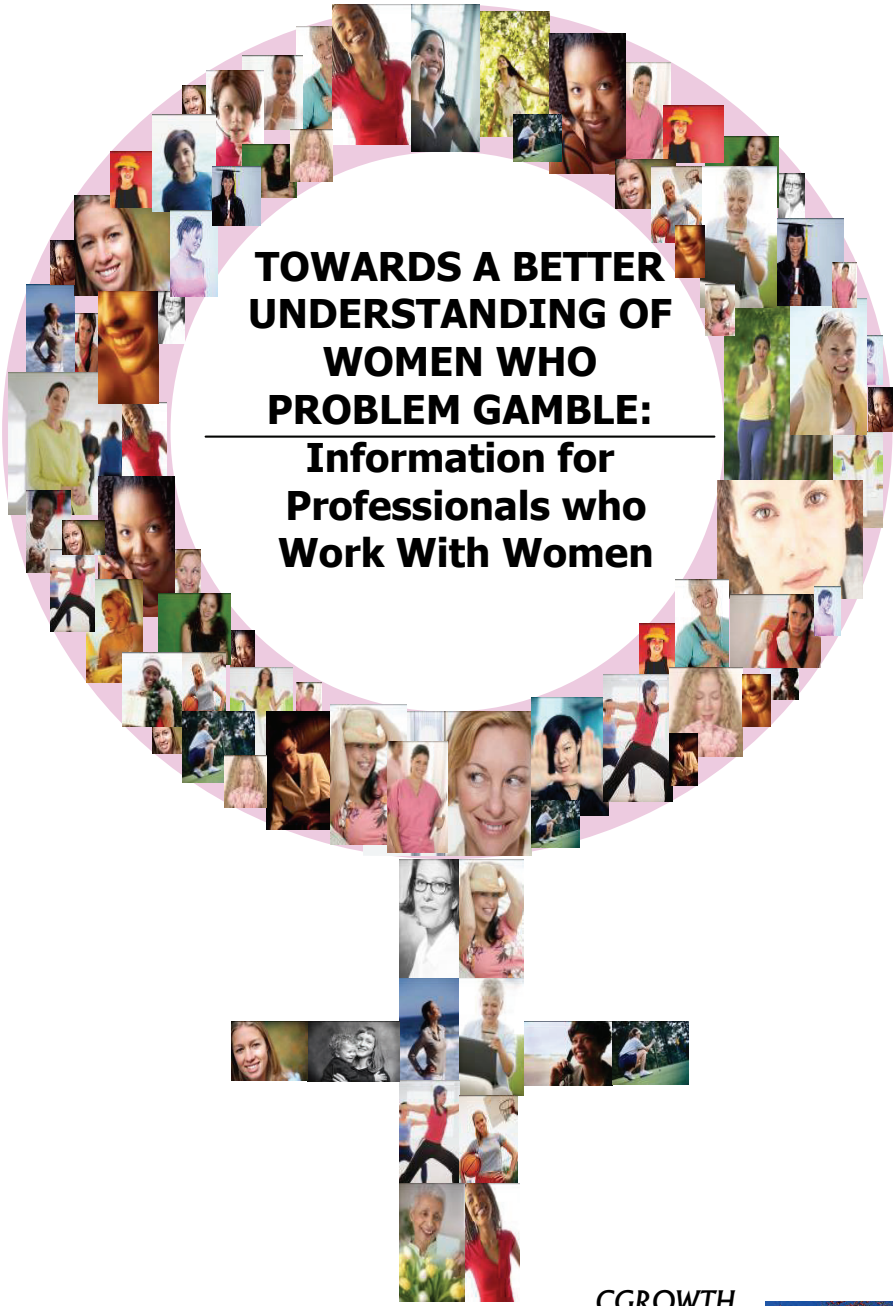


Bingo Scratch Tickets Slot Machines Pai Gow

Mah Jong Roulette Blackjack Lottery Craps Horses Raffles Poker



**TOWARDS A BETTER
UNDERSTANDING OF
WOMEN WHO
PROBLEM GAMBLE:
Information for
Professionals who
Work With Women**

CGROWTH

Committee on
Gambling Resources
for Ontario Women
To reduce Harm



Acknowledgements

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Finally, we wish to thank the women across Ontario whose shared wisdom and experience, documented in a report called *Voices of Women who Gamble in Ontario (VOICES)*. They confirmed and enriched our understanding of the unique treatment needs and issues of women who gamble at a problematic level.

Project Coordinator

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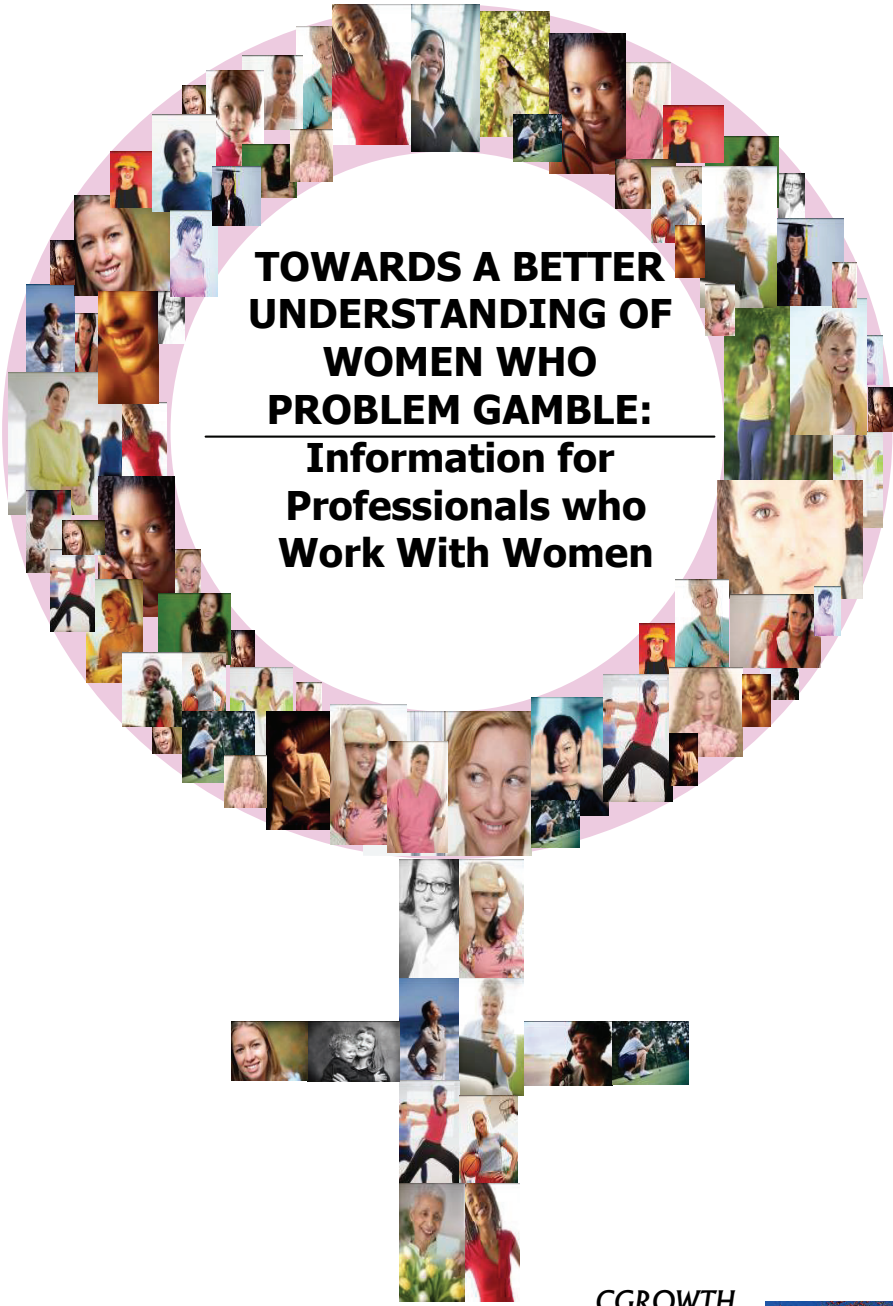
Contributors and Committee Members of CGROWTH:

