Women in Focus: a secondary data analysis of the Gambling Treatment and Support study

On behalf of GambleAware

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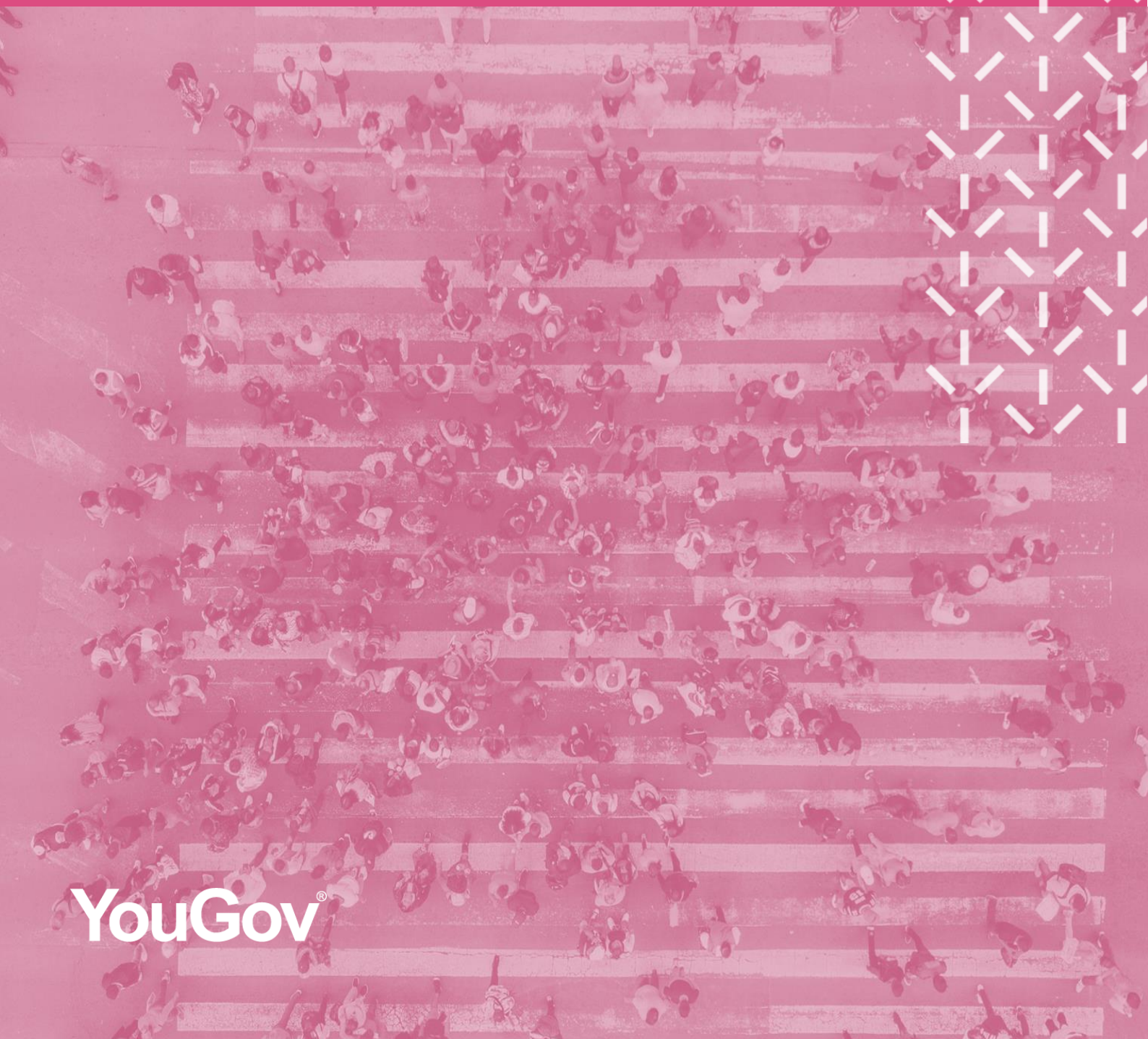

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1 Key findings

The female gambling landscape

Overall, 10% of women scored one or higher on the Problem Gambling Severity Index (PGSI) scale (see section 2.3 for more detail), lower than the proportion of men (17%) with a PGSI score of 1+. This comprises six percent who were classified as a low-risk gambler (a PGSI score of 1-2); two percent who were classed as a moderate-risk gambler (a PGSI score of 3-7) and two percent who were classified as a problem gambler (a PGSI score of 8+).

Overall, eight percent of women qualified as 'affected others' (those that have been negatively affected by a gambling problem of someone else). There is an inter-relationship between an individual's own gambling and experiencing issues related to others' gambling, with female problem gamblers (PGSI score 8+) more likely to identify as being an affected other. Overall, women were more likely than men to be classified as an affected other (8% vs. 6%).

The profile of female gamblers and affected others

Female gamblers with a PGSI score of 1+ were significantly younger than the broader female sample and there is a strong relationship between age and levels of gambling harm. Female gamblers experiencing high levels of harm from gambling (a PGSI score of 8+) were particularly more likely to be younger. In comparison to the broader female sample, female gamblers with a PGSI score 1+ were also much more likely to be of lower social grades or from a BAME (Black, Asian and minority ethnic) background. Female gamblers experiencing high levels of harm from gambling (a PGSI score of 8+) were much more likely to be from a BAME background compared with the broader female sample (35% vs. 12%).

Female affected others had an age profile similar to that of the broader female sample. They tended to be slightly older than male affected others which possibly reflects the differing profiles of the impacted groups; with male affected others more likely to be affected by a friend or colleague, while women were more likely to be affected by a spouse or partner. As with the pattern seen with female gamblers, female affected others were also more likely to be from a lower social grade or to be from a BAME background. Sixteen percent of female affected others were from a BAME background, compared with 12% in the broader sample.

Treatment demands

Among female gamblers with a PGSI score of 1+, 16% reported having used either treatment alone, or a combination of treatment, support and advice, to cut down on their gambling in the last 12 months. This was comparable to 17% of men who had sought treatment, support or advice. Younger female gamblers were both more likely than older female gamblers, and men of the same age, to have sought treatment and/or support/advice in order to cut down their gambling. BAME women, people from higher social grades, female gamblers with responsibility for children in the household and those drinking at higher risk levels are among groups more likely to have sought treatment and/or support/advice in relation to their gambling. As seen at an overall level, usage of treatment, as well as support and advice, was greater among gamblers with higher PGSI scores.

Among female gamblers with a PGSI score of 1+, the same proportion (16%) said that they currently want any form of treatment, advice or support. Demand for treatment and support/advice mirrors usage, with higher rates among female gamblers with higher PGSI scores, including younger and BAME gamblers.

Over two in five (45%) female affected others (comparable to 43% of men) had sought advice or support in some form, either for themselves or on behalf of the person or people they know with a gambling problem. This includes advice and support from less formal sources (such as advice from a friend or family member) as well as from a professional or treatment service (such as mental health services or a GP). There is strong demand for advice or support among female affected others, with a comparable proportion (46%) reporting this.

Barriers to seeking treatment or support

The predominant barrier to seeking treatment, support or advice was the perception that the gambling was not harmful or that they only gambled small amounts; this was stated by close over two-fifths (44%) of those not wanting treatment/support. This likely reflects the fact that not all gamblers with a PGSI score 1+ would need treatment and support, particularly among those at the lower end of the 'PGSI 1+' category who were experiencing lower levels of gambling harm. For female gamblers, stigma (e.g. feeling embarrassed, not wanting people to find out) was a key barrier to accessing treatment, support or advice to cut down their gambling. This is particularly the case for problem gamblers (PGSI score 8+).

Over a quarter (27%) of female gamblers recognised one or more factors which might motivate them to seek treatment, support or advice. Most commonly, this was knowing support was available via a particular channel (telephone, online or face-to-face). Others thought they would be motivated by knowing support was easy to access (including the ability to self-refer).

Among female affected others, the most common barrier to seeking advice or support, either for themselves or on behalf of their partner, family member, friend or colleague, was not thinking that advice would be relevant or suitable. Another barrier was the gambler not recognising that they have a problem, for example the belief that their gambling is not risky enough or that they only bet small amounts.

2 Introduction

This report presents the findings of a study to explore the usage of, and demand for, treatment and support services among gamblers and those affected by another's gambling. The report focuses specifically on women. In addition to describing their usage of and demand for treatment and support, the report presents detailed demographic and behavioural profiles of gamblers and those affected by another's gambling. The research was conducted by YouGov on behalf of GambleAware.

2.1 Background

GambleAware Treatment and Support study

The latest data published by the Gambling Commission[1] on the number of problem gamblers and those at-risk of problem gambling is much higher than the proportion of problem gamblers that accessed GambleAware-funded treatment services in 2016-17[2]. This large discrepancy between the number of people currently receiving treatment and the number of people estimated to be in need of treatment because they have been classified as problem, moderate or low risk gamblers on the Problem Gambling Severity Index (PGSI) scale (see section 2.3 for more detail) suggests that there may be an issue with either the demand for services and/or the supply of treatment services.

As a result of this, in 2018 GambleAware commissioned a research initiative to examine gaps and needs that exist within all forms of treatment services for problem gamblers and those affected by gambling related harm. This initially consisted of two programmes of research. The National Centre of Social Research (NatCen) reviewed and produced evidence about gambling related harms and pathways to support among the general UK population, whilst ACT Recovery focused on the harms and risks among vulnerable populations and evaluated specific clinical treatment services and pathways into these for those who had accessed Gamble Aware funded treatment services.

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[1] 'Gambling participation in 2016: behaviour, awareness and attitudes' (Gambling Commission, 2016): https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2016-behaviour-awareness-and-attitudes.pdf

[2] 'Gambling Treatment Services Needs Assessment Report' (ACT Recovery, 2019: page 38): https://about.gambleaware.org/media/2184/gambling-treatment-services-needs-assessment-report.pdf

Following this, GambleAware commissioned YouGov to undertake a two-stage study to 1) identify gamblers with a PGSI score of 1+ (gamblers experiencing some level of harm from their gambling) in the sample, as well as affected others, and their overall usage of and demand for treatment, advice or support, and 2) explore the views and experiences of gamblers and affected others regarding seeking treatment/support, motivations and barriers.

GambleAware wished to estimate the proportion of the gambling population that has received, and that wants to receive, any form of treatment or support in relation to their gambling, and to explore the geographical distribution of this demand across Great Britain. The aims of the research were to enable better targeting of support, identify current capacity issues, and support the strategic development of future treatment services and ultimately help reduce gambling-related harm.

Additionally, the study was intended to investigate affected others (those who have been negatively affected by another's gambling), delving into the characteristics of this group, as well as enhancing understanding of behaviour, needs, and impacts experienced among this group. Current prevalence estimates do not take into consideration the effects that gambling can have on those other than the gambler. More recent thinking has focused on measuring gambling-related harms, and it is now understood that harms may affect not only the individual gambler but also their family, friends, communities and broader society.

Women as gamblers and affected others

Overall findings from the study were reported in the 'Gambling Treatment and Support' report[3]. Following this, a further analysis of the data was commissioned to focus specifically on female gamblers and female 'affected others'. The scope of this analysis goes beyond treatment and support needs, to explore in depth the demographic and behavioural profiles of these two groups.

[3] Gambling Treatment and Support, YouGov 2020: https://about.gambleaware.org/media/2185/gambling-treatment-and-support.pdf

This analysis will contribute to a broader scoping exercise to inform potential prevention campaigns and interventions specifically addressed at women, as well as building an evidence base and richer understanding of the demographic profiling and treatment and support needs of female gamblers and women affected by another's gambling. This report details the findings pertaining to women as gamblers and as 'affected others'.

2.2 Method

A notable challenge with this study was to reach a large enough sample of the general population to produce robust data on the geographical distribution of the target populations, while also reaching adequate numbers of gamblers and those affected by another's gambling to interview in more detail about their experiences. To meet this challenge, we utilised a two-phase approach.

The purpose of the Phase 1 study was to identify gamblers experiencing some level of harm from their gambling (a score of 1+ on the PGSI scale) in the sample, as well as for affected others, and the overall usage of and demand for treatment, advice or support among these groups.

For Phase 2 we conducted a separate study which targeted gamblers experiencing some level of harm (a score of 1+ on the PGSI scale) and affected others only, with the objective of exploring their views and experiences in more detail, including experiences of seeking treatment/support, motivations and barriers. Further details of both phases are provided below.

Phase 1 (nationally representative)

The Phase 1 fieldwork was carried out between 24th September and 13th October 2019. Interviews were conducted online using YouGov's online research panel. In total, 12,161 adults in Great Britain were surveyed, including 6,190 women and 5,971 men. Results have been weighted to be representative of the GB adult population according to age, gender, region, socio-economic group and ethnic group.

Table 1. Phase 1 sample breakdown (nationally representative)

Category	Women		Men	
	Unweighted n	Weighted n	Unweighted n	Weighted n
Total	6,190	6,123	5,971	5,948
18-34	1,754	1,685	1,708	1,730
35-54	2,029	2,059	2,049	2,014
55+	2,407	2,470	2,214	2,204
ABC1[4]	3,299	3,290	3,236	3,214
C2DE[5]	2,891	2,923	2,735	2,734
White	5,465	5,460	5,313	5,263
BAME[6]	725	753	658	685
North East	214	233	252	271
North West	691	675	716	691
Yorkshire and the Humber	513	503	546	526
East Midlands	492	479	456	436
West Midlands	581	585	524	518
East of England	648	632	556	534
London	762	843	729	796
South East	848	863	850	850
South West	567	546	554	526
Wales	333	305	288	291
Scotland	541	549	500	509

[4] People from social grades A, B and C1, commonly used to describe the 'middle class', classified by the National Readership Survey. See section 2.3 for more information.

[5] People from social grades C2, D and E, commonly used to describe the 'working class'

[6] Black, Asian and minority ethnic

Phase 2 (targeted sample)

Phase 2 comprises a targeted survey of gamblers experiencing some level of harm (a PGSI score of 1+), and 'affected others' (anyone who feels they have been affected by another's gambling). Respondents could qualify as both a gambler and an affected other, if relevant.

It was permitted (but not required) for respondents to take part in both Phase 1 and Phase 2. Some respondents for Phase 2 were recruited via their participation in the Phase 1 survey, while others were identified via screening of YouGov's wider panel. In total, 3,001 gamblers and affected others, including 1,407 women and 1,594 men, were interviewed online between 23rd October and 12th November 2019.

The Phase 2 data was weighted to match the group of PGSI 1+ gamblers and affected others found in Phase 1, according to age, gender, social grade, region, gambler/affected other status and PGSI score category. The rationale for this was that the Phase 1 study, being nationally representative, provides more authoritative information on the overall characteristics of this audience, in comparison to Phase 2's targeted sampling approach.

Table 2. Phase 2 sample breakdown (PGSI 1+ gamblers and affected others)

Category	Women		Men	
	Unweighted n	Weighted n	Unweighted n	Weighted n
Total	1,407	1,323	1,594	1,678
18-34	427	438	476	627
35-54	558	492	680	663
55+	422	393	438	387
ABC1[7]	779	630	918	855
C2DE[8]	628	693	676	822
White	1,275	1,184	1,436	1,495
BAME[9]	128	136	151	176
North East	68	49	83	77
North West	164	159	184	234
Yorkshire and the Humber	143	136	163	173
East Midlands	97	99	113	126
West Midlands	114	131	118	151
East of England	143	128	147	137
London	178	198	203	213
South East	184	171	231	228
South West	110	93	129	135
Wales	76	55	68	68
Scotland	130	105	155	135
Gambler only	508	605	1,027	1,255
Affected other only	692	592	349	279
Gambler and affected other	207	126	218	144

[7] People from social grades A, B and C1, commonly used to describe the 'middle class', classified by the National Readership Survey. See section 2.3 for more information.

