



Saskatchewan



Women Problem Gamblers Want More

Notes

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It is no secret that the creation of government-owned gaming in Canada was an attempt, through economic policy, to increase national revenue without increasing taxation. While the revenue generated from gambling activities, or gaming, (\$13.3 billion, in 2006) has been acknowledged for its ability to generate economic growth, in the past decade problematic gambling behaviour has been gaining increased attention from social and health professionals due to the negative consequences experienced by the individual gambler, affected family and communities. On average, provinces spend 0.85% of government revenue on problem gambling. Saskatchewan spends the greatest portion of its gaming revenue, 1.53%, on treatment, prevention, and research (CPRG, 2004).

Problem Gambling

Although the majority of the population can participate in gambling activities without incident, a small portion cannot. Some individuals cannot stop the gambling behaviour and continue to gamble compulsively. Of the 18.9 million Canadians who gambled in 2002, "1.2 million (5% of the adult population)" were at risk of becoming, or already were, problem gamblers (Statistics Canada, 2003).

Saskatchewan and Manitoba had considerably higher proportions of at-risk gamblers than other provinces (9.3% and 9.4% respectively) (Marshall & Wynne, 2004). Nationally, the prevalence rate of problem gamblers is 0.5% (Marshall & Wynne) while in Saskatchewan it is 1.2% (Wynne, 2002). *According to the most recent numbers, Saskatchewan has a population of 990,212, therefore there are 11,882 problem gamblers in the province.

Problem Gambling is defined as any gambling behaviour that creates problems in an individual's life (Saskatchewan Health, 1994). Individuals who are affected by a gambling problem can experience emotional, financial and vocational disruptions. Furthermore, these individuals' families and communities can also be negatively affected by problem gambling (Ciarrocchi, 2002).

Historically, research into problem gambling has taken the male experience as the benchmark as males were the focus of prevention, education, and treatment. 95% of the literature on problem gambling is about men, based on populations comprised of 98% men (Boughton, 1999). However, current research indicates that males and females in Saskatchewan are equally likely to be gamblers (Wynne, 2002). Nevertheless, women are often faced with a stereotype that says that females cannot really be problem gamblers (Burke, 1998).

While men tend to be more likely to be at-risk than women for developing gambling problems (Marshall & Wynne, 2004), women are thought to develop gambling problems quicker than men, but it may be that they run into financial difficulties sooner than their male counterparts (Boughton, 1999). Moreover, women underutilize counselling services aimed at problem gambling (Ciarrocchi, 2002), and thus are less likely to be treated for a gambling problem (Volberg, 2003). This treatment pattern deviates from the typical utilization of counselling services by women (Crisp et al., 2000).

Of the 417 individuals in Saskatchewan health district problem gambling treatment programs in 2004/05, 179 were women (Saskatchewan Health, 2002). Less than half as many women

than men started gambling before age 20 (21% of women and 44% of men). Women clients spent more on average than men—\$1,761 per month versus \$1,432. The average age of the women clients was 43 years (it was 40 years for men) and 9% of the women were involved with the legal system (with the majority being on probation or having charges pending) compared to 10% of the men (Saskatchewan Health). Despite these many differences, the majority of the statistics on clients were not delineated by gender.

Current treatment programs designed for problem gamblers have males as 85% of their participants (Crisp et al., 2000; Volberg, 2003). Providing effective counselling services to women who experience gambling problems will directly benefit the individuals with the problem, their families and their communities.

Research Study

The goal of this research was to explore the perceived effectiveness and benefits of a women-only counselling group for problem gambling, the first of its kind in Saskatchewan. The 14 participants in this study were drawn from those attending a weekly treatment group offered through the Regina Qu'Appelle Health Region. The age of the women who volunteered to participate ranged from 26 years to "70-80 years," with the average age being 46.5 years. These volunteers were interviewed and asked questions about what they perceived as useful about the group process and why they continued to attend. In examining the value of this counselling group, issues regarding the socio-cultural context in which these women are gambling were also explored by identifying the needs of this population.

Gambling to Escape: Why Women Gamble

Consistent with the literature, the women in this study explained that gambling for them was a way of avoiding or escaping their problems and that their gambling increased as their personal problems worsened. Other researchers have also found that gambling provides a way for women to create social isolation and self-abandonment, and becomes a place where their sense of body, self, place and time dissolves; the women play to disappear, to lose themselves into the machines, to disconnect and turn off the world (Schull, 2002). The escape sought by women gamblers is mediated through the action

of the game—gambling changes the women's mood states as it acts as a tranquilizer, providing a way to anesthetize their emotions (Boughton, 1999). Conversely, an 'action gambler' seeks the thrill of competition and an adrenaline rush. Research suggests that 70% of women are 'escape gamblers' while only 10% are 'action gamblers' (Burke, 1998).

