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## COMMENTARY

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## Addressing Gambling Harms Among Women: Leveraging Lessons from the Wider Field of Gender and Health

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### Introduction

Recently, public health and clinically-oriented gambling researchers and practitioners have shown increasing interest in so-called “gendered approaches” to understanding and addressing gambling harms among women (Bowden-Jones & Prever, 2017; Fannin et al., 2024; McCarthy et al., 2019, 2023; Palmer du Preez, Paavonen, & Bellringer, 2021; Palmer du Preez, Thurlow, & Bellringer, 2021; Prever, 2023). Their accounts draw attention to the importance of considering the context of women’s lives and the role of social norms and power relations that shape that context when designing gambling harm prevention and treatment programmes and policies.

The role of gambling in women’s lives has long been a neglected research topic in the social sciences in general. Until recently, only a handful of feminist sociologists, anthropologists, and historians (Casey, 2008; Schull, 2002; Wardle, 2015) have explored how different groups of women derive meaning from their gambling practices and how social, cultural and commercial contexts of women’s lives shape these meanings and practices. Thanks to their work, we now know that gambling—particularly more immersive forms, such as electronic gambling machines—can serve as an escape from women’s caregiving

burdens (Schull, 2002). For working class women, gambling may also be a response to having to manage an often-inadequate family budget, especially during financial crises (Casey, 2008, 2023). We have also learnt that across different historical periods, the gambling industry—reinforced by politicians and dominant societal norms regarding acceptable female behaviour—has influenced women’s gambling patterns in various ways (Wardle, 2015). Despite the centrality of these insights to both the prevention and treatment of gambling harms, they have only recently begun to gain attention in relevant areas of our interdisciplinary field.

This is an important development given that in these areas, gender has so far been treated predominantly as a proxy for sex, i.e. as a descriptive demographic variable employed without recognition of the role that socio-cultural context plays in the very construction of gender and gendered experiences of gambling and harm (Kairouz et al., 2022). It is also a much-needed step, as women’s participation in gambling and the resulting harms are currently increasing in several countries (Castrén et al., 2018; McCarthy et al., 2019; Wardle, 2017), while women “continue to be invisible within gambling policy and practice” (Wardle & Laidler, 2023, p. 160).

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However, these advances in gambling studies are still isolated from conceptual developments in the broader field of *gender and health* (Gupta et al., 2019; Heise et al., 2019; Kapilashrami & Hankivsky, 2018; WHO, 2011). In this commentary, we outline three key ways to bridge the existing gap between these two bodies of knowledge to further conceptually enrich gendered approaches to the prevention and treatment of gambling harms among women.

In particular, we argue that the field could benefit from:

1. A broader conceptualization of gendered approaches that should not only be gender-sensitive/specific, but also gender-transformative;
2. An engagement with intersectional analysis at both an individual and at macro, social-structural level;
3. An examination of the role of the gambling industry in shaping norms around gender, and the implications of this for agenda-setting in gambling harm prevention and treatment.

We would also like to point out that although our analysis focuses on women, our three conceptual propositions are equally applicable to prevention and treatment work with men experiencing gambling harms. Although the gambling field has had a long-standing “male bias”, its dialogue with the wider gender and health field on the role of masculinities and their transformative potential in health is similarly nascent (Baker, 2021).

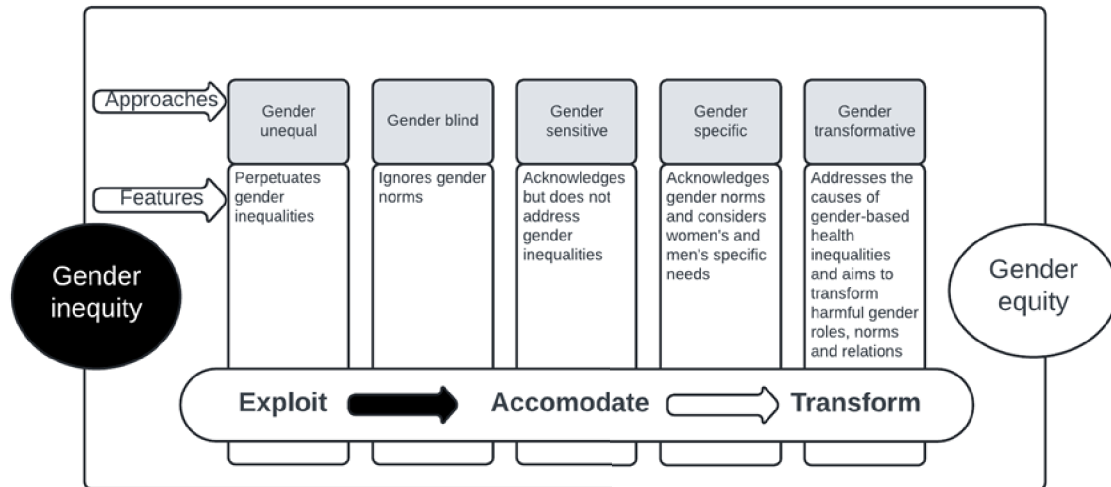
### **Incorporating gender-transformative approaches**

