Problem Gambling Prevention
TECHNICAL ASSISTANCE AND TRAINING PROJECT

Problem Gambling and the Lesbian, Gay, Bisexual and Transgender Community

by Michael Liao, MSW
NICOS Chinese Health Coalition

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The Lesbian, Gay, Bisexual and Transgender (LGBT) community refers to a group of individuals, which despite its inherent diversity, shares common challenges and experiences of discrimination and struggle. It is difficult to pinpoint the size of the LGBT community. Typically, social scientists rely on self identification for research purposes. Even then, challenges arise from the difficulties of forcing people into categories such as lesbian, gay, bisexual and transgender. The terms of such categories are ambiguous at best. Definitions solely based on behaviors, sexual attraction, emotional affection, or gender identity all fail to encompass the complexity of sexuality. Today, many agree that sexuality is more fluid and may exist on a continuum. For the purpose of this paper, the acronym "LGBT" will be used to describe individuals whose sexual orientation and/or gender identity include but are not limited to gay, lesbian, bisexual, men who have sex with men (MSM), women who have sex with women (WSW), and transgender, with the acknowledgement that the subscription to the labels of LGBT requires a process of self-identity. For more specific definitions of the various segment of the LGBT community, please refer to the inset box.

DEFINITIONS

Sex: Biological and physiological characteristics used to define female, male and intersex. Involves physical attributes such as reproductive systems / organs, hormonal profiles or genetics.

Gender: Gender roles are the expectations of individuals to conform to socially and culturally defined notions of woman and man. Gender identity is how one conceives of one's own gender. Gender expression includes ways of behavior, dress, demeanor, etc.

Intersex: Refers to the condition of persons born with reproductive or sexual anatomy that does not fit the typical definition of female or male.

Lesbians: Identity associated with women who have a predominant sexual orientation toward other women.

Gays: Identity associated with men who have a predominant sexual orientation toward other men.

Bisexual: commonly defined as a person who may be attracted to both men and women.

MSM/WSW: Abbreviation for Men who have Sex with Men/Women who have Sex with Women. Refers to individuals by behavior regardless of identification labels. Developed in recognition of the fact that some individuals who have sex with members of their own gender do not identify as gay or lesbian.

Transgender: Generally used as an umbrella term that encompasses any behavior, expression or identity that transgresses the cultural expectations of gender roles. Most commonly used to refer to individuals who identify with a gender other than the one they were assigned at birth. Transgender persons may or may not choose or have access to interventions to change their bodies.

SIMILARITIES

In 1973, the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual (2nd Edition) (DSM-II) (Zucker & Spitzer, 2005). This event signified not only a change in social attitudes, but also a step forward in human rights for lesbians and gays. However, following the removal of homosexuality from the DSM, variations of a diagnostic category with reference to homosexuality continued to exist until the revised DSM (3rd Edition) in 1987 (American Psychiatric Association). To this day, there are four diagnostic categories in the current DSM (4th Edition) that may be applied to transgender individuals (American Psychiatric Association, 1994). Bisexuals, while not specifically addressed in the DSM, have also been ostracized by many, both within and outside of the lesbian and gay community.

When researchers examined public health research conducted between 1980 and 1999, it was found that only 0.1% of the studies included LGBT persons in their study sample (Boehmer, 2002). The lack of empirical data has profound implications for the reporting and help-seeking behaviors of the LGBT community, as well as the level of competence for service providers. This article aims to provide a critical look into a hidden issue, problem gambling, in a largely understudied population. While evidence currently points to higher prevalence of substance and other addictive processes among LGBT persons, there is a dearth of information about how gambling addiction impacts this community. This article will refer to the existing, albeit small knowledge base on addictive behaviors in the LGBT community, and will provide an overview of several social and psychological factors that may increase the risk of problem gambling for this community. This article will also note several barriers to care and will offer suggestions for intervention.

