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A Critical Analysis of Interventions for Women Harmed by Others' Gambling

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Abstract: At present, gambling studies literature has multiple understandings of family and others affected (FAOs) by gambling harm and their support needs in play, each with different possibilities and constraints for harm reduction engagement with women. Individual psychological approaches have been privileged, eschewing the social and relational situation of gambling and harm in women's lives. In Australasia, the majority of those seeking support in relation to a significant others' gambling are women. Gender has been posited as a shaping force in the social stratification system, distribution of resources, and gambling and harm within society. There has been minimal engagement with the lived experiences of FAOs, which limits gambling harm reduction service development and planning. This research critically engaged with gambling harm reduction studies for FAOs, alongside interviews with eight women FAOs who presented to community services from a social constructionist perspective. The aim was to provide insight into how women FAOs position themselves and their support needs in relation to gambling harm and recovery. Data was analysed using thematic analysis informed by feminist poststructuralist theories of language. Results suggested that this small group of women were subject to intersecting patriarchal constraints and economic determinants of gambling harm. Powerful normative and moral constructions of 'good/bad' mothers operated to individualise some women's responsibility for addressing harm in families and to alienate these women from gambling support services. These findings suggest that gambling services must support women and families in ways that go beyond personal functioning, extending into the social and political conditions of possibility for harm and recovery. Critical psychology and coherent gender analysis may offer opportunities to expand the role of gambling support to include advocacy, community development, and more client-led and gender-aware practices with women affected by gambling harm.

Keywords: gambling, families, concerned significant others, treatment, support

Introduction

Two recent systematic reviews of population, clinical, and community-based research have positioned the gambling harm experienced by family and affected others (FAOs) as an urgent issue to address (Kourgiantakis et al., 2013; Riley et al., 2018). Partners and children especially suffer both mental and physical health problems connected to living in fear, anger, guilt, despair, loss, and uncertainty, as well as loss of safety and financial security. Intimate relationships and family environments can be characterised by conflict, breakdown in interpersonal communication, and confusion of roles and responsibilities (Dowling et al., 2009; Hodgins et al., 2007; Kalischuk et al., 2006). These issues can linger long after the gambling has stopped, as encapsulated by the notion of 'legacy gambling harm' (Langham et al., 2015).

Women and men are similarly identified as FAOs in population studies internationally (e.g., Svensson et al., 2013), however the majority of FAOs seeking support in Australasia are women (e.g., Hing et al., 2013; Ministry of Health, 2018). Gender has been posited as a shaping force in the social stratification system, distribution of resources, and gambling and harm within society (Holdsworth et al., 2012; Nuske et al., 2016). Dowling (2014) noted that male partners of problem gamblers were far less likely than female partners to engage in gambling treatment and research processes. Women are increasingly seeking support around their own gambling in relation to the availability of electronic gaming machines and online gambling (Wardle, 2017), however the literature on gambling harm reduction for FAOs continues to mainly involve and address itself to women (Riley et al., 2018).

Enhancing the quality, effectiveness, and breadth of support provided for family and affected others harmed by gambling is a nascent area in gambling studies. At present, there are multiple and potentially conflicting

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understandings of FAOs and their support needs in play: Individual psychological, social-relational, and social-cultural perspectives give rise to different possibilities and constraints for harm reduction practice (P. J. Adams, 2016; Selbekk & Sagvaag, 2016). Intervention research has focussed mainly at the level of the individual in psychological therapies; for example, women have largely been seen as adjunct to the psychological treatment and support needs of gambling men, such that: 'If they are able to hinder the rehabilitation process, spouses of pathological gamblers are also able to foster change in their partners' (Bertrand et al., 2008, p. 397).

Given their involvement in promoting or hindering the recovery processes, women have emerged as key 'intervention allies.' Concepts such as 'denial,' 'conformism,' and 'social desirability' (e.g., as deployed by Cunha et al., 2015), and 'codependence' (see critiques by Calderwood & Rajesparam, 2014; Orford, 2014) have been drawn on to position women as negligently avoiding and/or contributing to the gambling problem (see Cunha et al., 2015). Tools and recommendations for improving FAOs' abilities to support their gambler's recovery have been developed; for example, the CRAFT program adopts therapeutic techniques developed for FAOs of substance abusers, helping to persuade the gambler to enter treatment, reduce gambling behaviour, and assisting FAOs with their own personal functioning (Makarchuk et al., 2002). Via these programmes, women are invested with key modifiable indicators of individual psychological health and well-being (e.g., emotion regulation, motivation to care, and communication techniques), and the main focus is on gambler behaviour change (e.g., Hing et al., 2013; Rodda et al., 2013).

