

GAMBLING IN THE LGBTQIA2S+ COMMUNITY

Problem gambling is an underexplored issue in the LGBTQIA2S+ community, despite its significant potential impacts (1). This group faces unique challenges and stressors that can contribute to higher rates of gambling addiction compared to the general population. Factors such as discrimination, social marginalization, and mental health struggles can exacerbate the tendency to engage in problem gambling as a means of coping.

Additionally, the LGBTQIA2S+ community may experience a lack of focused support and resources, making it more difficult to seek help. Addressing problem gambling within this community requires a nuanced approach that considers these specific challenges, promotes inclusive support systems, and fosters a broader understanding of the intersection between identity and addiction.

DEFINING LGBTQIA2S+

It is critical to note that this acronym encompasses a variety of identities and groups, including but not limited to lesbian, gay, bisexual, trans, queer and questioning, intersex, asexual, and two-spirit individuals. These groups vary in biological sex, gender identity, gender expression, and sexual orientation, among other characteristics.



Key Terms:

- **Biological sex** refers to the organs, hormones, and chromosomes that make up a person from birth.
- **Gender identity** refers to the way an individual views themselves, whereas **gender expression** describes how a person demonstrates their gender.
- **Cisgender** refers to a person whose gender identity aligns with the biological sex assigned at birth. **Non-binary** is a gender identity not categorized as solely male or female.
- **Sexual orientation** refers to who a person is attracted to.

Problem gambling researchers have broadly focused on lesbian, gay, bisexual, and trans individuals when examining gambling behaviors, but this may neglect key nuances in other subgroups.

GENDER MINORITIES AND PROBLEM GAMBLING

Research highlights that gender minorities, including transgender and gender non-binary individuals, exhibit notably higher rates of gambling behavior compared to their cisgender counterparts (2). Studies show that trans and non-binary adolescents are particularly vulnerable, with a reported 3.6 times higher risk of problem gambling compared to cisgender youth (3). This elevated risk is partially attributed to minority stress theory, underscoring the impact of stigma and discrimination (4).

Minority stress theory proposes that individuals from minority or disproportionately affected groups experience higher levels of stress than majority counterparts.



Most commonly reported gambling behaviors among trans and non-binary individuals include lottery and scratch-off tickets, cryptocurrency trading, and stock trading without a broker (5).



The location of gambling activities also varies, with common settings including online platforms, home environments, and casinos (5).



Gambling behaviors are more strongly associated with the sex assigned at birth than gender identity itself (5). Evidence suggests that those assigned male at birth are more likely to engage in problematic gambling behaviors. However, with increasing rates of gambling among females in recent years, this deserves further attention.

SEXUAL MINORITIES AND PROBLEM GAMBLING

Studies examining prevalence rates of problem gambling among gay and bisexual individuals show mixed results when compared to heterosexual counterparts. While some evidence indicates higher rates among gay and bisexual men (6), others show no significant differences (7, 8). Bisexual and lesbian women, however, consistently demonstrate higher rates of gambling disorder relative to their heterosexual counterparts (9, 10).

Although some studies have observed correlations between problem gambling and the above identities, these relationships tend to dissipate after controlling for factors such as age, psychological distress, and social support (2). Examining risk factors specific to these populations may help explain these mixed findings.

PROBLEM GAMBLING RISK FACTORS IN THE LGTBQIA2S+ COMMUNITY



Impulsivity and Erroneous Gambling Cognitions

Impulsivity and erroneous gambling cognitions (EGCs) contribute to higher problem gambling rates among both men who have sex with men and heterosexual men (7). EGCs are irrational beliefs related to beating the odds in gambling, such as believing the outcome is more predictable than it is and that winnings are due to skill or knowledge.



Substance Use Disorders and Mental Health Comorbidities

Substance use disorders, comorbid mental health conditions such as anxiety and depression, and impulse control issues are prevalent among LGBTQIA2S+ individuals who gamble (6, 11). These are also common risk factors for cis-gender, heterosexual counterparts.



Age and Risk Dynamics

Risk behaviors in LGBTQIA2S+ individuals may increase with age, contrasting with the trend in heterosexual populations where risk decreases over time (11).



Athletic Involvement

Engagement in athletics has been identified as a risk factor for problem gambling generally, but research has also demonstrated that it increases risk among LGBTQIA2S+ student-athletes (12).



Stigma and Discrimination

Experiences with stigma and discrimination increase stress in the LGBTQIA2S+ community, while also decreasing trust in the health and mental health care systems. This increases risk for negative coping mechanisms such as addictive behaviors like gambling (4).