[8] People from social grades C2, D and E. commonly used to describe the 'working class'

[9] Black, Asian and minority ethnic

2.3 Standardised tools

The following standardised tools were included in the survey and analysis process:

Problem Gambling Severity Index (PGSI)

The study utilised the full (9-item) Problem Gambling Severity Index (PGSI) to measure levels of gambling behaviour which may cause harm to the gambler. The PGSI[10] consists of nine items ranging from 'chasing losses' to 'gambling causing health problems' to 'feeling guilty about gambling'. Each item is assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item are given the following scores: never = 0; sometimes = 1; most of the time = 2; almost always = 3.

When scores to each item are summed, a total score ranging from 0 to 27 is possible. A PGSI score of 8 or more represents a problem gambler. This is the threshold recommended by the developers of the PGSI and the threshold used in this and previous reports.

The 9 items are listed below:

- Have you bet more than you could really afford to lose?
- Have you needed to gamble with larger amounts of money to get the same excitement?
- When you gambled, did you go back another day to try and win back the money you lost?
- Have you borrowed money or sold anything to get money to gamble?
- Have you felt that you might have a problem with gambling?
- Has gambling caused you any mental health problems, including stress or anxiety?
- Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
- Has your gambling caused any financial problems for you or your household?
- Have you felt guilty about the way you gamble or what happens when you gamble?

Respondents were placed into the following categories, according to their score on the PGSI measure. The report often refers to gamblers with a score of 1+; this term encompasses low-risk (PGSI score 1-2), moderate-risk (3-7) and problem (8+) gamblers.

[10] Gambling behaviour in Great Britain in 2016, NatCen: http://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2016.pdf

Table 3. PGSI score categories

Category	PGSI score
Non-problem gambler	0
Low-risk (gamblers who experience a low level of problems with few or no identified negative consequences)	1-2
Moderate-risk (gamblers who experience a moderate level of problems leading to some negative consequences)	3-7
Problem gambler (gamblers who gamble with negative consequences and a possible loss of control)	8+

Social Grade

Social grade is a classification system that is based on occupation. Developed by the National Readership Survey (NRS), it has been the research industry's source of social-economic classification for over 50 years. The categories can be found below. For analysis purposes, these have been grouped together into ABC1 and C2DE; comparisons between these groups have been made throughout the report. The brackets 'ABC1' and 'C2DE' are commonly used to describe the 'middle class' and 'working class' respectively.

Table 4. NRS Social Grade categories

		% of population (NRS Jan- Dec 2016)
A	Higher managerial, administrative and professional	4
B	Intermediate managerial, administrative and professional	23
C1	Supervisory, clerical and junior managerial, administrative and professional	28
C2	Skilled manual workers	20
D	Semi-skilled and unskilled manual workers<	15
E	State pensioners, casual and lowest grade workers, unemployed with state benefits only	10

Alcohol Use Disorder Identification Test – Consumption (AUDIT-C)

The Alcohol Use Disorder Identification Test – Consumption provides a composite measure of alcohol consumption levels, incorporating: frequency of drinking, units consumed on a typical occasion, and frequency of drinking six units or more (for women) or eight units or more (for men). These three questions each carry a score of 0-4, depending on the answer given. This gives each individual an AUDIT-C score between 0 and 12. Scores have been grouped as shown in the table below.

Table 5. AUDIT-C categories

Category	AUDIT-C score
Low risk	0-4
Increasing risk	5-7
Higher risk	8-12

Kessler Psychological Distress Scale (K10)

The Kessler Psychological Distress Scale (K10) is a measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure is intended to be used as a brief screen to identify levels of distress. Each item is scored from one ‘none of the time’ to five ‘all of the time’. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress.

For analysis purposes we have classified respondents as ’10-19’ (likely to be well) and ’20 or higher’ (likely to have some level of distress).

2.4 Notes for interpretation

The findings throughout are presented in the form of percentages, and all differences highlighted between subgroups are statistically significant at an alpha level of 0.05 unless otherwise indicated.

Where percentages do not sum up to 100, this may be due to rounding, the exclusion of ‘don’t know' and ‘prefer not to say’ responses, or because respondents could give multiple answers.

3 The gambling landscape for women

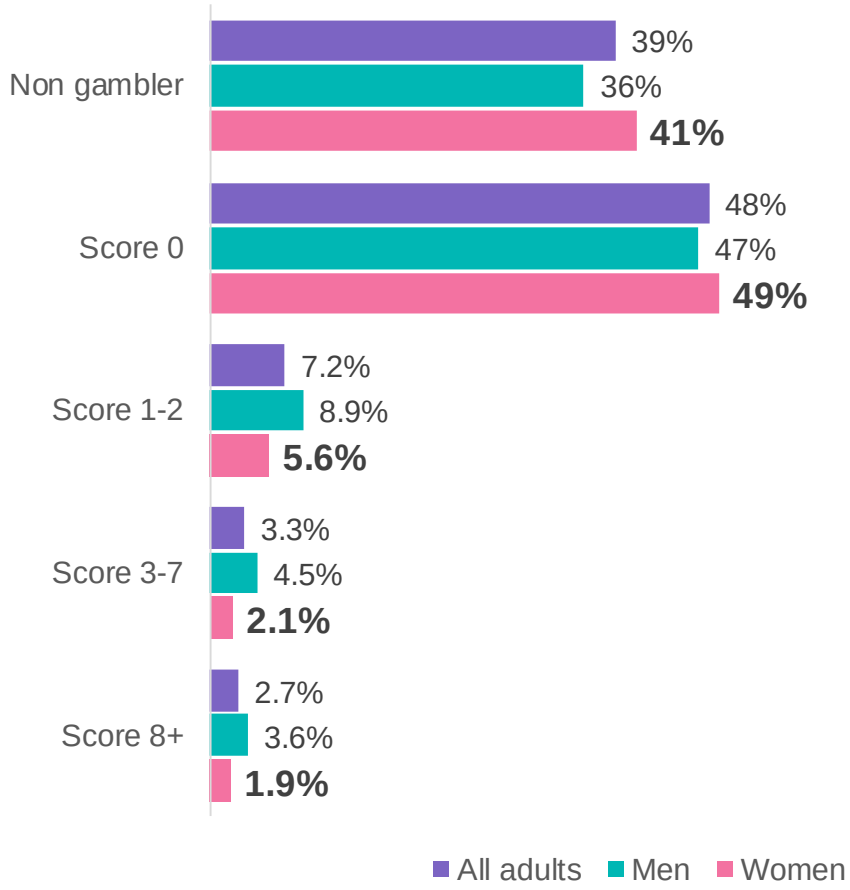
3.1 Extent of harmful gambling

In order to know the size of the population wanting any form of treatment or support, it was first necessary to calculate PGSI scores to know the proportion of the population experiencing gambling related harms. Placing respondents into these categories also allows for comparisons between each group. As set out in Section 2.3, the study utilised the full (9-item) PGSI to measure levels of gambling behaviour which may cause harm to the gambler, with respondents placed into the following categories according to their score:

- Non-problem gambler (PGSI score of 0)
- Low-risk gambler (PGSI score of 1-2; gamblers who experience a low level of problems with few or no identified negative consequences)
- Moderate-risk gambler (PGSI score of 3-7; gamblers who experience a moderate level of problems leading to some negative consequences)
- Problem gamblers (PGSI score of 8 or more; gamblers who gamble with negative consequences and a possible loss of control)

Overall, 10% of women scored one or higher on the PGSI scale in this study. Six percent were classified as a low-risk gambler (a score of 1-2); two percent as a moderate-risk gambler (a score of 3-7) and two percent as a problem gambler (a score of eight or higher). This contrasts with men, who were significantly more likely have a PGSI score of 1+ (17% vs. 10% of women), and notably twice as likely to be classified as problem gamblers with a score of eight or higher (four percent compared with two percent).

Figure 1: PGSI category – by sex



As shown in Table 6, younger women (aged 18-34) were less likely to gamble at all than older women, but among those who do gamble they were more likely to be classified as gamblers experiencing some level of harm (a score of 1+). Thirteen percent of 18-34s, and 11% of 35-54s, recorded a PGSI score of 1+, falling to just six percent of women aged 55 or older. Most notably, four percent of 18-34 year old women were classified as problem gamblers (a score of 8+), compared with two percent of those aged 35-54, and under half a percent of women aged 55+. This reflects the pattern seen by age among adults overall[11] and among men (*see Table 34 in the appendix*). Seven percent of 18-34 year old men were classified as problem gamblers (a score of 8+), compared with four percent of those aged 35-54, and under half a percent of men aged 55+.

[11] See table 5 in Gambling Treatment and Support, YouGov 2020: https://about.gambleaware.org/media/2185/gambling-treatment-and-support.pdf

Women in C2DE social grades were slightly more likely to be classified as gamblers experiencing some level of harm (a score of 1+) than those in ABC1 social grades (11% vs. 9%). This difference is driven by a higher proportion of C2DE women in the 'low risk' and 'moderate risk' categories, whereas the 'problem gambler' category shows no differences by social grade. Again, the same pattern can be observed among men and the population overall.[12] Men in C2DE social grades were slightly more likely to be classified as gamblers experiencing some level of harm (a score of 1+) than those in ABC1 social grades (18% vs. 16%).

One of the most noticeable demographic difference is by ethnic group. Similar to the pattern seen overall, BAME women were less likely to participate in gambling than their white counterparts, but among those who do gamble, BAME women recorded higher scores on the PGSI scale. One in six (16%) BAME women were classified as gamblers experiencing some level of harm (a PGSI score of 1+), compared with nine percent of white women. Most notably, five percent of BAME women were classified as problem gamblers (with a PGSI score of 8+) compared with one percent of white women.

Table 6: PGSI score categories among women – by age, social grade and ethnicity

	All women (6190)	18-34 (1754)	35-54 (2029)	55+ (2407)	ABC1 (3299)	C2DE (2891)	White (5465)	BAME (725)
Non-gambler	41%	51%	35%	40%	44%	39%	40%	52%
Non-problem gambler (score 0)	49%	36%	54%	54%	48%	50%	51%	32%
Low-risk gambler (score 1-2)	6%	6%	7%	4%	5%	6%	5%	7%
Moderate-risk gambler (score 3-7)	2%	3%	3%	1%	2%	3%	2%	4%
Problem gambler (score 8+)	2%	4%	2%	0%	2%	2%	1%	5%
All 1+ gamblers	10%	13%	11%	6%	9%	11%	9%	16%

[12] See table 6 in Gambling Treatment and Support, YouGov 2020: https://about.gambleaware.org/media/2185/gambling-treatment-and-support.pdf

3.2 Extent of affected others

Gambling is a widespread issue that can have a profoundly negative impact, not just on those gambling, but on those close to them. 'Affected others' are people that know someone who has had a problem with gambling (either currently, or in their past) and feel they have personally experienced negative effects as a result of a person's/people's gambling behaviour. This could include family members, friends and work colleagues, amongst others, with the negative effects ranging from financial to emotional or practical impacts.

Overall, eight percent of women qualified as affected others. This was higher than the proportion seen among men (6%) and reflects the typology of the gambling population, with significantly more men than women being classified as problem gamblers (PGSI score 8+). The higher proportion of heterosexual relationships means that there are more female spouses or partners being affected by a gambling problem of their significant other.

There is a fairly even split across age groups. Affected others were more likely to be of social grades C2DE (9% vs. 7%). The most striking difference is by ethnicity: 11% of BAME women identified as an affected other compared with eight percent of white women; again, this correlates with the patterns seen in relation to problem gambling.

Table 7: Affected other status among women – by age, social grade and ethnicity

	All women	18-34	35-54	55+	ABC1	C2DE	White	BAME
	(6190)	(1754)	(2029)	(2407)	(3299)	(2891)	(5465)	(725)
Proportion who qualify as an affected other	8%	8%	9%	7%	7%	9%	8%	11%

Relationship between gambling status and affected others status

Among female gamblers, the proportion qualifying as an affected other increases with PGSI score, showing a relationship between an individual's own gambling and their experiencing issues related to others' gambling. For example, one in five (19%) problem gamblers (PGSI score 8+) also identified as being an affected other, compared with just seven percent of gamblers with a PGSI score of 0, or non-gamblers. This same pattern can be seen among men and alludes to the complexity of disordered gambling.

Table 8: Affected other status among women – by gambling status

	All women (6190)	Non gambler (2576)	PGSI score				
			0 (3021)	1-2 (345)	3-7 (130)	8+ (118)	1+ (593)
Proportion who qualify as an affected other	8%	7%	7%	12%	18%	19%	8%

3.3 Profiling female gamblers

Gambling participation

Female gamblers with a PGSI score of 1+ were most likely to have participated in gambling via National Lottery tickets (64%) and scratchcards (49%) in the last 12 weeks; these were also the most popular gambling activities among the population overall (64% National Lottery tickets and 43% scratchcards). However, a range of other activities were also popular, including other lotteries (22%), bingo (22%) and online casino games (14%) (*see Table 31 in the appendix*).

For many activities, the likelihood of involvement increases with PGSI score category. This is the case for online casino games (26% of female gamblers with a score of 8+, compared with just two percent of those with a score of 0), gambling in a casino (15% vs. two percent), gaming machines (15% vs. under one percent) and fruit or slot machines (17% vs. four percent). An exception to this pattern is National Lottery tickets: 73% of female gamblers with a score of 0, and 70% with a score of 1-2 or 3-7, have participated, which falls off dramatically to just 39% of those in the problem gambler category. Participation via scratchcards was highest in the PGSI 1-2 (53%) and 3-7 (49%) categories.

Compared with their male counterparts, female gamblers with a PGSI score of 1+ were similarly likely to take part in the National Lottery, other lotteries and online casino games and only slightly less likely to play fruit or slot machines. They have higher participation in scratchcards and bingo than male gamblers, and much lower participation in all types of sports betting, as well as casino gambling and gaming machines.

Age

Female gamblers with a PGSI score of 1+ were significantly younger than the broader female sample: over a third (36%) were aged 18-34, compared with 27% of women overall, and just 24% were aged 55+, compared with 40% of all women. However, compared with their male counterparts, a higher proportion of female gamblers with a PGSI score of 1+ fall into older age categories: the 24% who were aged 55+ compares with just 19% among male gamblers with a PGSI score of 1+. Generally, the pattern among female and male gamblers is similar, but male gamblers were more often younger.

There is a strong relationship between age and levels of gambling harm. Among female problem gamblers, with a score of 8+, over half (55%) were aged 18-34. This falls sequentially to 36% of moderate-risk female (PGSI score 3-7) gamblers, 31% of the low-risk category (PGSI score 1-2) and just 20% of gamblers with a PGSI score of 0. By contrast, just nine percent of problem gamblers were aged 55+, which rises to 30% of those in the low-risk category, and 44% of female gamblers with a PGSI score of 0. A similar pattern is evident among male gamblers.

