

# Women's perceptions of strategies to address the normalisation of gambling and gambling-related harm

Simone McCarthy,<sup>1</sup> Samantha Thomas,<sup>1</sup> Sarah Marko,<sup>1</sup> Hannah Pitt,<sup>1</sup> Melanie Randle,<sup>2</sup> Sean Cowlshaw<sup>3</sup>

**G**ambling is now recognised as a global public health issue.<sup>1</sup> Researchers have identified that the risks associated with gambling have increased over time, that gambling products have become normalised in community settings, and that new technologies have enabled continual access to high-intensity gambling products.<sup>2,3</sup> Thomas and colleagues (2018) suggest that the normalisation of gambling has occurred in the context of layered socio-cultural, environmental, commercial, and political processes, which have influenced the availability and accessibility of gambling products and have encouraged their regular use and acceptance.<sup>4</sup> Key factors that may contribute to the normalisation of gambling include the prolific marketing of gambling products that are aligned with culturally valued activities such as sport,<sup>5,6</sup> the embedding of gambling products in family-friendly or everyday environments,<sup>7,8</sup> the diversification and constant availability of online gambling products,<sup>9</sup> and insufficient regulation of gambling, which has failed to keep pace with the development and nature of new technologies.<sup>10</sup>

## Abstract

**Objective:** Research has demonstrated that gambling is becoming increasingly normalised for women. As limited research has sought to understand women's perspectives on this issue, we sought women's opinions about the factors that may contribute to the normalisation of gambling for women, and the strategies that may counter this normalisation.

**Methods:** Semi-structured interviews were conducted with 41 women in young and middle adulthood, aged 20-40 years.

**Results:** Participants suggested that gambling was normal for women because gambling environments had been designed to appeal to women, newer technologies had removed the stigma of attending physical venues, and the growing equality and independence of women. To de-normalise gambling, women suggested addressing the influential role of marketing, designing new public education strategies, addressing the availability and accessibility of gambling, and restricting engagement with gambling products.

**Conclusion:** This study highlighted women's perceptions of strategies to address the normalisation of gambling and the importance of providing risk information paired with broader policy reform and prevention initiatives to address the range of determinants that normalise gambling for women.

**Implications for public health:** Involving women in advocacy and understanding their perspectives is important in developing relevant public health responses to the normalisation of gambling for women.

**Key words:** gambling, women, qualitative, normalisation, de-normalisation

Some researchers have also argued that the risks posed by gambling may be compounded by normalised public messages that individuals are personally responsible for how they engage with gambling products.<sup>11</sup> For example, public education strategies from

government and industry have traditionally focused on encouraging 'responsible gambling' behaviours, such as setting limits and seeking help if gambling becomes a problem.<sup>11</sup> This approach contrasts with strategies that are common in other areas of

[Correction added on 30 July 2022, after first online publication: The funding statement has been updated.]

1. Institute for Health Transformation, Faculty of Health, Deakin University, Victoria

2. Faculty of Business and Law, University of Wollongong, New South Wales

3. Department of Psychiatry, The University of Melbourne, Victoria

**Correspondence to:** Simone McCarthy, Institute for Health Transformation, Faculty of Health, Deakin University, Geelong; e-mail: simone.mccarthy@deakin.edu.au

Submitted: October 2021; Revision requested: February 2022; Accepted: April 2022

The authors have stated the following conflicts of interest: SM has received an Australian Government Research Training Program stipend from Deakin University for her PhD related to gambling and women. SLT currently receives funding from the Australian Research Council Discovery Grant Scheme, the Victorian Responsible Gambling Foundation, and the New South Wales Office of Gaming for research relating to public health responses to gambling harm prevention. She has previously received funding for gambling research from the Australian Research Council Discovery Grant Scheme and the Victorian Responsible Gambling Foundation. She has received travel expenses for gambling speaking engagements from the European Union, Beat the Odds Wales, the Office of Gaming and Racing ACT, and the Royal College of Psychiatry Wales. She is a member of the Responsible Gambling Advisory Board for Lotterywest. She does not receive financial reimbursement for this role. SM is supported by an Australian Government Research Training Program Scholarship. HP has received funding from the Australian Research Council, the Victorian Responsible Gambling Foundation and the NSW Office of Gaming. MR has received funding for gambling research from the Australian Research Council and the Victorian Responsible Gambling Foundation. SC currently receives funding from the Australian Research Council and the Victorian Responsible Gambling Foundation for gambling-related research. He also received funding for mental health research from the National Health and Medical Research Council, the National Mental Health Commission, the Victorian Department of Health, the Victorian Department of Education & Training, The Teacher's Health Foundation, the State Trustees Australia Foundation, the Commonwealth Department of Veteran's Affairs, and the Defence Health Foundation. SC has not knowingly received funding from the gambling industry or any industry-sponsored organisation. He has participated in scholarly and policy-related conferences and events that were sponsored by industry, but received no payment for involvement or expenses.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

*Aust NZ J Public Health.* 2022; 46:821-8; doi: 10.1111/1753-6405.13264

public health, such as tobacco control, which stress the importance of public education campaigns in helping to inform individuals about the risks associated with harmful products and shifting social norms associated with those products, thus creating more favourable climates for policy reform.<sup>12</sup>

Research from the tobacco, alcohol, and junk food fields has demonstrated that the de-normalisation of harmful products can be achieved through comprehensive strategies that involve increased industry regulation, curbs on advertising and promotions, and the provision of honest information to consumers.<sup>13,14</sup> Specific to gambling, attitudinal surveys regularly demonstrate strong community support for increased government regulation of the gambling industry and its marketing strategies.<sup>15-17</sup> Notwithstanding this, there has been limited in-depth research into community attitudes towards harm prevention and de-normalisation strategies in the context of gambling. Relevant qualitative research has primarily focused on the perspectives of professional key informants,<sup>18,19</sup> young people and their parents<sup>20</sup> and people who have specifically experienced gambling problems or harm.<sup>21,22</sup> Understanding the perspectives of different population subgroups that engage in gambling is critical in informing the design of transformative public health and health promotion strategies.

