



Building Knowledge of Women's Lived Experience of Gambling and Gambling Harms across Great Britain: Summary Report



1 INTRODUCTION

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) 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

The overarching objectives of this research were to:

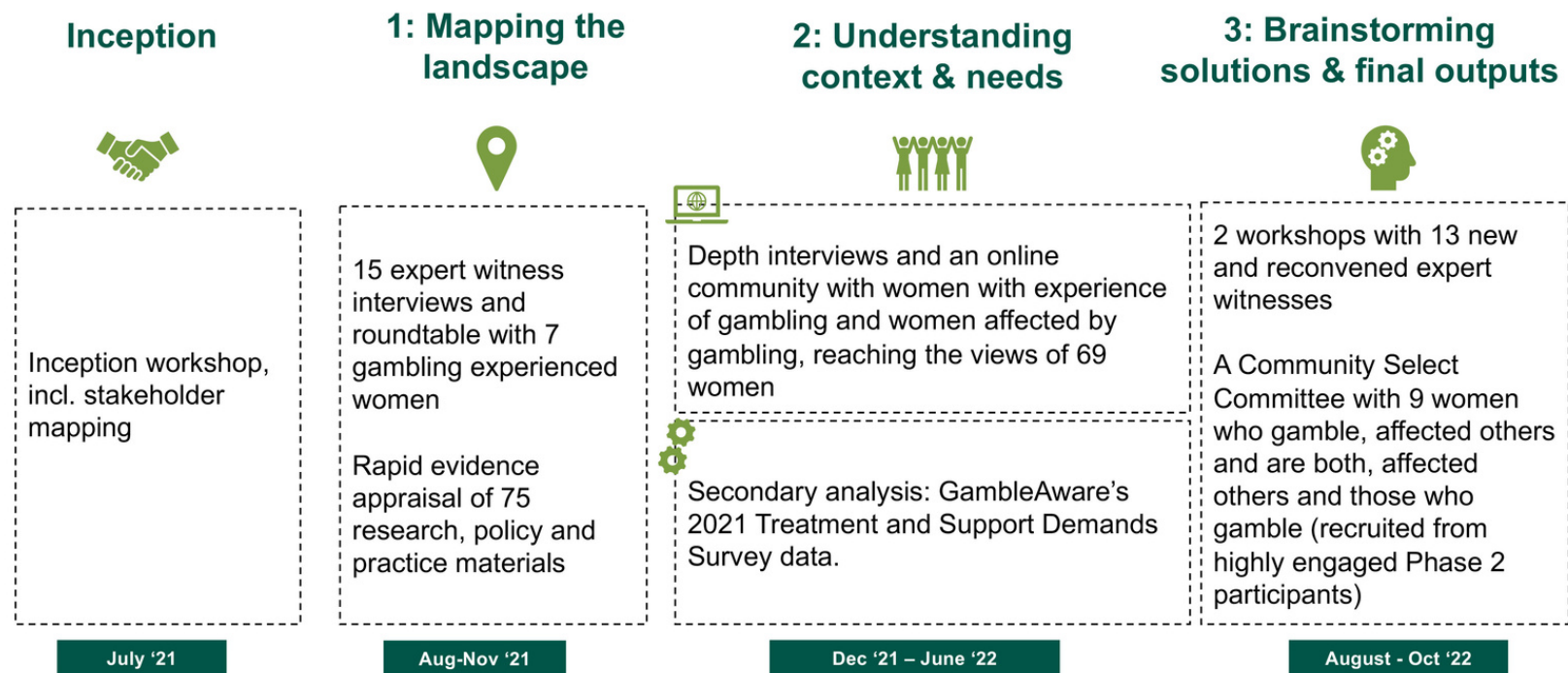
- Explore the reality and lived experiences of women and their engagement with and experience of gambling, gambling harms, and gambling treatment and support services;
- Establish and explore the drivers of gambling harms among British women; and
- Explore the services, interventions, and policies needed 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 gambled 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. A summary of each element is provided below.