Table 9: age group by sex and PGSI category

	Women						Men					
	All	PGSI score					All	PGSI score				
		0	1-2	3-7	8+	1+		0	1-2	3-7	8+	1+
	(6190)	(3021)	(345)	(130)	(118)	(593)	(5971)	(2789)	(531)	(268)	(213)	(1012)
18-34	27%	20%	31%	36%	55%	36%	29%	20%	37%	38%	55%	41%
35-54	33%	36%	40%	41%	37%	39%	34%	36%	38%	44%	40%	40%
55+	40%	44%	30%	23%	9%	24%	37%	43%	25%	18%	5%	19%

Socio-economic group

Female gamblers with a PGSI score of 1+ were significantly more likely to be from social grades C2DE than the broader female sample. Just over half (53%) of female gamblers with a PGSI score of 1+ were from social grades C2DE, compared with 47% of women in the broader sample.

By contrast, 47% of female gamblers with a PGSI score of 1+ were ABC1s (compared with 53% of women overall). The same trend is seen for men, with male gamblers with a PGSI score 1+ more likely to be from social grades C2DE in comparison to the broader male sample (49% vs. 46%).

Table 10: socio-economic group by sex and PGSI category (1+ gamblers)

	Women						Men					
	All	PGSI score					All	PGSI score				
		0	1-2	3-7	8+	1+		0	1-2	3-7	8+	1+
	(6190)	(3021)	(345)	(130)	(118)	(593)	(5971)	(2789)	(531)	(268)	(213)	(1012)
ABC1	53%	52%	48%	43%	49%	47%	54%	55%	54%	47%	49%	51%
C2DE	47%	48%	52%	57%	51%	53%	46%	45%	46%	53%	51%	49%

Ethnicity

Female gamblers with a PGSI score of 1+ were significantly more likely to be from a BAME background compared with the broader female sample. One in five (20%) female gamblers with a PGSI score of 1+ were from a BAME background, compared with 12% of women in the broader sample. Male gamblers with a PGSI score of 1+ were also more likely to be from a BAME background in comparison to the broader male sample (17% vs. 12%).

For both men and women, gamblers with a PGSI score of 8+ were much more likely to be from a BAME background compared with the broader sample. Among female problem gamblers, a third (35%) were BAME compared with 12% in the broader female sample. This pattern is also seen among men, with 29% of male problem gamblers coming from a BAME background in comparison with 12% of the broader male sample.

Table 11: Ethnic group by sex and PGSI category (1+ gamblers)

	Women						Men					
	All	PGSI score					All	PGSI score				
		0	1-2	3-7	8+	1+		0	1-2	3-7	8+	1+
	(6190)	(3021)	(345)	(130)	(118)	(593)	(5971)	(2789)	(531)	(268)	(213)	(1012)
White	88%	92%	85%	78%	65%	80%	88%	92%	89%	81%	71%	83%
BAME	12%	8%	15%	22%	35%	20%	12%	8%	11%	19%	29%	17%

Region

Table 12 shows the proportion of gamblers with a PGSI score 1+ residing in different regions in Great Britain. The regional distribution of both female and male gamblers was broadly comparable to the overall distribution of the population. The only particular difference was in London, with female gamblers with a PGSI score of 1+ more likely than average to live here (17%, compared with 14% of the broader female sample).

Table 12: Region by sex and PGSI category (1+ gamblers)

	Women						Men					
	All	PGSI score					All	PGSI score				
		0	1-2	3-7	8+	1+		0	1-2	3-7	8+	1+
	(6190)	(3021)	(345)	(130)	(118)	(593)	(5971)	(2789)	(531)	(268)	(213)	(1012)
N. East	4%	4%	3%	2%	6%	3%	5%	5%	5%	5%	6%	5%
N. West	11%	12%	13%	6%	13%	11%	12%	12%	16%	12%	9%	13%
Yorkshire /Humber	8%	8%	10%	7%	12%	10%	9%	9%	10%	11%	10%	10%
E. Midlands	8%	8%	6%	4%	7%	6%	7%	8%	7%	9%	7%	7%
W. Midlands	9%	10%	10%	10%	12%	11%	9%	8%	9%	7%	14%	10%
East	10%	11%	9%	11%	7%	9%	9%	10%	8%	6%	5%	7%
London	14%	10%	15%	23%	17%	17%	13%	11%	11%	17%	22%	15%
S. East	14%	14%	15%	8%	10%	12%	14%	15%	14%	12%	9%	12%
S. West	9%	9%	6%	12%	4%	7%	9%	9%	8%	8%	6%	8%
Wales	5%	5%	4%	6%	6%	5%	5%	5%	4%	2%	4%	4%
Scotland	9%	9%	8%	11%	7%	9%	9%	9%	8%	10%	7%	8%

Working status

Female gamblers with a PGSI score of 1+ were more likely than the broader female sample to be in employment. Close to two-thirds (64%) of female gamblers with a score of 1+ were employed, compared with 53% of women in the broader sample. This correlates with their age: the female gambling population was younger, with those aged 18-34 more likely to a) gamble and b) have higher PGSI scores. Younger people are more likely to be employed than those aged 55+. In line with this, female gamblers who scored PGSI 1+ were less likely to be retired: 13% of female gamblers with a PGSI score of 1+ gamblers were retired compared with 27% of women in the broader sample. The same patterns were seen for men, again reflecting the correlation between age and working status. Among male gamblers scoring PGSI 1+, 73% were employed, compared with 60% of the broader male sample.

Table 13: Working status by sex and PGSI category (1+ gamblers)

	Women						Men					
	All	PGSI score					All	PGSI score				
		0	1-2	3-7	8+	1+		0	1-2	3-7	8+	1+
	(5981)	(2928)	(331)	(123)	(114)	(568)	(5821)	(2741)	(518)	(260)	(197)	(975)
Working	53%	55%	63%	66%	65%	64%	60%	61%	71%	71%	78%	73%
Full time student	5%	3%	4%	4%	10%	5%	6%	3%	6%	5%	7%	6%
Retired	27%	29%	18%	9%	3%	13%	24%	27%	13%	8%	5%	10%
Unemployed	4%	3%	4%	6%	13%	6%	5%	3%	5%	8%	6%	6%
Other not working	10%	11%	11%	14%	10%	11%	6%	5%	5%	8%	3%	6%

Marital status

Female gamblers with a PGSI score 1+ were more likely than the broader female sample to be unmarried, with around a third (35%) 'never married' compared with 28% of the broader female sample. This also likely correlates with age, with younger women, who were more likely to be gamblers with a PGSI score of 1+, more likely to be unmarried. This is also the case for male gamblers, with a higher proportion of male gamblers with a score of PGSI 1+ unmarried compared with the broader male sample (41% vs. 33%).

Table 14: Marital/relationship status by sex and PGSI category (1+ gamblers)

	Women						Men					
	All	PGSI score					All	PGSI score				
		0	1-2	3-7	8+	1+		0	1-2	3-7	8+	1+
	(6175)	(3015)	(345)	(130)	(118)	(593)	(5950)	(2787)	(529)	(265)	(212)	(1006)
Living as married	14%	15%	18%	12%	18%	16%	13%	14%	14%	17%	16%	15%
Married / civil partner-ship	41%	44%	36%	30%	41%	35%	45%	50%	36%	35%	32%	35%
Never married	28%	23%	32%	46%	31%	35%	33%	27%	41%	37%	45%	41%
Separated / divorced	10%	11%	9%	10%	10%	10%	6%	5%	6%	11%	7%	8%
Widowed	7%	7%	6%	2%	1%	4%	3%	3%	2%	0%	1%	1%
Net: In relation-ship	56%	59%	53%	42%	59%	52%	58%	64%	50%	52%	48%	50%
Net: Not in relation-ship	44%	41%	47%	58%	41%	48%	42%	36%	50%	48%	52%	50%

Children in the household

Female gamblers with a PGSI score of 1+ were more likely than broader female sample to have responsibility for children (aged under 18) in the household. Three in ten (31%) female gamblers had responsibility for children in the household, compared with two in ten (20%) women in the broader sample. This is also the case for men, with a higher proportion of male gamblers with a PGSI score of 1+ responsible for children in the household in comparison to the broader male sample (26% vs. 17%).

Female problem gamblers (PGSI score 8+) were particularly likely to have responsibility for children in the household in comparison to the broader female sample. Over half (53%) of female gamblers with a PGSI score of 8+ were responsible for children in the household compared with one in five (20%) women in the broader sample.

Table 15: Children under 18 in household by sex and PGSI category (1+ gamblers)

	Women						Men					
	All	PGSI score					All	PGSI score				
		0	1-2	3-7	8+	1+		0	1-2	3-7	8+	1+
	(5975)	(2953)	(340)	(126)	(106)	(572)	(5712)	(2703)	(511)	(253)	(194)	(958)
Children	20%	19%	26%	25%	53%	31%	17%	17%	21%	24%	39%	26%
No children	80%	81%	74%	75%	47%	69%	83%	83%	79%	76%	61%	74%

The high proportion of female gamblers with children may be partly explained by age: female gamblers with a PGSI score of 1+ are concentrated in the younger and middle age years, which are broadly also the ages in which people are likely to have dependent children. However, this alone does not fully account for the difference, because even within a given age group, those gambling at higher levels are more likely to have children in the household. Among women aged 18-34, 30% of PGSI 1+ gamblers, and 53% of those with a PGSI score of 8+, have children in the household, compared with 20% of all women aged 18-34. A broadly similar although less pronounced pattern can be seen among males.

Co-existing conditions

Just over half (54%) of female gamblers with a PGSI score of 1+ had any co-existing health condition. Among male gamblers in the same category, 48% had any co-existing condition.

The proportion with co-existing conditions increases with PGSI score category. Among female problem gamblers (with a PGSI score of 8+), 61% had any co-existing condition, compared with 55% of moderate risk gamblers (score 3-7) and 50% of low risk gamblers (score 1-2). The same pattern can also be seen among male gamblers.

Table 16: Co-existing conditions by sex and PGSI category (1+ gamblers)

	Women				Men			
	PGSI Score				PGSI Score			
	1-2 (269)	3-7 (253)	8+ (180)	All 1+ (702)	1-2 (441)	3-7 (412)	8+ (367)	All 1+ (1220)
Any	50%	55%	61%	54%	45%	49%	56%	48%
None	50%	45%	39%	46%	55%	51%	44%	52%

Alcohol use

There is an interesting link between alcohol consumption and gambling. The AUDIT-C measure identifies at-risk drinkers, categorising people into low risk, including non-drinkers (a score of 0-4), increasing risk (a score of 5-7) and higher risk (a score of 8-12). Overall, female gamblers with a PGSI score of 1+ were somewhat more likely than women overall to be higher risk drinkers (AUDIT-C score 8-12), with 12% of female gamblers with a PGSI score of 1+ drinking at higher risk levels. This compares with 8% of all women[13]. The same is true for male gamblers with a PGSI score of 1+, with 23% of this group drinking at higher risk levels, compared with 20% of all men.

[13] Drinkaware Monitor 2019. Women were classified as: 69% low risk; 22% increasing risk, 8% higher risk. Men were classified as: 51% low risk; 29% increasing risk, 20% higher risk.

https://www.drinkaware.co.uk/research/research-and-evaluation-reports/drinkaware-monitor-2019-drinking-behaviours-and-peer-pressure

AUDIT-C scores increased with PGSI score in our sample, highlighting the complex link between gambling and other addictive behaviours. Among female problem gamblers (with a PGSI score of 8+), a fifth (20%) were considered higher risk drinkers, compared with around one in ten in the PGSI 1-2 (10%) or 3-7 (11%) categories. Female problem gamblers were also more likely to be classified as increasing risk (an AUDIT-C score of 5-7). These patterns were not observed to the same extent among male gamblers.

Table 17: AUDIT-C score category - by sex and PGSI category (1+ gamblers)

	Women				Men			
	PGSI Score				PGSI Score			
	1-2 (271)	3-7 (258)	8+ (186)	All 1+ (715)	1-2 (451)	3-7 (420)	8+ (374)	All 1+ (1245)
Low risk (0-4)	69%	69%	46%	65%	49%	43%	41%	46%
Increasing risk (5-7)	20%	20%	34%	23%	30%	31%	35%	31%
Higher risk (8-12)	10%	11%	20%	12%	21%	26%	24%	23%

Psychological distress

The K-10 psychological distress scale is widely used to measure distress, which can be used to identify those in need of assessment for anxiety and depression. Among female gamblers with a score of PGSI of 1+, 66% had a K-10 psychological distress score of 20+, while among male gamblers with a PGSI score of 1+ this proportion was 53%.

There was a relationship between psychological distress and PGSI score category. Among female problem gamblers (with a score of 8+), the vast majority (88%) were experiencing higher levels of distress (a K-10 score of 20+), compared with just 57% of those in the 1-2 category. This pattern was also evident for male 8+ gamblers: 82% were experiencing higher levels of distress, compared with 42% of those with a PGSI score of 1-2.

Table 18: K-10 psychological distress score - by sex and PGSI category (1+ gamblers)

	Women				Men			
	PGSI Score				PGSI Score			
	1-2 (271)	3-7 (258)	8+ (186)	All 1+ (715)	1-2 (451)	3-7 (420)	8+ (374)	All 1+ (1245)
Under 20	43%	33%	12%	34%	58%	48%	18%	47%
20+	57%	67%	88%	66%	42%	52%	82%	53%

3.4 Profiling affected others

Age

Female affected others had a similar age profile to the broader female sample. They were slightly younger (36% are aged 55+ compared with 40% of women overall) but the difference is modest. Female affected others were slightly older than males in the same category: 28% were aged 18-34 (compared with 32% of male affected others) and 36% were aged 55+ (compared with 32% of male affected others). This possibly reflects the differing profiles of the impacted groups; with male affected others more likely to be affected by a friend or colleague, while women are more likely to be affected by a spouse or partner.

Female affected others who are also gamblers with a PGSI score of 1+ had a significantly younger age profile: 42% were aged 18-34, and just 25% were aged 55+. By contrast, female affected others who are not PGSI 1+ gamblers themselves were slightly older than affected others who are also gamblers with a PGSI score of 1+. The same pattern, whereby those who are also gamblers themselves are significantly younger, can also be observed among male affected others.

Table 19. Age group by sex and gambler status (affected others)

	Women				Men			
	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler
	(6190)	(486)	(85)	(401)	(5971)	(367)	(110)	(257)
18-34	27%	28%	42%	25%	29%	32%	45%	27%
35-54	33%	36%	34%	36%	34%	36%	40%	35%
55+	40%	36%	24%	38%	37%	32%	15%	39%

Socio-economic group

Female affected others were significantly more likely than the broader female sample to be from social grades C2DE. This reflects the pattern seen among gamblers. Just over half (53%) of female affected others were from social grades C2DE, compared with 47% of women in the broader sample. For male affected others, the proportion from social grades C2DE was also higher, but closer to that seen among the broader male sample (49% vs. 46% overall).

Table 20. Socio-economic group by sex and gambler status (affected others)

	Women				Men			
	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler
	(6190)	(486)	(85)	(401)	(5971)	(367)	(110)	(257)
ABC1	53%	47%	45%	48%	54%	51%	51%	51%
C2DE	47%	53%	55%	52%	46%	49%	49%	49%

Ethnicity

Female affected others were significantly more likely than the broader female population to be from a BAME background. Sixteen percent of female affected others were from a BAME background, compared with 12% in the broader female sample. For male affected others, the proportion from a BAME background was 15%, compared with 12% of men in the broader sample.

This pattern is particularly pronounced among female affected others who were are also gamblers with a PGSI score of 1+: over a quarter (29%) of this group were from a BAME background. By contrast, only 14% of affected others who are not also experiencing any harm from gambling themselves fall into this category.

