



QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

APRIL 2010

'Aims to strengthen links between women by providing access to information and support'

WOMEN & ADDICTION: GAMBLING

Women and the Pokies

What do health workers need to know?

By **EMMA MALONE**

Relationships Australia – Gambling Help Service



The introduction of poker (pokie) machines has literally changed the face of gambling. A shift in attitudes towards women's participation in gambling, easy availability of poker machines, and an environment that is "women friendly" has seen an increase in the number of women gambling on poker machines. Research indicates that 75-85% of problem gamblers experience problems with poker machines¹. Given that in Australia 57% of all poker machine players are now women², this presents a significant health risk for women.

No longer is gambling a stereotypically male activity, confined to a stereotypical male domain such as a TAB or race track. Recently, the "feminisation" of gaming venues and clever marketing has led to gambling on the pokies

being seen as a socially acceptable "normalised" leisure activity for women^{3 4}. Further, the opportunity to gamble can provide women with feelings of empowerment removed from their traditional stereotypical roles such as mother or wife⁵.

Pokies have penetrated into everyday domestic life. They provide women with "convenience" gambling, with venues nestled in suburbs located next to shopping centres and close to homes. This provides access and flexibility, allowing women to gamble around domestic and work responsibilities.

Gaming venues offer a welcoming environment. Women are greeted by friendly and familiar staff, providing a feeling of belonging, comfort and physical safety. Venues are seen by women as

clean, fun and glamorous. Playing the pokies, women report they feel the comfort of being in a crowd without the risk of rejection. Further, they can occupy space in pubs without attracting, or being seen as attracting, male attention. Venues offer incentives such as cheap food, drinks and sometimes childcare.

Participation in pokies requires no skill, and thus is not restricted by barriers such as class, wealth, age, gender, education, culture, dress and lifestyle⁶. Pokies have been referred to as an "equal opportunity facility" – all are accepted including those otherwise socially excluded⁶.

Not surprisingly, since more women are gambling, more are experiencing problems with gambling. Once a gambling problem is established the overwhelming

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desire and preoccupation with the pokies, and the belief that losses can be recovered with a win, can be all consuming. These otherwise responsible and intelligent women are shocked by their behaviour and report a loss of control and feelings of fear,

Our Next Newsletter

will examine health issues encountered by women who are

IMMIGRANTS & REFUGEES

Does your organisation have expertise in this area?

Or are you a woman with knowledge / experience on this topic?

Share your insights with over 400 organisations, professionals, and other women in Queensland and beyond...

We welcome your articles, news items, or other submissions. Please contact us in advance at: coordinator@qwhn.asn.au for submission guidelines.

Deadline: 28 May

QWHNEWS

For Queensland women the most popular method of gambling is the lottery¹. Overseas trends suggest that online gambling is also becoming increasingly popular with young women. The direct and indirect effects of problem gambling can have a huge impact on women's mental, physical and economic wellbeing.

In this edition we hope to raise awareness of this often hidden issue, both in the general community and amongst health workers who may be able to help women take the first crucial steps to recovery.

Remember that women's health services throughout Queensland provide information and support on many issues of importance to women. To find out more visit: www.qwhn.asn.au



Maree Hawken
Coordinator

1 Source: Queensland household gambling survey 2008-09, Office of Liquor and Gaming Regulation, Queensland Government

guilt, anxiety, self-doubt and worthlessness. Further, problem gambling can lead to serious financial crisis, legal and employment issues, relationship stress, plus mental and physical health issues for women. Health problems include loss of sleep and appetite, extreme stress and anxiety, depression, substance abuse, and tragically some problem gamblers have higher prevalence of major illnesses such as coronary heart disease and stroke⁷.

These devastating consequences highlight problem gambling as a serious public health issue for women. Health professionals need to be sensitive to women's gambling as potentially problematic. Due to the shame and stigma associated with problem gambling, they often seek mental health, legal and/or financial assistance without disclosing gambling as a problem⁸. Often problem gambling is not obvious, therefore it is important to be aware and screen clients for gambling problems. Exploring issues around financial concerns, mood and behavioural changes such as work absences and distancing from relationships, may assist to elicit potential problems⁹. Asking questions about what activities help to 'zone out' may also open up a dialogue to explore the risk of problem gambling in women. Perhaps then we can increase the likelihood of these women seeking the help they need to change their lives.