CGROWTH is a committee made up of women's specialists in designated Problem Gambling Treatment agencies across Ontario. The goal of this Committee and this guidebook is to reduce the harmful effects of problem gambling among women and to promote specialized services for women experiencing problems.

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Understanding the Unique Aspects of Women Who Gamble

If you work in a helping profession, and you work with women, then this guidebook is intended for you.

The Committee on Gambling Resources for Ontario Women To reduce Harm (CGROWTH) has produced this brief guide to highlight some of the issues and risk factors for women around gambling. We draw on worldwide gambling research and information gathered in a Provincial study, *Voices of Women who Gamble in Ontario* (Voices Boughton & Brewster, 2002). This booklet provides brief screens, information about treatment options and additional resources including quick references for professionals in different sectors such as financial, addictions and mental health, social services, medical and legal. We hope it will help you understand and identify gambling problems among women you encounter.

In recent years social acceptance and access to gambling have increased dramatically. The number of women who gamble is now almost equal to men. While gambling is a fun, recreational activity for most gamblers, it creates serious problems for 2-4% of gamblers. Approximately 137,000 women in Ontario have gambling related problems such as financial crisis, legal or employment issues, relationship stress and threats to mental and physical health (Wiebe, Single & Falkowski-Ham, 2001). The devastating consequences of problem gambling for many women make this a public health issue.

There is little available information specific to women's gambling: It is important to know that:

- Women's experiences with gambling and the pathways to problems are often different from men's.
- Shame and secrecy, hallmarks of women's gambling problems, often prevent women from accessing gambling specific treatment services.
- Professionals need to be alert to women's gambling as potentially problematic. Women often seek out mental health, legal or financial services without disclosing the gambling.

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Quick Facts: Gambling in Ontario 2006

- Opportunities to gamble in Ontario now include 4 commercial casinos, 6 Charity Casinos and slots at 15 raceways.
- 83% of Ontario adults gamble (Wiebe, Single & Falkowski-Ham 2001).
- Advertising budget of the Ontario Lottery and Gaming Corporation (OLGC) to promote gambling exceeds \$400 Million per year (Sadinsky, 2005).
- Profits on government run lotteries, slot machines and casinos increased over 500% in ten years - 2.7 billion in 1992 to 11.3 billion in 2002.
- It is estimated that Ontario derives 35% of its gaming revenue from problem gamblers (1-4% of gamblers) (Williams & Wood, 2004).
- Government funding for prevention, treatment and research is set at 2% of the gross revenue from slot machines at charity casinos and racetracks. In 2004 this produced an allocation of approximately \$36 Million (Sadinsky, 2005).
- In 1993 a conservative estimate of the annual cost to society of each problem gambler was \$13,200 US (Smith & Azmier, 1997).

Gambling is now a mainstream activity for women worldwide due to its legalization, expansion of opportunities, changing social norms, more attractive prizes and easier access to venues.

A USA study finds a 22% increase between 1975 and 1998 in the number of women who ever gambled (NORC,

- *Highest Canadian gambling expenditure is on Bingo (2001 Stats Canada)*
- *Canadians spend 10X more per capita on Bingo than Americans*
- *Bingo is Canada's 3rd most frequently played game, 1 in 5 play once a week*
- *It is most popular in the Atlantic Provinces*
- *Women 3 times more likely to play*

(Marshall & Wynne, 2003)

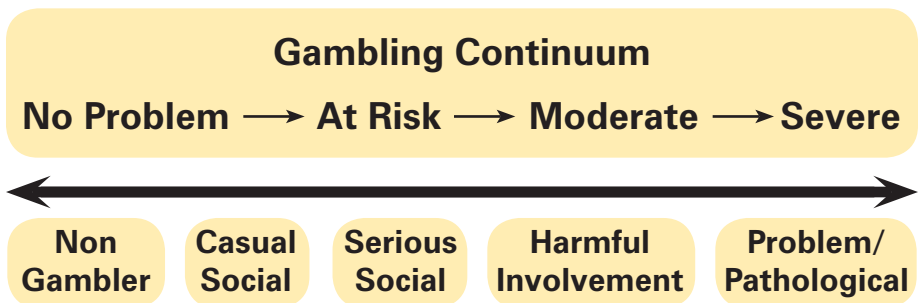
The Invisible Addiction

Gambling can be an invisible addiction. Women who develop problems are often deeply ashamed, embarrassed and shocked at their own behaviour. Many take pride in good money management skills and have been responsible for taking care of the household finances. For others the shame may be related to breaking the law to get money or pay debts by stealing from an employer or writing fraudulent cheques. Shame may also be related to breaching social or personal value systems, leaving children unattended, missing functions, withdrawing from or using friends and family. Sometimes shame is rooted in the loss of control and inability to stop gambling despite repeated efforts.

By the time the gambling has escalated to problem levels, the anxiety is often overwhelming due to fear of discovery, losing the trust of others, drawing anger from others, loss of employment or criminal charges. Women often cloak the gambling in secrecy, accounting for their whereabouts or explaining finances with lies or evasion. The gambling, initially a source of fun, can take on a desperate, compulsive quality as women chase their losses and debts mount.

Many women begin gambling as a social outing but increase the frequency and amounts gambled over time. Often the gambling becomes asocial and secretive as the gambler is caught up in chasing losses or wins. Hope and desperation continue to fuel the gambling. Wins bring temporary highs, but serve to reinforce the behaviour with false dreams of more wins. Ultimately, the gambler may win money but she will never come out ahead.

Gambling involvement, risk and problems can be represented on a continuum. Pathological gambling, the extreme end of the continuum, is considered to be an *impulse control disorder* in psychiatric diagnosis.