¹ The 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>

Figure 1.1 Summary of the research approach



About this report

This report provides an overview of the main findings (Chapter 2), the recommendations that emerged from the research (Chapter 3), and an example 'journey map', a composite case illustration showing how a woman's experience with gambling may change over her life course (in Chapter 4).

The full report, published separately, provides further detail on all of the above, in the following chapters:

- Chapter 1 covers acknowledgements.
- Chapter 2 provides an executive summary of the findings.
- Chapter 3 details the background, aims and approach of the research.
- 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.

The full report also includes a bibliography, where citations for sources referenced in this summary report may be found.

A separately published technical appendix provides more detail on the method of the research and copies of key research instruments.

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.



2 SUMMARY OF FINDINGS

The role of gambling in women's lives

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, with 2021 Gambling Commission data estimating the past four-week participation rate at 44% for men and 41% for women. 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 (Gambling Commission, 2016).

To understand the role that gambling plays in women's lives, the research explored experiences of gambling across life stages.

Women's early experiences of gambling

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. 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. When describing these early experiences, women often used language such as "fun", "nostalgia" and "excitement".

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. Second, some affected others experienced gambling harms in childhood (usually from a parent or close family member),

which drove their decision never to gamble. Third, there were affected others who had no experience of gambling until adulthood, then suffered harms as a result of another adult's gambling.

Women's experiences of gambling in adulthood

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.

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.

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.

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

GambleAware's Treatment and Support Survey (2021) found differences in patterns of gambling behaviour among women by demographics, however, these differences were relatively small. Chapter 5 in the main report provides more details on sub-group differences.

Figure 2.1 – Extent and patterns of gambling by groups of women



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

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.

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 as a recreational social activity, and downplay the possibility of gambling harms arising.

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. 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.





Drivers of gambling and risk factors for harmful gambling

Evidence suggested 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 experiences these harms. This research identified key factors that can influence gambling harm, and we have grouped these with the categories of drivers to gambling to which they relate. The figure below summarises these drivers and risk factors: Chapter 6 in the main details on how these harms and factors apply to both women who gamble and affected others (AO).





Figure 2.2 Drivers of gambling and risk factors for harmful gambling

Drivers of gambling among women

-  Win money for different reasons, recoup losses
-  Gendered advertising, incentives, accessibility of gambling
-  Develop and maintain connections
-  Chasing positive emotions, escaping negative emotions



Factors predisposing women to harms

-  Poverty
-  Gendered advertising, incentives, accessibility of gambling
-  Family norms, domestic abuse, spending more time at home, drinking. For AO: secrecy and severity of loved one's gambling
-  Awareness of gambling risks, trauma and stress, health and addictions



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

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”. Physical gambling environments such as bingo halls or venues with electronic gambling machines (EGMs) were also strongly associated with a positive atmosphere, and consequently, the pleasure derived from being there was found to be a strong motivator for gambling (McCarthy et al., 2021c; Scottish Women's Convention, 2021).

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.

Gambling was also described 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 continued or escalating gambling behaviours.

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

Gambling helped some women to develop and maintain relationships with friends, acquaintances, family and colleagues. Women who gambled because of the social aspect rarely differentiated gambling and socialising from one another. Some gambling practices were also seen by women as less risky and harmful if they involved a social element. 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 ones' gambling.

Financial and economic drivers

The idea of winning money motivated some women to gamble. Reasons for women wanting to win money varied, 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 also led some women to gamble for their own personal spending money, which was usually kept separate from household finances (Freytag et al., 2020; Scottish Women's Convention, 2021).

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

Evidence from the wider literature showed that gambling can be associated with poverty indicators and that people living in impoverished areas are 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). However, while this may be true as a trend at a population level, findings from the research did not directly support the wider literature. In contrast to findings reported in the REA, qualitative research findings suggested that it was 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. More information about women's reasons for gambling can be found in Chapter 6 of the main report.