Gambling problems among women tend to surface at an older age compared to men (Tavares et al., 2001). This may be a result of women using gambling as a means to step away from the demands of the relational, caretaking roles they are consumed with in their personal lives. While women may gamble initially for social reasons, gambling later becomes a way of socializing without intimacy (Schull, 2002). Women who are high in the use of avoidance strategies are more likely to have low control over gambling behaviours (Thomas & Moore, 2002), which is an important consideration in treatment.

"What We Need is More..."

"I think the hardest thing is to know that there is such a stigma. People know an alcoholic, they see an alcoholic, they know the alcoholic in their community but they do not really know or see the gambler as a problem." (study participant)

All of the women reported that they were most comfortable in an all-female environment and that they would prefer to participate in a women's group rather than a mixed group. The women reported that accessibility (time and location) was a key element in group success. The majority of the participants identified that an evening group was most beneficial because it made the group accessible to women who work in the daytime. The women identified that the most critical aspect that made the group counselling experience effective was that it created a safe space for discussing personal issues. This space provided an opportunity for the women to share their stories, to gain insight about their behaviour and to receive feedback. Most importantly, the women reported that acceptance was their main motivation for their continued participation in the group

Personal and interpersonal variables emerged as the most significant barriers to accessing services: their partners' influences, own stage of recovery (i.e., pre-contemplation and

contemplation), feelings of shame and guilt, lack of awareness, and other personal issues. In response to these barriers, the women felt the issue of problem gambling needs increased visibility, along with more treatment facilities and counsellors who specialize in the area of problem gambling. Indeed, some of the barriers to services may exist because of the common lack of understanding of problem gambling.

The women said that more advertising of services could be helpful and felt that anti-smoking ads were much more noticeable. Overall, they feel that the issue of problem gambling needs to be made more visible. Indeed, statistics support this issue identified by the women. In 2000/01, 575 individuals with gambling problems entered health district problem gambling treatment programs (Saskatchewan Health, 2002). Given the prevalence rate of problem gamblers in Saskatchewan, less than 5% of the problem gamblers received treatment provided by the province.

Looking Towards the Future

This research study is consistent with the call put forth by Mark and Lesieur (1992) who believed it is essential that women participate in psychological inquiries concerning treatment strategies. Crisp et al. (2000) recommended that existing services be scrutinized for whether they meet the needs of women, and modified if necessary to answer the question 'How can the needs for women who have developed problems with gambling best be met' (Berry et al., 2004)? Future research should entail exploring the benefits and pleasures drawing Saskatchewan women to gambling activities and the triggers which lead them to continue to seek out this outlet; in other words, designing effective treatments must take into consideration women's underlying motivations for gambling (Chevalier et al., 2002).

It is important to note that video lottery terminals (VLTs) were the most commonly played game for both men and women in Saskatchewan problem gambling treatment programs at 83% (82% for women) followed by lotteries at 53% (Saskatchewan Health, 2002). VLTs are a unique form of gambling: 'credits' cannot be redeemed until cashed in elsewhere on the premises, psychologically separating the player from the amount wagered; they operate much quicker

than most forms of gambling; VLTs are more accessible as they are found in bars and lounges; and they are a relatively easy game to play (Canada West Foundation, 2001).

All women reported that they preferred the all-female counselling group because it enabled them to talk more freely about personal issues which affected their gambling. This finding is congruent with other investigations of women's gender preferences in groups which indicated that mixed gender groups are less effective for women than all-female groups (Currie, 2001). Hence, an all-women's group responsive to women's needs can be considered "best practice" for problem gambling treatment groups as identified by these participants.

"It is impossible to make evidence-based decisions without knowing about or having access to the evidence" (Saskatchewan Health, 2004, p. 14). This research study was one attempt to provide evidence that an all-women's counseling group is an effective treatment approach for problem gambling. An unexpected finding of the study was that all women reported personal satisfaction from participating in the research; they reported gaining a sense of contributing to a greater purpose and wanting to help others in similar situations. As one woman said "*Being part of the study made me feel like I counted.*" It is important to remember that regarding treatment effectiveness, the clients are the experts and we must listen to them.

Regarding policy practice, there continues to be limited research in the area of women's gambling treatment options, thus extrapolation is virtually impossible. Rather than attempting to direct policy there is a critical need to address the lack of studies in this area, with in-depth research required in the delineation of gendered gambling trends, treatment needs, and community responses to gambling in general. It has become clear that research has dwindled in the area of gender specific gambling with a concentration of studies conducted between 1999-2002 that began to affect policy, but there is a notable lack of studies since that time period. There is a clear call for new research and available funding in this critically needed area of gendered gambling.

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