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The Gambling Help Line

1800 858 858

is available 24 hours – 7 days
offering crisis counselling and referral to local services throughout the State.

The Gambling Help Service offers

- Free face to face and financial counselling to individuals, couples and families.
- Free education about gambling to health providers & community groups.

Funded by Department of Communities.

Auspiced by

Centacare, Relationships Australia, and Interlock.



STRATEGIES FOR ESTABLISHING OPEN COMMUNICATION WITH PROBLEM GAMBLERS

- Establish rapport
- Be non-judgmental, respectful and neutral
- Be alert to signs and indicators
- Add a brief gambling screen to intake processes
- Ask questions about leisure activities. Include questions such as *Do you play bingo or go to the club/pub?*
- Ask about gambling. Include questions such as *Have you ever lied about your gambling? Do you have concerns about the money or time you spend gambling? Do you feel guilty about gambling? Are you having trouble paying bills?*
- Do not ask *Do you have a gambling problem?* This may not draw truthful information as many women may react strongly to the word "problem" as it relates to their gambling
- Ask if anyone else is concerned about their gambling
- Normalise the issue for women
- Encourage self reflection and increase self awareness
- Build motivation to make changes
- Provide an opportunity to discuss

Adapted from the *Guidebook for Treatment Professionals*, produced by CGROWTH Ontario Canada.

Women and Gambling

As the partner, family member or friend of a problem gambler, women may have to contend with a number of issues.

Dr Dianne Rogers from Centacare Gambling Help Service looks at the direct and indirect effects of gambling.

Most people in Australia have gambled at some time, either buying scratchies or raffle tickets, bingo, betting on the horses or playing the pokies. People gamble as a form of entertainment and to socialise. However for some, gambling can become a problem. Problem gambling is defined as a behaviour that may compromise, disrupt or damage, family, personal or vocational pursuits. It is estimated that 0.75 percent of the adult population are problem gamblers and a further 1.7 percent are at risk of becoming problem gamblers. These figures may appear small. However if you consider that 0.15 percent of the population require hospitalisation due to traffic accidents, it is clear that problem gambling is a significant issue.¹ Most problem gamblers spend more than they can afford to lose, many have gambling debts and some borrow or sell assets to finance gambling. Bankruptcy and fraud can also result from problem gambling. It is estimated that *“for each problem gambler, several others are affected – including family members, friends, employees and colleagues”*.²

Women can be affected directly or indirectly by gambling. As the partner, family member or friend of a problem gambler, women may have to contend with a number of issues including the destruction of trust in the relationship, feelings of shame or guilt, and financial hardship.³ Financial hardship can include being unable to pay bills and in some cases the loss of the family home and other assets. The problem gambler may be secretive or lie about money and his/her whereabouts. The problem gambler can be controlling, and domestic violence may be present. It is important to stress to women indirectly affected by gambling that:

- the gambler is responsible for his/her actions
- they can not control the gambler's actions
- financially, emotionally, and physically, protection is necessary
- they are not to blame

- a gambler can tell you anything to get money
- it is counterproductive to help with money or accept blame
- a plan of action is needed.

Moreover it is important to get help and support.

Although, historically the view has been that most problem gamblers are men, gambling on poker machines is affecting both men and women. Increasingly, women who may previously have gambled by playing bingo or buying raffle tickets, are playing the pokies. Often gambling at the pokies is a part of socialising with friends in a friendly and safe environment, such as the local tavern or casino. Unfortunately for some women, playing the pokies moves from being a fun and social activity to being seen as a way to supplement their income. The belief by some that playing the pokies is a way to make money may account for the statistics that show that people with less money spend a greater proportion of their income on gambling than others.

