencing gambling harms aware of or are accessing? How does this vary by our target groups of women?

We know that at the time this research was undertaken, few women accessed formal support (GambleAware, 2021). Of those that did, typically they used informal sources of help, for example speaking with friends or family, or using blocking or self-help tools, as a starting point, before some moved on to access more formal sources, such as a GP, Gambler’s Anonymous or counselling services.

Women who may have been experiencing some, but lower levels of gambling harm (that is, those with lower PGSI scores) held little interest in accessing treatment or support. Even amongst those experiencing higher levels of harm, it was only a minority who wanted help, however women who were younger, religious, of lower socio-economic status, and those from ethnic minority groups were more likely to want help (GambleAware, 2021).

What are the gaps in services, interventions and policies for women?

Our research both supports previous findings about barriers to help seeking and illuminated new aspects for consideration by service providers. Gaps identified included those rooted in attitudes and understanding amongst women, for example, a belief that gambling is not harmful, a lack of awareness or understanding of who existing support services are for, the impacts of stigma, shame and fear in preventing help seeking, and a lack of knowledge or confidence about the confidential nature of support available (Freytag et al, 2020; BetKnowMore, 2021).

There were also practical barriers that were reported as barriers to seeking help, including concerns around the cost of treatment, availability of childcare, privacy and accessibility for those in vulnerable positions (Andersson et al., 2021). Women felt that the language used by service providers did not align with the way they spoke about gambling, and in some instances this could be off-putting. Furthermore, there were indications that services were not sufficiently joined-up or holistic to meet women's needs, and that a lack of involvement of women with lived experience in the design and delivery of services compounded existing barriers.

What do women think are the principles of effective gambling prevention, treatment and support for women?

Through our research, women identified the following as principles of effective gambling prevention, treatment and support services:

- Alignment with practical considerations, for example the affordability of support and the availability of flexible appointments
- A need for immediate or timely access
- Provision of different support for people in different circumstances, including at different points of a prevention or recovery journey
- The use of language that resonates with women
- Confidentiality and privacy when accessing support, the role of anonymity
- The use of an appropriate tone and ethos by support providers; support must be non-judgemental, warm and friendly
- For support to be holistic, considering all types of harm and the relationship between gambling (or being an affected other) and other aspects of their identity
- The importance of drawing on lived experience of other women when designing and delivering services

Recommendations

Based on the research findings, the following points are our recommendations for consideration by anyone who engages with gambling harm prevention amongst women. These recommendations are shaped by an awareness that treatment provision, at the time of writing, only reaches a fraction of those experiencing gambling harm. We also know that some women engage with treatment after experiencing harms for an extended period of time. Therefore, awareness and prevention measures play a key role in overall treatment and support landscape.

Recommendations for all audiences

- **Normalise conversations** about harm, to reduce the stigma felt by some women. Stigma can be perceived, anticipated, internalised or intersectional, so education and awareness raising remains key.
- For care to be taken about the language used to describe experiences of gambling and gambling harms; **language must be relatable and non-judgemental**.
- **Leverage lived experience:** respect, acknowledge and learn from the expertise of those who have first-hand knowledge of the situations experienced by women who gamble or are affected others, and compensate them for their time, in line with GambleAware’s existing guidance on engagement with people with lived experience (GambleAware, 2020). Support and building on the growing network of lived experience organisations that now exist, for example, the New Beginnings Programme (BetKnowMore), the Gambling Lived Experience Network, and the Affected Others Lived Experience Research and Support Group, amongst others.
- **Join-up services:** gambling prevention, treatment and support services must become embedded in everyday life, so that services women already interact with are recognising potential gambling harm and signposting to help. One example of this already in action is the Six To Ten project, which aims to provide this type of help for affected others.
- **Understand that recovery is a journey:** recognise and accommodate the need for different types of support at different times for women. Treatment and support cannot be “one size fits all”.

Recommendations for communications and awareness raising activities

- **Raise awareness** of treatment support and prevention support through more, and more diverse, channels. Women who took part in our research tended to reference self-help measures such as placing limits on their gambling activity once they had already experienced harm (either from their own or another’s gambling), rather than before.
- Consider introducing new **public health campaigns** – marketing communications designed to influence the behaviour of certain groups of the public. Such campaigns could be targeted at affected others, and/or at women in different stages of their gambling journey, to raise awareness of risks and support available.
- In communications and campaigns, use messaging which **challenges norms of traditions or family activities to highlight risks**, which can be overlooked by people who gamble.
- To **increase understanding of the full range of help available**, a prevention and treatment “roadmap” could be provided, or a “one stop shop” with information about all services currently on offer. This portal should provide signposting to what is available beyond National Gambling Treatment Service funded services, including grass roots and peer-led organisations .
- Women would value clearer **communication about the typical response or engagement times for support**, so that those seeking help can easily identify the speed with which they

can expect to receive it. We recommend GambleAware applies this to its National Gambling Treatment Service contracts.

