



Women's Health East

Women and Gambling

Gambling in Australia

The Productivity Commission estimates that current Australian adult problem gambling (PG) prevalence rate is at 0.7% and rate of moderate risk gambling at 1.7%. Whilst these figures appear small, the “small population prevalence rates do not mean small problems for society”.¹ It is estimated that PG's share of total Australian gaming machine losses is around 40% which means that “at a minimum, the ‘small’ group of problem gamblers currently account for \$2.6 billion of gaming machine losses”.¹

Problem Gambling refers to the situation when a person's gambling activity gives rise to harm to the individual, and/or to their family, and may extend into the community.⁵ It is estimated that each problem gambler adversely impacts on five to ten people around them⁶, thus indicating that the number of people affected by problem gambling is much higher than the prevalence rates.

Gambling and Women

Victorian research shows that women are significantly less likely to be problem gamblers compared to men (0.47% and 0.95% respectively of the total population). Within women, the 25 – 34 year age group had the highest prevalence of problem gambling along with 35 – 49 year age group (each 0.56%), followed closely by women in the 60 – 64 age group (0.55%). The lowest problem gambling prevalence is for men and women who are 65 and older (respectively 0.16% and 0.27%).²

Determinants and Impacts

Some of the reasons why women gamble include escaping relationships, trauma, loneliness, stress, boredom and as a means of alleviating social isolation. Social isolation plays a critical function in the lives of problem gamblers and has the potential to erode relationships with family and friends. It has been argued that “the female problem gambler is usually withdrawn, socially isolated and is suffering from extreme feelings of guilt, shame and low self-esteem”.³ Other research argues that “in general problem gamblers fair poorly in terms of their access to social capital and social connectedness to their community”.⁴

Specifically in relation to women, the shame and stigma associated with problem gambling may contribute to further social isolation which in turn creates a barrier to seeking assistance - “Women's experience of shame and stigma is qualitatively different to men's because of the different societal expectations placed on women in their historically assigned gender roles. These roles also entail obligations, such as being primary carers, which affect their access to services in a very practical way”.⁵

Previous to the introduction of Electronic Gaming Machines (EGMs), gambling domains were generally made up of racetracks, sport venues and TABs and these were more masculine and thus less appealing to women. Since the introduction of EGMS, gambling in Australia is becoming more and more ‘feminised’, thus making gambling in general, more acceptable for women⁶. Many venues who offer EGMs are marketing themselves as particularly safe and comfortable places for women, further contributing to the accessibility and social acceptability of gambling to women⁶, with one expert suggesting that this then leads more women into a more rapid progression into problem gambling than compared to men.³

Problem gambling is said to cause a wide range of mental and physical health problems, including suicide attempts, depression, relationship and marital breakdown, criminal activity and imprisonment, as well as severe financial difficulties.¹

Problem Gambling and Culturally & Linguistically Diverse (CALD) Communities

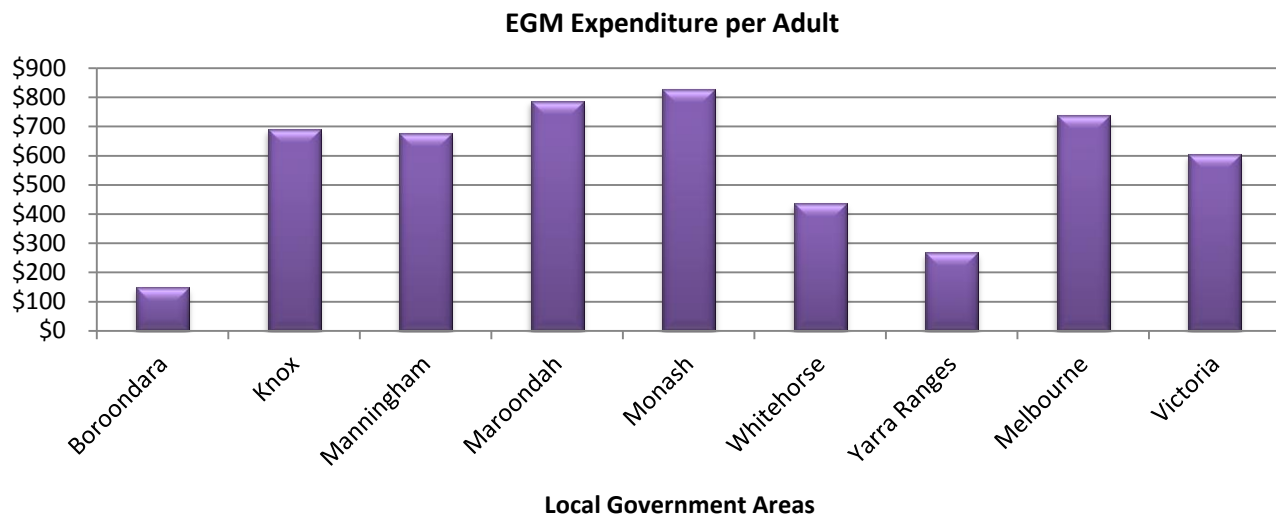
In 2000, an Australian study on gambling within specific cultural groups found that Vietnamese, Chinese and Korean people preferred games of chance and saw gambling more as 'trying one's luck' or 'seeking a change in fortune' compared with Arabic, Greek, Italian and Spanish speakers who viewed gambling as a social activity and a source of entertainment and recreation. Although the study found that gambling participation rates were lower for the CALD community than for the general community, the rates of problem gambling among the Vietnamese, Greek, Chinese and Arabic speaking communities were around five times greater than in the general community.⁷ Another Report suggests that CALD women are at greater risk of experiencing social isolation and problem gambling along with Indigenous women, older women and carers.⁵

Furthermore, newly arrived migrants can be more emotionally and financially vulnerable to developing gambling problems than the wider community. PGs from migrant communities are also more likely to suffer gambling-related homelessness, debt and family breakdown due to their fragile support network. This is particularly the case for recently arrived migrants, and especially so for refugee groups.⁷

It is suggested that CALD community members feel particularly comfortable at casinos as they find this to be an unthreatening environment where they can socialise without the need for high level English language skills.⁷

Gambling and the Eastern Metropolitan Region (EMR)

According to a Victorian gambling study, the EMR has a significantly lower problem gambling prevalence than the Victorian adult population as a whole (0.25% compared to 0.70% for all Victorian adults).⁹



Four out of the seven LGAs had higher average EGM expenditure levels in comparison to the State average of \$602 per adult.

Three-quarters of problem gamblers have problems with poker machines. It's even higher for women – in 9 out of 10 cases, poker machines are identified as the cause of problems for women.⁸

References

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