

Background to women's gambling harms prevention



Background research and data report

Introduction

The issue of women's experiences of gambling and gambling harms has generally not received the attention it deserves in terms of research, policy or practice. There are minimal existing women's gambling harm prevention campaigns to build on anywhere in the world.

To fill this gap, GambleAware has developed and launched the first gambling harm prevention campaign targeted at women. Before the campaign launch on 31 January, the following research was carried out:

- A detailed scoping exercise was conducted in 2020, involving a review of published data and research, as well as engagement with a number of subject matter experts.
- Following this, several stages of strategic and creative development research were conducted in 2021 to ensure that the communications developed resonated strongly with women who gamble and women with lived experience of gambling harms.
- To contribute to building the research base, GambleAware has recently invested £250,000 for new research into women's lived experience of gambling harms¹ with a consortium comprising IFF Research, University of Bristol and the GamCare Women's Programme.
- Our approach is informed by this ongoing research with an overview of the first phase, a rapid evidence assessment and associated blog post due to be published alongside this research synopsis².

This synopsis summarises some of the key findings and insights that informed the development of the campaign.

The number of women gambling online continues to grow

The latest Gambling Participation Survey data (year to end September 2021³, see [Appendix A](#)) shows that:

- Almost 6 million women aged 16+ in Great Britain (GB) have gambled online in the past 4 weeks.
- This is growing rapidly, with numbers up by 54% in the past 4 years.
- The rate of growth almost tripled during the pandemic – with an increase of 13% between 2017 to 2019 and 36% between 2019 to 2021.
- The rate of growth in women gambling online exceeds that among men (a 54% increase in the numbers of women gambling online between 2017 and 2021 vs. 28% for men in the same period).

Women's online gambling is highest during the Winter months

A bespoke Facebook analysis by Freuds⁴, for GambleAware, identified 20 popular online gambling brands with a majority female audience (based on social media follower analysis) to explore seasonal differences in

¹ See https://www.begambleaware.org/sites/default/files/2021-11/Womens_Research_Programme_Announcement_final_0.pdf

² See GambleAware website for Women's experiences of gambling and gambling harm A Rapid Evidence Assessment and for Building Knowledge of Women's Lived Experience of Gambling and Gambling Harms across Great Britain: Phase 1

³ Gambling Commission 2021; all data based on years ending September.

<https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-participation-and-problem-gambling-for-the-year-to-september>

⁴ Analysis conducted by Freuds London, January 2022; Data was gathered from an in-depth analysis of traffic trends of 20 popular gambling websites with a majority female audience, using the industry leading SEMrush trends competitive intelligence solution and social media audience data from Meta. Data is not publicly available for this analysis

gambling. The results showed that monthly traffic to these websites was 29% higher between December and March than during the rest of the year.

Gambling is being heavily promoted to women

Women see a lot of gambling advertising on TV. Based on BARB⁵ analyses for all of 2020, women are exposed to an average of 18.5 ads per week (up from 15.7 in 2019) vs. 15.9 ads per week for men (13.3 in 2019). These figures exclude extensive TV programme sponsorships with high female viewership and online advertising.

Content analysis shows much of this promotion to be especially targeted at women, tending to portray gambling as innocent social fun, associated with a lifestyle of social connection and popularity – and for lotteries, as ‘a national pastime’, ‘for people like us’, or about supporting communities.

Online gambling is associated with a higher risk of harms

The intrinsic nature of many online gambling games (highly accessible, promoting rapid repetitive play) can lead to low cognitive engagement and in turn loss chasing behaviours⁶.

Research by NatCen⁷ has shown those gambling/betting online are more likely than those who gamble in general to have a low to moderate risk of gambling harms (PGSI 1-7: 24% vs 6%) or be classified as a “problem gambler” (PGSI 8+/DSM IV 3.5% vs 1.2%). These figures are even higher when just looking at those who participate in online gambling on slots, casino or bingo (low/moderate: 36% vs 6%, high: 9.2% vs 1.2%)

National Gambling Helpline 2020/21 statistics⁸ show that 84% of all contacts now relate to online gambling. Figures from the National Gambling Treatment Service show similar findings, with four in five (79%) of clients using online gambling, with casino slots the most common activity (32%) followed by sporting events (27%) and digital casino table games (21%).

