

**Gender differences in  
Illinois Problem Gambling  
helpline callers**

## INTRODUCTION

Problem and compulsive gambling affects 3.9% of the general population (NCRG, 2009), yet males and females are not affected at the same rates. Recent prevalence studies have found significant gender differences with 5.3% of males and 2% of females affected by gambling disorders (Volberg, Nysse-Carris, & Gerstein, 2006). Gender differences have also been found in the age of onset of gambling in males and females (Exheburua, Gonzalez-Ortega, de Corral, & Polo-Lopez, 2011). Males start gambling at a younger age, yet once females begin gambling later in life they typically gamble at about the same rates (Welte, Barnes, Tidwell, & Hoffman, 2011). When working with addicted populations, understanding these gender differences has been shown to be beneficial in providing gender specific treatment and intervention (Greenfield, Back, Lawson, & Brady, 2010).

The purpose of this document is to share key findings on the gender differences of gamblers calling 800-GAMBLER Problem Gambling Helpline in the State of Illinois. Data reveals insightful similarities and striking differences between the genders of callers who gamble.

Calls are answered by Morneau Shepell's masters degreed counselors trained in problem gambling issues. The Illinois Department of Human Services (DHS) is one of the funding sources of the helpline. The Problem Gambling Treatment Program of the Illinois Department of Human Services/Division of Alcoholism and Substance Abuse (IDHS/DASA) was designed to assist the state in understanding the nature, scope and impact of problem gambling in Illinois, while also providing treatment avenues for addressing problem gambling. Presently, IDHS/DASA provides gambling treatment services within the state of Illinois through 15 treatment providers. Located in Chicago, surrounding suburbs, the southwest area of the state as well as the far southern area of the state, IDHS/DASA and its provider network are committed to serving individuals and their families affected by problem or pathological gambling by providing a clinical environment for the purpose of assessing and treating the individual and their family. The Illinois helpline is also funded by the Illinois Department of Lottery, and the Illinois Casino Gaming Association fund this helpline.

The Illinois Problem Gambling Helpline provides immediate assistance for callers affected by problem gambling. Referrals are provided to DHS treatment providers, certified problem gambling counselors, and Gamblers Anonymous meetings throughout the state. These providers offer outpatient counseling, case management, and early intervention services to individuals with problem or disordered gambling. Treatment addresses coping skills training, financial planning & restitution, making amends, family counseling and relapse prevention.

Morneau Shepell began providing problem gambling helpline services in 1996. Today, we are one of the largest providers of problem gambling services, including 24/7 helplines, customized problem gambling case management, training and policy development. Our commitment to customer service, clinical interaction and development of diverse offerings designed to assist problem gamblers and their families, ensure an individualized experience for our customers.

## METHODOLOGY

Our masters degreed clinicians conduct a brief telephone based assessment to provide support and help determine the most appropriate level of service. Over the course of this assessment, our clinicians collect a variety of data sets that are then analyzed. The data for this paper was taken from a cumulative report of all problem gamblers seeking services in from April 2011 to August 2013. More than 3,800 calls were answered at the helpline during this time, of which 1,525 caller records met the criteria for analysis. All identifiable information has been removed to preserve confidentiality.

For this study, Morneau Shepell examined the data from gambler callers who answered questions regarding age first gambled, length of time that gambling has been a problem, previous history with addiction, types of gambling behavior, and referral sources. These records were analyzed to determine the differences and similarities between male and female gamblers.

## FINDINGS

### Primary forms of gambling

The majority of gambling occurs at casinos according to the data from the Illinois Problem Gambling Helpline. Females reported gambling at casinos at a 10% greater rate, when compared to their male counterparts.