Many risk factors for problem gambling in the LGBTQIA2S+ community are shared with other populations more generally, while others are unique to this community.

This speaks to the importance of conceptualizing risk both on a general and individualized basis, taking into account key identity factors.

LGBTQIA2S+ COMMUNITY AND GAMBLING IN OREGON

Nearly 8% of Oregon adults identify with one or more LGBTQIA2S+ identities, only second to the District of Columbia (13). 21% of the adult LGBTQIA2S+ community in Oregon fall into the 18-24 age range (13), which is noteworthy given the increased risk of problem gambling among young adults (14).

Preliminary data collected from a community-based problem gambling treatment center in one of Oregon's urban hubs follow similar patterns to what researchers are finding across the country (15). The sample was largely made up of White, lesbian, female adults; the ages of participants spanned from 24-82.

AMONG LGBTQIA2S+ OREGON ADULTS SEEKING OUTPATIENT TREATMENT FOR GAMBLING:

The two most popular types of gambling activity reported among participants were **video poker** and **slot machines**.

More reported experiencing both **co-occurring mental health and substance abuse** diagnoses, versus one or the other.

The majority of participants reported experiencing gambling-related problems affecting their **relationships, jobs, education, and finances**.

These findings highlight the importance of fostering inclusive and welcoming treatment spaces that take into account the unique needs of LGBTQIA2S+ populations, while also addressing co-occurring problems.

PREVENTION & INTERVENTIONS

Reducing Societal Stigma

Addressing the societal stigma surrounding both LGBTQIA2S+ identities and problem gambling is fundamental. Experiences of stigma have been linked to increased problem gambling and related harms within this community (5). Strategies to reduce stigma include public education campaigns and fostering inclusive environments that support both LGBTQIA2S+ identities and responsible gambling practices.

In a 2022 study examining barriers to well-being among LGBTQIA2S+ adults (16):

More than **1 in 3 reported** experiencing some type of discrimination within the past year.

1 in 3 reported avoiding medical care in 2022 due to discrimination from providers.

Nearly 1 in 3 reported at least one negative experience when interacting with a mental health professional.

Improving Access to Care

Access to gambling prevention and treatment services for LGBTQIA2S+ individuals must be improved. This includes educating healthcare providers about LGBTQIA2S+ issues and tailoring services to meet the specific needs of this population. Efforts should focus on:

- **Reducing Barriers to Care:** Understanding personal and structural barriers to accessing care, such as internalized stigma, lack of knowledge about available services, and financial constraints.
 - **Understanding Trauma and Gambling Behaviors:** Recognizing the relationship between trauma, particularly childhood trauma, and gambling behaviors is essential. Providers should explore how gambling may serve as a coping mechanism for trauma-related distress.
 - **Addressing Comorbidities:** Effective interventions should address comorbid conditions and consider the intersectionality of various health issues, ensuring a holistic approach to treatment.
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SUMMARY

The evidence highlights several critical points regarding problem gambling within the LGBTQIA2S+ community. These individuals face a higher risk of problem gambling, influenced by minority stress, stigma, and discrimination. Researchers should continue to explore differences and nuances in gambling behaviors across gender and sexual minorities, while also including more groups from this community. Key risk factors include impulsivity, substance use disorders, mental health comorbidities, athletic involvement, and age-related dynamics.

Effective strategies must focus on reducing stigma, enhancing access to tailored services, and addressing underlying trauma and comorbidities. By addressing these factors and implementing focused interventions, public health professionals can better support LGBTQIA2S+ individuals in managing and preventing problem gambling, ultimately leading to improved health outcomes for this underserved population.

Key Findings

- Minority stress and negative health outcomes place LGBTQIA2S+ individuals at an increased risk of engaging in addictive behaviors.
- Gender minorities consistently engage in more problematic gambling behaviors than their cis individuals, whereas findings comparing sexual orientation minorities and cis individuals are mixed.
- Intersectionality and biopsychosocial characteristics impact a person's level of risk. Among LGBTQIA2S+ community members, impulsivity, engagement in athletics, being older, and having comorbid substance use and mental health disorders increase the risk of problem gambling.
- To help prevent problem gambling in the LGBTQIA2S+ community, reducing societal stigma and improving access to services may be critical.
- When considering treatment approaches, providers should take the time to examine potential traumatic experiences and how they relate to the gambling behaviors, along with addressing shame and the function of the gambling behaviors.

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