Recommendations for education for preventing gambling harm

- Experiences in early childhood shape perceptions of gambling risk, so there is a need to provide balanced information so that young people can make informed decisions when they encounter gambling opportunities in the future. The experts and women with gambling experiences in our research endorsed activities to **educate children and young people, and the adults in their lives, about gambling harms**, for example, by raising awareness of how to spot the signs that a loved one might be at risk.
- The role of family and friends in providing informal emotional support has been demonstrated by this research, and with this type of contact often proving itself to be a “first step” to accessing more formal help sources it is important to **make sure family and friends are well equipped** for these conversations. Providing information and resources to support them is one way to encourage this.

Recommendations for service commissioning, design and delivery

- There is clearly **demand for gender-specific support** services that anticipate the need for and offer intersectional support services, for example for women from minority ethnic groups. Progress is being made towards this (for example, the launch of the Gordon Moody residential treatment programme for women (Gordon Moody, 2021), and GamCare’s women’s programme (GamCare, 2020), but there is more to be done.
- As a minimum, gambling support services should be consistently collecting information about the characteristics and circumstances of its users, and actively investigating how well they are accessing and supporting different groups of women.
- **Research and develop support for affected others:** develop both an understanding of the help required by affected others, and services available to provide such support appear to be at an earlier stage of maturity compared with services for women who gamble.
- In creating and delivering services for all women affected by gambling, it is important to learn from, and **reinforce best practice across parallel sectors**; areas such as debt advice and domestic abuse support may have lessons to offer gambling support services.
- There is the opportunity to **use technology and data more effectively**; for example, in service provision, communication tools such as WhatsApp could be used to support service delivery. Regarding joined-up service provision, data sharing (with appropriate permissions in place) would ensure service users do not have to tell their stories multiple times, providing a better user experience, although this must be balanced with service users’ needs and preferences around confidentiality.
- **Expand the role of women with lived experience:** as referenced in our recommendations for all, maximising the opportunities for women with lived experience to input in service design and delivery should result in services that are better aligned with user needs.
- Those commissioning services should **consider the impact of time limited or ringfenced funding in restricting innovation**; new services need support for pilot stages and sufficient

time for delivery to mature to demonstrate results, which may be curtailed by restricted funding opportunities.

- In a similar vein, it is important that grassroots initiatives are supported, **as interventions need to start in communities where the need is greatest**, as that is where they will have the biggest impact.

Recommendations for wider public system

- There is a need for organisations beyond those immediately involved with preventing or treating gambling harms to be better informed about the consequences of gambling harm for women who gamble, and as affected others.
- Within **the justice system**: family courts should be aware of the implications of gambling harm exposure and the need to put suitable child custody arrangements in place. In employment dispute decisions, employment tribunals should consider the impacts on affected others of loss of income by the family, where harmful gambling is apparent. Criminal justice setting should adopt routine screening for gambling harms and raise of support options for female offenders.
- Within **health and social care**: the NHS has a role through the provision of primary care in providing signposting to gambling harm support for both affected others and those who gamble, as evidenced by the evaluation of the Primary Care Gambling Service pilot (GambleAware, 2022). Green social prescribing (that is, supporting people to engage with nature-based interventions and activities to improve their mental health) could be considered when trying to tackle drivers and triggers of gambling harm, for example to help women overcome loneliness. Throughout the health and social care system signs of gambling harm could be better identified through consistent use of screening questions.
- Within the **education system**: we recommend that education about risk is embedded into situations where discussions with young people about gambling are normalised (for example, when using gambling to teach maths, or raffles/prize draws as part of school fundraising activities). This progress has already been made in introducing gambling education into the national curriculum.

Recommendations for researchers

The **evidence base for gambling and gambling harms is not as advanced** as for other similar areas of harm (for example, alcohol harm), so there are considerable opportunities for growth in this space. Areas that have emerged from our research as priorities for further investigation in relation to women and gambling are detailed below.

- Further research is needed **to quantify the experiences and attitudes explored in this study**. Whilst we have gained understanding about the range of experiences of woman who gamble or are affected others, we do not yet know the prevalence of these different types of experiences.
- Further qualitative and/or quantitative research could shed greater light on **sub-groups of women and the role of intersectionality**; our research has signalled that factors such as ethnicity, religion, age, and motherhood or childcare responsibilities may shape experiences

of gambling and harm, but further research is needed to better understand how and why these differences emerge.