A recent study of older women and gambling found that for some women *“playing the pokies has proven to be a perilous pastime”*.⁴ The researchers found that women in their mid forties to mid seventies who had *“developed a gambling problem all felt overwhelmed by troubles in their lives”*.⁵ Many of them had suffered grief due to losing a loved one, caring for family members and/or abuse that they had suffered in their lifetime. They gambled to escape from boredom, depression and the difficulties they were facing. In order to feel better they spend more and more time and money gambling on the pokies. Losing money at the pokies places older women in a vulnerable financial position. A 73 year old woman in Dr Kimberley's study reported that in order to finance her gambling she cancelled her health insurance, and on pension day would take \$400 to play the machines – she would leave without a cent. As she no longer had the earning capacity to replace

what she had lost *“the financial ramifications were terrifying”*.⁶

Problem gambling can have a devastating effect on individuals, family, friends and the community in general. There are 14 Gambling Help services in Queensland which are funded to provide community education and offer support and counselling to individuals and groups affected by problem gambling. Each service is contactable through a **24 hour Gambling Help Line – 1800 858 858**.

Dr Dianne Rogers

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The Australian Women's Health Network

presents the

6TH AUSTRALIAN WOMEN'S HEALTH CONFERENCE

*Women's Health:
The New
National Agenda*

18-21 May 2010

HOBART, TASMANIA.

www.awhn.org.au

Looking into the gaming lounge

The lives of women gamblers

For those who have never seen the appeal of sitting at a poker machine in a club, hotel or casino, it can be difficult to imagine the lived experiences of the women for whom gambling has become a problem. Yet their stories and lives are not dissimilar to the ones that are heard regularly in quiet counselling rooms in women's health centres and community centres across Queensland. International gambling research focused on women problem gamblers has drawn a picture that allows us to identify factors that may indicate women who may be at risk, or who may indeed be problem gamblers but who have not disclosed this to their health practitioner. Too often women problem gamblers (PG) do not seek help, in fact only 4% doⁱ, and the remainder continue to struggle with their problem alone, and often silently. In addition to mental and physical health concerns, PG can give rise to financial, relationship, employment problems and fraud and crimeⁱⁱ.

With the introduction of electronic gambling machines (EGM) into casinos, hotels and clubs, women are now at greater risk of developing PG. In the past men gathered in betting shops, race tracks and casinos and these spaces were clearly masculine domains that did not provide the ease, comfort or safety factors that would encourage the participation of womenⁱⁱⁱ. Venues that provide easy access, safety, transport, meals and entertainment and are safe places for women to go alone are now in most suburbs, and so the prevalence of women gamblers has increased^{iv}.

In research that has examined the socio-economic and psychosocial factors that are common in women PG it has been identified that a sense of isolation and alienation, mental health issues, past experiences with addictive substances and behaviours, experience of abuse and violence and the centrality of caring roles and responsibilities are usually concomitant to or have been significant past experiences^v.

Given that so few women seek help for PG, providing the opportunity for women to disclose PG to a health worker who they see in another context may enable them to get the help that they need from the Gambling Health Service throughout the State. So what is the picture of women's lives who are at risk of developing or who are PG?

Mental Health

While loneliness and isolation are correlates of PG, more specifically alienation and a feeling of not being a part of a group or understood by others, despite their social networks, is a factor reported by PG women^{vi}. In the family history of PG women, mothers and siblings are more likely to have diagnosed psychiatric problems than other women^{vii} ^{viii}. Of particular interest is that PG women have a high likelihood of seeking professional help for mental health concerns. Of the 365 women surveyed in this study, 63% had sought help for depression, 53% for anxiety and 71% of the sample had sought help for mental health concerns^{ix}. In fact, many women PG see playing EGMs as a way to deal with depression and anxiety, and that the activity is an escape from these symptoms and the pressures of their lives^x.

Substance Abuse and Addictive Behaviours

In past histories, women PG are more likely to have had past problems with alcohol (41%), compulsive shopping (43%) and eating disorders (38%)^{xi}. This is considerably higher than the incidence in the general population of women where the study was conducted, with 1% reporting problems with compulsive shopping, 7% alcohol problem, and 3% with bulimia^{xii}. In addition, family history of alcohol and drug problems with parents are commonly found^{xiii}.