There are many reports of FAOs seeking advice and support from psychological professionals, specifically to assist the gambler in their lives (e.g., Hing et al., 2013; Rodda et al., 2020; Rodda et al., 2013)—a recent study suggested around 50% of the help-seeking FAO population is seeking help for the gambler (Rodda et al., 2020). FAOs report experiencing relief and a sense of validating authority through their ability to promote gamblers' recovery (see Kourgiantakis et al., 2018). Critical research has pointed out that these interventions may also reify gender role stereotypes; for example, women as naturally caring and as responsible for their family members' recovery. This tendency has been commented on in relation to addictions support where: 'In short, loyal women have been integral to recovery' (Ferentzy et al., 2010, p. 488). Encouraging women to engage in behavioural contingency planning around partners experiencing addiction is problematic given the association of addiction with domestic abuse (Brem et al., 2018; Galvani, 2006) and sexual violence (Florimbio et al., 2019) against women. That being positioned as an 'intervention ally' can also be experienced as deeply oppressive is suggested in some accounts in gambling studies, for example:

> Is the family who lives with or leaves the gambler the problem too? Where does it end … this 'problem'? … There was nothing I could do about my husband's gambling. The problem gambling support services focussed on trying to get me to help my husband. It was soul destroying. Inside me there was a small voice trying to scream out that we needed help. Us. The family. ('Anna,' interviewed by Borrell, 2008, p. 231)

Such experiences suggest that if gambling services uncritically foster the expectation that women can or should take responsibility for supporting or shaping gamblers' recovery, they might run the risk of inadvertently exacerbating gambling-related harm for women.

Another body of literature focusses on individual psychological well-being of the FAO (without necessary reference to the gamblers' needs). This work positions FAOs as 'under strain' (e.g., Kourgiantakis et al., 2013; Riley et al., 2018). Drawing on a stress-strain-coping-support (SSCS) model of addiction (Orford et al., 2010; Orford et al., 2005), this position advocates that FAOs become the focus of help and support in their own right. For example, a '5-step' intervention for family members of those with gambling problems emphasises: identifying stressors, increasing knowledge and understanding of gambling, evaluating and improving coping resources, identifying and developing ongoing social support networks (Copello et al., 2012). The role of professional support is to facilitate this process (Orford, 1994).

Positioning FAOs as 'under strain' has explicitly created space for women to describe how their relative's gambling problem is affecting them and others in their own terms (see, for example, Holdsworth et al., 2013). Women may also be more able to place respectable limits around their capacity to care: 'One of the main things that (my therapist) had said to me was that I'm not his therapist' (family member interviewed by Kourgiantakis et al., 2018, p. 301). This validation of women's personal boundaries and safety concerns seems important in light of persistent findings that people with gambling issues tend to downplay and/or deny the impact that their behaviour has on their significant others (Cunha et al., 2015; Landon et al., 2018; Patford, 2009). The question of whether or not to leave an abusive and/or violent relationship is highlighted as a key struggle for women with gambling partners, particularly those with children (Kourgiantakis et al., 2018; Patford, 2009).

A social model emphasises addiction and recovery as a process of social identity transition carried out in relationship with others (Best et al., 2016; Borkman et al., 2007). Rather than conceptualising support from the perspective of 'recovery' (which implies a journey undertaken by an individual), 'reintegration' has been promoted as a concept that centralises the

social/relational determinants of addiction and recovery (P. J. Adams, 2007) and focuses on creating opportunities for quality relationships within a social system (Copello & Orford, 2002; Simmons, 2006). Formalised addictions intervention approaches include behavioural couples therapy (BCT) (Epstein & McCrady, 1998) and social behaviour and network therapy (Copello et al., 2006). These perspectives are also operationalised in peer social support practice, family harm reduction/support groups, and some Indigenous-based approaches (P. J. Adams, 2016; Huriwai, 2002). Critical scholars of intervention practice have argued that a traditional focus on individual psychological approaches to mental health issues has limited the development and study of social-relational approaches to supporting FAOs (P. J. Adams, 2016; Selbekk & Sagvaag, 2016). For example, BCT has tended to be explored as a means of influencing addictive behaviours (rather than FAO well-being) (Walitzer & Dermen, 2004). The extent to which women have the emotional capacity or willingness to engage in this way remains underexplored (O'Farrell & Clements, 2012).