- **Longitudinal research** is needed to understand many aspects of gambling over an individual's life course, including how childhood experiences influence adult gambling behaviours, and the journey of recovery from harm (including relapses) over time (Galimberti et al., 2022). There are opportunities offered by new longitudinal studies such as The Children of the 2020s to gather rich quantitative data for enable future research.
- **Research into cultural or societal influences:** alternative methods (for example, ethnography) could be considered to better understand community, gambling industry practices and social aspects of women's experiences of gambling and gambling harm.
- Research into the **self-help practices** women use to manage their gambling.
- There are also **methodological lessons** that researchers can take from our work, for example:
 - In quantitative research the range of types of harm that are measured could be improved to reflect the experiences of women better (for example, considering impacts on personal relationships).
 - This piece of research reinforced the importance of flexibility in data collection, and robust safeguarding practices for participants and researchers, to support equity in the research and engage diverse audiences.

Bibliography

Andersson, C. *et al.* (2021) “Gender and recovery pathways in the UK”, *Drugs: Education, Prevention and Policy*, 28(5), pp. 454-464. DOI: [10.1080/09687637.2020.1852180](https://doi.org/10.1080/09687637.2020.1852180)

Baño, M. *et al.* (2021) “Women and gambling disorder: Assessing dropouts and relapses in cognitive behavioral group therapy”, 123, December 2021. DOI: [10.1016/j.addbeh.2021.107085](https://doi.org/10.1016/j.addbeh.2021.107085)

BetKnowMore (2021) [Women and gambling related harm: Research report](#).

BIT (the Behavioural Insights Team) (2022): “Behavioural Risk Audit of Gambling Operator Platforms”. <https://www.bi.team/publications/using-a-behavioural-risk-audit-to-identify-harmful-design-features-on-gambling-websites>

Carneiro, E. *et al.* (2020) Gender differences in gambling exposure and at-risk gambling behavior, *Journal of Gambling Studies*, 36, pp. 445-457. DOI: [10.1007/s10899-019-09884-7](https://doi.org/10.1007/s10899-019-09884-7)

Castrén S., Heiskanen M. and Salonen A. (2018) “Trends in gambling participation and gambling severity among Finnish men and women: cross-sectional population surveys in 2007, 2010 and 2015”, *BMJ Open*, 8(e022129). DOI: [10.1136/bmjopen-2018-022129](https://doi.org/10.1136/bmjopen-2018-022129)

Collard, S., Davies, S., and Fannin, M. (2022). “Women’s experiences of gambling and gambling harm: a Rapid Evidence Assessment”. [WAG-REA-FINAL-20211217.pdf \(begambleaware.org\)](#)

Cox J. *et al.* (2021) “Bingo, gender and the moral order of the household: Everyday gambling in a migrant community”, *Journal of Consumer Culture*. DOI: [10.1177/14695405211022082](https://doi.org/10.1177/14695405211022082)

Davies, S., Collard, S., McNair, S. and Leak-Smith, L. (2022) “Exploring alternatives to ‘safer gambling’ messages.” Published by the University of Bristol’s Personal Finance Research Centre in February 2022.

Forrest, D. and McHale, I.G. (2021) “Transmission of problem gambling between adjacent generations”, *Journal of Gambling Studies*, 37, pp. 711–722. DOI: [10.1007/s10899-020-09977-8](https://doi.org/10.1007/s10899-020-09977-8)

Freytag, C. *et al.* (2020) [The dangerous combination of gambling and domestic and family violence against women](#), Analysis & Policy Observatory.

Galimberti, S., Hesketh, R., and Disley, E. (2022). [An assessment of the existing landscape of longitudinal data collection related to gambling \(actionagainstgamblingharm.org\)](#)

GambleAware (2022). The Primary Care Gambling Service Pilot: Evaluation Report. <https://www.begambleaware.org/sites/default/files/2022-12/11619%20PCGS%20Pilot%20Evaluation%20Final%20Report%20V4.1%20FINAL.pdf>

GambleAware (2020). National Gambling Treatment Service Campaign. [National Gambling Treatment Service Campaign | BeGambleAware](#)

Gambling Commission (2021). [Statistics on participation and problem gambling for the year to September 2021](#).

GamCare (2020) [Women’s Programme – Year one report: 2019/20](#).

Gordon Moody (2022): Women's residential program. [Meet The Women's Residential Treatment Team - Gordon Moody](#)

GOV.UK/Public Health England (2021) [Gambling-related harms evidence review: Summary](#).