Table 21. Ethnic group by sex and gambler status (affected others)

	Women				Men			
	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler
	(6190)	(486)	(85)	(401)	(5971)	(367)	(110)	(257)
White	88%	84%	71%	86%	88%	85%	81%	86%
BAME	12%	16%	29%	14%	12%	15%	19%	14%

Region

The table below shows the proportion of affected others residing in different regions in Great Britain. The regional distribution of both female and male affected others was broadly comparable to the overall distribution of the population.

Table 22. Region by sex and gambler status (affected others)

	Women				Men			
	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler
	(6190)	(486)	(85)	(401)	(5971)	(367)	(110)	(257)
N. East	4%	4%	6%	4%	5%	5%	7%	5%
N. West	11%	11%	9%	11%	12%	14%	13%	15%
Yorkshire/ Humber	8%	9%	8%	9%	9%	9%	6%	10%
E. Midlands	8%	7%	4%	8%	7%	8%	8%	8%
W. Midlands	9%	10%	15%	9%	9%	6%	7%	6%
East	10%	10%	9%	10%	9%	11%	9%	12%
London	14%	16%	16%	16%	13%	13%	21%	9%
S. East	14%	13%	7%	14%	14%	15%	11%	17%
S. West	9%	7%	9%	7%	9%	7%	7%	7%
Wales	5%	5%	6%	5%	5%	4%	6%	3%
Scotland	9%	8%	11%	7%	9%	8%	5%	9%

Working status

Female affected others were less likely than the broader female sample to have retired. One in five (20%) female affected others were retired, compared with 27% of women in the broader sample. This likely reflects the age profile of affected others, who tend to be slightly younger than women in the broader sample. The same is true for men – 18% of male affected others were retired, compared with 24% of men in the broader sample.

The differences in working status are particularly pronounced when considering female affected others who are also gamblers with a PGSI score of 1+. Two-thirds (67%) in this group were working, and just eight percent were retired. This is a reflection of the age profile of gamblers, who tend to be younger. By contrast, among affected others who are not also experiencing any harm from gambling themselves, 54% were working and 23% were retired.

The same patterns are apparent among men, with 78% of male affected others who are also gamblers with a PGSI score of 1+ in employment, compared with 58% among male affected others who are not also experiencing any harm from gambling themselves.

Table 23. Working status by sex and gambler status (affected others)

	Women				Men			
	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler
	(6190)	(470)	(84)	(386)	(5821)	(364)	(108)	(256)
Working	53%	57%	67%	54%	60%	64%	78%	58%
Full time student	5%	4%	3%	4%	6%	4%	4%	4%
Retired	27%	20%	8%	23%	24%	18%	6%	23%
Unemployed	4%	4%	7%	4%	5%	5%	4%	5%
Other not working	10%	15%	15%	15%	6%	9%	7%	9%

Marital status

Whether or not female affected others are in relationships is broadly comparable to patterns for women in the broader sample. Fifty-five percent of female affected others were in a relationship (comparable with 56% of women overall). This is also the case for male affected others (56% vs. 58% of men overall).

Female affected others who are also gamblers with a PGSI score 1+ were more likely than average to be 'never married'. Two in five (40%) female affected others who are also gamblers with a PGSI score 1+ have never been married, compared with 25% of female affected others who are not PGSI 1+ gamblers. This may reflect earlier findings that female gamblers are more likely than women in the broader sample to be unmarried. This is also the case for male affected others. Half (49%) fall into the 'never married' category, compared with 28% of male affected others who are not also experiencing any harm from gambling themselves.

Table 24. Marital/relationship status by sex and gambler status (affected others)

	Women				Men			
	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler
	(6175)	(486)	(85)	(401)	(5950)	(365)	(109)	(256)
Living as married	14%	16%	13%	16%	13%	18%	14%	20%
Married / civil partnership	41%	39%	31%	41%	45%	38%	31%	41%
Never married	28%	27%	40%	25%	33%	34%	49%	28%
Separated / divorced	10%	13%	11%	14%	6%	7%	5%	8%
Widowed	7%	5%	5%	4%	3%	2%	1%	3%
Net: In relation-ship	56%	55%	44%	57%	58%	56%	45%	61%
Net: Not in relation-ship	44%	45%	56%	43%	42%	44%	55%	39%

Children in the household

Female affected others were more likely than the broader female sample to have responsibility for children in the household. A quarter (25%) of female affected others were responsible for children in the household, compared with 20% of women in the broader female sample. This is also the case for men, with a higher proportion of male affected others responsible for children in the household in comparison to the broader male sample (22% vs. 17%).

Female affected others who are also gamblers with a PGSI score 1+ were particularly likely to have responsibility for children in the household in comparison to the broader female sample. A third (33%) of female affected others who are also gamblers with a PGSI score 1+ were responsible for children in the household compared with 23% of female affected others who are not also experiencing any harm from gambling themselves. This may reflect earlier findings that female gamblers with a PGSI score 1+ are more likely than the broader female sample to be responsible for children in the household.

Table 25. Children in household by sex and gambler status (affected others)

	Women				Men			
	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler	All	All affected others	Affected other and 1+ gambler	Affected other – not 1+ gambler
	(5975)	(476)	(83)	(393)	(5712)	(359)	(108)	(251)
Children	20%	25%	33%	23%	17%	22%	30%	19%
No children	80%	75%	67%	77%	83%	78%	70%	81%

Co-existing conditions

Fifty-seven percent of female affected others had co-existing health conditions. This is similar to the proportion seen among male affected others (55%).

Female affected others who are also gamblers with a PGSI score 1+ were more likely than female affected others who are not also 1+ gamblers to have co-existing conditions (62% vs. 55%). This may reflect earlier findings showing that female problem gamblers (PGSI score 8+) are more likely than average to have co-existing conditions.

Table 26. Co-existing conditions by sex and gambler status (affected others)

	Women			Men		
	All affected others (882)	Affected other and 1+ gambler (206)	Affected other – not 1+ gambler (676)	All affected others (558)	Affected other and 1+ gambler (213)	Affected other – not 1+ gambler (345)
Any	57%	62%	55%	55%	53%	55%
None	43%	38%	45%	45%	47%	45%

Alcohol use

Overall, female affected others had similar drinking behaviour to the overall female population. They were slightly more likely to be classified as low-risk according to the AUDIT-C measure (72% vs. 69% of women overall[14]). Male affected others also showed a similar pattern to the overall male population.

However, female affected others who are also gamblers with a PGSI score 1+ were more likely than female affected others who are not also 1+ gamblers to be drinking at increasing risk levels (AUDIT-C score 5-7) (26% vs. 18%).

[14] Drinkaware Monitor 2019. Women were classified as: 69% low risk (score 0-4), 22% increasing risk (score 5-7), 8% higher risk (score 8+). Men were classified as: 51% low risk, 29% increasing risk, 20% higher risk.

https://www.drinkaware.co.uk/research/research-and-evaluation-reports/drinkaware-monitor-2019-drinking-behaviours-and-peer-pressure

Table 27. AUDIT-C score category - by sex and gambler status (affected others)

	Women			Men		
	All affected others (899)	Affected other and 1+ gambler (207)	Affected other – not 1+ gambler (692)	All affected others (567)	Affected other and 1+ gambler (218)	Affected other – not 1+ gambler (349)
Low risk (under 5)	72%	66%	73%	49%	42%	53%
Increasing risk (5-7)	19%	26%	18%	31%	35%	28%
Higher risk (8-12)	9%	8%	9%	20%	23%	19%

Psychological distress

Just over half (57%) of female affected others were experiencing high levels of distress, with a K-10 psychological distress score of 20+. This compares with 52% of male affected others.

There was a clear link between psychological distress and qualifying as both an affected other and a gambler with a PGSI score of 1+. Four-fifths (79%) of female affected others who are also PGSI 1+ gamblers were experiencing high levels of distress, compared with 53% of female affected others who are not also 1+ gamblers. This reaffirms earlier findings that showed a relationship between higher PGSI scores and higher levels of psychological distress. This pattern is also apparent for male affected others: over two-thirds (71%) of those who were also 1+ gamblers were experiencing higher levels of distress, compared with 43% of male affected others who were not also experiencing any harm from gambling themselves.

Table 28. K-10 psychological distress score - by sex and gambler status (affected others)

	Women			Men		
	All affected others (899)	Affected other and 1+ gambler (207)	Affected other – not 1+ gambler (692)	All affected others (567)	Affected other and 1+ gambler (218)	Affected other – not 1+ gambler (349)
Under 20	43%	21%	47%	48%	29%	57%
20+	57%	79%	53%	52%	71%	43%

4 Female gamblers' use of treatment and support

This chapter will discuss engagement of treatment, advice and support by female gamblers experiencing some level of harm (a PGSI score of 1+), drawing comparisons with male gamblers. Comparisons are also made against the overall findings – please see the 'Gambling Treatment and Support' report for more details.[15] Results reported throughout this section are based on those with a PGSI score of 1+ only.

4.1 Usage of treatment and support in the last 12 months

The table below summarises usage of treatment services and less formal support and advice, by female gamblers experiencing some level of harm, over the last 12 months. These proportions are taken from the Phase 1 study. Overall, 11% of female gamblers with a PGSI score of 1+ reported having used any type of treatment (such as mental health services, their GP, or specialist face-to-face treatment). Twelve percent indicated that they had used any form of less formal support or advice (such as from family and friends, support groups, websites or books). Overall, 16% had used either treatment and/or support/advice, in the last 12 months. These are the same patterns seen amongst adults overall.[16]

Female gamblers with higher PGSI scores were more likely than those with lower scores to have used any form of treatment and support. This may suggest that, as harm increases, so does the desire for treatment and support among women. Just two percent of those categorised as low risk had used treatment, support or advice, compared to 16% of moderate risk gamblers and over half (57%) of problem gamblers (with a score of 8+).

[15] Gambling Treatment and Support, YouGov 2020: https://about.gambleaware.org/media/2185/gambling-treatment-and-support.pdf

[16] See table 7 in the above

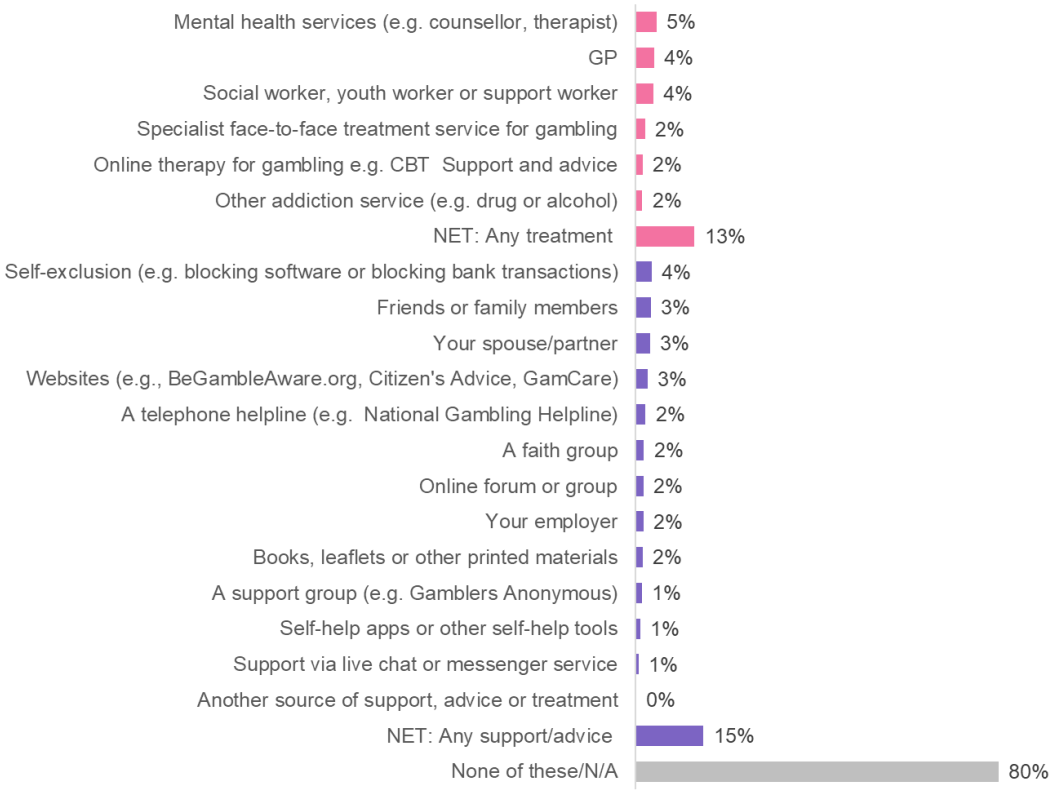
Overall, the same proportion of male gamblers with a PGSI score of 1+ report having accessed any form of treatment, support and advice to help them cut down their gambling in the last 12 months (17% vs. 16% women) (*see Table 35 in the appendix*). However, a lower proportion of male gamblers with a PGSI score of 8+ say that they have used any form of treatment, support and advice (52% vs. 57%). This tends to be due to them being less likely to have accessed any treatment from professional sources (41% vs. 47%), as opposed to less formal forms of support and advice (39% vs. 40%).

Table 29. Usage of treatment and support/advice among female gamblers – by PGSI score category

	All female PGSI 1+ gamblers (593)	Low-risk (score 1-2) (345)	Moderate-risk (Score 3-7) (130)	Problem gambler (Score 8+) (118)
Used any treatment	11%	1%	6%	47%
Used any support/advice	12%	2%	14%	40%
Used any treatment/support/advice	16%	2%	16%	57%
Have not used any	84%	98%	84%	43%

The Phase 2 study further explored the usage of treatment, advice and support among female gamblers with a PGSI score of 1+. Among professional treatment services, women were most likely to have accessed mental health services (5%) or GPs or social or support workers (both 4%). The most common less formal sources of support and advice included self-exclusion (4%) or friends, family members or a spouse / partner (3%).

Figure 2. Usage of treatment/support/advice by female gamblers in the last 12 months



Base: all female gamblers with a PGSI score of 1+ (n=715)

There are key differences by age, with younger women aged 18-24 much more likely to have used any of the types of treatment or support listed. Four in ten (41%) women of this age reported having accessed treatment or support in some way compared with one in ten (9%) of those aged 55+. They were particularly more likely to have used mental health services (11% vs. 0% 55+), a social worker, youth worker or support worker (11% vs. 1% 55+) or a telephone helpline (e.g. National Gambling Helpline) (10% vs. 1% 55+). This relates to the age profile of gambling harms, with younger women more likely to be have higher PGSI scores, and therefore possibly being more likely to have a need to seek treatment and support. Interestingly, younger women (aged 18-24) were much more likely than men of the same age to have sought treatment and support related to their gambling in some way (41% vs. 23%). This could be due to younger women having heightened awareness of mental health and engaging in conversations around it more.

There are also key differences in accessing treatment and support by ethnicity and social grade. Women from a BAME background were more likely than white women to report using treatment and support (40% vs. 17%), including more formal forms of treatment such as a social worker, youth worker or support worker (12% vs. 3%) and mental health services (10% vs. 4%). Again, this relates to their gambling profile, with women from a BAME background tending to have higher PGSI scores on average.

Additionally, ABC1 women were more likely than those of social grades C2DE to report having used treatment or support services (26% vs. 16%). For example, seven percent of ABC1 female gamblers had used mental health services (e.g. counsellor, therapist), in comparison to three percent of C2DE women. This could be due to higher incomes making accessing treatment for a gambling problem more accessible in some instances e.g. for private counselling. Other factors which may help to explain this difference include: varying levels of provision in different local areas, access to transport, and a higher prevalence of co-morbidities among C2DE respondents, which might make accessing treatment and support more difficult, or divert attention from gambling where other health issues are more pressing. More research would be needed to confirm this. This is an interesting difference as whilst C2DE women were slightly more likely to experience harm from gambling, they were not more likely to be receiving treatment or support. This suggests more needs to be done to engage C2DE women with gambling treatment and support services.