Industry practices

Features of gambling industry practices also contributed to women gambling, particularly the rise of gendered marketing and advertising. 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). 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 gambling harms look and feel like for women

As with other complicated and entrenched social problems, harmful gambling impacted women 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. More details about these harms and how they're experienced by different groups of women can be found in Chapter 7 of the main report.

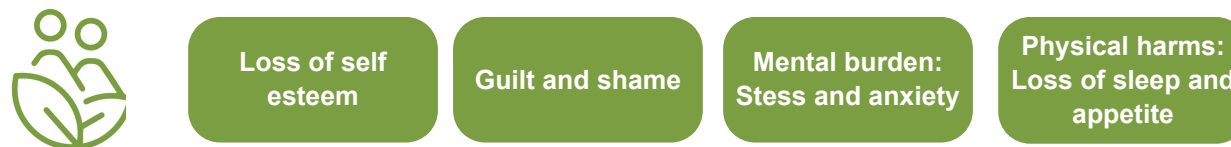
Figure 2.3 Harms experienced by women who gamble



Health and wellbeing harms

Gambling can have an 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.

Figure 2.4 Health and wellbeing harms experienced by women who gambled



Financial harms

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.

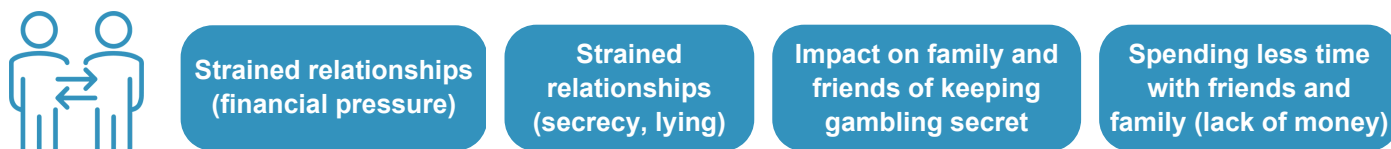
Figure 2.5 Financial harms experienced by women who gamble



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 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.

Figure 2.6 Relationship harms experienced by women who gambled



Reduced performance and activity

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 gambling harms might be prevented or reduced among women

Gender-specific gambling support and treatment options in Britain are on the rise but more can be done to connect women who gambles 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.

Figure 2.7 Barriers to accessing support



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 gambled 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. More information on the potential ways in which harm could be reduced or prevented can be found in Chapter 8 of the full report.

3 RECOMMENDATIONS

<p>For all audiences</p>	<p>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.</p>
<p>For communications and awareness raising</p>	<p>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.</p>
<p>For education for preventing gambling harm</p>	<p>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</p>
<p>For service commissioning, design and delivery</p>	<p>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</p>
<p>For wider public systems</p>	<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>
<p>For researchers</p>	<p>To grow the evidence base for gambling and gambling harms, consider further research into: quantifying the experiences and attitudes explored in this study; subgroups of women and the role of intersectionality; cultural or societal influences; and the self-help practices women use to manage their gambling.</p>

4 COMMON JOURNEYS FOR WOMEN WHO GAMBLE AND AFFECTED OTHERS

The main report presents five journey maps visualising summaries that illustrate common journeys that women who gamble, and affected others, experiencing gambling harms encountered. These were 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. The final report contains all five journeys in detail in Chapter 9 but given below is an example of 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" in the main report. This map shows the potential role for public health messaging, gambling companies and third parties in raising awareness of harm prevention and reduction.