Social models of addictions also draw attention to wider cultural and environmental influences on biological, psychological, and other factors, with implications for both the experience of and interventions to address harm (Becker et al., 2016; Griffiths & Delfabbro, 2001; Sharpe, 2002). In this work, gender is understood as constituted through sociocultural processes that shape men ('masculinity') and women ('femininity') (Becker et al., 2016). Claudia Bepko's (1991) collection of work on feminism and addiction was one of the first attempts to make the family treatment of addiction relevant to women, engaging with issues such as gender socialisation and gender-based violence, to position 'addiction' as attempts by individuals 'to have control over their own experience … a metaphor for the imbalances of power in the larger social arena' (Bepko, 1991, p. 1). Viewed in this way, it is possible to identify gender inequality as shaping addiction-related harm in important ways; for example, through women's social responsibility for family and child well-being, and experiences of poverty, discrimination, trauma, and harassment. From this perspective, quality and effective services for families should acknowledge, understand, and respond to the lived experience of women and families in a patriarchal society (Creswell, 2016).

Morrison and Wilson (2015) illustrated intersectional issues of racism, and women's poverty and positioning as primary caregivers in society, to make sense of gambling harm for New Zealand Indigenous Māori women—living disproportionately in high deprivation neighbourhoods, with low incomes, overcrowded and substandard housing, and carrying the burden of providing and caring for multiple generations (Morrison & Wilson, 2015). Patriarchal norms and culturally defined gender roles have been shown to constrain women's ability to speak about and address gambling harm in their families (Kolandai-Matchett et al., 2017). For Indigenous families, patriarchal notions, gambling, and violence have been positioned as complex and intersectional issues, exacerbated by the ongoing effects of colonisation and historical trauma (Dyall, 2010; Levy, 2015; Morrison & Wilson, 2015; United Nations, 2014). This literature highlights enhancing women's social capital as important for gambling harm reduction (Nuske et al., 2016) in ways that involve 'challenging sexism and traditional societal ideas of women's place in the world' (Lesieur & Blume, 1991, pp. 193–194).

The brief review above highlights that multiple constructions of harm as well as the purpose and intended outcome of support for FAOs are in circulation, with important implications for the well-being of women harmed by gambling. Research oriented to inform gambling harm reduction service planning and delivery for FAOs is scarce and severely limited by minimal engagement with the lived experiences of FAOs (Riley et al., 2018). Little is known about the needs of gambling FAOs who do not contact formal gambling services (Hing et al., 2013; Landon et al., 2018; Riley et al., 2018). Barriers to help-seeking have been found to include lack of knowledge/ understanding of help available, procrastination, and shame (Bellringer et al., 2008; Hing et al., 2013). Engagement with the experiences of women who do not present to specialist gambling services might provide some insight into how support for FAOs could be enhanced. Here we present an exploratory study of how eight women FAOs approaching community support services positioned themselves and their needs in relation to gambling harm. The research questions were: How do women FAOs who present to community services define gambling-related harm and intervention needs? What are the implications for gambling support service design and delivery?

Methodology and Methods

Theorising Gambling Harm and Gender

The theoretical position taken in this study was social constructionism: 'addiction' is seen as a social and historical construct and product of the social and political processes that produce culturally specific knowledge about addiction (e.g., Reinarman & Granfield, 2014; Truan, 1993). For example, 'gambling' has been constructed within public health discourses as a potentially dangerous practice (a harmful activity), and within economic discourses as an ordinary consumer activity (a contemporary form of consumer culture) (Wardle, 2017). Psychological, biomedical, and public health discourses have offered different configurations of problem and/or pathological gambling as: 'a mental disorder, a physiological syndrome, or sometimes a (calculable) combination of all of these things, expressed as factors of risk' (Reith, 2007, p. 38). We can consider 'gambling,' 'problem gambling,' and 'gambling harm' to be objects of

knowledge that are continually being constituted and transformed through language and discourse. All of these constructions have made various activities/actions in relation to gambling possible; such as, specialist gambling counselling, the building of casinos, and public health promotion activities. The lived experience of addiction-related harms, organisations and systems for addressing harms, and the culturally available frameworks for making sense of 'addiction' are held to be entangled (P. J. Adams, 2008; Reinarman & Granfield, 2014).