Large numbers of women are experiencing significant harms from gambling

Research carried out by YouGov⁹, for GambleAware, shows that among women aged 18+ in GB,

- 9.4% are at least ‘gamblers who experience a low level of problems with few or no identified negative consequences’ (based on a PGSI score of 1+).

⁵ Analysis conducted by Goodstuff media; Data was gathered from Broadcasters Audience Research Board; the definitive source of UK TV viewing behaviours, continuous measurement based on a large nationally representative panel of UK adults; figures based on 30 second equivalents, all gambling categories. Data is not publicly available for this analysis

⁶ Parke, A., Dickinson, P., O’Hare, L., Wilson, L., Westerman-Hughes, G., & Gerling, K. (2019). Effect of within-session breaks in play on responsible gambling behaviour during sustained monetary losses. *Current Psychology*, 1-13. <https://link.springer.com/content/pdf/10.1007/s12144-019-00567-5.pdf>

⁷ Conolly, A., Davies, B., Fuller, E., Heinze, N., & Wardel, H. (2018). Gambling behaviour in Great Britain in 2016. Evidence from England, Scotland and Wales. London: NatCen Social Research. Data taken from Table 4:3 and Table 5:5 <https://assets.ctfassets.net/j16ev64qyf6l/60qlzeoSZI2QxByMAGJqz/e3af209d552b08c16566a217ed422e68/Gambling-behaviour-in-Great-Britain-2016.pdf>

⁸ GamCare Helpline Summary 2020/2021 (27,024 calls)

https://issuu.com/tgdh/docs/gamcare_helpline_data_summary_issuu?fr=sZWFIZTM5OTMxMzc

⁹ Annual Treatment and Support Survey 2021; YouGov for GambleAware; nationally representative sample of 9649 women aged 18+ interviewed in November 2021; to be published later in 2022.

- 4.0% are experiencing at least 'a moderate level of problems leading to some negative consequences' (PGSI 3+).
- 2.0% are 'gambling with negative consequences and a possible loss of control' (PGSI 8+).

If applied to the whole population of GB, these rates would imply that as many as c.2.5 million women are experiencing at least some level of problems whilst gambling (PGSI 1+), c.1.1m million are experiencing at least moderate harms (PGSI 3+) and c.0.5 million a high level of harms (PGSI 8+). For details see [Appendix B](#).

The data also shows some are disproportionately affected by gambling harms. For example, compared to the general population, women experiencing at least moderate harms from gambling (PGSI 3+) are more likely to

- be younger (18-34 49%, 35-54 37%, 55+ 14%),
- be from a Black, Asian and minority ethnic background (25% BAME, 75% White),
- have a lower annual household income (<£20k 35%, £20-£39k 39%, >£40k 26%),
- live in London (18%).

Academic studies suggest that women tend to start gambling at a later age but those seeking treatment progress into disorder more quickly than men¹⁰. Extracts from a literature review conducted by a consortium including the University of Bristol, IFF and GamCare's Women's programme¹¹, on behalf of GambleAware, provide some examples of the harms that women can experience from their own or someone else's gambling:

- **Health and wellbeing harms:** Women's mental health is more adversely affected by 'problem gambling' than men's mental health, with women who gamble reporting higher rates of guilt and worse mental health.
- **Personal relationship harms:** Harmful gambling can impact social networks, particularly given the stigma attached to women and gambling. Consequently, women are more likely to gamble alone and often at home, as their gambling becomes more problematic.
- **Financial harms:** Data for England shows that women who are affected by others' gambling were more likely to have experienced financial impacts (such as debt and sale of family assets) from harmful gambling than their male counterparts (67% of women compared to 48% of men).