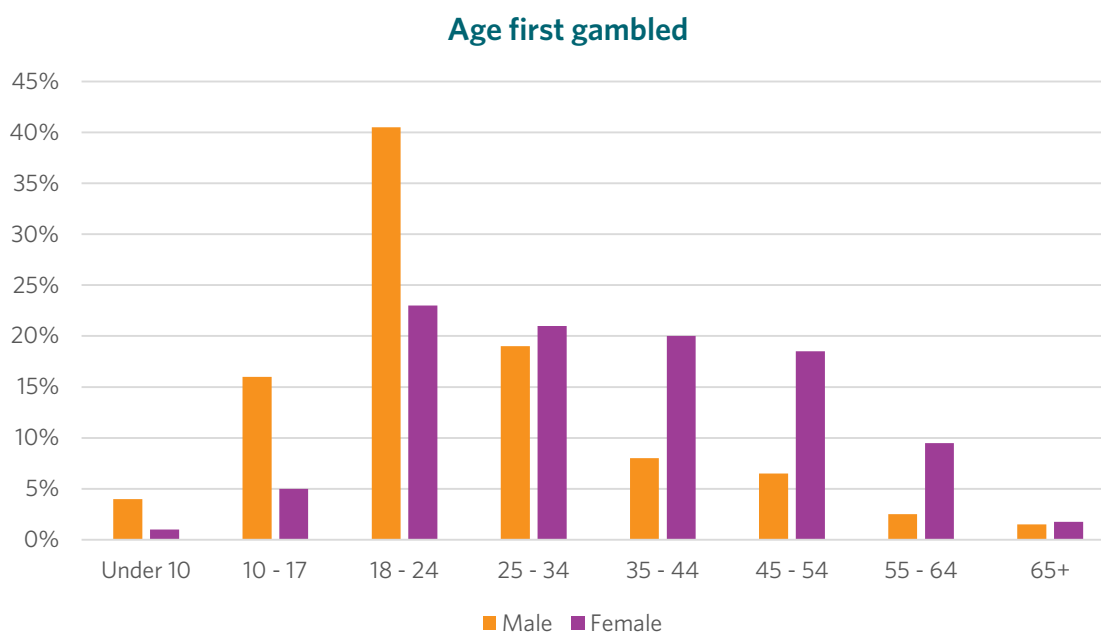
Interesting gender differences can be found in the other forms of reported gambling. Lottery is the second most common form of reported problem gambling for both males and females. For females, casino and lottery gaming comprise 96.3% of all gambling, with only 3.7% of females gambling in other ways. In males, while casinos and lottery are the most common (88.3%), 11.7% participate in other forms of gambling.

Form of gambling	Male	Female
Casino	74.5%	85.1%
Lottery	13.8%	11.0%
Horse Racing	5.8%	0.3%
Sports	3.0%	0.3%
Bingo	0.1%	0.8%
Internet	1.5%	0.8%
Video Poker	1.3%	1.7%

## Age first gambled

Morneau Shepell explored the relationship between the ages that males and females begin gambling. The data shows a noteworthy difference, males participate in gambling much earlier in life. Males begin gambling around age 10, peaking by the age of 24, after which fewer males initiate gambling. Females seem to be introduced to gambling later around age 18, and continue to be introduced at about the same rate through age 54.

By age 24, 61.1% of males have gambled, where as only 29.3% of females are introduced by the age of 24.



**“I have been gambling since I was a teenager. I’d prefer not to have anything mailed to me because my wife doesn’t know how bad my gambling has become.”**

## Length of problem gambling

The majority of both male and female problem gamblers contacting the helpline do so within 5 years of their gambling problem. The data also reveals that more than 40% of callers have gambled for more than 5 years.

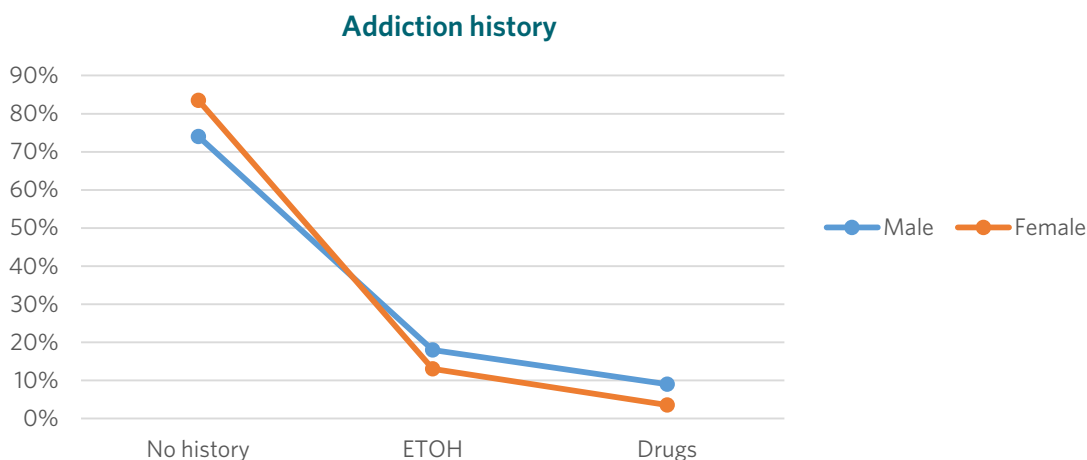
Years gambled	Males	Females
0-5 years	55.7%	57.6%



**"I started gambling when I was 21 but it really has gotten out of control over the past few years. I've tried to quit a few times but haven't been able to stop on my own."**

## Addiction history

Notable gender differences were found in the rates of reported co-occurring addiction problems. 18% of males reported a history with alcohol compared to 13% of females. Males also reported higher rates of drug addiction history, 8% compared to 3% of females. Overall, males were 10% more likely to report a history of drug or alcohol addiction than females.