We are currently witnessing the emergence of what might be termed as *gender-sensitive* and *gender-specific* approaches to gambling harm prevention and treatment (see Figure 1 for terminology). These approaches recognise the existence of gender inequalities and inequitable

gender norms as health determinants and seek to account for them in the design of health policies and interventions. Targeting women with prevention information in the spaces they usually frequent and consider safe (e.g., hairdressers) (Ronchi et al., 2023) is an example of gender-sensitive intervention. Provision of counselling sessions for women experiencing gambling harms online rather than in person in order to accommodate their caregiving responsibilities (Roberts et al., 2017) exemplifies a gender-specific approach.

In the broader field of gender and health, however, gender-sensitive/specific approaches tend to be seen as an intermediate step on a continuum of possible approaches to action on gender and health (Pederson et al., 2015; WHO, 2011). *Gender-transformative* approaches that aim to address the root causes of gender-based health inequalities and transform harmful gender roles, norms, and relations that underpin them are recognized as having the greatest potential for positive health impact (Heise et al., 2019; Heymann et al., 2019; Levy et al., 2020). Gender-transformative interventions have already been shown to be effective in other areas of public health (Levy et al., 2020), including tobacco and alcohol (Feeny et al., 2021). In the US, for example, an intervention focusing on relationships between teenage girls and their mothers has led to a change in normative gender beliefs, a reduction in maternal alcohol use, and lower substance use among teenage girls (Stinson et al., 2020). To date, gender-transformative approaches have received only nominal attention and not yet been implemented in gambling harm prevention (McCarthy, Thomas, Marko, et al., 2022; McCarthy, Thomas, Pitt, et al., 2022). To our knowledge, a very limited number of treatment practitioners have integrated elements of this approach into their work with women gamblers so far. Inspired by the tradition of the 1970s women’s health movement and feminist consciousness-raising groups, Prever has pioneered gender-specific group therapy for

**Figure 1.** A continuum of approaches to action on gender and health. Adapted from Pederson et al. (2015)



women engaged in harmful gambling in Milan, Italy (Prever & Locati, 2017). These women-only groups operate in a neutral space outside of addiction services that many women find stigmatizing. Instead of cognitive-behavioral therapy (CBT), which primarily addresses cognitive distortions commonly underlying men’s harmful gambling behaviors, Prever and colleagues have adopted a systemic / relationship-based approach that focuses on the social and environmental contexts of women’s harmful gambling. A key gender-transformative aspect of this therapeutic approach is its strong emphasis on addressing violence—including economic, psychological, physical, and sexual abuse—as a root cause of women’s gambling (Prever, 2023). Since their introduction, these groups have proven highly effective in supporting women’s recovery, and the practice has also been adopted in the UK.

It is important to note, however, that applying gender-transformative approaches in public health and clinical work (on any health issue) first and foremost requires recognizing gender as a social structure (Heise et al., 2019; Risman, 2004). To date, research on women’s gambling has been limited and has primarily focused on individual psychological characteristics and preferences

(with important exceptions discussed in the introduction). As a result, we find ourselves in an unenviable position, lacking sufficient knowledge of the gendered structural and social factors that could be addressed to prevent and mitigate harms among women. Based on the existing research reviewed above, as well as our clinical practice, we find that considering factors such as poverty, caregiving burdens (see also Leung et al., 2024), gender-based violence, and industry tactics as contributors to gambling-related harm among women is a crucial starting point for envisioning gender-transformative action in both prevention and treatment.