Violence and Abuse

The childhood experiences of women PG are more likely to be those where there has been physical, emotional and sexual abuse, with 38% reporting childhood sexual abuse (13% in the general population)^{xiv}. In addition abuse in adult relationships, both current and past, are common for PG women, with 74% reporting abuse in a previous relationship^{xv}. EGMs can provide a source of social connection for women who have difficulty forming new relationships because of the presence of violence and abuse in their lives^{xvi}.

Financial situation

Women of all income groups gamble, and develop PG, however the financial impact of PG on women with low incomes can leave little cushion for everyday needs. Women on low incomes spend proportionally more on gambling than those with greater resources, and as a result their options for financial remedies are fewer, and



the resulting problems in housing and health are greater^{xvii}.

Caring Roles

Carer exhaustion is common in women PG, who report that playing EGMs allows them to zone out, to escape the pressures that they feel in their domestic lives^{xviii}. In addition, gambling provides a dream of escape from their situations through imagined sudden wealth so that they can make improvements to their own and their families' lives^{xix}. The relentless responsibility and work associated with caregiving responsibilities hinders the development of social connections and networks, which contributes to the sense of alienation and loneliness that is a factor in so many women PG lives^{xx}. Women who are at risk or who have already developed PG may appear no different to other women superficially, however there are factors such as carer exhaustion, past and present mental health issues, history of abuse and violence and the presence of other potentially addictive behaviours and substances that are common in this group. Asking questions about what activities help her 'zone out' and get away from it all may open up a dialogue to explore the risk of PG in that woman's life. Perhaps, then we can increase the likelihood of PG women seeking the help they need to change their lives.

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Problem Gambling and Shame

Barriers to seeking treatment for women

The Australian Productivity Commission's 2009 report into the Gambling Industry in Australia found that 85% of problem gamblers do not seek help for their gambling problems¹. Shame is a significant factor contributing to women's reluctance to seek assistance.

Shame is crucial in the mechanics of two major impediments to help seeking: reluctance to accept the shame-laden stereotypes of problem gamblers for self, and awareness that seeking help exposes them to the possible negative judgement of others.

Community perceptions of the nature of problem gambling serve to reinforce shame. People may claim they can understand becoming addicted to the chemicals in drugs or alcohol. Substance addictions are often understood as a biological consequence of prolonged or excessive use, thus drug or alcohol addiction is excused as unfortunate but inevitable. Without the driver of biological dependence, problem gambling is for many difficult to understand. Community members, including problem gamblers, are inclined to view those experiencing problems as weak or foolish. Women experiencing problems with gambling may conclude that "I am bad, weak or selfish", feelings they are loathe to admit to themselves or to divulge to friends, family members or community agencies. Shame thus serves to delay or prevent help seeking.

Problem gambling and its concurrent loss of control of money, time, family and social responsibilities are incongruent with socially valued perceptions of women. Society values women who are giving to others of their time and attention, therefore the woman who gives her time, money and attention to gambling is perceived as selfish and morally deficient. Women who become problem gamblers have usually already internalised these perceptions, thus once their gambling becomes problematic, they are inclined to apply that negative stereotype to themselves, and for many shame follows.

The role that shame plays in limiting help seeking has important and dangerous consequences. Where problem gamblers do seek help, it is often at the point of crisis such as a suicide attempt or after a crime has been committed. When seeking help at this stage, gambling has had more far reaching impacts on the woman's life. Not only will women need to work to change their gambling, they may need to work on mental health issues such as depression and anxiety, relationship problems, debt and possible interaction with the legal system.

Given that so few women seek help for problem gambling, providing the opportunity for women to disclose problem gambling to a health worker who they see in another context may enable them to get the help that they

GAMBLING: A PUBLIC INQUIRY

A decision by the Council of Australian Governments, has prompted the Australian Government to ask the Productivity Commission to undertake a public inquiry into gambling.