Gender categories were seen as the effects of 'dominant cultural discourses and their underlying master narratives—be they biological, medical, legal, philosophical or literary' (de Lauretis, 1987, p. 1). Gavey (2005) describes how poststructural feminism provides a way of understanding how particular practices and knowledge systems 'which are highly gender-specific—make possible different kinds of desires, and way of being, to women and men' (p. 86). This perspective draws attention to the social landscapes that both produce and shape gender. Gender is understood as both socially constructed and performed in relation to norms (Butler, 1990).

Participants, Recruitment, and Data Collection

Recruitment was carried out with support from an urban women's centre and a transitional housing service in Auckland, New Zealand. Participants were four women who accessed a support group for single/un-partnered mothers (through the women's centre) and four women currently residing in the transitional housing service. The women volunteered by responding to flyers advertising the study in these community-support spaces. Participation was open to any women who self-identified as having experienced harm from someone else's gambling. The women were aged between 27 and 39 years, six were of New Zealand European ethnicity, and the remaining two were each of Indian and Indigenous Māori descent. All eight women had children under the age of 15. All self-identified as having been harmed by the gambling of a family member and had experienced the impact of gambling mostly through male partners, though one woman discussed the legacy impact of a grandparent's gambling. Semi-structured, face-to-face interviews were conducted at the community centres using an interview topic guide in order to elicit and document the experiences and views the participants had around gambling harm, as well as how gambling harm could be addressed. The topic guide consisted of series of open-ended questions, such as: 'Can you tell me about the role of gambling in your life?' Interviews lasted between 30 minutes and one hour. Upon completion of the interviews, they were transcribed verbatim, and pseudonyms were assigned.

This research was approved by the Auckland University of Technology Ethics Committee (Approval numbers 17/208 and 17/181).

Data Analysis

Data were analysed using a reflexive, theoretically informed, thematic approach (Braun & Clarke, 2019). Thematic analyses may be underpinned by a diverse range of ontologies (Terry et al., 2017). Analysis was informed by feminist poststructuralist theories of language (e.g., Gavey, 1989; Weedon, 1987). Feminist poststructuralist analysis of written text typically includes an 'analysis of the socially constructed nature of human behaviour, deconstruction of the assumptions within language and the processes of producing subjectivities' (Gavey, 1997, p. 62). Language was viewed not as merely 'reflecting' social practices (thoughts, beliefs), but rather as constitutive, drawing on and referencing available ways of making sense of phenomena (Weedon, 1987). 'Language and discourse constitute meaning, and hence, particular discursive resources enable and constrain people's choices for how to be and act in the social world' (Braun et al., 2003).

Sections of interview transcripts that contained content referring to gender (as defined by poststructural feminist theories) and/or the intersection of gender with gambling harm were selected as data. Data were coded into themes through a process of repeated reading, which resulted in the initial identification of a number of patterned representations of gambling harm for women affected by the gambling of others. Initial themes were reworked and refined in relation to the whole dataset as the analysis progressed, and further subthemes were coded and identified.

Results

The interviewed women positioned themselves as subject to economic disadvantage, and patriarchal systems, practices, and implied values, which exacerbated and constrained their ability to influence gambling and harm in their families. In seeking to position themselves as 'good mothers' the women referenced powerful normative and moral constructs about selflessness and producing child health and well-being as core attributes of womanhood. These constructs alienated women from support services in general, and gambling support services in particular.