LGBT COMMUNITY & ADDICTION

It has been long observed that substance addictions disproportionately impact members of the LGBT community. According to existing research, homosexually active women have been shown to be more likely than other women to have drug or alcohol dependency syndromes (Cochran & Mays, 2000; Cochran, Keenan Schober & Mays, 2000). Alcohol and drug use and dependency rates have been shown to be higher among gay men and lesbians than for their heterosexual counterparts (Skinner, 1994; Cochran & Mays, 2000). In terms of tobacco use, gay and bisexual men have also been shown to have tobacco use rates substantially higher than their heterosexual counterparts (Stall, Greenwood, Acree, Paul & Coates, 1999). Given that the LGBT community is not a monolithic population, there is also some evidence that rates of chemical dependency and substance abuse may vary across different segments of the community. For example, the transgender population has been noted to have alarmingly high rates of substance use and misuse. When the intake records from the Gender Identity Project was examined, it was found that among the study sample of transgender individuals, 27.1% reported alcohol abuse, and 23.6% reported drug abuse (Valentine, 1988). Another study was conducted in 1999 with a study sample of three hundred ninety two transgender participants, sixteen-percent reported having sought treatment of alcohol problems and another 23% reported doing the same for drug problems (Clements, 1999).

To date, very few research studies have been conducted to examine the extent of problem gambling in the LGBT community. One of the few existing studies on problem gambling in the LGBT community was conducted by two prominent researchers in the field of problem gambling studies, Jon Grant of the University of Minnesota Medical School and Marc Potenza of Yale University Medical School (Grant & Potenza, 2006). The study was conducted in 2006 with a sample of 105 treatment-seeking men who had sought treatment for pathological gambling. The researchers found a substantial overrepresentation of gay and bisexual men among this sample of pathological gamblers (21% of the sample self-reported as gay or bisexual) (Grant & Potenza, 2006). The researchers also reported greater impairment and a higher incidence of impulse control and substance use disorder among these gay and bisexual men. The limitations of the study consist of its small sample size, and the fact that only men were included in its study sample. Much more research is needed in order to understand the scope of gambling problems among lesbians and transgender individuals. However, Grant and Potenza did highlight the need for additional research and for service providers to become more cognizant of the unique needs of LGBT problem and pathological gamblers.

RISK FACTORS FOR ADDICTION

Discrimination

Research shows that members of the LGBT community are more prone to suffer from a wide array of psychiatric disorders, including high rates of mood and anxiety disorders (Jorm, Korten, Rodgers, Jacomb & Christensen, 2002; Gilman et al., 2001; Cochran, Sullivan & Mays, 2003), and as previously mentioned, substance abuse disorders. One factor proposed to explain this mental health disparity focuses on the stressors that exist in the lives of many members of the LGBT community. One key stressor comes from the stigma and discrimination of homophobia and heterosexism (prejudice against LGBT persons), which remain a significant challenge for LGBT individuals. According to the Gay and Lesbian Medical Association, a majority of nurses teaching in nursing schools still believed being a lesbian is "unnatural" as recently as 1991 – nearly 20 years after the removal of homosexuality from the DSM (Gay and Lesbian Medical Association, 2001, p. 218). Aside from medical marginalization, many LGBT individuals face extreme prejudice and often violence (Herek & Berrill, 1992). While many employers have now adopted anti-discrimination policies that extend protection to members of the LGBT community, many LGBT individuals still experience harassment and discrimination at their workplace due to their sexual orientation and/or gender identity. For many, these encounters with heterosexism cause trauma that spawns the maladaptive coping technique of dissociation – a characteristic common to many addicts – including problem gamblers (Moore & Jadlos, 2002).

Acculturation & Coming-Out Stress

Exploring sexual identity or, in the case of transgender people, gender identity is a unique process sometimes referred to as "coming out" in the lifecycle of an LGBT individual who is raised in a heterosexual home with the explicit expectation that they too will be heterosexual (Amico, 2003). It is generally only by coming out that anyone participates in LGBT culture or community. The moment(s) in which an individual begins to identify with a stigmatized population (Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment, 2001, p. 61) may create many of the stresses and strains commonly associated with acculturation in immigrant populations. In 2004, the International Organization for Migration defined acculturation as "the progressive adoption of elements of a foreign culture (ideas, words, values, norms, behavior, and institutions) by persons, groups or classes of a given culture" (International Organization on Migration, 2004, p. 5). Using this definition, coming out can be viewed as an acculturation process for individuals who are newly self-identifying as LGBT.