Uptake of treatment and support among women, and barriers

In 2020/21 women made up 23% of those contacting the National Gambling Helpline for their own gambling and 84% of those calling as someone affected by another's gambling. Figures from the National Gambling Treatment Service show the number of women seeking support from the service has more than doubled in the past five years¹².

¹⁰ Echeburúa, E., González-Ortega, I., De Corral, P., & Polo-López, R. (2011). Clinical gender differences among adult pathological gamblers seeking treatment. *Journal of Gambling Studies*, 27(2), 215-227.
https://www.researchgate.net/profile/Rocio-Polo-Lopez/publication/44658631_Clinical_Gender_Differences_Among_Adult_Pathological_Gamblers_Seeking_Treatment/links/02e7e51e3b7e3c77b7000000/Clinical-Gender-Differences-Among-Adult-Pathological-Gamblers-Seeking-Treatment.pdf

¹¹ Building Knowledge of Women's Lived Experience of Gambling and Gambling Harms across Great Britain; Phase 1; University of Bristol (with IFF Research and GamCare) for GambleAware; 2021

A blog with interim results from Phase 1 can be found on the GambleAware website (published on 31st January)

¹² Data has been collected from the National Gambling Treatment Service Annual Statistics for years 2015/16 (1134 women) and 2021/21 (2423 women) at Table 38:

https://www.begambleaware.org/sites/default/files/2021-11/FINAL_GA_Annual%20stats_report_2020-21_English.pdf

Despite this increase, comparing these figures against the underlying levels of need shows that the number of women getting help for gambling harms still represents only the ‘tip of the iceberg’: the clear majority of women with a PGSI 1+ are not seeking treatment or support (84%). Several reasons have been identified for this, with a secondary analysis of the 2019 Treatment and Support Survey by YouGov¹³ highlighting

- **that gambling is often not seen as risky;** for female gamblers scoring PGSI 1+ who do not want treatment and support, the biggest barrier to seeking help was not seeing their gambling as being harmful (44%).

Findings from the University of Bristol literature review¹⁴ echo the differences highlighted above – with the top factors to address being

- **a belief that gambling is not harmful;** the main barrier to women accessing support is not making a connection between their gambling and harms, or the severity of their gambling problem. This is reinforced by the commonly held view that women’s gambling is ‘harmless’.
- **stigma, shame and fear;** the shame of gambling and not wanting to burden loved ones prevents women from talking to trusted friends or family. They also fear the possible consequences of seeking help, for example, reputational loss or losing custody of children. Feelings of shame are not helped by the few women’s voices and experiences in the media around gambling and gambling harms.
- **a lack of awareness** and understanding of the kinds of prevention and treatment that are available.

The importance of taking a gendered approach to gambling harm prevention

Overall, it is clear that men and women differ in why they gamble, how they gamble and the harms they experience as a result of gambling¹⁵. This means a gendered approach is crucial in the prevention of gambling harms.

This campaign and the research underpinning it were developed alongside the support and consultation of women with lived experience of gambling harms. The campaign will highlight some of the key behaviours shown when someone may be struggling to stay in control of their gambling (e.g. losing track of time and money whilst gambling) and encourage those who would benefit to seek advice and support by visiting begambleaware.org. The aims of the campaign are to normalise the existence of women in GB who experience gambling harms and to increase knowledge about what steps can be taken to address gambling harms.

¹³ 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.