Subject to Patriarchal and Economic Determinants of Gambling Harm

Gambling harm was constructed as both produced and exacerbated by two macro-social determinants: gender inequality and poverty. Patriarchal family structures and communities were described by two women who told how their refusal to provide funds for gambling would result in physical violence from their partners. Traditional gender roles of men as 'decision makers' limited the ability of four women to raise gambling as an issue both within and outside the family context:

> In his family, it is what a man should do—drink, talk, gamble all with his friends, so it is quite

> destructive for me [impossible] to challenge … I think it's like the dark side of the moon, because he would show he was decisive and determined, capable, caring, but there was also the other side because he thought that women were not as strong as men and they should be obedient, so he should be the one to make decisions. (Caroline, single mother support)

Also referenced was the gendered expectation that women would perform the majority of domestic and emotional labour within the home: Anna described how 'from a man's point of view … they got to see their missus coming home … cooking food, cleaning up the house.' This gendered construction of caring produced the expectation that women would address gambling harm in their family and take responsibility for holding the family together:

> All the time you're confronting them because you've found things, there's never an admission that they've got a problem, and I would ask his parents for help for him and basically, not in these words, but their attitude was you've made your bed with him so lie in it. (Amy, single mother support)

Individual responsibility for addressing gambling harm in the family could be experienced as deeply oppressive and as incompatible with women's ability to take care of themselves and their children. Anna was brought up by her grandmother. Anna's grandmother was allocated a small allowance by her husband to buy food for the household's consumption, which constrained her ability to entertain/host or shop for her personal needs. She developed a gambling problem that eventually forced the sale of the family home. Anna described her grandmother's financial dependency on her husband, and corresponding lack of financial literacy, as shaping the gambling harm in her family, the legacy of which contributed to her own financial deprivation:

> My grandmother, I think once women who are allowed next to nothing [by their husbands] get money, it's pretty much easily addictive. I mean, the women go out, and you know, when money comes it's like … cha-ching, cha-ching in their eyes. (Anna, housing support)

The four women accessing housing support emphasised poverty as a key driver of gambling behaviour in their families, such that excessive gambling in their families could be seen as a reasonable response to circumstances of deprivation:

> We grew up in a life that money was power. Only that was gonna take you from such other shit, that it was a good distraction from it. You know? The high of just winning something—everybody likes to win stuff to have stuff. (Sam, housing support)

> With my grandparents … I can see it now, the way that they were trying to get money [by gambling] was because they were trying to save for me. To do it for schooling, or anything, like for Christmas presents and stuff like that. (Anna, housing support)

In this way poverty, combined with gambling industry marketing practices emphasising the possibility of great financial gain, were highlighted as producing and shaping gambling harm.

Caroline (single mother support) succinctly described the implications of patriarchal and economic determinants for women's gambling harm reduction: 'Any financial help was the most important because otherwise I wouldn't be able to leave him because he supported the family.' Economic empowerment was seen as vitally important to enable women to determine the course of their lives. The women also discussed community development activities as central to addressing and preventing women FAO's gambling harm:

> I always feel that when there's a problem that maybe there was a way to prevent the problem you know. What is it really about is when you try to feel good for the material stuff actually instead of some spiritual stuff and cultural stuff … kapa haka, and church. So, for kapa haka, it's about unity, and culture, and connection, and singing, and performing. (Sam, housing support)

Kapa haka (Māori performing arts) contribute towards well-being and identity as processes for Māori, that can be utilised in Māori health promotion (Paenga, 2008). Women who described addressing and preventing gambling harm through community connectedness also referenced the Māori notion of kaitiaki. A kaitiaki is a guardian, and the process and practices of protecting and looking after the environment are referred to as kaitiakitanga. As a concept, kaitiakitanga can align with a public health focus on shaping the environments in which health is produced (Wilson, 2008). For all of the women in this study, a holistic discourse of health and well-being seemed to allow for discussion of intervention beyond individuals, invoking a political space where women could recognise the structural and social determinants of gambling harm:

> I went to the Salvation Army, they did counselling for people affected by other people's addictions … you just get so bamboozled by it all and so confused. Then after that I started going to the Women's Centre, and that was really the

> only support I had. I didn't necessarily talk about what was going on, but it was somewhere to go and just be … So that to me is a concern, that we started to change, that there's nowhere to be. (Amy, single mother support)

> I just love the structure, and the safety of being involved in community work, and just because they're helping me actually figure myself out without trying to … we're helping all of us understand ourselves together, I guess, and it's giving me the tools I need to have a better life, be a better mother, and be a better role model to my children. (Caroline, single mother support)

From this perspective it was possible for these women to resist efforts to position their problem as an individual phenomenon via 'counselling for people affected by other people's addictions.' These women could articulate the need for change in broader systemic drivers of gambling behaviour and harm, such as gender inequality, poverty, low levels of social cohesion, and access to community facilities appropriate for women.