The inquiry will update developments since the Commission's 1999 report. The draft report, released 21 October 2009, considers a wide range of issues, including the social & economic impacts of gaming, effects of regulatory structures, implications of new technology and an assessment of current harm minimisation strategies. The full report is available to view at <http://www.pc.gov.au/projects/inquiry/gambling-2009/draft>

need from the Gambling Health Service throughout the State. Where possible workers interacting with women may consider using the *Beyond Blue* single item screening question for problem gambling: "Have you ever had an issue with your gambling?"² Posing this question may invite some women to put aside the barrier of shame and start working toward solutions.

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Are you addicted to Dieting?

own behaviour is becoming a problem, ask yourself the following questions.

Do you follow any fad diet that comes along?

Fad diets are often complicated, difficult to sustain and can deprive you of essential nutrients.

Tips on recognising fad diets:

- Guarantees fast weight loss, often with minimal effort;
- Recommends a secret food or ingredient, or a special combination of foods;
- Bans or severely restricts whole food groups or nutrients;
- Has rigid rules focused on weight loss.

Healthy eating is an important part of looking after your health. But when does maintaining a healthy body weight and a particular shape become more about feelings of self-esteem and self-worth, rather than health? To identify if your

Are you an habitual overeater?

People stuck in a yo-yo dieting cycle are often unable to control what they eat at certain times. These questions will help you to identify if overeating is a problem:

- Do you eat when not hungry?
- Do you have feelings of guilt and remorse after overeating?
- Do you eat to escape from worries or trouble?
- Does your eating behaviour make you or others unhappy?

Does your weight cycle regularly?

95% of people who lose weight on a diet will regain the weight they lost, and sometimes even more. Aim for a realistic weight loss of 0.5 - 1.0kg per week by making healthy changes to your eating patterns and increasing your physical activity levels long term.

For more information, visit the **Healthy Eating pages of the Heart Foundation website at www.heartfoundation.org.au** or contact the Heart Foundation on 1300 36 27 87 for your copy of "Losing weight the healthy way".

food files with Deanne

NUTRITION MANAGER, HEART FOUNDATION



WHAT'S ON...

*Important Events, Conferences
and Workshops around the State & beyond*

**18-21 MAY 6th NATIONAL AUSTRALIAN WOMEN'S HEALTH CONFERENCE – HOBART, TAS.
*The New National Agenda***

Featuring prominent international and Australasian speakers on areas including: women's economic health & wellbeing, women's mental health & wellbeing, preventing violence against women, women's sexual & reproductive health, improving women's access to health services.

For more information visit the **Australian Women's Health Network** at <http://www.awhn.org.au>

19-20 MAY NATIONAL INDIGENOUS FAMILY VIOLENCE PREVENTION FORUM – MACKAY, QLD.

'Safe Homes, Solid Families – Let's Build on it!' Presented by the Queensland Centre for Domestic and Family Violence Research (QCDFVR) in partnership with the Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS) and Charles Darwin University (CDU).

For information: Ph (07) 4940 7834 or visit <http://www.noviolence.com.au>

7-9 JUNE DIVERSITY IN HEALTH 2010 – MELBOURNE, VIC.

An event for everyone with an interest in the health and wellbeing of migrants and refugees.

Organised by Centre for Culture, Ethnicity & Health (CEH).

For information visit <http://www.diversityinhealth.com.au>

7-9 JULY AUSTRALIAN INSTITUTE OF FAMILY STUDIES 11th CONFERENCE – MELBOURNE, VIC.

'Sustaining Families in Challenging Times'. The preeminent forum for exploring the latest research, policy and practice: Economic wellbeing of families; Families and work; Social inclusion; Violence, abuse and neglect; Family transitions and family law; and Children, young people and their families.

For information visit <http://conference.aifs.gov.au>

12-13 JULY 2010 HEALTHY CITIES CONFERENCE – BRISBANE, QLD.

'Making Cities Liveable'. The conference will examine the prerequisites for a 'Healthy City'.