Recent studies have identified clearly discernible trends towards the increasing normalisation of gambling across different subgroups of women. While men and women often display similar rates of gambling participation,<sup>23,24</sup> there has been a well-recognised bias towards men in gambling research, policy, and practice.<sup>25</sup> Researchers have argued that this has distorted the applicability of current gambling harm prevention practices, which are generally targeted toward men.<sup>25</sup> This has also led to several unfounded assumptions about women's gambling behaviours, including that they are at less risk of gambling harm than men and are more likely to gamble on chance-based products.<sup>26</sup>

Recent evidence has suggested that gambling is becoming increasingly normalised for younger women, with women engaging in a range of gambling products, including wagering.<sup>27</sup> For example, recent research has indicated that 31.9% of Victorian men aged 18–24 years who gamble participate in sports betting, while 10.3% of

Victorian women of the same age do so.<sup>23</sup> Researchers have also noted that gambling environments are appealing and socially acceptable spaces for women,<sup>25,28</sup> and have argued that women may be becoming a strategic priority for some sectors of the gambling industry, with increased attempts to appeal to this market segment.<sup>29</sup>

Qualitative studies into the gambling experiences and perspectives of women have mostly focused on the experiences of older women, or women as affected others.<sup>25,30</sup> These studies show that there are a range of individual, socio-cultural, and commercial factors that influence how women engage with, interpret the risks and benefits, and experience harms associated with gambling.<sup>30,31</sup> Importantly, some of these studies show that women perceive that current harm minimisation messages may stigmatise help-seeking for gambling, and are ineffective in reducing the risk of harm.<sup>32,33</sup> There has been a limited focus in the literature on the gambling experiences of women in younger and middle adulthood, including their opinions about the factors that may contribute to the normalisation of gambling for women, and the strategies that may counter this normalisation.

The present research aimed to explore the perspectives of women in younger and middle adulthood with regard to the normalisation of gambling and gambling-related harm in Australian community settings. The research was guided by the following research questions:

1. Do young women perceive that gambling is increasingly normalised for women?
2. What are the strategies that young women perceive would be effective in de-normalising gambling, and preventing gambling harm?
3. Who do young women perceive should be responsible for preventing and reducing the harms associated with gambling?

## Methods

### Approach

The data in this paper was part of a broader study investigating the normalisation of gambling for women in Australia. This study used a critical qualitative approach to inquiry which considers the role of power, inequality, and injustice in contributing to health issues.<sup>34</sup> Critical qualitative inquiry seeks to challenge existing assumptions of

social phenomena by exposing and critiquing forms of inequality.<sup>35</sup> Consistent with critical qualitative inquiry, data were co-created with the research participants, emphasising the individual experiences and meanings of women. By using this approach, the authors aimed to place women's voices at the centre of the inquiry and investigate this issue from women's perspectives to create social and policy change.<sup>35</sup>

### Sampling and recruitment

Women aged 18 to 40 years were invited to participate in the study. This age range was chosen to include women in both young and middle adulthood<sup>36</sup> to include women both with and without children.<sup>37</sup> While there have now been a number of qualitative studies that have focused on the gambling practices of older women,<sup>31,32</sup> there has been much less research examining younger women's gambling attitudes and behaviours. Researchers have identified that expert stakeholders perceive that they have significant knowledge gaps relating to younger women's gambling.<sup>18</sup> Addressing this knowledge gap is important to ensure that public health policy and prevention strategies reach different sub-populations of women.<sup>25</sup> To be eligible for this study, participants were required to identify as female, have previously gambled in the last 12 months, and speak English at a level that allowed them to confidently participate in the interview. Convenience, purposive, and snowball techniques were used to recruit participants by promoting the study on social media sites, sending the study information to individuals who had consented to be contacted for future research, and asking women to share the study information within their networks. Participants received a \$50 grocery voucher in appreciation for their time. Ethics approval was received from the Deakin University Human Research Ethics Committee (2019-534).