'Good Mothers'

The women in this study were careful to claim and defend a position as 'good mothers.' Good mothers were held to consider the well-being of their children first and foremost, taking responsibility for shielding them from gambling-related harm.

> I just don't want my kids to go through what I've been through with the gambling … 'Cause I've made a promise to myself that I'll look after my kids, I've promised myself that I'll be a good mother, and I've promised myself that they'll be well looked after, well cared for. (Anna, housing support)

For all of the women interviewed, being a good mother necessarily meant putting some degree of distance between the gambler and the family, whether that was living separately (avoiding the streets at all costs), dividing finances, or severing the relationship entirely. Three of the four women accessing support for single mothers cited gambling as the main reason for their separation from their partner; one woman mentioned violence associated with gambling:

> I said to him, you've got to pull your head in, but he wasn't willing to put his family life first. So, he gets [daughter] every second weekend. (Belinda, single mother support)

> I think I had less tolerance for it all [gambling and violence] after my girls were born. I realised that I had something else to look after, and I didn't want them seeing that. (Danika, single mother support)

Compensating for fathers' absences, as well as seeking to preserve a positive connection between the child and their father, were discussed as essential to child well-being. These notions correspond with current New Zealand family law and policy, emphasising that preserving a relationship with both parents is usually in the best interests of children (Tolmie et al., 2010). This often meant orchestrating a delicate balancing act, which produced additional financial and emotional strain for the women:

> He'll come up and see his son, and he'll say 'oh I've got no money to get home [as a result of gambling]' … even though we're not together you're still affected by it when you've got a child, you're still caught up in this world of craziness. (Amy, single mother support)

In positioning themselves as 'good mothers,' these women provided glimpses of the social situation of 'bad motherhood' against which they were required to defend themselves. Women accessing community support for single mothers particularly emphasised social stigma around being unable or choosing not to be in paid employment:

> I think there's just so much stigma associated with being a single mother in New Zealand I never appreciated how it is to be in work and income support. I stayed at home with my son before I went back to university and did a postgrad. How depressing it is going to [work and income support service], feeling like, you're bludging off society and you're not worthy of being a member of the community. (Amy, single mothers support)

Belinda who accessed single mother support contrasted financially independent 'normal happy families' with 'broken homes' like hers to describe how notions of the 'good nuclear family' excluded her single-mother family. Caroline contrasted 'perfect motherhood,' as she imagined it would be, with her current situation as a single mother on a benefit:

> If you say you are a single parent, there's judgement from people, and it's like you can't explain what happened because its just too hard. And then his gambling, drugs, as well as his debts … You know, you think an educated woman in my 30s, you just don't think you're going to be in that circumstance. There's that stigma there, I didn't think I would be like this. I didn't think I would be in this situation. (Caroline, single mother support)

The struggle to maintain 'good motherhood' placed the women in a precarious position, in relation to seeking gambling support. For example, Amy (single mother support) described her fear of being positioned as a 'bad mother' because she is not always able to protect her son from harm caused by her ex-partner's gambling:

> I think there's a lot of shame with regards to admitting that there's a problem, especially with gambling, and the whole 'why did you have a child with someone who's got this problem?' … So I never told the day care that this was happening or, you know, that there were other things going on that could affect my son's behaviour. (Amy, single mother support)

Women described how the threat of being cast as 'irresponsible mothers' encouraged them to take on sole responsibility for addressing gambling harm in their families and constrained their ability to speak about gambling issues:

> Well [gambling] caused me to become a single mother. I think that meant there was less support, and maybe a little bit more judgement … I really struggled when I had to come home and go on the single parent benefit for a few years until I got back on my feet … I found it hard to talk about it, especially to friends, I didn't want to get judged. (Danika, single mother support)

> I would never talk about the gambling. I did talk about it once with a friend and then she never really spoke to me again. So, I think it was seen as kind of my problem, I took that as in, it's your problem to sort out, she didn't want to know. (Amy, single mother support)

The women associated 'good motherhood' with powerful traditional social and cultural expectations around the nuclear family as a social and economic unit, femininity, and women's roles as caregivers in the family. 'Good motherhood' was positioned as largely incompatible with experiencing gambling harm in the family, constraining women's access to social, familial, and professional support.