Pathways to Problem Gambling

Problem gamblers are not a unitary group but develop problematic patterns of gambling through different pathways, each with different treatment implications. Three subgroups are summarized on the next page: normal, emotionally vulnerable, and biologically based impulsivity (Blaszczynski, 2000).

Women with gambling related problems most typically fall into the second subgroup, the emotionally vulnerable gamblers who display high levels of psychological distress and a tendency to use gambling to escape.

Ontario problem gamblers rely on escape as a primary coping style. A study found that half of the problem gambling was explained by the combination of escape coping and pre-morbid misery. Personal vulnerability owing to psychogenic or life history factors, combined with environmental experience (early big wins), beliefs, and opportunities to gamble, were the major pathways related to problem gambling.

(Jain & Turner, 2002)

Pathways to Problem Gambling

Normal Problem Gambler

- ▼ No pre-morbid psychopathology
- ▼ Develop gambling habit through social learning and contingency reinforcement (wins that reinforce the gambling behaviour through classical and operant conditioning)
- ▼ Symptoms such as preoccupation, chasing losses, depression, anxiety and substance abuse are consequences, not causes, of excessive gambling
- ▼ More motivated to seek treatment and compliant, benefiting from counselling and minimal interventions

Emotionally Vulnerable Gambler

- ▼ Predisposing psychological vulnerability - high levels of pre-morbid depression, anxiety, substance dependence, and deficits in ability to cope with stress
- ▼ Gambling motivated by a desire to modulate affective states and/or meet psychological needs
- ▼ Gambling provides emotional escape through dissociation, mood alteration and narrowed attention
- ▼ Tend to have avoidance or passive aggressive behaviours
- ▼ Require more extensive psychotherapeutic interventions such as stress management, problem solving skills, enhancing self-esteem and therapy directed towards resolving intra-psychic conflicts

Biologically Based Impulsivity

- ▼ Defined by presence of neurological or neurochemical dysfunction reflecting impulsivity
- ▼ Often have attention deficit disorder (ADHD) which complicates treatment
- ▼ Inability to delay gratification and diminished response to negative reinforcement
- ▼ Display a broad spectrum of behavioural problems which include substance abuse, low tolerance for boredom, sensation seeking, criminal behaviours and poor interpersonal relationships

(Blaszczynski, 2000)

Gender and Gambling

General gender differences in gambling are outlined on the next page. The typical gambling patterns of men and women reflect the differing psychosocial context of men and women's lives and orientations to the world.

Generally, males are prone to engage the world as individuals in a hierarchy of status and power while women tend to approach the world as individuals in a network of connections where community and intimacy are priorities. This is reflected in their gambling.

Women gamble as often but generally tend to spend smaller amounts than men, likely a function of more limited earning power and different attitudes towards money.



137,000

Ontario Women with Gambling Problems

**VLT
machines have
been referred
to as the
*crack cocaine
of gambling.***

Women are prone to use gambling to escape, reduce stress, soothe or distract. They tend to play games of luck that do not require high levels of concentration. The gambling activities selected by males are often perceived as skill-based games that involve action and high states of arousal.

The games that women play, slots or Video Lottery Terminals (VLT), Bingo and scratch tickets are continuous play games. These are the most highly addictive forms of gambling due to the rapid reinforcement patterns of unpredictable small wins that generate excitement and encourage continued play.

Problem Games

- **Slots/VLT**
- **Bingo**
- **Scratch Tickets**

Gambling Gender Differences

Feature	Male	Female
Age of Onset of Gambling	Generally begins earlier in life, (child or pre-teen). Introduced at home by adults or peers, e.g., sports bets	Generally begins later in life Introduced by female relatives or friends
Social Dimension	Weaker social component: Less likely to gamble to be with friends	Strong social component: More likely to gamble to be with friends
Gambling Preferences	Race Track & Sports Bets Casino Card or Dice Games (Poker, Blackjack, Craps)	Bingo Casino Slots/MLT Video Poker Scratch Tickets
Luck versus Skill	Skill based games	Luck or chance games
Competition, Challenge & Action	Competition: Other players or House (Dealer) Status & ego important	More solitary game Less extraverted action Less intentionally competitive Less for status Share winnings with friends Tend to excuse win as lucky
Financial	Bet larger stakes	Bet smaller stakes
Reasons for Gambling	Entertainment & fun Win money Support worthy causes Excitement Action Gamblers High Action & Arousal	Generally the same but identify worthy causes as more important than winning money Escape Gamblers Coping & Time-out

Gender Differences in Gambling Related Problems

Women....

... develop gambling problems more rapidly. This pattern, called **telescoping**, is partly related to their limited access to financing.

... are more likely to **borrow money from family and friends or use housekeeping monies** in order to continue playing.

... are **less likely to access banks and loan sharks** than men.

... have **lower debt loads** when they enter treatment.

... are **less likely to resort to serious crime**, most often bad cheques (Lesieur, 1993).

... but are more likely to be convicted of criminal offenses (Abbott, 2002).

New Zealand

Gambling Related Convictions of Inmates

Female **19%**

Male **9%**

(Abbott, 2002)

VOICES of Women

Ontario has the distinction of hosting one of the rare needs assessments of women who are gambling at a problem level but who are not in treatment.

Voices of Women who Gamble in Ontario: A Survey of Women's Gambling, Barriers to Treatment and Treatment Service Needs

(Boughton & Brewster, 2002)

The study involved 365 women from across the province. Their contribution to our understanding of Ontario women's gambling confirms much of the existing literature.

The Social Context of Women's Lives and Gambling

In order to understand women's gambling it is critical to appreciate the complexity and variety of issues shaping women's lives. The biopsychosocial model provides a framework for understanding and treating problem gambling. This model describes a triangulation of factors (cultural and social, psychological and physiological or biochemical) that shape or influence gambling behaviour (Grant, 2002).

A gendered analysis is not simply about the physical, biochemical or genetic differences between men and women, but about different roles, responsibilities and activities prescribed for women and men, based on cultural conventions and expectation. These differences relate primarily to power — the relative possession or absence of it (Grant. 2002).

Risk Factors for Women

Many women are vulnerable to developing problems related to gambling as a result of a combination of individual and social influences. Key influences relate to socio-economic stress, social or leisure needs and constraints, and concurrent issues and stresses.

Socio-Economic Factors

Poverty or the threat of poverty is a very real issue in the lives of many women.

49% Unattached senior women live in poverty
(Stats Canada, 1997)

- 60% of lone female parents live in low-income situations
- Women earn 72 cents for every dollar men earn

- 19% seniors have incomes below the poverty line (Stats Canada, 1997)

Gambling involves risking money or things of value on a chance occurrence.

45% Bingo players household incomes less than 29K
(CBC Newsworld, 1999)

Women of all incomes experience gambling related problems. However, the poor spend proportionately more of their income gambling and run into financial crisis more rapidly.