### Data collection

Semi-structured, audio-recorded telephone interviews of around one hour were conducted between July and December 2020. Interviews were professionally transcribed, and transcripts were checked against the original audio recordings for accuracy. Women were asked questions relating to their socio-demographic characteristics (age, state, relationship status, income), their perspectives about the normalisation of

gambling for women, and their ideas and opinions about strategies to address the normalisation of gambling. The nine-item Problem Gambling Severity Index (PGSI) was also used to measure the risk of problem gambling.<sup>38</sup>

**Data interpretation**

Data interpretation was guided by a constructivist methodology which acknowledges the multiple realities that exist and the different interpretations across participants.<sup>39</sup> Constructivist approaches also recognise that data are created through interactive and reflective processes involving the researcher and participant, with themes constructed from the data.<sup>40</sup> Braun and Clarke’s<sup>41,42</sup> six steps of reflexive thematic data analysis were used to guide data interpretation. To ensure reflexivity, the members of the research team met regularly to discuss the interpretation of the data and how the emerging themes related to broader research literature.<sup>39</sup>

**Results**

**General and gambling characteristics**

A total of 41 women participated in this study (Table 1). Participants were aged between 20 to 40 years ( $M=30$   $SD: 6$ ), and the majority were residents of Victoria (24, 58.5%). Most were in relationships (26, 63.4%). Women participated in a range of gambling activities, with horse and sports wagering (28, 68.3%), lotteries (18, 43.9%) and electronic gambling machines (EGMs – 18, 43.9%) the most frequently used gambling products. Most women were at risk of gambling harm, with 16 women (39.0%) classified as low-risk gamblers, eight (19.5%) classified as moderate-risk gamblers, and five (12.2%) classified as problem gamblers.

Three main themes and several subthemes were constructed from the interviews with young women. Figure 1 shows a descriptive model of these themes and depicts the linkages between the factors that normalise gambling for women, and the strategies women perceived would de-normalise gambling.

**Perspectives of the normalisation of gambling for women and the impact of gambling harm**

Many participants believed that gambling was normalised for women. It was suggested

that more women were gambling now than in the past because it had become increasingly socially acceptable. Women acknowledged that gambling had historically been perceived as a male activity; however, some commented that they were starting to see more women in gambling environments, such as using EGMs in pubs and placing bets at the races. One woman suggested that female gambling may have been previously hidden, but was now becoming more open:

*I think probably it has become more normalised. [...] I don't know for what reasons but it definitely feels like there's probably more women maybe now gambling. Maybe it wasn't known so much earlier on and it was maybe more hidden whereas now it's probably more open. – 29-year-old, non-problem gambler*

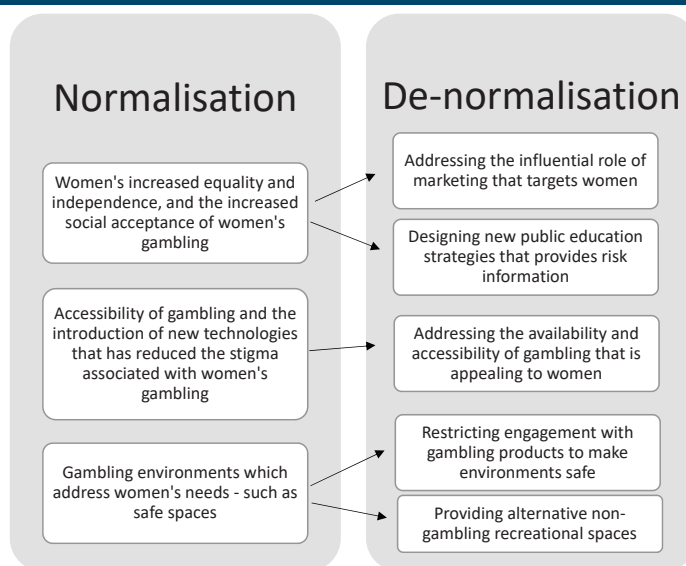
Some explained that the reason for the normalisation of women’s gambling was increased gender equality and independence. These participants suggested that women’s participation in male-dominated activities had in the past been subject to more scrutiny, particularly when attending certain environments without a husband or partner. Participants perceived that an “open and modern” society meant that women could do anything men could do and distinctions between genders had been blurred:

*It's an acceptable pastime for them, I guess it's about independence. There's not as much scrutiny on the activities of women so they're able to go about activities that perhaps before might have been limited to what they did with a husband or a partner or something like that. Those sorts of things are not traditional*

**Table 1: Sample characteristics.**

Characteristic	n	%
<b>Age</b>		
20–25	12	29.3
26–30	8	19.5
31–35	10	24.4
36–40	11	26.8
<b>State</b>		
New South Wales	16	39.0
Victoria	24	58.5
South Australia	1	2.4
<b>Annual household income</b>		
\$0–30,000	3	7.3
\$30,001–60,000	3	7.3
\$60,001–90,000	12	29.3
\$90,001–120,000	2	4.9
\$120,001–150,000	8	19.5
\$150,001–180,000	6	14.6
\$180,001–220,000	6	14.6
\$220,001+	1	2.4
<b>Relationship status</b>		
Single	14	34.1
De facto/relationship	22	53.7
Married	4	9.8
Separated	1	2.4
<b>Gambling frequency</b>		
More than once a week	5	12.2
Weekly	11	26.8
Fortnightly	9	22.0
Monthly	8	19.5
Every two months	3	7.3
Quarterly	3	7.3
Annually	2	4.9
<b>Gambling status (PGSI)</b>		
Non-problem gambler	12	29.3
Low risk gambler	16	39.0
Moderate risk gambler	8	19.5
Problem gambler	5	12.2

**Figure 1: Strategies to address the normalisation of gambling and gambling related harm.**



*anymore. So women can go about and have active social lives. So I guess that's why they're able to gamble perhaps more than what they might have done previously.* – 35-year-old, non-problem gambler

Participants suggested the development of online gambling platforms had also contributed to normalisation. There was a perceived stigma associated with women attending historically male-dominated gambling environments, which did not exist for online gambling. Some women commented that online gambling apps were easy to use and provided a level of privacy that suited women:

*The availability, the ease of gambling, using an app. There's more privacy to it. If there was ever a stigma for women to go into a TAB or something like that, they don't have to worry about that anymore because they can gamble in the privacy of their own homes.* – 37-year-old, non-problem gambler

However, some disagreed that gambling was entirely normalised for women and suggested it was still “taboo”. Participants explained their view that it was still a “private” activity for women. For example, one moderate-risk gambler stated that women were “less likely to talk about” gambling with friends and she would feel “shame and embarrassment” if she experienced any problems. Others commented on EGM gambling and stated that it was unusual to see women gambling on their own. They suggested the majority of people who gambled on EGMs were still male. These women expressed stigmatising and stereotypical perceptions about the appropriate gambling practices for women, particularly if they had children and household responsibilities:

*I mean if women have kids and they need their money to sort of put food on the table for the kids, what the hell are they doing at the pokies?* – 40-year-old, low-risk gambler

The following woman reflected on how her status as a single woman contributed to gambling becoming a normal activity because there was a lack of external accountability, which enabled her to gamble:

*I mean, not being accountable, no one was at home waiting for me so it didn't really matter where I was for a few hours.* – 31-year-old, problem gambler

Despite widespread acknowledgement that gambling was a normalised activity for women, some participants believed that women were not specifically at risk of harm and that men were more vulnerable to harm.

This was due to the perception that problem gamblers were typically men. These women described how there was a strong culture of gambling among some men, who were particularly vulnerable to gambling harm due to their interest in sport. One participant stated that women were less vulnerable than men as they were inherently risk-averse:

*Also, a lot of women I think tend to be more sort of risk-averse as well. So, you know, they probably would be less inclined to make large bets and those sorts of things just because I think it's an inherently sort of female trait to be slightly more risk-averse.* – 27-year-old, low-risk gambler

### **Strategies to de-normalise gambling and prevent gambling harm**

Participants suggested a number of strategies that may de-normalise gambling for women and prevent harm. These strategies were centred around the role of marketing, public communication and education, availability and accessibility of gambling products, and restricting time and money spent on gambling products.

#### *Addressing the influential role of gambling marketing*

Many women commented on the need to address the influence of gambling marketing due to the excessive marketing that was present on television, in the community, and embedded in sport. Participants stated that individuals were unable to avoid being exposed to gambling marketing because it was advertised “everywhere you go” and “infiltrating” different types of media platforms. A few participants commented that gambling advertising had begun to appeal to women, and increasingly featured women in advertisements. One participant explained that she thought this was a way “to entice women to gamble”. Others recognised that while men were the main target audience of gambling marketing, and that sports betting advertisements primarily featured men, other gambling products were more feminised. Gambling products such as lotteries and horse racing events were perceived as increasingly targeted toward women.

*Actually, I think probably more so around the Melbourne Cup than anything. You kind of see the women all dressed up in the fascinators, phone in hand, wine in the other hand.* – 29-year-old, non-problem gambler

Participants discussed how online wagering companies were attempting to appeal to women. They reported seeing targeted Facebook ads to bet on novelty events such as television shows including *The Bachelor* and *MasterChef*, and political events including the US presidential election. One woman described how she felt more confident betting on reality shows than sport and perceived it as being less risky.

*Facilitator: So, what do you think has encouraged you to actually take the time to place money on The Bachelor?*

*Interviewee: I think it's just ... Honestly, it's odd, because I would never do this for a sport match, but someone's told me 12 weeks ago this person was going to win, and now it's them and one other person, they're probably going to win, and it's quite easy money.* – 23-year-old, low-risk gambler

Women were also concerned about young people's exposure to this advertising and discussed experiences with their own children. Mothers described how their children were regularly exposed to advertisements which were becoming embedded in the activities young people were interested in, such as sport. They believed children were vulnerable to gambling marketing and suggested there was a need for restrictions to ensure that children were not exposed to it “on TV where kids are watching and being influenced”. Some participants suggested that gambling advertisements should be completely banned for children:

*There should be no advertising during times when children are watching TV, or on those sorts of platforms where children are exposed to. I mean that's what I think for children but I actually think it should be across the board but that's just wiping out the whole industry so ... I don't think there should be any advertising of gambling at all.* – 38-year-old, non-problem gambler

#### *Designing new approaches to public education strategies about gambling*

Women identified the need for new approaches to public communication and education about gambling harm prevention. Participants were critical of existing personal responsibility messages and questioned the effectiveness of the ‘gamble responsibly’ phrase. Women recalled seeing these types of messages alongside helpline referral numbers in gambling advertising, on gambling products (such as EGMs) and on signage in venues. Some women doubted that current



messages would impact behaviours or reduce harm because they were infrequent when compared to commercial marketing, and when messages were displayed, they were hidden, kept out of direct lines of sight, and were written in small print:

*Well, they have all those posters whenever you're at a venue that do have facilities for gambling they tell you where you can get help. But they're always pretty much tucked away in a toilet or behind a door somewhere. So they're not really front and centre. While gambling ads are pretty prevalent on TV I don't really think ads for support services are.* – 23-year-old, non-problem gambler

A few women suggested that the 'gamble responsibly' message was ineffective even when gamblers noticed it. For example, the following participant contended that these messages would not change people's behaviour and were only used because the industry was required to include it:

*So I don't think the 'gamble responsibly' makes any effect at all but I know that they have to say that at the end as a tick a box thing, it doesn't make any ... It's not like someone that really wants to gamble watches that and then as soon as they're told to gamble responsibly, they're going to be like, "oh yeah I'll gamble responsibly"... I think that's a bit of a piss weak excuse to have it.* – 25-year-old, moderate gambler

Some stated that a focus on responsible gambling absolved the gambling industry and governments of their responsibility for gambling-related harm, and shifted the responsibility to gamblers:

*I think it's absolute bullshit really. It's an oxymoron. You can't gamble responsibly. I think that's just the industry pretending to take – I don't know – they're alleviating their own guilt I think. Or a lot of the time they're not going to take any responsibility for people's gambling problems because you know they're putting the responsibility, the onus on individual people. Your behaviour and it's your lack of self-control rather than the nature of the game.* – 22-year-old, low-risk gambler

Most women supported the idea of clear and accurate risk information about gambling. This included hearing "more about gambling harm and the impacts of gambling", including from those with a lived experience of harm. Some highlighted that people needed to understand the risks through education, advertising, and signage in venues, with clear messages about the risks and dangers from gambling products, rather than telling people

to be responsible if they engaged with these products. For example, one participant recalled the warning signs on cigarette labels and nutrition labels on food products that provided accurate risk information and suggested that the same could be done for gambling products:

*I think just really know the risk. I think it's no different to, for example, the warning signs on cigarette labels. Even for a product, like a food product you've got the nutrition labels ... if I had known that, it's like you can win out of like a thousand games that you play, then I'm more inclined to not play.* – 37-year-old, low-risk gambler

#### *Addressing the availability and accessibility of gambling products*

Some women discussed the need for regulatory action to restrict and reduce the number of gambling products in community settings. A few women recognised that some gambling products such as EGMs were concentrated in certain geographic areas – including lower socio-economic areas. This led them to believe that there needed to be reductions in the density of venues and numbers of machines in areas where the community might be more vulnerable to harm. Some stated that removing gambling from community settings, and particularly venues where food and drink were offered, would reduce the number of individuals engaging in incidental gambling:

*It is something that in my local community I would like to see less of, because it does seem like every kind of facility around that you can get a meal and a drink – there's a poker machine. The accessibility of them is pretty extreme in most communities, I think.* – 34-year-old, non-problem gambler

Participants suggested that there was a need for alternative non-gambling recreational spaces in the community for women. They believed that gambling was embedded in the community and that there were few places suitable for women that did not also contain gambling products. They recommended targeted social groups for women to ensure they had access to age-appropriate recreational and social activities that did not involve gambling. Participants perceived that this would have the greatest impact on older women and mothers who were perceived to be more socially isolated in communities:

*I don't really know what the answer is for women. The people I know obviously most of them – most of the mums I know go just to obviously get out of the house. And you'll find*

*a lot of mums especially go to bingo for the same reason as I do. But again, I don't know what the answer is to that.* – 28-year-old, low-risk gambler

#### *Protecting gamblers by restricting engagement with gambling products*

Participants suggested that de-normalisation and harm prevention strategies needed to include time and monetary restrictions that applied to all gamblers. Participants suggested strategies that would limit how much money gamblers could lose while gambling, ensuring "people don't lose more than they can afford". Other suggestions included credit tests whereby an individual's finances, income, credit score or welfare benefits would determine how much money they could use on gambling, or universal mandatory limits on how much could be spent and lost on gambling:

*I think some sort of regulation with regards to, do we put caps on it? Do we only allow a certain amount per person or do people have to register when they go play pokies? Do they, take a card and load money onto it, rather than just putting in money after money and there's no sort of regulation on what these people are doing or whether it's becoming a problem?* – 30-year-old, moderate risk gambler

Other suggestions included that there should be structural limits on gambling products and venues, such as removing the ability to insert notes into EGMs and only allowing coins. Others advocated for reducing the opening hours of gambling venues such as pubs and clubs and specifically limiting the opening hours for gaming rooms. One participant suggested a system in which individuals could book an EGM which would be shut off after they had been on the machine for a certain time:

*Only keep poker machines open for a certain period of time. Have like gambling sessions or maybe you've got to book in if you want to play it. And everyone only gets two hours.* – 37-year-old, non-problem gambler

#### *The role of industry and government responsibility*

There was a range of different perceptions about the responsibility of the gambling industry and government to prevent harm. These discussions often involved clear recognition of the conflicts of interest for government and industry in relation to gambling profits and revenue. While some

participants stated there should be a greater expectation of the gambling industry to intervene to prevent harm and respected the industry's right to balance profits with social responsibility, others stated that it was unrealistic to expect the gambling industry to take responsibility for harm prevention. These individuals highlighted the competing interests of the industry:

*I'm very wary of putting that type of responsibility in their hands, because these are the people that profit from this. So how are they going to regulate something that they make money from? It just seems like putting it in the wrong hands ... I don't know what they can put in place to regulate and to make sure that people don't go out of control with their gambling. But I think that, I guess like the government also needs to step in.* – 31-year-old, low-risk gambler

A few women described how the government should develop strict codes of conduct and regulations that the gambling industry would be mandated to follow. This included discussion around consequences for gambling venues that acted "outside those parameters" set by the government. One woman recognised that the gambling venues had existing codes relating to responsible gambling. However, she believed these were not enforced well enough and suggested that better enforcement was a straightforward strategy that governments could adopt to reduce gambling harm:

*I think the best way I can answer this is around responsible gambling codes of practice because I know that that's a government thing. I don't think they're very well policed or enforced and that is the thing that I think the government at any level can do to stop gambling harm from happening.* – 39-year-old, problem gambler

However, participants were also critical of the government's ability to effectively regulate gambling as it was perceived that government had a "good relationship" with the gambling industry. A few women commented on the political donations received from gambling companies, which led to discussions around government conflicts of interest. Several participants also mentioned the revenue the government received from gambling products and suggested that they may "benefit too much". These women indicated that they did not trust the government to effectively regulate this area and reduce harm, including one woman who suggested the government had a moral obligation to act but likened

government regulation in the gambling context to that of smoking.

*I consider it like smoking, right? The government has spent tens of millions of dollars on quit smoking campaigns. But at the same time, the government has made billions of dollars off it in revenue. So, I think like smoking, the government is wanting to be seen morally to be doing the right thing because the governments always love having the moral high ground. But they're never going to go the whole way and put a blanket stop to it because it will cost them money.* – 26-year-old, non-problem gambler

## Discussion

This research aimed to explore younger women's perspectives about the normalisation of gambling for women, the range of strategies that could be used to de-normalise gambling, and their perspectives on who should be responsible to prevent gambling-related harm for women. The findings of this study raised several issues for discussion.

First, this research identified the perception among young women that gambling is increasingly normalised for women. This study adds to previous research which applied normalisation theory to demonstrate how gambling has become normalised for young women,<sup>2</sup> by exploring young women's own perceptions of the normalisation of gambling for women. While gambling has traditionally been viewed as a male-dominated activity, young women in the current study believe it is now normal for women to participate as well. They attribute this change to targeted advertising and gambling environments designed to appeal to women, newer technologies that remove the stigma of attending physical venues, and the growing equality and independence of women. It is known that similar tactics were used by the tobacco industry to normalise and increase women's participation in smoking. For example, the tobacco industry aligned products with women's values and social norms, and marketed cigarettes using themes such as the women's liberation movement and glamour.<sup>43,44</sup> Similar gender-specific approaches to targeting women are evident within the gambling industry and therefore should be mapped and monitored to address the normalisation of gambling.

Second, the de-normalisation strategies suggested by young women, as depicted in

Figure 1, largely aligned with existing public health recommendations that address the broader determinants of harm. This included addressing environmental determinants (reducing the accessibility of gambling and providing alternative social activities) and commercial determinants (restricting marketing and regulating product design). Young women were also critical of existing responsible gambling messages and some recommended messaging about the harms and risks associated with gambling and utilising those with lived experience of harm for education. They perceived that this would enable people who gamble to make informed choices based on accurate information. Previous research in other public health areas has demonstrated the effectiveness of pairing accurate and honest information with broader strategies that address the complex determinants of harm.<sup>13,14</sup> Further, the de-normalisation strategies suggested by young women focused primarily on the broader community or other groups they perceived to be at risk. This may be because participants did not generally perceive themselves to be at risk of harm regardless of whether they were classified as being at risk. There were no major differences in the opinions of those in different risk groups. This reinforces the need for public health messaging which is tailored toward young women and challenges the gender assumptions relating to young women's risk.<sup>18</sup> Gender transformative strategies which expose and challenge stereotypical assumptions about women's gambling will be important to counter this message.<sup>45</sup>

Finally, young women generally believed that the responsibility for preventing and reducing gambling harm should be primarily shared by individuals and the government, with a limited role for the gambling industry. Although they acknowledged the role of the gambling industry in normalising gambling, many young women were sceptical of the industry's willingness to address the associated risks and harms. This was due to the perceived conflict between the industry's interest in maximising profits and the public health goal of reducing harm. Researchers have previously cautioned against involving the gambling industry in preventive health measures due to this conflict of interest,<sup>46-48</sup> suggesting that "those responsible for creating harms to health should not be involved in decisions about how to prevent these harms".<sup>48(p1)</sup> Although participants

agreed that individuals are responsible for making their own informed choices, they also recognised that to prevent harm these decisions needed to be made within a regulated gambling environment. Previous research has revealed broad public support for increased regulation of the gambling industry.<sup>15-17</sup> However, the findings of this study suggest that young women are supportive of population-level limits that impact the way individuals can engage with gambling products. Despite the perception that young women were not at risk of harm themselves, the present study revealed that many prioritised protecting those who were perceived to be at risk over their personal freedom to choose how they engage with gambling products. There was also some scepticism regarding the conflict between the government's reliance on gambling taxation revenue and their ability to effectively regulate the industry. This conflict has been recognised within the broader gambling literature.<sup>49,50</sup> Gender transformative strategies and significant government support for gambling reform are vital for a comprehensive approach to preventing gambling harm for women.

### Limitations

There were two limitations to this study that need to be considered. Despite attempting to recruit an even spread of participants from 18 to 40 years, we were unable to find participants aged 18–19 years. Future research should consider exploring this age group as they provide a unique perspective of those who have recently transitioned into the legal gambling age and how we may de-normalise their gambling. Second, the sample did not include women from across Australian jurisdictions. Further research is needed to explore the similarities and differences in experiences across Australian jurisdictions especially given the range of different gambling environments and cultures.