Discussion

This study provides some illustration of how gender-related issues may be linked to gambling harm and harm reduction by women accessing community support services. These women constructed the gambling harm they experienced as a socio-cultural and gendered phenomenon. Poverty, gender inequality, and the struggle to maintain 'good motherhood' in a social environment considered hostile to both beneficiaries and non-nuclear families were all identified as important facets for intervention by these women. Gender norms were described as operating in broader society to reward women who are able to position themselves as capable wives, mothers, and carers, and stigmatise or punish those who are cannot—discouraging help-seeking. Just as Schüll (2012) argued with respect to women who experience problem gambling, gambling harm for FAOs appears in many ways to be 'symptomatic of unresolved anxieties and tensions surrounding the place of care in our discursively individualist society' (Schüll, 2012, p. 2). Järvinen-Tassopoulos (2016) has also shown how traditional gendered roles of spouse and mother can operate to discipline Finnish women experiencing gambling harm, who fear losing their families if their problems become known outside the immediate family. These findings shed light on how the production of familial well-being as women's responsibility could facilitate (even mandate) help-seeking for some women, while constraining help-seeking for others for whom the burden of multiple stigmatised social positions is too great.

Outside of gambling studies, a strong body of literature has highlighted the ways in which women can be subject to intense moralising regulation as wives and mothers, which compromises their health and well-being (e.g., Miller, 2007; Raddon, 2002; Wall, 2001). The current findings relate to a broader critical women's health literature identifying 'the family' as a problematic space for women's health and well-being. Division of labour in the home remains an important gender-equity issue (Choo, 2000; Waring, 1999). Internationally, inequity in the home remains negatively associated with women's mental health (e.g., Lively et al., 2010), restricted access to health and well-being benefits of employment (Schnittker, 2007), and income inequality with men (Kleven et al., 2018). Women continue to be positioned as primary carers in families, through representations of guilt, responsibility, work–family balance issues, and dominant forms of masculinity (Wall & Arnold, 2007). In New Zealand, women still spend 2–3 times as much time as men on unpaid household and caregiving work (Fursman & Callister, 2009). Consequently, boys and men can experience profound difficulties participating actively in families and sharing the tasks of providing emotional intimacy or personal care that are integral to family life and well-being (M. Adams & Coltrane, 2005).

The foregoing raises important considerations for gambling harm reduction. Gender dynamics should be carefully considered to avoid adding to women's social burden and exacerbating harm. Gender-aware family and community interventions would work with families and communities to identify and challenge gender narratives that may be experienced as restrictive, and find and advocate for creative ways to redistribute responsibility for providing care (Lesieur & Blume, 1991). Gambling interventions should find ways to include men in conversations about gender equality in the provision of care, in the home and in broader

society. To date, there has been very little engagement with men in gambling harm prevention and reduction research and practices for families (Riley et al., 2018).

The current findings suggest that gambling services target FAOs in relation to their 'own personal functioning' (e.g., Makarchuk et al., 2002), which is problematic for some women to the extent that they are required to identify themselves as 'dysfunctional' or 'not coping' (at the level of the individual) to access support. In the addictions treatment field, Aston (2009) explored the ways in which women have struggled against similar addiction treatment ideologies that have required them to identify as 'addicts' in order to access support:

> While acknowledging her need to address her temporary inability to stop using drugs, Susan refused to accept an identity based on powerlessness and composed of character defects. … Susan saw the world in terms of power, privilege and difference; claiming powerlessness was 'what women have been doing for years' (Aston, 2009, p. 622).

Addictions treatment and self-help services (as well as researchers, government departments, and other stakeholders) produce authoritative knowledge statements about 'addictions' and 'addicts' in families. These constructions may or may not align with women's lived experience, and can even unwittingly exacerbate experiences of disempowerment or worthlessness (Aston, 2009).