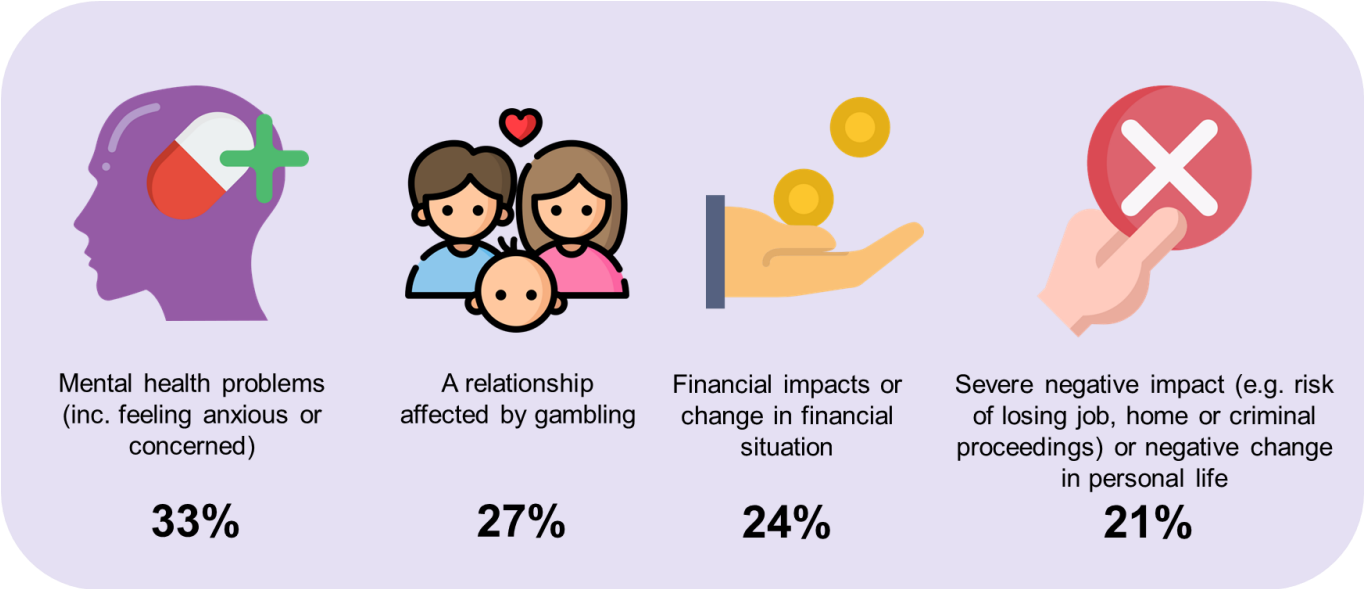
Female gamblers with responsibility for children in the household were more likely than those without to say they have used any form of treatment, advice or support to cut down their gambling (26% vs. 15%). As noted in Section 3.3, having children in the household was more common among those with higher PGSI scores, even when adjusted for age. Additionally, having dependents at home could increase the severity of the situation for female gamblers, with a greater need to seek treatment, advice or support in order to support not only themselves but their family as well. Again, more research would be needed to confirm this. This includes both formal forms of treatment or support (19% vs. 9%) and less formal types (19% vs. 12%). Those with children in the household were more likely than those without to have sought help from a social worker, youth worker or support worker (7% vs. 2%). They were also more likely to have sought support from a faith group (4% vs. 0%), used websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) (4% vs. 1%) or used a telephone helpline (e.g. National Gambling Helpline) (4% vs. 1%) to help cut down their gambling.

Female gamblers drinking at increasing or higher levels (an AUDIT-C score of 5+) were more likely than those with a score below 5 to have accessed treatment or support to cut down their gambling (27% vs. 16%). This could be due to people with higher PGSI scores typically drinking at higher levels (i.e. more likely to have a higher AUDIT-C score), alluding to the complex link between gambling and other addictions.

4.2 Reasons for seeking treatment/support

Female gamblers who have sought treatment, support or advice tended to be motivated to do so by mental health problems including feelings of anxiety or concern over their gambling (33%), the gambling affecting their relationships or family (27%) or financial impacts or a change in their financial situation (24%). Notably, a fifth (21%) were motivated by severe negative impacts from their gambling (such as the risk of losing their job or home, or the threat of criminal proceedings), or by a negative change in their personal life such as bereavement or relationship breakdown.

Figure 3. Factors that prompted female gamblers to seek treatment/support/advice



Base: All female 1+ gamblers who sought treatment/advice/support (n=181)

Younger women aged 18-34 (with a PGSI score 1+) were more likely than women aged 35+ to say that they were prompted by a severe negative impact (29% vs. 8%). This could help to explain why they were more likely to have already sought any form of treatment and support; as the extent of the impact resulted in a need for treatment, advice and support.

Among those who sought treatment, advice or support to help cut down their gambling, ABC1 women were more likely than C2DE women to report being prompted by a severe negative impact (28% vs. 12%).

Female gamblers with responsibility for children in the household were more likely than those without to say they were prompted to seek treatment, advice or support in order to cut down their gambling due to severe negative impact (e.g. risk of losing job, home or criminal proceedings) or negative change in personal life (31% vs. 11%). As previously mentioned, this could be due to the fact that having dependents at home might increase the severity of the situation for female gamblers, with a greater need for treatment, advice or support in order to support not only themselves but their family as well.

Female gamblers that also qualify as affected others (31%) were more likely than those who were only gamblers (21%) to report severe negative impacts as a motivation for seeking treatment or support. This may suggest that impacts could be magnified for those experiencing issues related to their own gambling, as well as for someone close to them.

5 Female gamblers' demand for treatment and support

This chapter will discuss the current demand for treatment, advice and support by female gamblers experiencing some level of harm (a PGSI score of 1+), drawing comparisons with male gamblers. Comparisons are also made against the overall findings for adults, as reported in 'Gambling Treatment and Support'.[17] Results reported throughout this section are based on those with a PGSI score of 1+ only.

5.1 Current demand for treatment and support

The table below summarises the current demand for treatment services and less formal support and advice, by female gamblers experiencing some level of harm (a PGSI score of 1+). These proportions are taken from the Phase 1 study. Overall, 16% of female gamblers said they currently would want some form of treatment, advice or support. Four percent had not accessed any form of treatment, advice or support before in the last 12 months but had a demand for it, whilst 12% had accessed some support before but would like more. Eleven percent of women expressed a desire for any form of treatment from professional sources, and 12% wanted any form of less formal support or advice (such as from family and friends, support groups, websites or books).

In line with the pattern seen among women regarding existing usage of treatment and support, those classified with higher scores on the PGSI tool were much more likely to have a demand for treatment, advice or support. Among low-risk gamblers, just one percent wanted any form of treatment, support or advice, this rises to 16% of those with a moderate risk score, and over half (58%) of problem gamblers (with a score of 8+). For problem gamblers, there was a greater desire for any form of treatment from professional sources (47%), with a slightly lower proportion wanting any less formal types of support and advice (43%).

[17] Gambling Treatment and Support, YouGov 2020: https://about.gambleaware.org/media/2185/gambling-treatment-and-support.pdf

Male gamblers with a PGSI score of 1+ were slightly more likely than women to say that they wanted any form of treatment, support and advice (19% vs. 16% women) (*see Table 36 in the appendix*). This difference is driven by a greater proportion of low-risk male gamblers reporting this (5% vs. 1%). The numbers of moderate risk (15% vs. 16%) and high risk (57% vs. 58%) men wanting any form of treatment, support and advice is comparable to the proportion of female gamblers in each category who reported this.

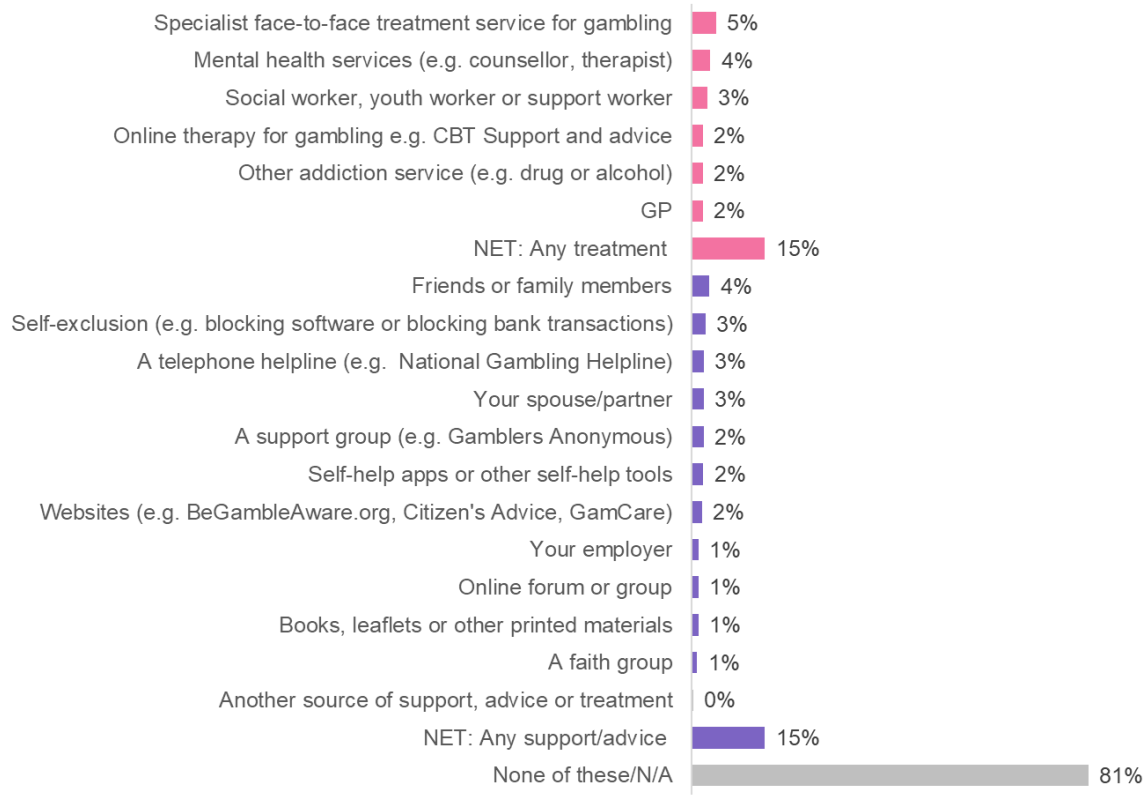
Table 30. Demand for treatment and support/advice among female gamblers – by PGSI score category

	All female PGSI 1+ gamblers (593)	Low-risk (score 1-2) (345)	Moderate-risk (Score 3-7) (130)	Problem gambler (Score 8+) (118)
Want any treatment	**11%**	**1%**	**7%**	**47%**
Want any treatment and have received some before	9%	-	4%	42%
Want any treatment and have not received any before	2%	1%	3%	6%
Want any support/advice	**12%**	**1%**	**14%**	**43%**
Want any support/advice and have received any before	8%	1%	7%	31%
Want any support/advice and have not received any before	4%	1%	7%	12%
Want any treatment/support/advice	**16%**	**1%**	**16%**	**58%**
Want any treatment/support/advice and have received some before	12%	1%	9%	49%
Want any treatment/support/advice and have not received any before	4%	1%	7%	8%
Do not want any	84%	99%	84%	42%

The Phase 2 study brought the opportunity to explore in more detail the demand for treatment, support and advice among female gamblers. The demand for treatment, support and advice mirrors usage, with the same sources of treatment, support or advice being mentioned. Furthermore, female gamblers tended to have the same top sources as male gamblers.

Most commonly, female gamblers felt they would like treatment from specialist face-to-face treatment for gambling (five percent) or mental health services (four percent). Among less formal sources of advice/support, family and friends were the most popular option (four percent). This is followed by self-exclusion, which has been grouped with blocking software or blocking bank transactions for the purpose of this research, a telephone helpline (e.g. National Gambling Helpline) or a spouse / partner (all 3%).

Figure 4: Sources that female gamblers want to receive treatment/support/advice from



Base: all female gamblers with a PGSI score of 1+ (n=715)

Younger women aged 18-24, who were likely to be experiencing greater harm from gambling (with typically higher PGSI scores), were more likely to say that they wanted any form of treatment, support or advice than their older counterparts, with four in ten (39%) reporting this (compared with 12% of those aged 55+). They were particularly more likely to want specialist face-to-face treatment for gambling (13% vs. 2% 55+), a social worker, youth worker or support worker (11% vs. 2% 55%) or other addiction services (e.g. drug or alcohol) (9% vs. 1% 55+). This reiterates the potential complexity of addiction and that addressing a gambling problem may also require addressing other addictions.

Women from a BAME background with a PGSI score of 1+ were much more likely than white women to say that they wanted any form of treatment, support or advice to help them cut down their gambling (37% vs. 16%). Again, this reflects that women from a BAME background within our sample have higher PGSI scores on average. They were particularly more likely to have a higher demand for professional treatment services than white women. For example, women from a BAME background were more likely to want specialist face-to-face treatment services for gambling (15% vs. 4%) or a social worker, youth worker or support worker (10% vs. 2%). This suggests more could be done to engage with this demographic group and fulfil their treatment and support needs.

Female gamblers that also qualify as affected others (29%) were more likely than those who are not also affected others (17%) to say that they wanted any form of treatment or support, alluding to the additional stresses that this group face. In particular, they were more likely to want specialist face-to-face treatment service for gambling (9% vs. 4%), mental health services (e.g. counsellor, therapist) (7% vs. 3%) and friends or family members (7% vs. 3%).

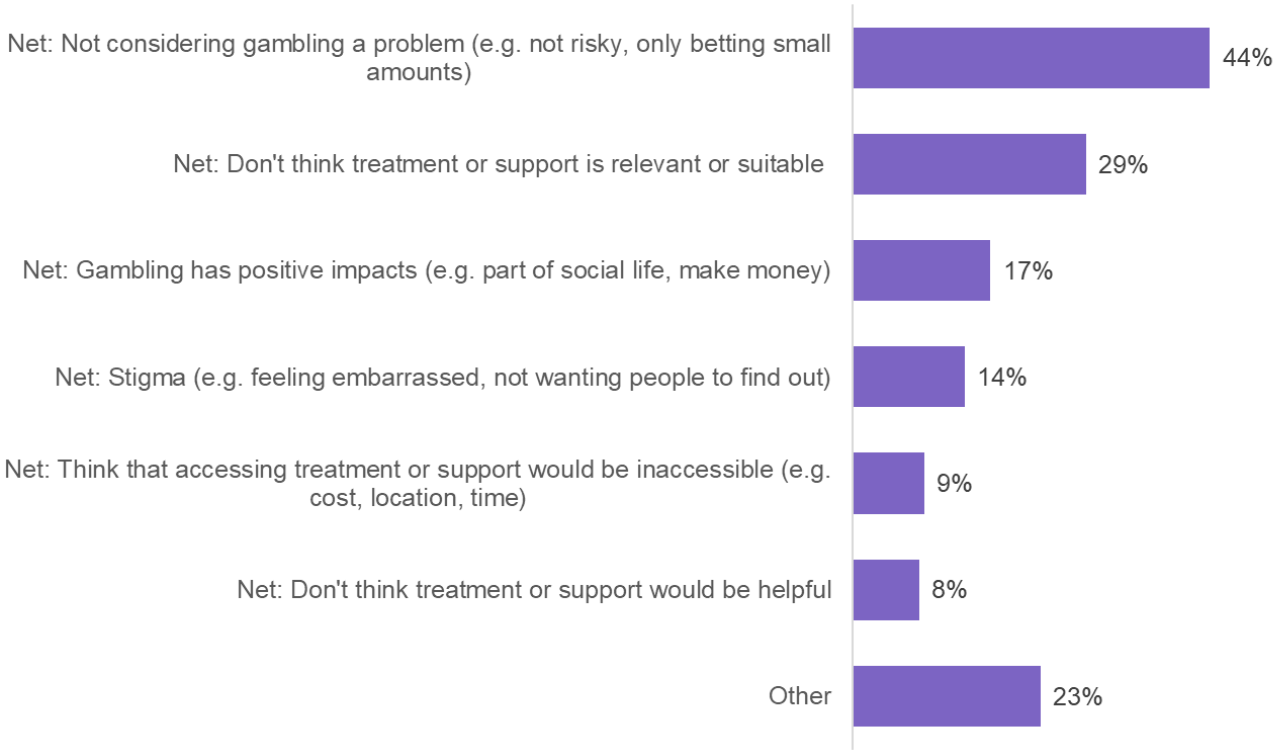
In addition to being more likely to have sought treatment, advice or support, female gamblers with responsibility for children in the household were also more likely than those without to have a demand for treatment, advice or support related to their gambling. Overall, a quarter (25%) said they wanted any form of treatment, advice or support, compared with 14% of those without children in the household. They were particularly likely to say they wanted a specialist face-to-face treatment service for gambling (9% vs. 2%) or self-help apps or other self-help tools (5% vs. 1%).