### Conclusion

The present research highlights the importance of exploring women's perspectives on strategies to de-normalise gambling. Young women emphasised the importance of risk information paired with broader policy reform and prevention initiatives that address the range of determinants that influence harm. They also suggested a range of initiatives to counteract

industry tactics to normalise gambling for young women. Opportunities for gambling advocacy should be provided for women to express their concerns about the impact of gambling on the community, as their voices have often been hidden and left out of gambling research and policy discussions. Gender transformative strategies are needed to challenge harmful stereotypes and address the far-reaching perception that women are not at risk of the harms associated with gambling industry strategies and products.

### Acknowledgements

The authors would like to thank Emeritus Professor Mike Daube for his contribution to the conceptualisation of this study and revisions of the manuscript. The authors would also like to acknowledge Dr Angela Rintoul for her role in collecting the data for this study.

### Funding

This study was funded by an ARC Discovery Grant (DP190100695). The funding body had no role in the design or write up of the study.

### References

- van Schalkwyk MC, Petticrew M, Cassidy R, Adams P, McKee M, Reynolds J, et al. A public health approach to gambling regulation: Countering powerful influences. *Lancet Public Health*. 2021;6(8):e614–e19.
- McCarthy S, Thomas SL, Pitt H, Daube M, Cassidy R. "It's a tradition to go down to the pokies on your 18th birthday." The normalisation of gambling for young women in Australia. *Aust N Z J Public Health*. 2020;44(5):376–81.
- Nyemcsok C, Thomas S, Pitt H, Pettigrew S, Cassidy R, Daube M. Young people's reflections on the factors contributing to the normalisation of gambling in Australia. *Aust N Z J Public Health*. 2021;45(2):165–70.
- Thomas S, Pitt H, Bestman A, Randle M, McCarthy S, Daube M. *The Determinants of Gambling Normalisation: Causes, Consequences and Public Health Responses*. Melbourne (AUST): Victorian Responsible Gambling Foundation; 2018.
- Torrance J, Roderique-Davies G, Thomas SL, Davies N, John B. 'It's basically everywhere': Young adults' perceptions of gambling advertising in the UK. *Health Promot Int*. 2021;36(4):976–88.
- Pitt H, Thomas SL, Bestman A, Randle M, Daube M. Do betting advertisements contain attention strategies that may appeal to children? An interpretative content analysis. *Health Promot J Austr*. 2018;29(3):265–73.
- Markham F, Doran B, Young M. The relationship between electronic gaming machine accessibility and police-recorded domestic violence: A spatio-temporal analysis of 654 postcodes in Victoria, Australia, 2005–2014. *Soc Sci Med*. 2016;162:106–14.
- Bestman A, Thomas S, Randle M, Pitt H, Daube M, Pettigrew S. Shaping pathways to gambling consumption? An analysis of the promotion of gambling and non-gambling activities from gambling venues. *Addict Res Theory*. 2016;24(2):152–62.
- Deans EG, Thomas SL, Daube M, Derevensky J. "I can sit on the beach and punt through my mobile phone": The influence of physical and online environments on the gambling risk behaviours of young men. *Soc Sci Med*. 2016;166:110–19.

- Orford J. *The Gambling Establishment: Challenging the Power of the Modern Gambling Industry and its Allies*. London (UK): Routledge; 2019.
- Miller HE, Thomas SL, Smith KM, Robinson P. Surveillance, responsibility and control: An analysis of government and industry discourses about "problem" and "responsible" gambling. *Addict Res Theory*. 2016;24(2):163–76.
- Greenhalgh E, Scollo M, Winstanley M. *Tobacco in Australia: Facts and Issues*. Melbourne (AUST): Cancer Council Victoria; 2020.
- Brownell KD, Kersh R, Ludwig DS, Post RC, Puhl RM, Schwartz MB, et al. Personal responsibility and obesity: A constructive approach to a controversial issue. *Med Aff*. 2010;29(3):379–87.
- Chapman S, Freeman B. Markers of the denormalisation of smoking and the tobacco industry. *Tob Control*. 2008;17(1):25–31.
- Davies R. Majority of Public Support Total Ban on UK Gambling Adverts, Poll Finds. *The Guardian*. 2021 Jun;16;09:01am.
- Thomas SL, Randle M, Bestman A, Pitt H, Bowe SJ, Cowlishaw S, et al. Public attitudes towards gambling product harm and harm reduction strategies: An online study of 16–88 year olds in Victoria, Australia. *Harm Reduct J*. 2017;14(1):49.
- Bestman A, Thomas SL, Randle M, Pitt H, Daube M. Attitudes towards community gambling venues and support for regulatory reform: An online panel study of residents in New South Wales, Australia. *Harm Reduct J*. 2018;15(1):15.
- McCarthy S, Pitt H, Bellringer ME, Thomas SL. Strategies to prevent and reduce gambling harm in Australian women. *Drugs (Abingdon Engl)*. 2021. doi: 10.1080/09687637.2021.1973963
- Marko S, Thomas SL, Pitt H, Daube M. The development and implementation of electronic gambling machine policy: A qualitative study of local government policy makers. *Aust N Z J Public Health*. 2020;44(5):369–75.
- David JL, Thomas SL, Randle M, Pitt H, Daube M. Parent and child perceptions of gambling promotions in Australian sport. *Health Promot Int*. 2020;35(2):362–72.
- Miller HE, Thomas SL, Robinson P. From problem people to addictive products: A qualitative study on rethinking gambling policy from the perspective of lived experience. *Harm Reduct J*. 2018;15(1):16.
- Nyemcsok C, Pitt H, Kremer P, Thomas SL. Expert by Experience engagement in gambling reform: qualitative study of gamblers in the United Kingdom. *Health Promot Int*. 2021;daab077. doi: 10.1093/heapro/daab077.
- Rockloff M, Browne M, Hing N, Thorne H, Russell A, Greer N, et al. *Victorian Population Gambling and Health Study 2018–2019*. Melbourne (AUST): Victorian Responsible Gambling Foundation; 2020.
- Abbott M, Bellringer ME, Garrett N, Mundy-McPherson S. *New Zealand 2012 National Gambling Study: Overview and Gambling Participation*. Auckland (NZ): Auckland University of Technology Gambling and Addictions Research Centre; 2014.
- McCarthy S, Thomas S, Bellringer ME, Cassidy R. Women and gambling-related harm: A narrative literature review and implications for research, policy, and practice. *Harm Reduct J*. 2019;16(1):18.
- Svensson J, Romild U, Nordenmark M and Mänsdotter A. Gendered gambling domains and changes in Sweden. *International Gambling Studies*. 2011; 11(2):193–211.
- McCarthy S, Thomas S, Randle M, Bestman A, Pitt H, Cowlishaw S, et al. Women's gambling behaviour, product preferences, and perceptions of product harm: Differences by age and gambling risk status. *Harm Reduct J*. 2018;15(1):22.
- Palmer du Preez K, Thurlow R, Bellringer M. Women in gambling studies: a poststructural analysis. *Addict Res Theory*. 2021;29:4,327–37.
- Hallebone E. Women and the new gambling culture in Australia. *Soci Leis*. 1999;22(1):101–25.
- Holdsworth L, Nuske E, Tiyce M, Hing N. Impacts of gambling problems on partners: Partners' interpretations. *Asian J Gambl Issues Public Health*. 2013;3(1):11–24.