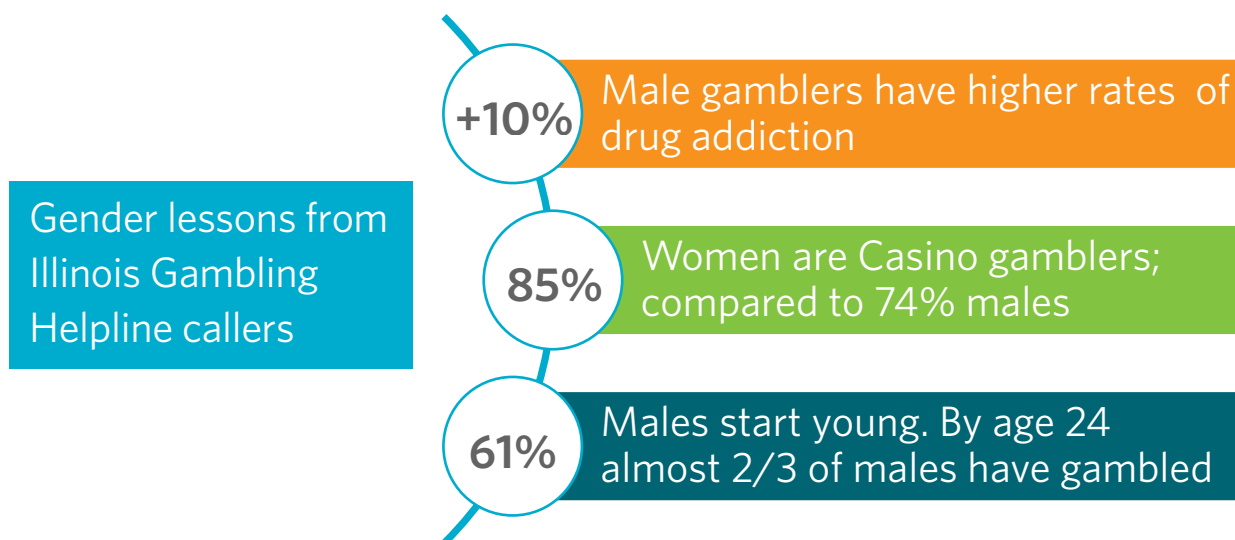
**"I started gambling when I was 21 but it really has gotten out of control over the past few years. I've tried to quit a few times but haven't been able to stop on my own."**

## Referral sources

The data below clearly shows that the majority of both male and female gamblers learn about the helpline through casino marketing materials and Lottery tickets. Combined, almost 2/3 of gamblers calling the helpline learned about the number from gaming industry marketing.

Referral source	Males	Females	Total
Casino materials	49.4%	55.4%	52.0%
Lottery tickets	13.1%	11.4%	12.4%

## CONCLUSIONS AND RECOMMENDATIONS



## Prevention

Our findings reveal several important factors that may be considered when developing prevention programs. Based on the gender differences in this report, Morneau Shepell recommends the development of gender specific problem gambling prevention programs. Gender specific prevention programs have been shown to be effective with other high-risk behaviors, especially for females (Schinke & Schwinn, 2005).

Morneau Shepell recommends that problem gambling prevention programs reflect the following gender differences:

- Male specific prevention programs should be geared towards younger males and provide information on horse racing and sports betting as they are popular for this group. Due to the early

age of onset these programs should focus on middle school through college and continue on through adulthood.

- Prevention programs for females must continue to target females through adulthood, due to the rate of onset remaining consistent from age 18 - 54. These programs should provide information on casino gaming and lottery play.

## Intervention

The gender differences found in primary type of gambling and age of onset provide beneficial insights for treatment providers. For treatment providers working with males, the data recommends discussing other forms of gaming and the role of gambling in their lifestyle, due to the early age of onset. When working with females, the wide range of age of onset suggests that treatment providers would benefit from developing competencies in working with a variety of generations. Furthermore, the high prevalence of casino and lottery gaming offers a focus to treatment with females.

Morneau Shepell's findings also offer additional insight for both problem gambling clinicians as well as professionals working with addicted populations, as 36% of males and 26% of females, who gamble, report a history of substance use disorders. For clinicians that specialize in working with disordered gamblers, training and experience in working with alcohol and drug addictions is recommended. This data also suggests that clinicians working in substance abuse treatment settings would benefit from training in problem gambling screening, brief intervention & integrated dual-disorder treatment.

## Promotional materials

Casinos have provided a great amount of referral and resource information to people dealing with problem gambling. These materials have provided the helpline with over half of its callers. The gender differences outlined in this report suggest the opportunity to develop gender specific marketing materials, to enhance their value.

Though the group is smaller, 12% of males are gambling on sports events and horse races. This group is more difficult to reach as in most cases sports betting is illegal; therefore no conventional places to advertise or provide further information are available. Horse racing venues provide better opportunities to reach gamblers, as they are legal facilities licensed by the State. Promotional materials should be tailored to the males who are most likely going to be in these locations.

Morneau Shepell and the Illinois DHS will continue to track and monitor gender differences from gamblers contacting the Illinois Problem Gambling Helpline. This information will continue to provide valuable information relating to prevention and intervention strategies.



## REFERENCES

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