The long-term personal and social costs are high, including bankruptcies, debts, loss of employment hours, criminal and legal costs and impacts on family.

Financial Distress (Debts) Primary Reason Seek Treatment

No Treatment: \$4,000

Treatment: \$18,366

(Boughton & Brewster, 2002)

Financial distress is the primary condition that propels women into treatment. Ontario women with no treatment history had significantly lower gambling related debts.

VOICES OF WOMEN WHO GAMBLE IN ONTARIO

The Role of Money in Gambling Urges

The *VOICES* sample (n=365):

- ◆ Gamble to win money 78%
- ◆ Gamble, on average, the equivalent of net personal incomes 80%

Over half linked urges to gamble to the chance/hope of winning money:

- ◆ Feeling my luck will change 67%
- ◆ Optimism about winning 66%
- ◆ Thinking I am due for a win 65%
- ◆ Chasing wins 56%
- ◆ Remembering past wins 52%

A significant portion name financial stress as a gambling prompt:

- ◆ Financial need 47%
- ◆ Chasing losses 45%
- ◆ Despair over ever getting ahead 39%
- ◆ Feel pressure to come up with money 35%

(Boughton & Brewster, 2002)

Social & Leisure Factors

Women's leisure choices are shaped by needs for...

- ◆ Relationship and Connection
- ◆ Social Comfort
- ◆ Physical and Emotional Safety

Even when employed outside the home, women are still largely responsible for looking after their homes and families.

(Stats Canada, 2000)

Fear of violence limits many women's lives: 42% of women compared with 10% of men feel "totally unsafe" walking in their own neighborhood after dark.

(Stats Canada, 1995)

Attraction of Bingo Halls & Casinos

- Hours of operation
- Friendly environments
- Social networks
- Freedom to go alone
- Safety

Loneliness, isolation & boredom are factors in the gambling of many women who run into problems (Brown & Coventry, 1997).

Few activities offer the social network, safety, flexible hours and friendly environment available in casinos and Bingo halls.

For many women gambling is perceived as a reward, a time out and a chance to get away by themselves after years of taking care of others.

For many women gambling is a highly addictive mechanism of escape from what they experience as an excess of demands and responsibilities to care for others.

(Dow Schull, 2002)

Concurrent Issues

• **History of Abuse and Trauma**

Women with gambling related problems often have a family and/or personal history of abuse and trauma. Childhoods are impacted by parental substance abuse, gambling problems and/or mental illness (Lesieur & Blume, 1991).

Among individuals who experience problems with gambling, a history of physical and/or sexual abuse is significantly more common among women than men.

50% of Canadian women have survived at least one incident of sexual or physical violence.

(Stats Canada, 1993)

Every minute of every day, a woman or child in Canada is being sexually assaulted.

(Stats Canada, 1993)

VOICES women report adult...

Physical abuse 46%

Sexual abuse 28%

Abuse in current relationships 39%

(Boughton & Brewster, 2002)

VOICES women report childhood...

Physical abuse 41%

Sexual abuse 38%

(Boughton & Brewster, 2002)

- ***Current or Past Drug/Alcohol Abuse***

Generally, women are less likely than men to have alcohol problems or use illicit drugs (Potenza et al., 2001; Westphal & Johnson, 2000). However, more female gamblers report lifetime use of psychiatric medications, abuse of medications and medication use at the time of seeking treatment (Toneatto & Skinner, 2000).

- ***Mental Health Concerns***

Women who experience gambling problems report much higher levels of depression and anxiety than the general population.

Social anxiety is an issue for some gamblers who tend toward isolative behaviour and is more common among females and those choosing activities such as slot machines or video lottery terminals, where interaction with others is minimal (Specker et al., 1996). Gambling is not a social activity for avoidant gamblers.

VOICES women report...

- Depression 63%

- Anxiety 53%

(Boughton & Brewster, 2002)

Severe gamblers also show higher rates of personality disorders compared to those found in general psychiatric patient populations (Blaszczynski & Steel, 1998).

Many of the women who have been considered Borderline are in fact experiencing complex Post-traumatic Stress responses.

(Haskell, 2003)

• ***Other Problematic Behaviours***

Women with gambling problems report co-occurring problematic behaviours. Westphal and Johnson (2000), found two to three disorders in addition to problem gambling. Women gamblers in Ontario report current or past problematic behaviours at levels far in excess of the general population.

VOICES: Common Concurrent Problems

- | | |
|-----------------------|-----|
| ✓ Smoking | 48% |
| ✓ Binge eating | 27% |
| ✓ Compulsive shopping | 24% |

(Boughton & Brewster, 2002)

Special Populations

Older Women

Over the years, the rate of gambling among older adults has increased significantly. NORC, (1999) reports a 45% increase between 1975 and 1997.

Age Related Changes

Age related changes may bring increased incentives to gamble and increased risks. These could include:

- Changes in disposable income
- Increased financial stress
- Increased social isolation
- Reduced leisure options
- Increased health issues
- Chronic pain
- Cognitive impairment
- Mental health problems
- Issues of loss and depression
- High suicide levels

✓ *82% of seniors living at home have a chronic health condition.*

(Stats Canada, 1998)

✓ *1/3 of New Brunswick seniors have taken prescription strength pain medication in the last year.*

(Schellinick, et al., 2002)

These factors, in combination with promotional enticements such as free transportation and financial incentives, put older women at high risk. Some argue that problem gambling among older adults is an unrecognized public health problem (McNeilly & Burke, 2001, 1998).

27% of Ontario seniors live off guaranteed income supplement

Playing 2 games of Bingo a month uses 10% of annual income

(Govoni et al., 2001)

Overall gambling expenditures among older women in treatment are higher than any other age group. According to findings reported by Petry, 2002 older adult women spent in excess of 200% of their incomes. Senior women from the VOICES study reported gambling 144% of their personal incomes: twice as much as any other age group (Boughton, 2004).

Visible Minorities

Cultural and religious attitudes towards gambling have a significant impact on women. While gambling is part of the social fabric of some cultures, others prohibit gambling, which can increase shame. Attitudes towards seeking help and willingness to access services may also limit a woman's ability to engage with supports.

Women of a visible minority make up 19% of the population of Ontario

(Stats Canada, 2006)

A number of stressors may impact women from diverse cultural and ethnic backgrounds. The issues are further magnified for women living in Canada without recognized status.

Common Issues for Women of Visible Minority Groups

- Poverty
- Abuse
- Discrimination
- Prejudice
- Racism
- Patriarchal family systems

Additional Stressors:

Immigration

- Loss of social status, employment/income
- Separation from family/friends
- Limited supports
- Isolation
- Language and culture barriers
- Generation/Cultural gaps
- Acculturation
- Post Traumatic Stress Disorder (PTSD) from war, famine, oppression, torture

Non-status Issues

- Limited access to education and health care
- Unemployment/Underemployment
- Exploitation
- Fear of being deported
- Fear of accessing 911 or emergency services

First Nations, Aboriginal, Métis, and Inuit Women

First Nations, Aboriginal, Métis, and Inuit women suffer the impacts of the systemic break down of traditional lifestyles, cultural practices and values. Many live with a legacy of forcible family and community separation as a result of the residential school system imposed by the Canadian government from 1874 to 1996. Many live with the impacts of violence and sexual abuse. Levels of drug and alcohol abuse are also high.