### Extending intersectional analysis to the macro level

“Intersectionality is a theoretical framework that posits that multiple social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) intersect at the micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism, heterosexism).” (Bowleg, 2012, p. 1267)

Intersectional analysis is increasingly seen as a necessary tool for gender-transformative health research and practice, as addressing gender inequality and restrictive gender norms alone is proving insufficient in addressing health inequalities (Hankivsky & Hunting, 2021; Kapilashrami & Hankivsky, 2018). Although the intersectionality framework has been used in the field of gender and health for almost two decades, and Casey (2008) focused on the intersection of gender and class in her pioneering work on the participation of working class women in the UK's National Lottery, it has only recently been applied to the public health and clinically-oriented analysis of gambling harms (Fannin et al., 2024; Heiskanen & Matilainen, 2020). However, in its currently proposed form, intersectional analysis for this type of gambling scholarship focuses primarily at the individual level, documenting differences in experiences of gambling harms between different groups of women. Comparatively less attention is being paid to the macro-level processes and structures of discrimination shaping those inequalities in the experiences of harm.

We argue that extending intersectional analysis to the macro, social-structural level requires a stronger focus on commercial determinants (e.g. availability, pricing, and promotion of gambling products), and interconnected structures of power (e.g. patriarchy, racism, classism) that co-determine women's experiences of gambling harms and their access to prevention and treatment. Clinical work with women migrant workers in Italy (Prever & Locati, 2017) shows that their experiences of gambling harms are profoundly shaped by the widespread availability of legal commercial gambling in the country on the one hand, and by the sexism, racism, and labour exploitation they face in their daily lives on the other. Many migrant women in Italy work in low-paid and tedious jobs in private households. Gambling opportunities – which are increasingly integrated into the spaces where they spend what little free time they have – offer a moment of

escape and a false hope of remitting more money to their families back home. Faced with gambling-related financial losses and debt, these women experience intersectional stigma (Siewwright et al., 2022) not only because of their gender, but also because of their ethnicity / "race", migrant status, and the nature of employment relations they are embedded in. As a consequence, they also face compounding barriers in accessing support. Unable or struggling to access support, some of them become targets for sexual exploitation, face intimate partner violence, or even end their own lives.

When applied at the macro level, intersectional analysis also suggests what a system-wide, multisectoral approach to prevent and reduce gambling harms should entail. As the example above illustrates, action across gambling regulation, mental health, labour, financial services, care, and gender-based violence is needed to address the upstream commercial and social determinants of gambling harms among different groups of women.

### **Examining the gambling industry's norm shaping around gender**

In response to calls from the wider public health community to scrutinise the gendered impact of commercial determinants on health (Heise et al., 2019; Hill & Friel, 2020), gambling researchers are beginning to uncover the gendered tactics of the gambling industry. It has been shown that, similar to other harmful commodity industries, gambling companies effectively manipulate gender norms in their product design, advertising, and CSR activities to normalize gambling among women (McCarthy et al., 2019, 2023; Stead et al., 2016; Wardle, 2017).

While the gendered nature of the gambling industry's marketing practices is becoming increasingly obvious, we argue that other gambling industry tactics (i.e., shaping of research and policy agendas) (Gilmore et al., 2023) also need to be examined from a gender perspective. Given the tangible role that industry funding

plays in setting the agenda for gambling harm prevention and treatment, and the increasing focus on women in this agenda in some countries (Baker & Riley, 2022), we should be asking ourselves how their power may be manifesting in this domain. Given what we already know about gambling industry's ability to shape new and exploit existing gender norms, does their power also manifest itself in the prevention and treatment space? What impact does it have on the very ways the categories of "gender" and "gendered approaches" are being conceived of in this space? How does it shape (limit?) our ideas about the form prevention and treatment programmes for women could take? Time is ripe to start asking these questions.

## Conclusion

As the gambling industry views women as the "next growth market" and increasingly draws on sociological insights about gender inequalities and gender norms in their marketing practices, it will be essential for those working to prevent and reduce gambling harms among women to also more actively draw on the extensive knowledge base developed in the wider gender and health field. In this commentary, we suggested concrete steps that could be taken in this direction.

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FP declares no conflict of interest in relation to this publication. FP retired from the Italian NHS on 30.04.2021. For the past three years, she has held only voluntary / unpaid roles in the non-profit organisations (SUN(N)COOP, Varenna Foundation) that have neither sought, nor received funding from the gambling industry. She has received no research funding from any source in this period. Her roles as a Contact Point for Women, Gambling and Behavioural Addictions at the European Association for the Study of

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