For information visit <http://www.healthycities.com.au>

22-25 Aug 9th WORLD INDIGENOUS WOMEN AND WELLNESS CONFERENCE – DARWIN, NT.

Conference themes include: Healthy Communities; Strong Families; Traditional Healing and Health; Law and Justice; Education, Training and Enterprise. Hosted by Larrakia Nation Aboriginal Corporation.

For information call (08) 8948 3733 or visit <http://www.larrakia.com>



WOMEN'S HEALTH ON THE NET

Hot Spots on the Internet for Women

GAMBLING IMPACT SOCIETY

www.gisnsw.org.au

This is a non-profit organisation (NSW) and the site provides a broad coverage of the issue of gambling. Of particular interest is the 'Community Impacts' section which features articles on gambling as a public health issue, how State governments benefit from gambling, costs versus benefits, and population survey results. There is a list of resources available including a Women & Gambling Information Kit,

which is an 80 page community education manual. The 'Personal Stories' section features several items including videos, and stories written by women affected by problem gambling. Also on the site, an item by the South Australian Council of Social Service states: 'A public health model that focuses more on prevention and early intervention, rather than simply treating people in the most severe cases, has the potential to address problem gambling at the grass roots level.'

OFFICE OF LIQUOR & GAMING REGULATION

www.olgr.qld.gov.au

If you're searching for specific information about gambling in Queensland then this site provides various resources and reports, plus Fact Sheets based on *Results from the Queensland household gambling survey 2008-09* such as Gambling Group Estimates, Gambling Participation, and Gambling Behaviours.

Women and Gambling: Gender Specific Research Findings

Cynthia Dunn discusses 'luck' and 'skill' and how women consistently underestimate their own abilities

Beliefs about Winning

It is a well established tendency that males over-estimate their skill (i.e. men ignore criticisms or negative appraisals and focus only on positive indicators of their ability); whereas women are strongly influenced by negative appraisals and consistently underestimate their own abilities and intelligence, particularly in areas which are considered 'masculine'. Women often misrepresent their abilities and in effect it can become a self-fulfilling prophecy. Both men and women perceive 'women who show competence and dominance', as 'unlikeable, unfriendly and unfeminine' (Tannen, 1990 cited in Broughton, 2003). Unless of course, you are Superwoman or Zena, Warrior Princess, on TV and sexy!

Predictions about ability affect subsequent attributions for performance, so performance which is consistent with an estimate of ability becomes a 'stable attribution', whereas achievements that do not match estimation of ability lead to unstable attributions. Therefore, when men perform well, as they expect to, a stable attribution is assumed, i.e. skill. But, if women exceed their low expectations for achievement, an unstable attribution is made, i.e. good luck. For women, this still doesn't lead to a change in self-perception of ability (Brownlow et al. 1998). Finally, these gender-stereotypical patterns of attribution – i.e. men to skill and woman to luck – most likely occur in socially perceived masculine domains, as has been consistently documented in the gambling literature (Brownlow, 1998). However, recent research (Thomas 2009) and also my own research suggests that when gambling on poker machines becomes 'regular and practised' many of the 'traditional' gender differences, that is, men being more skilled or likely to win, seem to neutralise. Despite gamblers' un-realistic optimism, a persistence which would be highly valued in any other enterprise, they eventually, always – lose!

Issues of Control

A Social Constructionist view recognises "dominant control" as a

societal issue without being at odds with feminist discourse which conceptualises 'dominance and power' as the same. Foucault would argue they are not. The author also believes that 'dominance' is not necessarily the same as 'power' and that women are able to harness more subtle forms of both 'power' and 'dominance' by simply not conforming to traditional views of women and their roles within society.

Systemic views of gambling posit Bateson's theory of relationships and the notion of symmetry. Hammond proposes a systemic model which locates problems arising from gambling as symptomatic of "symmetrical" relationships:

1. Arising from an Overly Competitive Worldview;
2. Problem Gambling as a Statement or Protest; and
3. Problem Gambling as a way of Avoiding Pain or Distress (Hammond, 1997).