Aboriginal Women of Canada...

- Ontario: eight out of ten experience personal violence.
- Mortality rate due to violence is three times that for non-aboriginal women (Poole & Dell, 2005).
- In a First Nation study in western Canada sixty-three percent of prescriptions for benzodiazepines were for women.

(Poole & Dell, 2005).

High prevalence rates of problem and pathological gambling exist both on and off reservations. Bingo is the game most frequently played in Ontario and has the highest average monthly gambling expenditure (Nechi, 1994; OFIFC, 2000).

However, access to casino play is increasing for First Nations, Aboriginal, Métis, and Inuit women. Older women in particular are lured by free transportation, dining and gambling vouchers.

Aboriginal people are 2-5 times more likely to be problem gamblers and 4-16 times more likely to be pathological gamblers compared to non-Aboriginal populations.

(Wardman, el-Guebaly & Hodgins, 2001)

Aboriginal Populations Problem Gambling Prevalence

- Some Problem Gambling 46%
- Pathological Gamblers 22%

77% of those who attended a Residential School were Problem or Pathological Gamblers

(OFIFC, Oct 2000)

Lesbian and Bisexual Women

Currently, there is no existing research that explores the connections between sexual orientation and problem gambling. Clinical experience suggests that there are potential life factors among lesbian and bisexual women that render some vulnerable to problematic gambling.

Although a small sample, the lesbian and bisexual women in VOICES (n=27) report high levels of depression (74%), anxiety (63%) and panic (44 %). Compared to the rest of the sample, they also reported significantly higher levels of trauma, abuse and addiction.

Potential Life Factors that Relate to Addiction for Lesbian and Bisexual Women

- “Coming-out” process
- Homophobia and biphobia
- Internalized homophobia & biphobia
- Loss of family support
- Social isolation and alienation
- Body image issues

(Barbara, Chaim, & Doctor, 2002)

VOICES : Lesbian & Bisexual Women...

Significantly more likely than heterosexual women to report:

- Histories of childhood abuse:
 - Physical 67%**
 - Sexual 70%**
- Experiences of homophobia 59%**
- Serious thoughts of suicide 70%**
- Attempted suicide 48%*
- Hospitalization 41%*
- History of prescription drug use 37%*
- History of non-prescription drug use 48%**

**p<.01, *p<.05

(Boughton, 2006)

Ontario's Treatment Gap

In Ontario, only 1.4 to 2.2% of all problem gamblers seek treatment. (Sadinsky, 2005)

Of those individuals who encounter problems related to gambling, only a small percentage access problem gambling services and supports.

Those who seek help are more likely to have some post-secondary education and be between the ages of 25 and 65. Gender and income do not appear to be as influential (Rush, Adlaf, Veldhuizen, Correa & Vincent, 2005).

Barriers to Seeking Treatment for Women

- **Stigma & Shame**

Shame prevents many women from seeking help. It is often related to self-judgments and social stigma.

Women with gambling problems are viewed more negatively than men with gambling problems. This stigma is augmented by media bias, which sensationalizes stories by focusing on maternal roles, a focus rarely taken with male gamblers (Mark & Lesieur, 1992).

A Double Standard

A male problem gambler is tolerated but not so the female problem gambler: There is a quality of dissoluteness, immorality and indecency that people read into it, exceeding even that attributed to female alcoholics. Knowing this, women compulsive gamblers do everything they can to hide their problem not only from their husbands but also from everybody else.

(Custer, 1985)

Women are *acutely aware of the stigma applied by society to a woman who fails to meet the high moral standards expected of women* (Lesieur & Blume, 1991). The gambling is often shrouded in secrecy.

VOICES Women

Identified fears of exposure and humiliation as barriers to seeking treatment:

<i>Fear of being recognized</i>	17%
<i>Fear of having others learn of the gambling</i>	22%
<i>Fear of being criticized or judged</i>	34%
<i>Embarrassment or shame</i>	33%

(Boughton & Bewster 2002)

• **Hoping to Win**

Many gamblers have distorted ideas and inflated hopes about gambling as a means to make money.

Hope for a BIG WIN to

- *Resolve problems* 59%
- *Improve lives* 41%

(Boughton & Brewster, 2002)

Gambling is unique in being fuelled by hope. This is a paradox, gambling is fueled by an expectation that doing more of the very behaviour that caused the problems will resolve the problems.

"Tomorrow my life will be improved because I gambled."

Gambling often serves in meeting women's well-deserved leisure and social needs. Even when *VOICES* women encountered problems related to their gambling, many did not want to stop and 57% resisted treatment out of a fear that the program would demand total abstinence.

• **Other Key Barriers**

Briefly summarized, the chief barriers identified by Ontario women reflect a combination of obstacles, both internal and external.

VOICES: Key Barriers to Treatment

- **Self-reliance**
Think they should be able to make changes on own 73%
- **Gambling hooks & financial pressures:**
Hope for a BIG WIN:
 - to resolve problems 59%
 - to improve lives 41%
- **Resistance/Ambivalence**
Fear that treatment means total abstinence 57%
- **Information gaps**
Not aware of treatment services 38%

(Boughton 2003)

How YOU Can Make a Difference

Many women with gambling problems will seek help from mental health workers, medical professionals or financial institutions in an effort to repair the financial and emotional stresses related to gambling. Identifying and helping women with gambling related problems can be critical. The next few pages will provide some tips and tools for helping women you may encounter.

Awareness

- Professional Development: reading and conferences
- Educate staff to be aware of clues to problem gambling: Often counsellors from your local treatment agency will be delighted to speak with your staff or client groups.

Screen Clients

- Add a brief gambling screen to your intake or interview process

Prevention

- Teach gambling safety
- Distribution of materials: have information available about gambling risks and resources for women. Brochures and posters are available from your local agency or the Ontario Problem Gambling Helpline (OPGH)
- Introduce Gambling Awareness sessions into current programs.

Refer to Treatment and Local Services

- Inform and refer women to resources in your community that will help them address the gambling directly or work with the underlying issues.

Included in the appendix is the short form of the Canadian Problem Gambling Index (CPGI), a gambling screen with nine questions that flag risky and problematic gambling behaviours. If you are concerned about someone, the CPGI will help determine whether a referral to treatment might be helpful.


Screening for Gambling Problems

Without obvious telltale signs you may not easily recognize that women you encounter are gambling at a problematic level. It is important to explore this issue if financial concerns, mood changes or behavioural anomalies such as work absences, missing commitments, or distancing from relationships are apparent without clear reasons.