<https://www.begambleaware.org/sites/default/files/2020-12/gambleaware-women-in-focus-report.pdf>

¹⁴ Building Knowledge of Women’s Lived Experience of Gambling and Gambling Harms across Great Britain; Phase 1; University of Bristol (with IFF Research and GamCare) for GambleAware; 2021

A blog with interim results from Phase 1 can be found on the GambleAware website (published on 31st January)

¹⁵ McCarthy, S., Thomas, S. L., Randle, M., Bestman, A., Pitt, H., Cowlishaw, S. and Daube, M. (2019). Women’s gambling behaviour, product preferences, and perceptions of product harm: differences by age and gambling risk status, Harm Reduction Journal 16: 18 <https://harmreductionjournal.biomedcentral.com/track/pdf/10.1186/s12954-019-0284-8.pdf>

Appendix A

Population estimates have been calculated using data from the Gambling Participation Survey conducted by Yonder consulting, for the Gambling Commission. It is based on a nationally representative telephone sample of over 4,000 adults aged 16+ in Great Britain (GB). The latest data relates to the year ending September 2021 and is compared with earlier years ending September. This data has been combined with the latest mid-year estimates (2020) from the Office of National Statistics (ONS)¹⁶ to arrive at an estimated total figure for GB.

Group	Population size ^a	2017		2019		2021		2017-19	2019-21	2017-21
		% ^b	National estimate ^c	% ^b	National estimate ^c	% ^b	National estimate ^c	% change ^d	% change ^d	% change ^d
Women 16+	26,966,298	14.4	3,883,147	16.2	4,368,540	22.1	5,959,552	12.5	36.4	53.5
Men 16+	25,887,673	22.0	5,695,288	25.1	6,497,806	28.1	7,274,436	14.1	12.0	27.7

^a population sizes are for Great Britain, taken from ONS 2020 mid-year population estimates

^b % is taken from the Gambling Participation Survey (% taking part in gambling online in past 4 weeks)

^c National estimate calculated by combining % rate with ONS mid-year 2020 population figures

^d % change calculated by comparing national estimates between years

Note: In these calculations we have used 2020 population totals throughout, in order to isolate and focus on the growth in gambling participation that is solely attributable to increasing prevalence rates. This avoids conflating with increases driven by population growth

Appendix B

Rates of prevalence of gambling-related harms experienced in society vary based on the survey methodology, with some suggesting that online surveys may lead to higher estimates compared to face-to-face surveys (as with the Health Survey for England) and telephone surveys (as with the Gambling Commission survey) due to selection bias. Therefore the numbers in the table below may be seen as upper bounds. GambleAware recognises the differences between these figures and funded an independent and comprehensive review by Professor Sturgis, who recommended a shift to predominantly online data collection in future, supplemented by periodic in person benchmarks¹⁷. For more details on the treatment and support survey see Appendix C.

The Problem Gambling Severity Index (PGSI) is the most widely used measure of problem gambling in the population and is used across health surveys in Great Britain. PGSI 1+ refers to “gamblers who experience at least a low level of problems with few or no identified negative consequences”, PGSI 3+ refers to “gamblers who experience at least a moderate level of problems leading to some negative consequences”, whilst PGSI 8+ refers to “gambling with negative consequences and a possible loss of control”¹⁸.

¹⁶ Year outline available here:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2020>

Data files available here:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesandnorthernireland>

¹⁷ Outline of research available here:

<https://www.begambleaware.org/news/new-gambling-prevalence-methodology-review-published>

Report available here:

[https://www.begambleaware.org/sites/default/files/2021-05/Methodology_Report_\(FINAL_14.05.21\).pdf](https://www.begambleaware.org/sites/default/files/2021-05/Methodology_Report_(FINAL_14.05.21).pdf)

¹⁸ Information on using the PGSI as a measure of problem gambling can be found at the Gambling Commission here:

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

Figures have been calculated using forthcoming data from the November 2021 Annual GB Treatment and Support Survey conducted by YouGov, on behalf of GambleAware.¹⁹ This is a nationally representative online survey of over 18,000 people aged 18+ in Great Britain, based on YouGov's online research panel. The percentages reporting different levels of gambling harm have been scaled up to an equivalent national estimate by combining them with the latest ONS mid-year estimates (for Great Britain, 18+, 2020).