31. McCarthy S, Thomas SL, Pitt H, Bellringer ME. Electronic gambling machine harm in older women: A public health determinants perspective. *Addict Res Theory*. 2022;30:1,41-50.
32. McCarthy S, Thomas SL, Pitt H, Bellringer ME. "You don't really see the dangers of it at the time." Risk perceptions and behaviours of older female gamblers. *Soc Sci Med*. 2021;272:113674-.
33. Miller HE, Thomas S. The problem with 'responsible gambling': Impact of government and industry discourses on feelings of felt and enacted stigma in people who experience problems with gambling. *Addict Res Theory*. 2018;26:2,85-94.
34. Charmaz K. The power of constructivist grounded theory for critical inquiry. *Qual Inq*. 2017;23(1):34-45.
35. Cannella GS, Pérez MS, Pasque PA. *Critical Qualitative Inquiry: Foundations and Futures*. New York (NY): Routledge; 2016.
36. Erikson EH. *Identity: Youth and Crisis*. New York (NY): WW Norton; 1968.
37. Nair S, Schensul JJ, Begum S, Pednekar MS, Oncken C, Bilgi SM, et al. Use of smokeless tobacco by Indian women aged 18–40 years during pregnancy and reproductive years. *PLoS One*. 2015;10(3):e0119814.
38. Ferris J, Wynne H. *The Canadian Problem Gambling Index: Final Report*. Ottawa (CAN): Canadian Consortium for Gambling Research; 2001.
39. Charmaz K. *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London (UK): Sage Publications; 2006.
40. Kivunja C, Kuyini AB. Understanding and applying research paradigms in educational contexts. *Int J High Educ*. 2017;6(5):26-41.
41. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77-101.
42. Braun V, Clarke V. Conceptual and design thinking for thematic analysis. *Qual Psychol*. 2022;9(1):3–26.
43. Anderson SJ, Glantz SA, Ling P. Emotions for sale: cigarette advertising and women's psychosocial needs. *Tob Control*. 2005;14(2):127-35.
44. Knight J, Chapman S. "Asian yuppies...are always looking for something new and different": Creating a tobacco culture among young Asians. *Tob Control*. 2004;13:22-9.
45. Wolfson L, Stinson J, Poole N. Gender informed or gender ignored? Opportunities for gender transformative approaches in brief alcohol interventions on college campuses. *Int J Environ Res Public Health*. 2020;17(2):396.
46. Goyder E, Blank L, Baxter S, van Schalkwyk MC. Tackling gambling related harms as a public health issue. *Lancet Public Health*. 2020;5(1):e14-e5.
47. Jones A, Lacy-Nichols J, Baker P, Thow AMT, Martin JE, Daube M, et al. Australia in 2030: What is our path to health for all? Chapter 5: Disrupting the commercial determinants of health. *Med J Aust*. 2021;214 Suppl 8:S5-S40.
48. van Schalkwyk, Blythe J, McKee M, Petticrew M. Gambling Act review. *BMJ*. 2022;376:o248.
49. Adams PJ, Raeburn J, De Silva K. A question of balance: Prioritizing public health responses to harm from gambling. *Addiction*. 2009;104(5):688-91.
50. Adams PJ, Livingstone C. Addiction surplus: The add-on margin that makes addictive consumptions difficult to contain. *Int J Drug Policy*. 2015;26(1):107-11.