Women sometimes do not think of Bingo, scratch tickets, Mah Jong, cards with friends or raffle tickets as “gambling.”

Many react strongly to the word “problem” as it relates to their gambling.

Asking, “Do you have a gambling problem?” may not elicit accurate information.



**Ask about
gambling**

- Normalize the issue for women
- Encourage self-reflection
- Increase self-awareness
- Build motivation to make changes
- Provide an opportunity to disclose
- Provide hope

Setting the Tone for Open Communication

- Establish a rapport
- Be non-judgmental and neutral
- Be respectful
- Be positive and caring
- Focus on strengths
- Empower women to make their own choices
- Be alert to signs and indicators
- Provide information and pamphlets
- Make gambling questions a part of routine intake procedures

Alberta Drug and Alcohol Commission (AADAC) identifies two key questions flagging potential problems:

- Have you ever lied about your gambling?
- Do you ever feel guilty about your gambling?

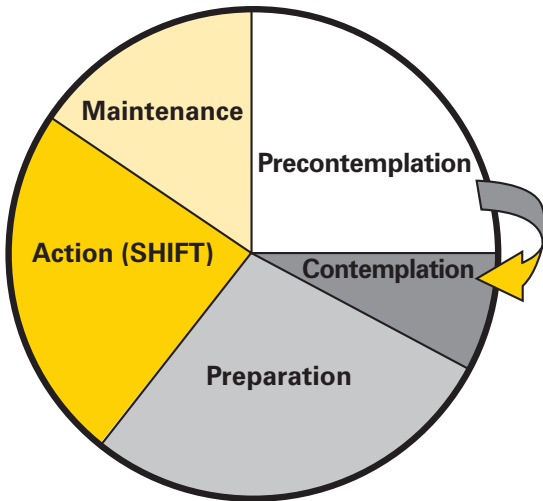
Recommendations:

- Ask about leisure activities.
- Ask about specific games. Do you play bingo or go to the casino?
- Ask about frequency: How often do you play?
- Ask about concerns: Do you have concerns about the money or time you spend at the game?
- Ask about money: Are you spending more than is reasonable as part of your leisure spending? Are you having trouble paying bills because of spending money?
- Ask if anyone else is concerned (friends, family).

Supporting Women through the Stages of Change

Change is a process that involves a number of stages. A model developed by Prochaska, Norcross and DiClemente (1994) provides a framework for understanding how people move through the Stages of Change.

Stages of Change



We suggest that the "Action" stage be replaced with the acronym **SHIFT**.

*Being in "action" is a gambling term that refers to playing a game:

- S**ubstitute Alternatives
- H**ealthy Supports
- I**vest in Self
- F**ocus on Goals
- T**hink of Consequences

Tasks at Each Stage of Change

Pre-contemplation

Consciousness Raising

Contemplation

Work through resistance

Emotional Arousal

Evaluation of values: pros & cons

Preparation

Contract

Commitment: public & private

Get help

Action & Maintenance

Behaviour Change & Relapse Prevention

Reward

Countering (change response to stimuli - substituting healthy responses)

Environmental Control

- Regulate stimuli in environment
- Develop Helping Relationships

Adapted from Prochaska, J., Norcross, J., & DiClemente, C. (1994).
Changing for Good. New York: William Morrow & Co.

As professionals, we need to match interventions to women's state of readiness to change. Women in the first stage, *precontemplation*, are not yet acknowledging the gambling as problematic and are resistant to suggestions to make changes. Asking women about the costs of gambling and providing objective information will increase awareness. Women in *contemplation* are conscious of feeling a loss of control but are ambivalent about changing their gambling behaviours. Exploring the pros and cons of making change and tapping into the emotional impacts of the gambling enhances motivation and helps shift women into the *action* (SHIFT) stage.

Once women have made a commitment to change and are making efforts to change the gambling behaviours, support can take a variety of forms. One option is a referral to a local gambling treatment agency. Information on how women can **access treatment services** in Ontario is provided in a **handout in this booklet**.

Encouraging women to access formal treatment services is very important, especially given that many are not aware that treatment services even exist.

BUT...the aim of increasing public awareness must go beyond drawing women into treatment. The reality is that most women with gambling issues will never be involved in direct treatment (Marotta, 2000; Hodgins, 2000). Only 1-2% of Ontario problem gamblers are seeking treatment. Gamblers are more likely to seek help from informal sources, accessing family and friends twice as often as outside sources (Schellinck & Schrans, 1997-1998).

The *VOICES* women confirm this, with less than half indicating that they would seek professional help. One of the most common barriers to treatment for women is self-reliance. This is fueled by the belief that she should be able to make changes on her own.

VOICES

A key barrier to treatment for women is self-reliance.

**To maximize responsiveness,
it is important to offer indirect support
for change by offering
information and self-help aids**

To support women in multiple ways, the **handouts in this booklet** include information on both:

- ✓ **Formal treatment options**
- ✓ **Informal Supports**
 - Reading Materials
 - Self-Help Books
 - Web Sites

When talking about treatment with women, remember that ambivalence is a major barrier for Ontario women in seeking help for gambling issues.

Many *VOICES* women (57%) feared that a treatment program would demand total abstinence. And they were not aware that Ontario's treatment system adopts a harm reduction approach.

**Ontario's Treatment System
Uses a
Harm Reduction Approach**

**THIS IS VERY IMPORTANT TO
KNOW WHEN TALKING TO
WOMEN WITH GAMBLING
PROBLEMS**

Harm reduction is premised on the assumption that gambling is a normal behaviour and a social reality. The overall goal for harm reduction is to reduce the amount of harm to individuals, families and communities resulting from problem gambling. Harm reduction is a continuum of strategies that range from moderated gambling to total abstinence. Specific interventions are based on an individual's motivation for change as well as their goals and needs.

Ontario Gambling Treatment System & Support Services

Key Points about problem gambling treatment...

- ***Client-Centered Harm Reduction Model***

Women present with different treatment goals, ranging from total abstinence to controlled gambling. This could mean stopping only some forms of gambling or setting reasonable limits on time and/or money invested in gambling.

A client-centered harm reduction approach accepts that gambling is a social reality and works to help gamblers minimize any gambling associated harm.

- ***Stepped-Care Treatment Options***

Ontario's designated treatment system is responsive to the reality that clients have diverse service needs. The treatment system, which is made up of approximately 50 service agencies, offers a continuum of services throughout the province that includes outreach and prevention services, community-based counselling, day or evening structured treatment programming and short-term residential treatment. Some services offer women-specific or women-only programming. Contact the Ontario Problem Gambling Helpline for more information about what is available for women in your community.

Gambling treatment generally draws upon cognitive behavioral interventions such as relapse prevention, motivational interviewing, brief solution-focused therapy and psycho-education. There is a high skill-training component to treatment.

Women-specific programs also address some of the underlying issues that make women vulnerable to gambling problems such as trauma and abuse, self-esteem, self-care, financial stress and leisure needs.