In line with previous findings, female gamblers drinking at increasing or higher risk levels (an AUDIT-C score of 5+) were more likely than those drinking at lower levels (a score below 5) to have a demand for treatment or support to cut down their gambling (27% vs. 14%). As previously mentioned, this reflects the correlation between higher PGSI scores and higher AUDIT-C scores.

5.2 Barriers to seeking treatment and support

Among respondents stating that they did not want any form of treatment, advice or support, the barriers were further explored. The barriers amongst this group were similar to the barriers seen among adults overall. Most commonly, female gamblers stated that their gambling was not harmful or that they only gambled small amounts of money (44%). This was followed by an idea that treatment and support was not relevant to them (29%) or would not be suitable for someone like them, positive impacts from gambling (making money, or it being part of their social life or leisure time) (17%). For one in seven (14%), stigma or shame was a barrier to seeking help.

Figure 5. Barriers to seeking treatment/support/advice among female gamblers



Base: All 1+ female gamblers who would not want to receive treatment, advice or support (n=193)

For female problem gamblers (PGSI score 8+), stigma was a key barrier to accessing treatment, support or advice to cut down their gambling. Two in five (39%) female problem gamblers perceived stigma (e.g. feeling embarrassed, not wanting people to find out) as a barrier, compared with two percent of low risk gamblers and 13% of moderate risk gamblers. Because this is partly attributed to gamblers not wanting people to find out, more could be done to portray the message that treatment is confidential. While the perception of stigma as a barrier increased with PGSI score among both male and female gamblers, a much lower proportion of male problem gamblers cited stigma as an issue than their female counterparts (22% vs. 39%).

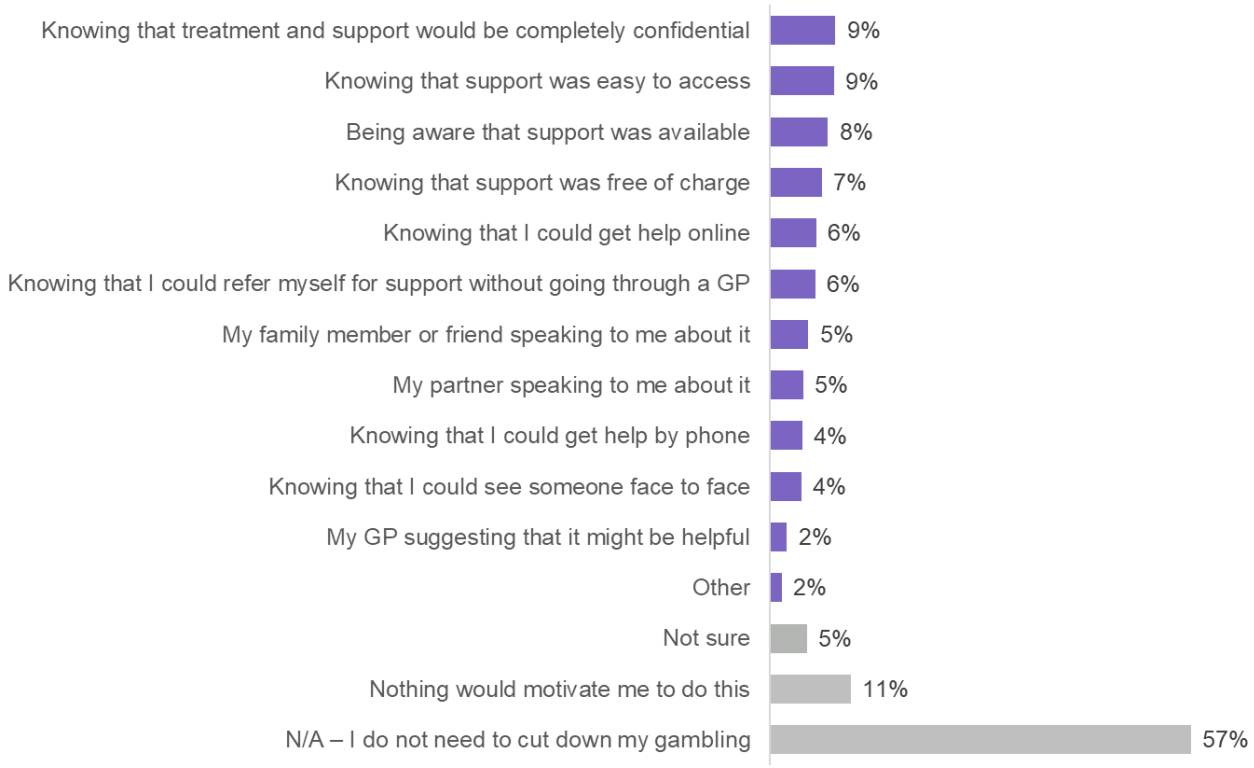
There is also a perception among female problem gamblers that accessing treatment or support would be inaccessible (e.g. cost, location, time). One in five (20%) reported this, in comparison to four percent of low risk and eight percent of moderate risk gamblers.

ABC1 women were more likely than C2DE women to say that they do not think treatment or support would be helpful (15% vs. 4%) which reflects ABC1 women having lower average PGSI scores.

5.3 Motivators to seek treatment and support

Overall, 27% of female gamblers with a PGSI score of 1+ recognised one or more factors which might motivate them to seek treatment, support or advice. This includes those who had already accessed some form of treatment, support or advice in the last 12 months as well as those who had not. Most commonly, female gamblers thought they could be motivated by knowing support would be confidential or knowing that support was easy to access (both 9%). For some, there was a lack of awareness about what support is available, with eight percent saying that being aware that support was available would motivate them to seek treatment and support. Knowing that support was free of charge was also mentioned (7%).

Figure 6. Factors that might motivate female gamblers to seek support/advice



Base: All female 1+ gamblers (n=715)

BAME women were more likely than white women to say that awareness of channels would motivate them to seek treatment, support or advice (21% vs. 10%), in particular, knowing that they could get help by phone (12% vs. 3%). This suggests that it is important to increase awareness of different channels, including telephone helplines such as the National Gambling Helpline, in order to make accessing treatment, advice and support easier for women from a BAME background.

Unsurprisingly, female problem gamblers (with a PGSI score of 8+) recognised several factors which might motivate them to seek treatment or support and were more likely than those with lower PGSI scores to mention most of the factors. For example, knowing that treatment and support would be completely confidential would motivate one in five (20% compared with 4% of low risk and 10% of moderate gamblers). Female gamblers were also more likely to cite being aware that support was available (17% compared with 4% of low risk and 9% of moderate gamblers) and knowing that support was easy to access (17% compared with 4% of low risk and 12% of moderate gamblers).

Knowing that support was free of charge was more important to women aged 35-54 (10% vs. 3% of 18-34 year olds) who perhaps have other financial responsibilities, such as providing for families.

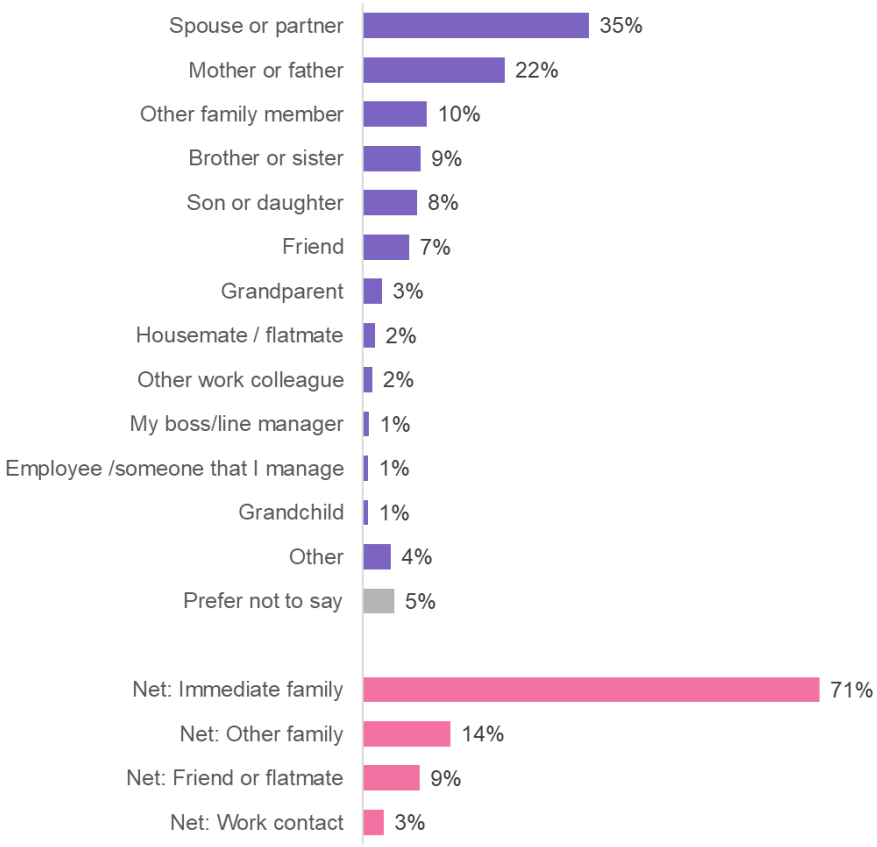
For female gamblers in relationships, the role their partner and other family members can play is important. Ten percent of women in relationships said that a partner or family member speaking about it would prompt them to seek treatment, advice or support for their gambling, compared with four percent of those not in relationships.

6 Affected others: nature of impacts from gambling

6.1 Whose gambling women are affected by

Female affected others were most likely to be negatively affected by a gambling problem of someone in their immediate family (71%). This is most commonly a spouse or partner (35%), followed by a parent (22%). Less commonly, this group were negatively affected by a friend or flatmate (9%), their non-immediate family (14%) or a work contact (three percent).

Figure 7. Whose gambling female affected others have been affected by



Base: all female affected others (n=899)

Reflecting the profile of problem gamblers, women were much more likely to be negatively affected by a spouse or partner (35% vs. 9% of male affected others). By contrast, men were more likely to be affected by a friend or flatmate (33% vs. 9%) or a work contact (11% vs. 3%).

Younger women (aged 18-34) were most likely to have been negatively affected by a gambling problem of a parent (31% vs. 16% 55+), whilst those aged 55+ were more likely than other groups to have been negatively affected by their child (17% vs. 1% 18-34), in accordance with their age.

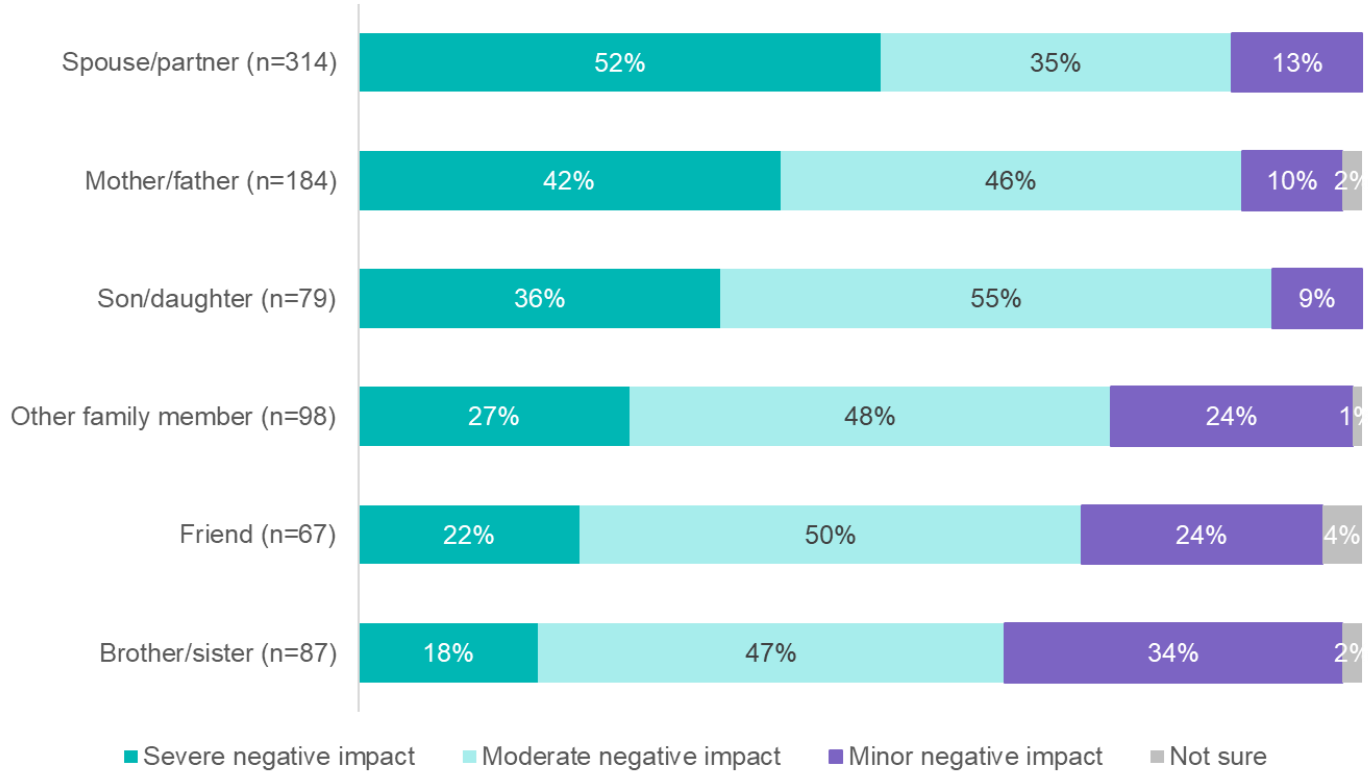
Illustrative of the grave impact gambling can have on relationships, just under half (46%) of divorced female affected others said that they were negatively affected by the gambling problem of a spouse or partner (compared with 35% average). This reiterates the idea that gambling can have long lasting impacts on relationships.