GOV.UK/Public Health England (2021a) [Gambling-related harms evidence review: Risk factors for gambling and harmful gambling: An umbrella review](#).

Gunstone, B. and Gosschalk, K. (2020) [Women in focus: A secondary data analysis of the Gambling Treatment and Support Study – On behalf of GambleAware](#), London: YouGov.

Håkansson, A. and Widinghoff, C. (2020a) "Gender differences in problem gamblers in an online gambling setting", *Psychology Research and Behavior Management*, 2020(13), pp. 681-691. DOI: [10.2147/PRBM.S248540](#)

Håkansson, A. and Widinghoff, C. (2020b) "Over-indebtedness and problem gambling in a general population sample of online gamblers", *Frontiers in Psychiatry*. DOI: [10.3389/fpsyt.2020.00007](#)

Hing, N. *et al.* (2020) [The relationship between gambling and intimate partner violence](#), Research report, Issue 21, September 2020, Sydney: ANROWS.

Hing, N. *et al.* (2021) "Problem gambling and economic abuse against women: an adaptive grounded theory analysis", *Addiction Research & Theory*. DOI: [10.1080/16066359.2021.1962847](#)

Langham, E. *et al.* (2016) "Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms", *BMC Public Health*, 16(80). DOI: [10.1186/s12889-016-2747-0](#)

Matheson, F.I. *et al.* (2021) Prevalence of problem gambling among women using shelter and drop-in services, *International Journal of Mental Health and Addiction*. DOI: [10.1007/s11469-021-00524-z](#)

McCarthy, S. *et al.* (2019) "Women and gambling-related harm: a narrative literature review and implications for research, policy, and practice", *Harm Reduction Journal*, 16 (18). DOI: [10.1186/s12954-019-0284-8](#)

McCarthy, S. *et al.* (2020) "It's a tradition to go down to the pokies on your 18th birthday" – the normalisation of gambling for young women in Australia, *Australian and New Zealand Journal of Public Health*, 44 (5), pp. 376-381, DOI: [10.1111/1753-6405.13024](#)

McCarthy, S. *et al.* (2021a) "Electronic gambling machine harm in older women: a public health determinants perspective", *Addiction Research & Theory*. DOI: [10.1080/16066359.2021.1906864](#)

McCarthy, S. *et al.* (2021b) "Strategies to prevent and reduce gambling harm in Australian women", *Drugs: Education, Prevention and Policy*. DOI: [10.1080/09687637.2021.1973963](#)

McCarthy, S. *et al.* (2021c) "You don't really see the dangers of it at the time." Risk perceptions and behaviours of older female gamblers', *Social Science & Medicine*, 272, March 2021, 113674. DOI: [10.1016/j.socscimed.2021.113674](#)

Morvannou, A. *et al.* (2020) "Poker playing among women: Understanding factors associated with gambling problems", *Journal of Gambling Issues*, 45, Fall 2020. DOI: [10.4309/jgi.2020.45.2](#)

O'Mullan, C. *et al* (2021) "Strengthening the service experiences of women impacted by gambling-related intimate partner violence", *BMC Public Health*. DOI: [10.21203/rs.3.rs-863159/v1](https://doi.org/10.21203/rs.3.rs-863159/v1)

Palmer du Preez, K. *et al.* (2019) [A mixed methods analysis of gambling harm for women in New Zealand](#), Auckland: Auckland University of Technology, Gambling and Addictions Research Centre.

Palmer du Preez, K., Thurlow, R., and Bellringer, M (2021) "Women in gambling studies: A post structural analysis", *Addiction Research & Theory*, 29(4), pp. 327-337. DOI: [10.1080/16066359.2020.1840559](https://doi.org/10.1080/16066359.2020.1840559)

Palmer du Preez, K. *et al.* (2021b) "A critical analysis of interventions for women harmed by others' gambling", *Critical Gambling Studies*, 2(1). DOI: [10.29173/cgs76](https://doi.org/10.29173/cgs76)

Ramanauskas, S. (2020) [Crime and problem gambling: A research landscape](#), Commission on Crime & Problem Gambling.

Scottish Women's Convention (2021) [Gambling harm, Roundtable report](#), June 2021.

Thomas, S. *et al.* (2020) [Australian young women's gambling behaviours: A socio-cultural investigation of gambling attitudes, beliefs, and consumption intentions](#), Melbourne: Victorian Responsible Gambling Foundation.

Wardle, H., Moody, A., Spence, S., Orford, J., Griffiths, M., Volberg, R., *et al.* (2011). British gambling prevalence survey, 2010. London: The Stationery Office.