Gambling Treatment in Ontario

Ontario Problem Gambling Helpline (OPGH)

1-888-230-3505 <http://www.opgh.on.ca>

Ontario Problem Gambling Helpline (OPGH)

- Provincial resource that provides information regarding various treatment options throughout Ontario for individuals and their families
- Toll-free, confidential, anonymous, 24-hour service
- Provides services that can be translated instantaneously into many languages for people whose first language is neither English or French

Thank You

Thank you for your time and attention to the concerns of women who gamble. Feel free to copy and distribute the information but please cite us as a reference. We welcome any questions or feedback; please refer to the contact information at the front of this booklet.

Appendix and Handouts

- Ontario Treatment & Support Services for Women
- Additional Resources for:
 - Substance Abuse
 - Crisis Services
 - Mental Health
 - Financial Supports
 - Health services
 - Leisure and Recreation
 - Self-Help
- Reading Material
- Concerned a Family Member, Friend or Co-worker might be Gambling?
- Canadian Problem Gambling Index (short form)
- Gambling tips...to keep it Safe

Ontario Treatment & Support Services For Women

Gambling Treatment in Ontario

Ontario Problem Gambling Helpline (OPGH)
1-888-230-3505 • 24 hour service
<http://www.opgh.on.ca>

If you are concerned about your own or someone else's gambling...

Treatment and support is available from agencies across the Province. The OPGH will talk with you about your concerns and provide information on counseling services and how to set an appointment to meet with a counselor or arrange a phone consultation.

Gambling treatment services in Ontario are:

- Free
- Confidential
- Available in different languages
- Available for family members and friends of gamblers
- Available in person, or over the phone
- Available as outpatient, day treatment or residential programs

Additional Resources

Substance Abuse:

- ***Drug and Alcohol Registry of Treatment*** - A link to addictions services in Ontario –1-800-565-8603; www.dart.on.ca

Crisis Services:

- Ontario Women’s Justice Network, Resources – Crisis Services: Shelter’s Sexual Assault Centres and Transition Houses. <http://www.owjn.org/resource/shelter.htm>
- ***Assaulted Women’s Helpline*** - Free, confidential crisis counselling and referral - 1-866-863-0511 www.awhl.org
- List of Abused Women’s Shelters in Canada www.shelternet.ca
- ***Sexual Abuse Services*** Canadian Association of Sexual Assault Centres <http://www.casac.ca>

Mental Health:

- ***Canadian Mental Health Association***, Ontario - 33 local branches across Ontario offering mental health services. <http://www.ontario.cmha.ca> 1-800-875-6213
- ***Mental Health Service Information in Ontario***. 24-hour information service for Ontario residents struggling with mental health issues. 1-866-531-2600 www.mhsio.on.ca

Financial Supports:

- ***Credit Counselling Canada*** – 24 hour credit counselling 1-800-267-2272; <http://creditcounsellingcanada.ca>
- ***Ontario Works***. Financial Support 1-866-363-6007
- ***Ontario Association of Credit Counselling Services*** www.oaccs.com
- ***Ontario Disability Support Program (ODSP)*** 1-800-825-7593; www.cfcs.gov.on.ca/CFCS/en/programs/IES/OntarioDisabilitySupportProgram

Health Services:

- ***INFOline*** - A general inquiry on Ministry of Health Programs, OHIP, Ontario Drug Benefit Plan and Trillium Drug Plan
416-314-5518 or 1-800-268-1154 www.health.gov.on.ca
- ***Telehealth Ontario*** - Information and referral services, to help callers make informed health decisions. Available 24/7
1-866-797-0000 TTY 1-866-797-0007.
- ***The Canadian Women's Health Network***: Bilingual site for women's health information, including breaking news, feature articles, online database. www.cwhn.ca or 1-204-942-5500

Leisure and Recreation Program suggestions...:

- Local Community Centre
- Local Social Planning Council
- Community website
- Local Board of Education

Self-Help Websites

- ***Women helping Women***: An online resource for women gamblers. <http://www.femalegamblers.org>
- ***Debtors Anonymous*** – A 12 step model for those seeking to stop incurring unsecured debt. www.debtorsanonymous.ca
- ***Gamblers Anonymous*** – A 12 step model for those seeking to abstain from gambling. www.gamblersanonymous.org
- ***Eating Disorders*** -National Eating Disorder Information Centre www.nedic.ca, 1-866-633-4220
- ***Women in Conflict with the Law*** - A support service for women who are in conflict with the law, or at risk, The Elizabeth Fry Society www.elizabethfry.ca , 613-238-2422
- ***Your First Steps to Change***. - Division on Addictions, Harvard University, 2003. An on-line site to guide people to gain information about addiction-related problems, evaluate their own addiction-related behavior and to develop change strategies, should they decide that change is the best course. http://www.dsskids.net/dph/bsas/gambling/selfassess_eng.pdf
- A Self-help guide to Gambling Responsibly. Aboriginal Responsible Gambling Strategy: <http://www.metisnation.org/programs/health/PDF/Gambling>

Reading Material Suggestions

Berman, L., & Siegel, M.E. (1992). ***Behind the 8-Ball: A Guide for Families of Gamblers.***

New York: Fireside/Parkside.

CAMH. 2004, 2005, ***Problem Gambling. A Guide for Families.***

Centre for Addiction and Mental health: Toronto.

Heineman, M. (1992) ***Losing your shirt. Recovery For Compulsive Gamblers And Their Families.***

Centre City: MI, Hazelden.

Saskatchewan Health (2001). ***Family Resource Guide.***

1-800-667-7766.

Blaszczynski (1998). ***Overcoming Compulsive Gambling.***

Robinson: London.

King, A. (1999). ***Diary of a Powerful Addiction.***

Tyndall, MB: Crown Publishing.

Lerner, H. (1985). ***The Dance of Anger.***

New York: Harper & Row.

Concerned a Family Member, Friend or Co-worker Might be Gambling?

Signs of Problem Gambling:

Money Clues:

- ❖ Missing money from home or bank accounts
- ❖ Secrecy around money spent, bank statements, bills
- ❖ Borrowing money from family, friends, banks, credit cards
- ❖ Unpaid bills, increased debt, missed payments, calls from creditors
- ❖ Savings (RRSP, insurance plans) disappearing
- ❖ Missing household items/valuables (jewelry)
- ❖ Holding numerous garage sales
- ❖ Extra jobs/less money
- ❖ Juggling money to pay debts – use credit to pay bills
- ❖ Increased number of credit cards

Emotional Clues:

- ❖ Withdrawal from friends and family
- ❖ Mood swings and sudden outbursts of anger
- ❖ Elevated mood (when winning) or Depression
- ❖ Seems anxious, distracted
- ❖ Complains of boredom or restlessness
- ❖ Mood changes when discussing money matters

Time Clues:

- ❖ Unexplained periods of absence
- ❖ Being late for work, school, regular activities, family functions

Remember that
trying to force
compliance sacrifices
relationships...
ultimately we can't
make others change...
but we can change
ourselves and our
responses.