6.2 Severity of impacts

The two parties that women were most likely to be affected by – their spouse / partner and mother / father – are also those whose gambling problem had the greatest impact. Half (52%) of female affected others that were affected by the gambling problem of a spouse or partner report a severe negative impact, likely due to the close and intense nature of this relationship. This is followed by those affected by a gambling problem of a parent (42%) or a child (36%). This may suggest that the type and closeness of the relationship, for example whether they have a family or joint finances together, plays a key role in determining the severity of the negative impact.

Women generally reported a greater impact than men affected by the same person. For example, half (52%) of women affected by a spouse or partner reported a severe impact compared with just under a quarter (23%) of men in the same category. Additionally, a higher proportion of women than men affected by a parent reported a moderate or severe impact (88% vs. 75%).

Figure 8. Severity of impacts experienced by female affected others

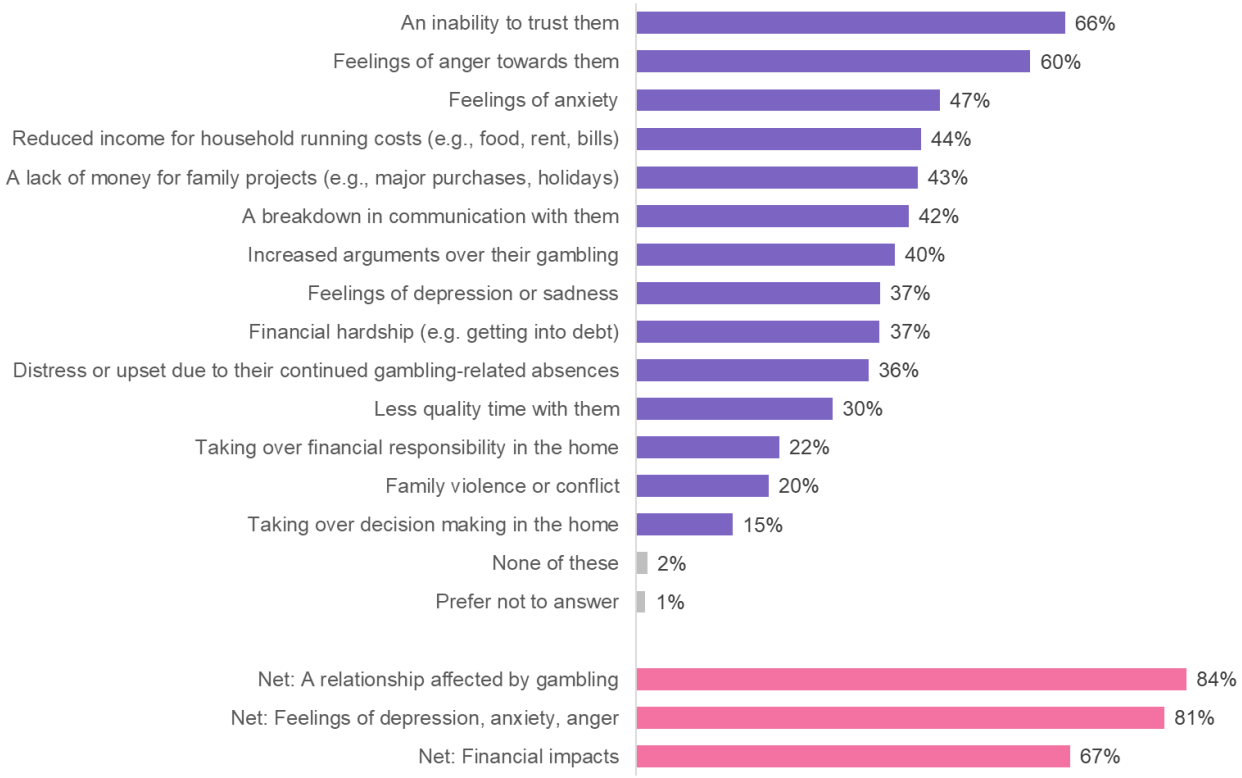


Base: all affected others who are/were affected by each party (base sizes as shown)

6.3 Types of impacts

Gambling can have profound impacts on all aspects of day-to-day life, for not only someone with a gambling problem but also those close to them, on resources e.g. work and employment, money and debt, crime etc.), health (e.g. physical health, psychological distress, mental distress etc.) and relationships (e.g. partners, families and friends, communities etc.). Female affected others were most likely to report a relationship being affected by gambling (84%), feelings of depression, anxiety and anger (81%) or financial impacts (67%).

Figure 9. Types of impacts experienced by female affected others



Base: all female affected others (n=899)

Female affected others, who are more likely to be affected by the gambling problem of a spouse or partner, were more likely than men to say they have experienced almost all of the negative impacts of being an affected other, with four in five (81%) saying that they have felt feelings of depression, anxiety, anger (compared with 64% of men). They were also more likely to say they have experienced financial impacts (67% vs. 48% of men).

BAME female affected others were more likely than their white counterparts to report reduced income for household running costs (e.g., food, rent, bills) (57% vs. 43%). Those aged 35-44 were most likely to say report financial hardship (e.g. getting into debt) (46%) and taking over financial responsibility in the home (33%).

Divorced female affected others were more likely than those in a relationship to report a breakdown in communication with the person with a gambling problem (52% vs. 37%) as a result of their gambling. Female affected others that were in a relationship were more likely than those not in a relationship to say that they have taken over financial responsibility in the home (26% vs. 17%).

In line with these findings, female affected others with responsibility for children in the home were more likely than those without to report increased arguments over gambling (51% vs. 36%), taking over financial responsibility in the home (32% vs. 19%) and taking over decision making in the home (20% vs. 13%), likely a result of them having dependents.

7 Affected others: usage of advice or support

This chapter will discuss engagement of treatment, advice and support among female affected others that have been affected by someone who has had a problem with gambling in the last 12 months. Comparisons are also made with male affected others and against the overall findings among adults as reported in 'Gambling Treatment and Support'.[18]

7.1 Usage of advice or support

Among women who have been affected in the last 12 months, the majority had not sought advice or support either for the person they know with a gambling problem or themselves. Two in five (45%) female affected others had sought advice or support in some form, whether that be from a professional or treatment service, such as mental health services or a GP, or less formal types of advice or support, including friends or family members or visiting a website (*see Table 32 in the appendix*). This is the same as the proportion seen among men (43%).

When female affected others seek advice or support, either on behalf of themselves or the person or people they know with a gambling problem, this is most likely to be from less formal sources, with around a third (36%) having done do. This can be as simple as just talking to someone, with one in five (21%) saying they sought advice or support from a friend or family member. The next most common sources of less formal advice or support include a partner or spouse and websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) (both 10%).

In addition to these sources of less formal advice or support, a smaller but significant proportion (19%) said that they had sought advice or support from a professional or treatment service. This is most often mental health services such as seeing a counsellor or therapist (10%) or a GP (9%). Five percent had sought advice from a social worker, youth worker or support worker, whilst four percent had used another addiction service (e.g. drug or alcohol).

[18] Gambling Treatment and Support, YouGov 2020: https://about.gambleaware.org/media/2185/gambling-treatment-and-support.pdf

The majority (66%) of female affected others had not sought advice or support on behalf of the person with the gambling problem, and they were even less likely to have done so for themselves (70% had not done so). When female affected others do seek advice or support on their own account, it is most likely to be from mental health services (8%).

Male affected others were more likely than female affected others to say that they had sought advice from professional treatment services (21% vs. 13%) on behalf of someone else. This may relate to the fact that men are also more likely to be gamblers themselves and therefore have a greater need for formal / professional help or support. Female affected others were more likely than male affected others to say that they had consulted an online forum on behalf of someone with a gambling problem (4% vs. 0%).

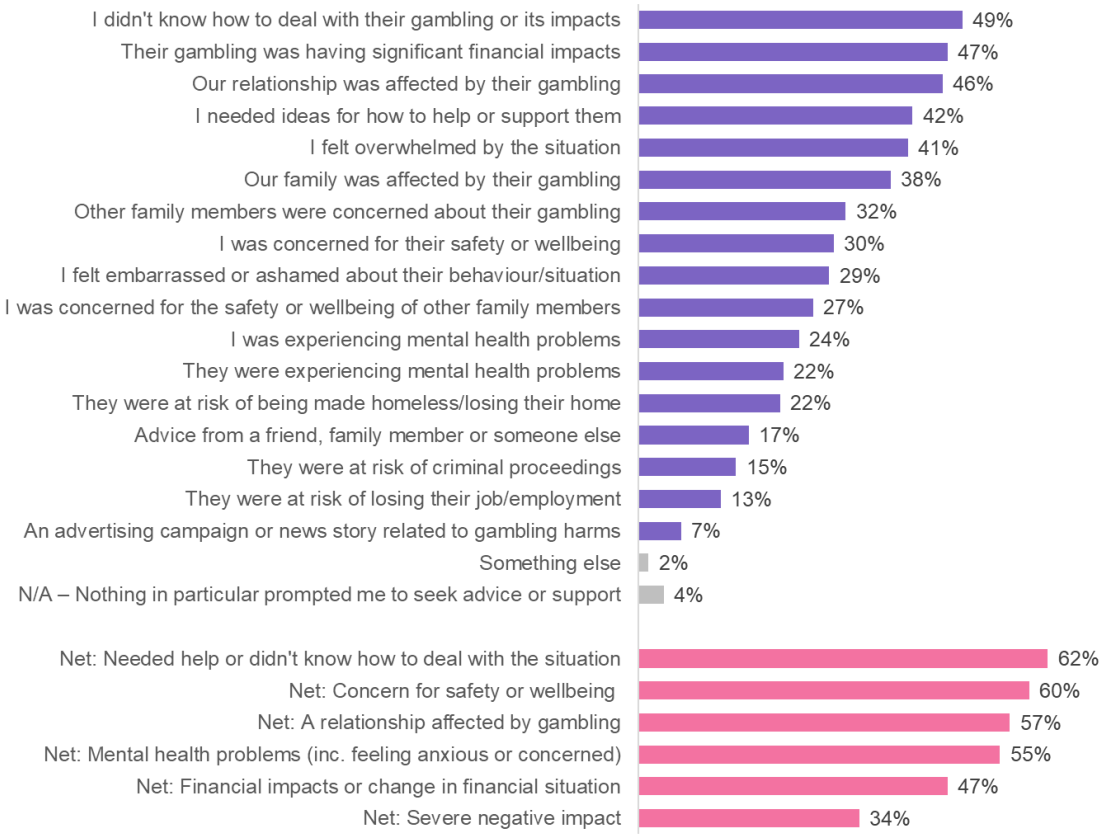
Whereas men were indicatively more likely to have sought support on behalf of the gambler (41% vs. 34%), the opposite was true for support on the affected other's own account. Thirty percent of female affected others said that they had sought support for themselves, higher than the proportion of men (24%) who had done so. This may be due to women being more likely to be negatively affected by a partner or spouse, suggesting that they will often experience severe negative impacts of gambling, increasing the need for advice and support.

Female affected others with responsibility for children in the household were more likely than those without to have used any form of treatment, support and advice either on behalf of themselves or on behalf of someone with a gambling problem (58% vs. 39%). This tends to be less formal advice and support, with half (49%) of female affected others with responsibility for children in the household having used this, compared with 30% of those without. This could be due to them living together or having children together, whereby the negative impacts from gambling might be felt by the whole family. Reiterating the pervasive negative impact of gambling not only on the person experiencing gambling problems, but also on those close to them, a higher proportion of female affected others with responsibility for children in the household said they had used professional treatment services on their own account (24% vs. 11%). This includes mental health services (e.g. counsellor, therapist) (13% vs. 5%). They were also more likely to have used addiction services (e.g. drug or alcohol) (5% vs. 0% of those without responsibility for children in the household).

7.2 Prompts for seeking advice or support

Needing ideas for how to support someone affected by a gambling problem or not knowing how to deal with gambling and its impacts (62%) was the most common prompt for seeking advice and support among female affected others. Concern for safety or wellbeing (60%), either related to the person with a gambling problem or for other family members, was also a motivating factor for seeking help and support. A similar proportion of female affected others report seeking advice or support due to a relationship/their family being affected by gambling (57%), or due to mental health problems (55%) such as feeling overwhelmed by the situation. A slightly lower but sizable proportion (47%) say that they were prompted by financial impacts or a change in their financial situation, whilst a third (34%) were prompted to seek advice or support due to a severe negative impact (e.g. risk of losing job, home or criminal proceedings), reiterating the grave consequences that gambling can have.

Figure 10. Prompts for seeking advice and support among female affected others



Base: all female affected others in the last 12 months that have sought treatment and support (n=122)

As set out in the 'Gambling Treatment and Support' report[19], female affected others were more likely than men to say that they were prompted to seek advice or support due to not knowing how to deal with the person's gambling or its impacts (49% vs. 30%), their gambling having significant financial impacts (e.g. couldn't pay rent, bills, afford food etc.) (47% vs. 30%) and feeling overwhelmed with the situation (41% vs. 25%). This is possibly due to the fact they are more likely to be affected by a gambling problem of their partner or spouse, and therefore tend to experience severe negative impacts. In the case of their financial situation, they might have joint finances, increasing the need to seek advice or support.

[19] Gambling Treatment and Support, YouGov 2020: https://about.gambleaware.org/media/2185/gambling-treatment-and-support.pdf

8 Affected others: current demand for advice or support

This chapter will discuss the current demand for treatment, advice and support among female affected others that have been affected by someone who has had a problem with gambling in the last 12 months. Comparisons are also made with male affected others and adults overall.

8.1 Current demand for advice or support

There was strong demand for advice or support among women that have been affected by the gambling problem of someone else in the past 12 months, with close to half (46%) reporting a desire for this, whether it be for themselves or on behalf of their partner, family member, friend or colleague (*see Table 33 in the appen*dix). This is comparable with the number of male affected others reporting this (47%).

The demand for support was a combination of less formal types of support and advice (34%) and advice or support from a professional or treatment service (26%). Among the more formal sources of advice or support, there was evident demand for mental health services (17%), followed by a specialist face-to-face treatment service for gambling (12%). Once again highlighting the link between addictive behaviours, there was a small but sizable (eight percent) demand for other addiction services (e.g. drug or alcohol). Among the less formal support sources, having people to talk to is key, with greatest demand for friends or family members (15%) or a support group (e.g. Gamblers Anonymous) (14%).

Younger female affected others (aged 18-34) were more likely than their older counterparts to express a demand for any form of advice and support, either for themselves or on behalf of the gambler. Over half (57%) reported this, which is higher than the proportion of those aged 35-54 (37%) and indicatively higher than those aged 55+. This is partly due to their much higher demand for mental health services (e.g. counsellor, therapist) (29% vs. 12% 35-54 and 10% 55+). There was also a higher demand among younger affected others for an online forum or group (15% vs. 0% 55+), in keeping with younger people's generally higher usage of online services.

Demand was higher among female affected others experiencing high levels of distress. Over half (55%) of those experiencing high levels of distress (a score of 20+) had a demand for help and support for themselves or on behalf of the gambler, compared with 30% of those with lower scores (below 20). Ensuring that people experiencing distress receive the treatment and support they need is key.

Female affected others with responsibility for children in the household were more likely than those without to say they want to receive advice and support for themselves (as a result of the gambling problem that they are negatively affected by) from an online forum or group (13% vs. 2%). Female affected others in a relationship were more likely than women who are not to say that they want advice or support for themselves from a support group (e.g. Gamblers Anonymous) (7% vs. 4%).