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

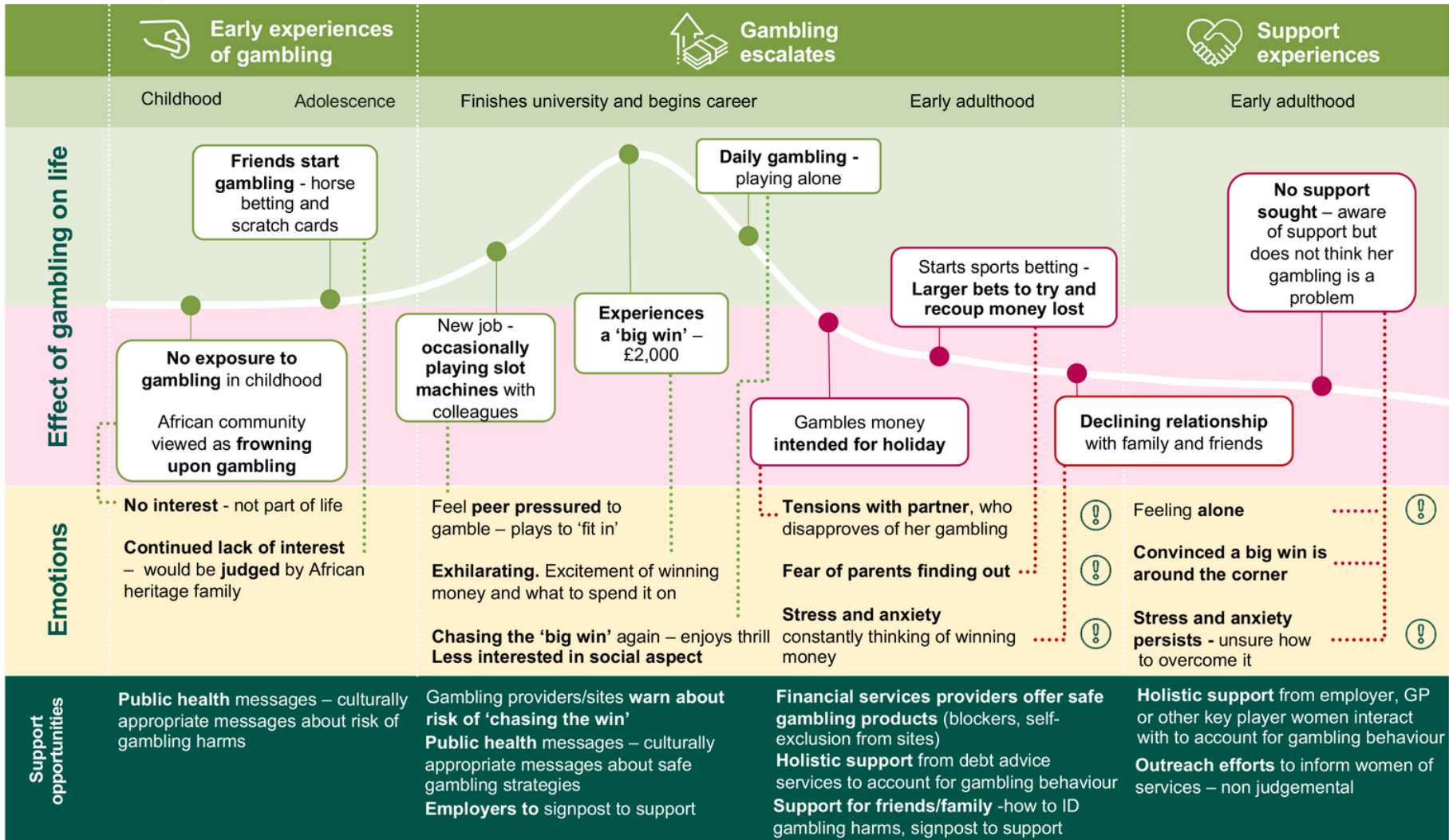


Woman who gambles: gambling escalated after a ‘big win’

A women of African heritage in early adulthood who lives with her partner and works full time. She has experienced harms from her own gambling and has not accessed any support.

Icon Key

- Harm first experienced
- Positive/neutral effect on life
- Detrimental effect on life





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