**Betknowmore UK’s Contribution to the Joint Submission to the DHSC’s Women’s Health Strategy: Call for Evidence**

***Women Experiencing Gambling Harms: Public Health Implications***

**About Betknowmore UK**

Betknowmore UK’s mission is to prevent and reduce gambling harms. We provide support to people from diverse communities who are experiencing gambling harms, empowering them and building hope towards positive and sustained life changes. Our aims are to increase awareness of gambling harms, improve the health and wellbeing of the people affected, and strengthen the impact of people with lived experience. Based in London, we were launched in 2013 as a social enterprise and have since become a registered charity and grown to 15 staff, many with lived experience of gambling harms.

**About this evidence**

In January 2021 we started a women’s project, beginning with in-depth research into women’s experiences of gambling support services. The research, entitled “Treatment and Support Services for Women Experiencing Gambling Harms: What Women Get and What Women Want”, consists of a literature review, online review of existing services and resources for women, and a series of six focus groups with 15 women with lived experience of gambling harms. This contribution is based on the preliminary findings of that research, plus insights from working with our female clients. A draft of the contribution was also circulated among Betknowmore’s staff and volunteers for comments, including women with lived experience. The contribution therefore captures the voices of women with lived experience of gambling harms.

**Our evidence**

Over the past five years, the number of women reporting problems resulting from gambling has risen at more than twice the rate of men, according to figures from GamCare, yet the number of women experiencing gambling harms is thought to be significantly underestimated. Research for GambleAware shows that young women, women from ethnic minority communities and women from lower socio-economic groups are particularly prone to gambling harms.[[1]](#footnote-1) The rise in the number of women experiencing these harms is directly attributable to the ease with which women can now gamble online, with a number of highly addictive products being directly marketed at women. The addictive nature of these products is explained by the opportunity they offer for quick and continuous play. Yet despite the growing numbers of women suffering from gambling harms, only about 1% of them receive help and support.

The Covid-19 pandemic and its resultant lockdowns have also impacted heavily upon women. Many of the drivers of harmful gambling by women have increased. These include higher rates of domestic violence and increased burdens of care, for example, through providing home schooling or having exclusive responsibility for the care of children with disabilities, all within the broader context of reduced family earnings and increased social isolation. Research from the University of Stirling shows that 17.3% of men and 16.5% of women started a new form of gambling during a three-month period of lockdown, while 31.3% of men and 30.3% of women increased their frequency of gambling on at least one activity. The study found that those who started a new form, or increased the frequency, of gambling during lockdown are potentially vulnerable to gambling harms.

Gambling harms are the “adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society”.[[2]](#footnote-2) Harms that are known to be associated with problem gambling include: mental and physical health impacts (e.g., depression, anxiety, insomnia, intestinal disorders, migraine, suicidal ideation and other stress related disorders); effects on relationships (including neglect of family and divorce); financial impacts (such as debt, work absenteeism and bankruptcy); and criminal behaviour (including acquisitive crime and domestic and child abuse).[[3]](#footnote-3) In research conducted by GamCare, high numbers of women who gamble or used to gamble mentioned suicidal thoughts and feelings and 100% of women who gamble identified a negative impact on their mental health and wellbeing.[[4]](#footnote-4)

In addition to the harms suffered directly by the gambler, their actions negatively affect between five to ten other people in ways that range from the personal, interpersonal, financial, legal and community, through to the professional.[[5]](#footnote-5) Women are more likely to be such “affected others” than men, experiencing harms such as family breakdown, financial hardship and loss of the family home. Affected others may also experience feelings of shame, isolation and desperation. There are few services dedicated to help them, for example providing specialist financial assistance to help them discover and manage the debt incurred by their partners within the context of the GDPR.

Research evidence consistently shows the interconnectedness of gambling harms and associated health issues. For example, compared to men, women who experience problem gambling are more likely to report co-morbidities such as anxiety and depression, co-occurring alcohol-related problems and greater psychological distress.[[6]](#footnote-6) Systemic inequalities affecting the lives of women, such as lower and more insecure incomes, greater caring responsibilities and gender-based violence, are visible in their health problems and in the drivers of their gambling harms. Women spending long periods of time at home, such as those who are ill or disabled, and those with caring responsibilities, are particularly vulnerable to developing gambling problems through online gambling sites.[[7]](#footnote-7) In our research women told us that the ability to gamble 24 hours a day via their phones facilitates addiction and acts as a barrier to recovery, as are the gambling adverts that target women in particular. Most women gamble in the home and Covid-19 has confined us to that environment.