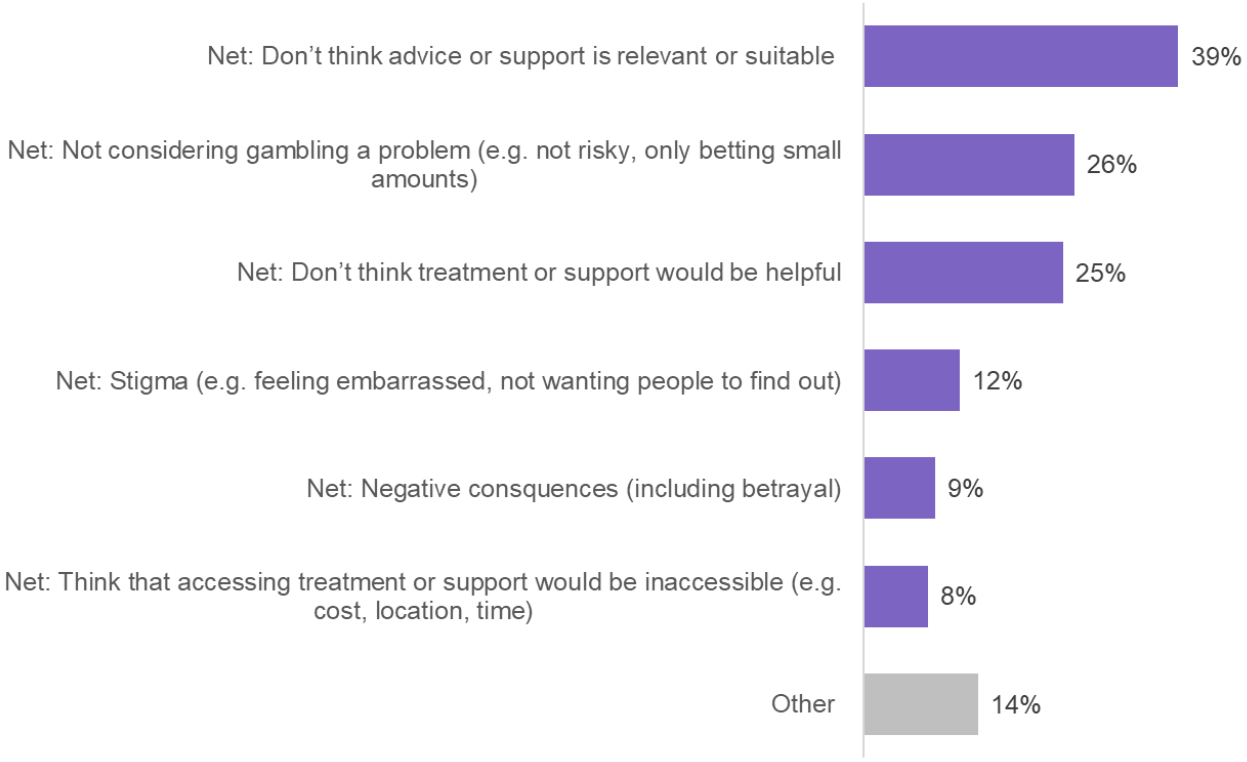
There are a few notable sources of advice, treatment and support which are higher among male affected others in comparison to female affected others. They were more likely to have a demand for help and support, either for themselves or on behalf of the gambler, from a social worker, youth worker or support worker (11% vs. 2%), their employer (7% vs. 2%) or a faith group (6% vs. 2%).

8.2 Barriers to wanting advice or support

The most common barrier for wanting advice or support, either for themselves or on behalf of the gambler, was not thinking that advice would be relevant or suitable (39%). Another common barrier was the person with a gambling problem not recognising this (25%), and perhaps thinking that their gambling is not risky enough or they are only betting small amounts. The same proportion (25%) cited not thinking treatment or support would be helpful as a barrier.

When thinking about barriers to receiving advice or support for themselves, there was a strong sense among male affected others that it would not be helpful or effective (39% vs. 25% female affected others).

Figure 11. Barriers to wanting advice or support among female affected others



Base: All female affected others who would not want to receive advice or support for themselves (n=174)

9 Considerations for further research

This report provides clear evidence of the ways in which the profile of female gamblers differs from male gamblers, in addition to their treatment, support and advice needs.

For female gamblers, stigma (e.g. feeling embarrassed, not wanting people to find out) is a key barrier to accessing treatment, support or advice to cut down their gambling and even more so for problem gamblers (PGSI score 8+). Further research is required to explore the role of stigma as a barrier further, potentially testing messages around confidentiality.

The research has also shown that female gamblers with a PGSI score of 1+ were significantly more likely to be from a BAME background compared with the broader female sample. One in five (20%) female gamblers with a PGSI score of 1+ were from a BAME background, compared with 12% of women in the broader sample. Male gamblers with a PGSI score of 1+ were also more likely to be from a BAME background in comparison to the broader male sample (17% vs. 12%). These findings are even starker for problem gamblers (PGSI score 8+). Further research could be conducted in order to fully understand the complex treatment and support needs of BAME gamblers.

This research is one of the first in-depth studies into affected others. As highlighted previously, the two parties that women were most likely to be affected by – their spouse / partner and mother / father – were also those whose gambling problem has the greatest impact. Half (52%) of female affected others that are affected by the gambling problem of a spouse or partner reported a severe negative impact, likely due to the close and intense nature of this relationship. Given the severity of impacts many female affected others face, further research exploring the treatment and support needs of this group would be welcomed.

10 Appendix: additional tables

Table 31: Gambling participation (last 12 months) by sex and PGSI category (gamblers only)

	Women					Men				
	PGSI score					PGSI score				
	0 (3021)	1-2 (345)	3-7 (130)	8+ (118)	1+ (593)	0 (2789)	1-2 (531)	3-7 (268)	8+ (213)	1+ (1012)
Nat. Lottery inc. Thunderball, EuroMillions, tickets bought online	73%	70%	70%	39%	64%	77%	67%	70%	49%	64%
Tickets for any other lottery, inc. charity lotteries	26%	23%	22%	22%	22%	20%	21%	18%	26%	21%
Scratch cards	32%	53%	49%	40%	49%	23%	37%	41%	42%	39%
Gaming machines in a bookmakers	0%	1%	4%	15%	5%	1%	3%	12%	20%	9%
Fruit or slot machines	4%	8%	13%	17%	11%	4%	9%	19%	19%	14%
Bingo (including online)	9%	19%	24%	26%	22%	3%	7%	13%	12%	10%
Gambling in a casino (any type)	2%	2%	4%	15%	5%	2%	6%	12%	17%	10%
Online casino games	2%	10%	15%	26%	14%	3%	12%	21%	17%	15%
Betting on horse or dog races – online	7%	14%	8%	8%	12%	10%	22%	26%	19%	22%
Betting on horse or dog races – in person	7%	9%	6%	10%	8%	8%	13%	15%	14%	14%
Betting on football – online	4%	10%	12%	14%	11%	15%	39%	43%	36%	40%
Betting on football – in person	1%	2%	3%	6%	3%	4%	7%	14%	22%	12%
Betting on other sports – online	2%	6%	5%	8%	6%	7%	20%	28%	18%	21%
Betting on other sports – in person	0%	0%	2%	4%	1%	1%	2%	5%	9%	4%
Any other type of gambling	1%	3%	4%	3%	3%	3%	5%	9%	6%	6%

Table 32. Usage of advice and support among female affected others (n=261)

	Sought advice/ support at all	Sought advice/support on behalf of gambler	Sought advice/ support for themselves
Mental health services (e.g. counsellor, therapist)	10%	5%	8%
GP	9%	5%	6%
Social worker, youth worker or support worker	5%	3%	3%
Other addiction service (e.g. drug or alcohol)	4%	2%	2%
Specialist face-to-face treatment service for gambling	3%	3%	1%
Friends or family members	21%	15%	10%
Your spouse/partner	10%	6%	5%
Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)	10%	7%	5%
Books, leaflets or other printed materials	6%	4%	4%
Online forum or group	6%	4%	4%
A support group (e.g. Gamblers Anonymous)	5%	5%	1%
Your employer	3%	3%	1%
A telephone helpline (e.g. National Gambling Helpline)	3%	3%	1%
Another source of advice or support	3%	1%	2%
A faith group	3%	2%	1%
Net: Any advice or support overall	45%	34%	30%
Net: Any advice/support from a professional/treatment service	19%	13%	15%
Net: Any less formal advice/support	36%	27%	20%

Table 33. Demand for advice and support among female affected others (n=261)

	Want any advice/support	Want any advice/support on behalf of gambler	Want any advice/support for themselves
Mental health services (e.g. counsellor, therapist)	17%	14%	8%
Specialist face-to-face treatment service for gambling	12%	11%	6%
GP	8%	6%	5%
Other addiction service (e.g. drug or alcohol)	8%	8%	2%
Social worker, youth worker or support worker	2%	1%	2%
Friends or family members	15%	9%	9%
A support group (e.g. Gamblers Anonymous)	14%	11%	5%
Books, leaflets or other printed materials	9%	8%	4%
A telephone helpline (e.g. National Gambling Helpline)	9%	7%	5%
Online forum or group	9%	7%	5%
Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)	8%	6%	5%
Your spouse/partner	5%	3%	3%
Another source of advice or support	3%	3%	1%
Your employer	2%	1%	1%
A faith group	2%	2%	1%
Net: Any advice or support overall	46%	42%	32%
Net: Any advice/support from a professional/treatment service	26%	24%	15%
Net: Any less formal advice/support	34%	29%	23%

Table 34. PGSI score categories among men – by age, social grade and ethnicity

	All men (5971)	18-34 (1708)	35-54 (2049)	55+ (2214)	ABC1 (3236)	C2DE (2735)	White (5313)	BAME (658)
Non-gambler	36%	43%	30%	37%	37%	36%	35%	44%
Non-problem gambler (score 0)	47%	33%	50%	55%	47%	46%	49%	31%
Low-risk gambler (score 1-2)	9%	11%	10%	6%	9%	9%	9%	8%
Moderate-risk gambler (score 3-7)	5%	6%	6%	2%	4%	5%	4%	7%
Problem gambler (score 8+)	4%	7%	4%	0%	3%	4%	3%	9%
All gamblers with a score of 1+	17%	24%	20%	9%	16%	18%	16%	25%

Table 35. Usage of treatment and support/advice among male gamblers – by PGSI score category

	All male PGSI 1+ gamblers (1012)	Low-risk (score 1-2) (531)	Moderate-risk (Score 3-7) (268)	Problem gambler (Score 8+) (213)
Used any treatment	13%	2%	10%	43%
Used any support/advice	12%	1%	13%	37%
Used any treatment/support/advice	17%	3%	17%	52%
Have not used any	83%	97%	83%	48%

Table 36. Demand for treatment and support/advice among male gamblers – by PGSI score category

	All male PGSI 1+ gamblers (1012)	Low-risk (score 1-2) (531)	Moderate-risk (Score 3-7) (268)	Problem gambler (Score 8+) (213)
Want any treatment	**14%**	**3%**	**8%**	**48%**
Want any treatment and have received some before	11%	1%	7%	37%
Want any treatment and have not received any before	4%	2%	1%	12%
Want any support/advice	**13%**	**3%**	**11%**	**41%**
Want any support/advice and have received any before	9%	1%	8%	31%
Want any support/advice and have not received any before	4%	2%	3%	9%
Want any treatment/support/advice	**19%**	**5%**	**15%**	**57%**
Want any treatment/support/advice and have received some before	14%	2%	11%	47%
Want any treatment/support/advice and have not received any before	4%	3%	3%	9%
Do not want any	81%	95%	85%	43%

Table 37. Usage of advice and support among male affected others (n=168)

	Sought advice/ support at all	Sought advice/support on behalf of gambler	Sought advice/ support for themselves
Mental health services (e.g. counsellor, therapist)	14%	9%	9%
Social worker, youth worker or support worker	9%	8%	4%
Specialist face-to-face treatment service for gambling	8%	6%	5%
GP	7%	5%	4%
Other addiction service (e.g. drug or alcohol)	6%	4%	3%
Friends or family members	16%	15%	5%
Your spouse/partner	13%	10%	6%
Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)	12%	10%	4%
A faith group	9%	5%	4%
A support group (e.g. Gamblers Anonymous)	8%	6%	5%
Books, leaflets or other printed materials	6%	5%	3%
Your employer	4%	4%	-
A telephone helpline (e.g. National Gambling Helpline)	3%	2%	2%
Online forum or group	1%	0%	1%
Another source of advice or support	1%	1%	-
Net: Any advice or support overall	43%	41%	24%
Net: Any advice/support from a professional/treatment service	25%	21%	17%
Net: Any less formal advice/support	37%	35%	17%

Table 38. Demand for advice and support among male affected others (n=168)

	Want any advice/support	Want any advice/support on behalf of gambler	Want any advice/support for themselves
Mental health services (e.g. counsellor, therapist)	20%	15%	8%
Specialist face-to-face treatment service for gambling	18%	16%	6%
Social worker, youth worker or support worker	11%	8%	6%
Other addiction service (e.g. drug or alcohol)	9%	7%	5%
GP	8%	6%	3%
A support group (e.g. Gamblers Anonymous)	13%	8%	6%
Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)	12%	8%	6%
Friends or family members	10%	5%	6%
Your spouse/partner	9%	5%	7%
A telephone helpline (e.g. National Gambling Helpline)	8%	6%	3%
Your employer	7%	6%	2%
Online forum or group	7%	6%	3%
A faith group	6%	5%	3%
Books, leaflets or other printed materials	6%	4%	3%
Another source of advice or support	1%	1%	-
Net: Any advice or support overall	47%	43%	30%
Net: Any advice/support from a professional/treatment service	34%	29%	19%
Net: Any less formal advice/support	33%	28%	19%

11 Technical appendix

This appendix describes the methods used for data collection, sampling and weighting.

11.1 Sampling and data collection methods

The two YouGov surveys were conducted online, with respondents drawn from YouGov's online panel of over 1,000,000 adults in the UK. YouGov employ an active sampling method, drawing a sub-sample from its panel that is representative of the group in question in terms of socio-demographics (in this case, age; sex; region; NRS social grade, and ethnic group).

YouGov has a proprietary, automated sampling system that invites respondents based on their profile information and how that aligns with targets for surveys that are currently active. Respondents are automatically, randomly selected based on survey availability and how that matches their profile information.

Respondents are contacted by email and invited to take part in an online survey without knowing the subject at this stage. We use a brief, generic email invitation which informs the respondent only that they are invited to a survey. This helps to minimise bias from those opting in/out based on level of interest in the survey topic.

11.2 Weighting

Weighting adjusts the contribution of individual respondents to aggregated figures and is used to make surveyed populations more representative of a project-relevant, and typically larger, population by forcing it to mimic the distribution of that larger population's significant characteristics, or its size. The weighting tasks happen at the tail end of the data processing phase, on cleaned data.

In order to make this study representative, the Phase 1 sample was weighted to be representative of the GB adult population according to age, gender, UK region, socio-economic group and ethnic group. The statistics used to create the weighting targets were taken from the ONS mid-year population estimates (2018) in the case of age, sex, region and ethnic group, and the National Readership Survey (2016) in the case of socio-economic group.

The Phase 2 data was weighted to match the profile of the group of PGSI 1+ gamblers and affected others found in Phase 1, according to age, sex, socio-economic group, region, gambler/affected other status and PGSI score category. The basis for this was that external, authoritative information on 'PGSI gamblers and affected others' as a group did not exist, and therefore the data from the Phase 1 (nationally representative) survey was considered the best available source of demographic information on this particular group.