Research has shown that problem gambling may disproportionately impact ethnic minorities, and in particular, immigrants. In a qualitative case study of four Chinese Canadian immigrants, immigration and acculturation stresses were cited as key factors in problematic gambling behaviors (Lee, Fong & Solowoniuk, 2007). For members of the LGBT community, the stresses and trauma associated with coming out may be very similar to those experienced by immigrants, and may be a risk factor for problem gambling. Another similarity between the process of acculturation and the coming out process is loss and isolation (Lee, Fong & Solowoniuk, 2007). Both immigrants and members of the LGBT community may experience loss of social network – for the former through relocation and the latter through dislocation. In either case, gambling establishments such as casinos may provide an inviting relief to social loss and isolation.

CONSIDERATION FOR SERVICE PROVIDERS

LGBT individuals may face a multitude of barriers to access professional care – both actual and perceived. For LGBT problem gamblers, the barriers may be seen as even more insurmountable. Research shows that problem gamblers from marginalized communities including ethnic minorities (Raylu & Oei, 2004), older adults (Potenza, Steinberg, Wu, Rounsaville & O'Malley, 2006) and women (Volberg, 1994) seek help at lower rates. It has also been noted that for problem gamblers who are immigrants, they may view professional help as a last resort, leading them to seek help only when in crisis (Leung, Ross, Brown & Kokin, 2004). For LGBT individuals, factors that may discourage help-seeking include:

Mistrust

Often, LGBT individuals feel unable to disclose their sexual or gender identity to health providers in fear of adverse reactions from others. In fact, as recently as the late 1980's between half and 61% of lesbian and gay people felt unable to come out to their medical

providers (Gay and Lesbian Medical Association, 2001, p. 218). The low rates of disclosure of to healthcare providers indicate the presence of barriers to care. Mistrust borne of the history of being pathologized does little to increase the community's trust of medical and mental health providers. This mistrust is likely to affect LGBT help seeking behaviors. Services providers can overcome this barrier through actively cultivating the trust of LGBT patients, clients, students, and faith community members. Doctors, mental health providers and faith leaders must offer the promise of nonjudgmental care. Without it, LGBT individuals are less likely to view these external resources as viable options for seeking help, and may only use services once the situation is a crisis if at all.

Lack of Cultural Competence

Additionally, lack of cultural competence in medical and mental health settings may further discourage help-seeking behavior in the LGBT community. Actual negative attitudes and beliefs about the LGBT community are still prevalent. As recently as 1986, 40% of physicians were uncomfortable treating gay and lesbian patients (Gay and Lesbian Medical Association, 2001, p. 218). Lack of culturally-specific resources such as LGBT-only Gamblers Anonymous meetings and LGBT-identified service providers may further hinder help-seeking behaviors. The clear remedy here is education. There are many cultural competence trainings available to increase care providers' understanding of and competence in treating the LGBT community. These trainings can offer suggestions for creating culturally competent language, forms, and practices. Given the diversity of the LGBT community, cultural competence must be viewed as a multi-dimensional concept inclusive of the various segments of the population (i.e. transgender, bisexual, etc.) as well as intersecting identities (ethnic minorities, aging population, etc.). In addition, LGBT-specific support for problem gamblers may be offered to increase likelihood of utilization.

Additional Stigma

Membership in an already stigmatized group may serve to make LGBT persons wary of stepping forward to disclose issues such as problem gambling, for fear of incurring additional stigma and discrimination. LGBT individuals may also be particularly resistant to the psychiatric label of "pathological gambling," given the history of oppression via the psychiatric profession. Public outreach and education can help assist in overcoming the stigma attached to mental health issues such as problem gambling.