Women have told us that they don’t feel able to openly admit to their gambling problems for fear of rejection and ridicule. Shame and stigma particularly affect women because their gambling results in impacts that contradict the societal image of women as dependable care givers. They fear loss of work and the breakup of close relationships with partners, family and friends. The reluctance of women to seek help may in part be explained by the fear of attracting unwanted investigation resulting in the removal of children by social services. Women can feel unable to access local support services for fear of being recognised and shamed by members of their own communities. Young women may feel that their gambling problems will not be taken seriously because of their age.

Women have also told us that statutory services show little understanding of the drivers and nature of their harmful gambling behaviours. There is no recognition of how their reproductive roles have impacted upon their gambling, for example how feeling ill and low due to endometriosis or menstruation has lead to gambling as a distraction and escape. Those with co-occurring mental health problems found that the services they reached out to failed to even ask about their gambling behaviours. When women had confided in their GPs they were not signposted to appropriate services, tended to be offered anti-depressants and felt dismissed and misunderstood. Similar experiences were reported in interactions with social care teams. Such experiences compound the stigma, isolation and desperation that women feel.

Women experiencing gambling harms told us that they want support from other women in a similar position. They want support services to offer them hope through positive role models of women who have recovered from gambling problems. Women have also told us that the services they need must be sufficiently varied to address their varying circumstances, with some needing a drop-in centre with a creche, some not wanting to share a recovery space with men, and others wanting the ability to, for a while, leave their homes and their communities to find space to recover. Not knowing and understanding the choices of support and treatment open to them left women feeling alone and underserved, while having to wait for help left them feeling desperate. Women have also told us that over time, they have realised that recovery is an ongoing process and their support needs change; most have experienced relapses and finding the help they needed took time, energy and determination, just when they were feeling at their lowest point and lacking in resilience. From statutory services, women want GPs, health workers and social workers to recognise and understand gambling harms and know how and where to refer them.

A public health approach to these problems is one that focuses on “opportunities to reduce gambling-related harms by intervening across the whole gambling pathway”.[[8]](#footnote-8) This includes the regulation of access to gambling; actions to increase societal and institutional understandings of gambling harms and reduce the shame and stigma that is especially felt by women; better screening for women at risk; and improved services for women that place lived experience at their core, focus upon giving women hope, and enable them to make positive contributions to their communities once more.

1. Gunstone, B. and Gosschalk, K. (2019) *Women in Focus: A Secondary Data Analysis of the Gambling Treatment and Support Study*, YouGov on behalf of GambleAware, London. [↑](#footnote-ref-1)
2. WHO (2020) Addictive behaviours, World Health Organization, www.who.int/health-topics/addictive-behaviours#tab=tab\_2 [↑](#footnote-ref-2)
3. Kerr, J., Lynch-Higgins, S., Thompson, B., Dinos, S., Khambhaita, P. and Windle, K. (2019) *A Needs Assessment for Treatment and Support Services*, NatCen for GambleAware, London. [↑](#footnote-ref-3)
4. GamCare (2020) *Women’s Programme, Year One Report: 2019/20*, GamCare, https://d1ygf46rsya1tb.cloudfront.net/prod/uploads/2020/11/GamCare-Women%E2%80%99s-Programme-Report-Year-One-2019-20.pdf [↑](#footnote-ref-4)
5. Pulford, J., Bellringer, M., Abbott, M., Clarke, D., Hodgins, D. and Williams, J. (2009) Reasons for seeking help for a gambling problem: the experiences for gamblers who have sought specialist assistance and the perceptions of those who have not, *Journal of Gambling Studies* 25: 19–32. [↑](#footnote-ref-5)
6. Gunstone and Gosschalk (2019). [↑](#footnote-ref-6)
7. Corney, R. and Davis, J. (2010) The attractions and risks of Internet gambling for women: a qualitative study, *Journal of Gambling Issues* 24: 121–139. [↑](#footnote-ref-7)
8. Blank, L., Baxter, S., Buckley Woods, H and Goyder, E. (2020) Interventions to reduce the public health burden of gambling-related harms: a mapping review, *Lancet Public Health* 6: e50–e63. [↑](#footnote-ref-8)