Traditional psychological and health sciences have tended to focus on support for individuals harmed by gambling or, at most, the inner workings of families (Orford, 2014). In the limited gambling FAO intervention literature, the clinician's role tends to be narrowed to 'identifying stressors' followed by 'advantages and disadvantages of how they respond' to stress and the need to provide psychoeducation (e.g., George & Bowden-Jones, 2015, p. 167). These approaches reflect the dominance of cognitive behavioural and motivational interventions (Meis et al., 2013) and converge around three particular components of family interventions in mental health and addictions that are regarded as essential: providing information about the addiction/mental illness, coping skill development, and support from professionals. (Kourgiantakis & Ashcroft, 2018; Lucksted et al., 2012). In engaging with affected women, the current findings support social-relational and sociocultural perspectives on gambling harm/reduction seeking to '[alter] the focus of treatment from the individual to the social context within which the addictive behaviour takes place' (Copello & Orford, 2002, p. 1362).

Two of the women interviewed in this study articulated a need for collective social action as an appropriate response to the harm they experienced. The perspectives of these women challenge dominant (uncritical) psychological interpretations of harm and their support needs by maintaining a dual focus on individual and collective social issues. Interventions have been developed for women's health concerns in ways that bridge the individual-social (e.g., Ussher et al., 2002). These approaches encourage clinicians to collaborate with community, advocacy, and social justice groups in addressing the needs of their clients, including promoting social action leading to health-promoting cultures and environments (Prilleltensky & Prilleltensky, 2003). As yet, there is little evidence in the literature of critical psychological work in the area of gambling harm reduction for women. Critical psychology may offer opportunities to expand the role of gambling services to include community development and more client-led practice.

The women also referenced collaborative and Indigenous mental health therapeutic activities, and the need to challenge patriarchal family structures in ways that are culturally nuanced. In New Zealand, a Whānau Ora approach is a strengths-based intervention strategy with the capacity to support this kind of gambling harm reduction for women. It includes a focus on supporting broader family and community systems to conceptualise and address issues that are complicated and interrelated (Levy, 2015; Ministry of Health, 2015). From this perspective, engagement with women's own definitions and practices of wellness and autonomy is identified as vital. For example, some Māori women view safety and well-being as a holistic concept involving confidence that their community supports and accepts them as Māori women, as well as a strong sense of connectedness with other women (Wilson et al., 2016). This definition suggests initiatives focus on challenging problematic narratives about Māori women (e.g., as 'at-risk,' powerless, or troubled) and on strengths-based community development work with women specifically (Wilson, 2008; Wilson et al., 2016).

The current research supports the notion that efforts to reduce gambling harm for women 'requires a feminist sensitivity to the reality of women's lives' (Boughton, 2003). This involves developing interventions with and through research that engages the social and cultural conditions of possibility for women's gambling harm and recovery (Holdsworth et al., 2012). This links back to early definitions of gambling as a public health issue and the need to address 'not only the biological and behavioral dimensions related to gambling and health, but also the social and economic determinants such as income, employment and poverty'(Korn & Shaffer, 1999, p. 291). To this list must be added gender power dynamics in families and communities (Hammarström, 2007).

Limitations

This research engaged with a small group of women who were all mothers engaging with two community services. These women were also of mostly similar, New Zealand European, cultural backgrounds. Considering a

wider range of women's experiences in conversation with gambling studies would help determine where and how FAOs might have been inadvertently excluded or alienated by the discourses of gambling support, and should shed further light on how support for FAOs could be enhanced for women.

Conclusion

Dominant conceptualisation of FAOs' support and interventions tend to ignore or downplay factors external to the family that help to produce and exacerbate gambling harm. Intervening to reduce gambling-related harm for women and affected others necessitates engagement with women's lived experiences and the broader conditions under which women live. For women in this study, this reality included marginalisation caused by poverty, gender inequality, and the struggle to maintain 'good motherhood' in a social environment considered hostile to both beneficiaries and non-nuclear families. Critical psychology and coherent gender analysis may offer opportunities to expand the role of clinicians, services, and researchers to include advocacy, community development, and more client-led and gender-aware engagement with women.

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