Group	Population size ^a	PGSI 1+		PGSI 3+		PGSI 8+	
		% ^b	National estimate ^c	% ^b	National estimate ^c	% ^b	National estimate ^c
All 18+	51,435,642	12.7%	6,532,327	5.7%	2,931,832	2.8%	1,440,198
Women 18+	26,276,996	9.4%	2,470,038	4.0%	1,051,080	2.0%	525,540
Men 18+	25,158,646	16.2%	4,075,701	7.5%	1,886,898	3.7%	930,870

^a population sizes are taken from the ONS 2020 mid-year population estimates

^b % are taken from the 2021 Treatment and Support survey

^c National estimate calculated by combining % rate with ONS mid-year 2020 population figures

Note: Figures split by gender may not add up to the total due to rounding

Below shows PGSI prevalence within the Health Survey (face-to-face survey).

Group	Population size ^a	PGSI 1+		PGSI 3+		PGSI 8+	
		% ^b	National estimate ^c	% ^b	National estimate ^c	% ^b	National estimate ^c
All 16+	52,853,971	4.0%	2,114,159	1.6%	845,664	0.5%	264,270
Women 16+	26,966,298	1.6%	431,461	0.5%	134,831	0.1%	26,966
Men 16+	25,887,673	6.7%	1,734,474	2.8%	724,855	0.9%	232,989

^a population sizes are taken from the ONS 2020 mid-year population estimates

^b % are taken from Table 4:1 of the combined report for Health Survey for England (HSE) 2016, the Scottish Health Survey (SHeS) 2016 and the Wales Omnibus in 2016²⁰

^c National estimate calculated by combining % rate with ONS mid-year 2020 population figures

Note: Figures split by gender may not add up to the total due to rounding

Below shows PGSI prevalence within the Gambling Commission survey (telephone survey).

Group	Population size ^a	PGSI 1+		PGSI 3+		PGSI 8+	
		% ^b	National estimate ^c	% ^b	National estimate ^c	% ^b	National estimate ^c
All 16+	52,853,971	2.8%	1,479,911	1.0%	528,540	0.3%	158,562
Women 16+	26,966,298	2.3%	620,225	0.7%	188,764	0.2%	53,933
Men 16+	25,887,673	3.4%	880,181	1.2%	310,652	0.3%	77,663

^a population sizes are taken from the ONS 2020 mid-year population estimates

^b % are taken from the gambling participation survey for the year to September 2021²¹

^c National estimate calculated by combining % rate with ONS mid-year 2020 population figures

Note: Figures split by gender may not add up to the total due to rounding

¹⁹ The 2021 results are due to be published in March. The 2020 results are available at <https://www.begambleaware.org/news/annual-gb-treatment-and-support-survey-2020-published>

²⁰ <https://assets.ctfassets.net/j16ev64qyf6l/60qlzeoSZI2QxByMAGJqz/e3af209d552b08c16566a217ed422e68/Gambling-behaviour-in-Great-Britain-2016.pdf>

²¹ <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-participation-and-problem-gambling-for-the-year-to-september>

Appendix C

The Treatment and Support survey, conducted by YouGov on behalf of GambleAware, is viewed as a robust data source as:

- The size of the sample is large with over eighteen thousand respondents
- The data has also been weighted to be representative of all GB adults (aged 18+) by age, gender, UK region, socio-economic group and ethnic group
- The size of the YouGov panel (over one million adults in the UK) speaks to how widespread the panel is
- Respondents are invited using a generic invite without knowing the subject, minimising opt in/out bias based on people knowing the topic
- Given the research surrounding gambling, other addictions, and stigma, we know that social desirability bias can occur due to the presence of an interviewer in face to face and telephone research. This means respondents might be less likely to speak openly about their experiences, due to shame and/or embarrassment.

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About GambleAware:

GambleAware is an independent charity (Charity No. England & Wales 1093910, Scotland (SC049433) that champions a public health approach to preventing gambling harms. GambleAware is a commissioner of integrated prevention, education and treatment services on a national scale, with over £56 million of funding under active management.

For further information about the content of the report please contact info@gambleaware.org.