FUTURE DIRECTIONS

Problem gambling is a relatively new and rapidly evolving field of study. More research and data is needed across all areas of this emerging field. One thing is certain, however: Despite clinical and empirical knowledge that LGBT individuals are at greater risk of developing addictive disorders, we have virtually no information about how problem gambling impacts this group. Only one study to date has examined the relationship between sexual orientation and problem gambling. While the findings of the study were startling, reflecting higher rates of pathological gambling among gay and bisexual men, more research is needed for a fuller understanding of this phenomenon. Research and data is needed to develop culturally sensitive and competent interventions. Problem gambling providers currently have no guidance on how to outreach to the LGBT community, and how to provide effective prevention and intervention strategies. Further, barriers to access treatment may be exacerbated due to the lack of LGBT-specific services that exist. Resources such as Gamblers Anonymous and problem gambling helplines that are tailored to various cultural groups, including the LGBT community, are needed. Training and education to community-based and faith-based organizations that serve the LGBT community are paramount in order to reduce the stigma of problem gambling. LGBT cultural competence training and education to organizations that are not LGBT focused is also essential, since any organization may already serve LGBT clients. Much can be learned from individuals and organizations who work with other marginalized groups such as immigrants and ethnic minorities. Collaboration with these organizations and the pooling of resources will be imperative, particularly in light of scarce and ever depleting resources. Finally, the legalized gambling industry should also be included in the on-going dialogue about LGBT problem gambling. These dialogues can help communities to voice concerns about target marketing and possible exploitation of the vulnerable segments of the LGBT community. Only through working collaboratively can a comprehensive range of public health interventions be implemented to address the issue of problem gambling in the LGBT community.

CONCLUSION

The analysis from this article may be particularly timely, as the Wall Street Journal recently pointed out that Las Vegas, a gambling Mecca of the nation, "after years of ignoring the gay and lesbian market, [now] courts it with vigor" (Audi, 2007). The combination of targeted marketing and the documented propensity for many members of the LGBT community to develop addictions warrants a closer examination into the scope of gambling addiction in the LGBT community. Only by replacing the current lack of knowledge with ample peer-reviewed research will the true impact of gambling in the LGBT community be known. However, what little information we do have already points to an overrepresentation of the LGBT community among pathological gamblers, a trend already evident in the field of substance abuse. The LGBT community, while diverse, shares common experiences associated with identify formation, stigma, discrimination, oppression and all too often, trauma. Many of these social and psychological factors have been known to increase one's risk of developing substance and process addictions – including problem gambling. This paper presented an analysis of the LGBT community's vulnerability to problem gambling by looking at coming out as an acculturation process, identifying barriers to care for LGBT persons and offering suggestions for overcoming those barriers. The aim of this paper is to inspire greater consciousness and initiative to address an issue that for too long has gone ignored, for a population that similarly has long been neglected by the medical and health profession.

For more information about LGBT cultural competency for health and human service providers, please refer to these resources:

- Gay and Lesbian Medical Association and LGBT health experts. *Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health*. San Francisco, CA: Gay and Lesbian Medical Association, 2001. Available on the web at http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf

- Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals*. 2001. Available on the web at http://www.kap.samhsa.gov/products/manuals/pdfs/lgbt.pdf

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Support for this project is provided by the State of California, Department of Alcohol and Drug Programs, Office of Problem Gambling.

The project aims to educate the public and train a broad range of service providers, government agency personnel, and community leaders to help prevent problem gambling throughout the State and to provide information on treatment resources for those in need.

All project services are free of charge and CEUs are offered for selected trainings.

For more information, please contact:

NAPAFASA
National Asian Pacific American Families Against Substance Abuse
340 East Second Street, Suite 409
Los Angeles, CA 90012-4249
Phone: 213-625-5795
Website: www.napafasa.org
Email: napafasa@napafasa.org

Project Partners Include:

Asian American Drug Abuse Program
(Los Angeles)
Tom Chic, tchic@addapinc.org
Website: www.aadapinc.org
Phone: 310-768-8064

Self Help for the Elderly
(San Francisco)
Vivien Wong, vivienw@selfhelpelderly.org
Website: www.selfhelpelderly.org
Phone: 415-677-7594

NICOS Chinese Health Coalition
(San Francisco)
Michael Liao, michaelliao@nicoschc.org
Website: www.nicoschc.org
Phone : 415-788-6426

Union of Pan Asian Communities
(San Diego)
Debbie Rull, drull@upacsd.com
Website: www.upacsd.com
Phone: 619-521-5720

Visión y Compromiso
(El Cerrito)
Maria Lemus, mholl67174@aol.com
Website: www.visionycompromiso.org
Phone: 510-303-3444