Changes in behaviour:

- ❖ Changes in eating, sleeping or sex
- ❖ Stops other activities and family events
- ❖ Makes excuses, lies for behaviour changes
- ❖ Decrease in self-care, personal hygiene
- ❖ Increased use of alcohol/drugs
- ❖ Ignoring personal responsibilities:
at home, work or child care
- ❖ Preoccupied with gambling
- ❖ Increased conflict over money problems
- ❖ Legal problems related to gambling
- ❖ Change in friends
- ❖ Changes in health – stress related illness (e.g., headaches, stomach, bowel problems)

Do's and don'ts with the problem gambler...how to respond

- ❖ Do your best not to judge.
- ❖ Help the person to make their own healthy choices.
- ❖ Describe your experience of their behaviour and express your concerns.
- ❖ Encourage her to seek support through the Ontario Problem Gambling Helpline or a trusted advisor, professional, elder or healer.
- ❖ Offer non-monetary support in making changes, such as information about treatment, a ride to counselling, taking care of the children, participating in alternative activities, help with money management.

At the same time it's not helpful to...

- ❖ Blame yourself as if you "should" have known or been able to stop it
- ❖ Blame, harass, lecture or moralize at the gambler
- ❖ Cover up or make excuses for the gambler's behaviour
- ❖ Bail out the gambler from debts. Although this may resolve immediate crisis, it is rarely helpful in the long run and tends to prolong the tensions and problems. Many gamblers use bailouts as free money; it reinforces the behaviour.

It is important to allow gamblers to feel the consequences of choosing to gamble. A kind of
"wake-up call."

It is important that you...

- ❖ Take steps to protect yourself financially and legally
 - ◆ Consult with a financial expert, Credit Counsellor or lawyer
 - ◆ Take charge of the finances
 - ◆ Establish separate bank accounts
 - ◆ Cancel or secure credit cards
 - ◆ Protect valuables

- ❖ Get support for yourself

Gambling by those close to you creates very normal responses of anger, fear, distrust, pain, confusion, betrayal, abandonment and self-doubt. Get support in working these through and making the healthiest choices. Counselling, talking with friends or community supports will help you cope with the stress, learn to maintain healthy boundaries and communicate effectively with the gambler.

Be aware that....

- ❖ Deep shame, depression and thoughts of suicide are common when women experience gambling related problems
- ❖ Even when not gambling, urges can remain strong and are easily triggered by access to money. Relapses are common. It's important not to assume that the gambler no longer needs support too early in the change process
- ❖ There is hope. Women are powerful and resilient.... and when they make a decision to change, they do.

Remember: *It's Not Personal...* The gambler is often caught up in chasing dreams and losses, absorbed in pain and desperation. Although you may feel hurt, the gambling is not intentionally aimed to hurt you.

Canadian Problem Gambling Severity Index (PGSI)

Thinking about the last 12 months...

1. *Have you bet more than you could really afford to lose?*

Never Sometimes Most of the time Almost always

2. *Still thinking about the last 12 month, have you needed to gamble with larger amounts of money to get the same feeling of excitement?*

Never Sometimes Most of the time Almost always

3. *When you gambled, did you go back another day to try to win back the money you lost?*

Never Sometimes Most of the time Almost always

4. *Have you borrowed money or sold anything to get money to gamble?*

Never Sometimes Most of the time Almost always

5. *Have you felt that you might have a problem with gambling?*

Never Sometimes Most of the time Almost always

6. *Has gambling caused you any health problems, including stress or anxiety?*

Never Sometimes Most of the time Almost always

7. *Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?*

Never Sometimes Most of the time Almost always

8. *Has your gambling caused any financial problems for you or your household?*

Never Sometimes Most of the time Almost always

9. *Have you felt guilty about the way you gamble or what happens when you gamble?*

Never Sometimes Most of the time Almost always

Scoring Instructions for the PGSI

Score for each response:	Sum Scores for the nine items
• never = 0	0 = non-problem
• sometimes = 1	1-2 = low risk
• most of the time = 2	3-7 = moderate risk
• almost always = 3	8 + (max of 27) = problem gambling

This score can be used without any further information, to estimate levels of risk. However, if the individual's level of gambling and their vulnerability factors (listed below) are known, such information can also be used to help flag problems.

Non-problem gambling: Score of 0

Individual identifies no negative consequences of gambling. She may gamble at low levels or not at all, or at social levels that are not problematic.

Low risk gambling: Score of 1 or 2

Gambling is probably at levels that are not leading to negative consequences. If she gambles frequently and/or has at least two of the vulnerability factors listed below, this score may indicate enough risk to be explored.

Moderate risk gambling: Score between 3 and 7

The gambling levels may or may not be leading to negative consequences. This score indicates a level of risk that should be explored, particularly if the person gambles frequently and/or has three or four of the vulnerability factors listed below.

Problem gambling: Score between 8 and 27

Gambling is at levels leading to negative consequences. She may have lost control of the gambling behaviour. The higher the score, the heavier the gambling and the more vulnerability factors have (see list below), the more severe her problem is likely to be. These women should definitely be encouraged to examine their gambling behaviour and its consequences.

Vulnerability Factors

- Mistaken beliefs about the odds of winning at gambling
- A 'big win' early in the person's gambling history
- A history of drug, alcohol, gambling or overspending problems
- A family history of drug, alcohol, gambling or overspending problems
- A history of mental health problems, particularly depression, stress or trauma
- Loneliness, chronic boredom or lack of leisure activities
- A habit of using gambling or substances to cope with negative feelings or events
- A tendency toward impulsive behaviour
- Financial problems

Gambling Tips to Keep it Safe

- Set reasonable limits on the money/time gambling
- Gamble only what you can afford for entertainment
- Never play with money you don't have or borrow from credit cards, friends or household monies to play
- Take only the cash you plan to spend (bank cards at home).
- Make plans to protect you from staying too long.
- Don't gamble to solve, cope or avoid (escape) problems.
- Resolve any upsets or feelings that may trigger urges
- Be realistic in your expectations of winning...the odds are against you
- Avoid magical, superstitious thinking or believing in a system....wins are a fluke of chance
- Don't gamble winnings – set them aside. It's your money!
- Keep a healthy balance in your social and leisure activities gambling crowd out other interests.

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- Keep a healthy balance in your social and leisure activities gambling crowd out other interests.

Some Women....

- ✿ Play more bingo
- ✿ Scratch more tickets
- ✿ Pull more slot handles
- ✿ Hit more tables
- ✿ Follow more horses
- ...than feels OK

If You or Someone You Know Has
Gambling Related Problems

**Please Call (toll-free)
Ontario Problem Gambling Helpline
1-888-230-3505**

For information & Resources
in Your Community

Getting Support to Make Changes is
Free & Confidential

Some Women....

- ✿ Play more bingo
- ✿ Scratch more tickets
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