WHERE TO GET HELP AND HOW TO BUILD UP THE COURAGE

- Tell someone who won't judge you and take the first step! Fortunately women are better at doing this than men or adolescents!
- **Gambling Helpline 1800 222 050** provides free confidential telephone counselling.
- **Lifeline 131 114** has a free 24 hr crisis line and a handy Web Service Finder
- Relationships Australia
- Centacare
- Excellent resources for Allied Health Practitioners and support people, for Gamblers, Feminists and for Women Survivors of Sexual Assault are available from: www.problemgambling.org; www.zigzag.org.au; www.briscc.org.au; www.catherinehouse.org.au

A feminist approach of SHIFT rather than the Action stage has been suggested by Canadian researchers (www.problemgambling.org) for use with women experiencing problems with gambling. The acronym SHIFT is useful in treatment to suggest 'change'. I would also argue that it could be used as a strategic 'thought stopping' acronym which could be incorporated into 'urge' management. Miller refers to the 'shift in balance' between competing motivations which can be elicited when a decisional balance of the pros and cons is explored. Sometimes this can occur like 'a light bulb moment', and for others the change occurs slowly. Again there is strong evidence to suggest that many gambling problems are episodic rather than chronic and progressive. Australian research (Crisp et al, 2000) has suggested that successful case closure was obtained after an average of three sessions (supportive, CBT & systemic therapies) with *Break Even* clients in Victoria. Too frequently, treatment failure is assumed when clients fail to continue after intake. Further follow-up research is required in this area.

It is important to keep in mind that problem gamblers frequently experience intense shame and suicidal ideation. The acronym SHIFT can be incorporated as a thought stopping technique, actually by the gambler; for instance, to limit time at a machine or a venue, or before going to a gambling venue. Alternatively, if you're a health professional or support person, **SHIFT**

- Suitable alternatives
- Healthy supports
- Invest in self
- Focus on goals
- Think of consequences

can be incorporated into The Stages of Change Model, as an alternative, whereby feminists have argued that 'The Action' phase of change, could form an association 'to being in the Action' or the act of playing a game. (CGROWTH: Towards a better understanding of women who gamble: Information for professionals who

(continued next page)

GAMBLING MYTHS

People often hold false beliefs about gambling

MYTH: *If I keep gambling, my luck will change & I'll win back the money I've lost.*

REALITY: Each time you place a bet, the outcome is completely independent of the previous one. This means that the odds are no more in your favour on the tenth bet than they were on the first bet. Over time, the more you risk, the more you'll lose.

MYTH: *I almost won; I must be due for a win.*

REALITY: "Almost" winning in no way means that a real win is around the

corner. Future gambling outcomes are in no way influenced by previous outcomes.

MYTH: *If I play more than one slot machine or in more than one poker game at a time, I'll increase my chances of winning.*

REALITY: Sure, you may win more often by playing two slot machines or poker games at a time, but make no mistake about it: You'll also spend—and ultimately lose—more doing so. Remember, over time, the more you gamble, the more you'll lose.

(continued from page 7)

work with women. Accessed from www.problemgambling.org

Give it a try?

Cynthia Dunn is currently completing her PhD with James Cook University, Cairns Campus. Her thesis is entitled "Models of Gambling and Treatment Implications: A Punters View", which investigates motivations to gamble (G-MAP), gender and affect at different levels of involvement in a largely non-clinical sample. She has worked as a Crisis and Gambling counsellor, and Sessional Tutor in Cairns. More recently, she works in Brisbane, in the areas of Youth, Domestic & Family Violence and Sexual Assault and Community Education. She is also provisionally registered as a Psychologist in Queensland, Associate Member of APS and Women & Psychology group member.

I would like to acknowledge my participants and clients for sharing their experiences with me, and my supervisors for their support and encouragement.

Editor's Note: Cynthia has kindly provided additional resources that may be of interest to readers. Contact us at coordinator@qwhn.asn.au for information.

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If you have something to say please contact Maree on (07) 4789 0665 or email us at: coordinator@qwhn.asn.au

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