

Mobile Gambling: Unexplored Risks to Children and Families

Jenny Radesky, MD,¹ Alexis Hiniker, PhD,² Heidi M. Weeks, PhD,³ Anna I. Hedin-Urrutia, BA,¹ Alexandria Schaller, BA,¹ Alison L. Miller, PhD³



¹University of Michigan Medical School, Ann Arbor, Michigan; ²Information School, University of Washington, Seattle, Washington; and ³University of Michigan School of Public Health, Ann Arbor, Michigan

Address correspondence to: Jenny Radesky, MD, University of Michigan Medical School, 1600 Huron Parkway Building 520, Ann Arbor, MI 48109. jradesky@med.umich.edu

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INTRODUCTION

Gambling and sports betting have increased in popularity since the 2018 Supreme Court decision to allow states to authorize these industries to operate online. Although mobile gambling and sports betting are experienced as fun pastimes for some adults, evidence of downsides is mounting. For example, in states where mobile gambling has been legalized, rates of bankruptcy¹ and online searches for gambling problem treatment² have increased significantly. In New Jersey, the first US state to legalize mobile gambling, helpline calls have doubled over the span of 4 years.³

Mobile gambling differs from in-person gambling in important ways. It is thought to increase the risk of problem gambling because individuals can gamble more frequently and easily on a mobile device in their pocket without the barrier of traveling to a physical casino. Bets can be made on an unlimited number of sports (from the Super Bowl to professional videogaming), on individual players, and on events around the world. Thus, mobile gamblers have constant access to a world of betting, unconstrained by a casino's hours of operation. Online gambling platforms also employ a variety of artificial intelligence-enabled technologies that profile users to increase engagement,⁴ for example, by predicting the sport or the odds that are most likely to entice them to place bets. Marketing for mobile gambling platforms has exploded in the past 5 years, and perhaps as a result, Americans wagered a record-high \$121 billion in bets in 2023.²

Mobile gambling and sports betting exist within a larger digital ecosystem that monetizes people's time online through data collection, advertising impressions, and purchases. However, gambling involves the wagering of money in a speculative game of risk, which increases the likelihood of losses that can lead to significant financial problems. Young people may be at a unique risk of problem gambling, but limited research has been conducted on impacts of mobile gambling and sports betting in pediatric patients. In this perspective, we call attention to the potential risks of mobile gambling to youth and families, present novel methods for quantifying the frequency of teen or parent mobile gambling, and discuss clinical and policy implications.

TEEN MOBILE GAMBLING

Teens are thought to be at a higher risk of gambling disorders because of their high online engagement in the midst of ongoing brain development, with teens possessing weaker impulse inhibition and more propensity for pleasure-seeking and risk-taking behaviors rather than thoughts about future consequences.⁵ In the United States, clinicians have voiced concerns about the number of teens reporting that they have a sports betting app on their phone.⁶

Teens are more likely to gamble if it has been normalized in their life. Explicit and tacit messages that normalize gambling come from television advertisements, social media content, sponsorship of sporting events by gambling platforms, and exposure to friends' and family members' gambling habits. Exposure to gambling advertisements is particularly high while viewing sports; one study found that, during the 2025 NBA finals and NHL Stanley Cup Finals, viewers saw 6282 gambling promotions, of which only 3.7% contained age warnings.⁷ Research from GambleAware, a UK-based charity, found that 57% of teens agree that celebrities in gambling advertisements make them excited to try gambling and lead to the perceptions that gambling is "an easy way to make money," "harmless fun," and "something everyone does." A total of 11% of surveyed UK teens (as high as 18% in 16- to 17-year-old boys) recall taking part in gambling activities after seeing a celebrity promoting it.⁸

Chance-based designs in video games played by children and teens also normalize gambling. These common game mechanics include gacha, loot boxes, and surprise packs in which players spend money for an unknown reward. Exposure to gambling-type video game designs in teens has been linked to later gambling,⁹ perhaps because of normalization but also because risk-seeking, reward-sensitive teens who spend a lot of time online may also be more likely to enjoy gambling activities. In a 2025 GambleAware report, 12% of 11- to 17-year-old children had played free-to-play online gambling games, which are often advertised on social media. Data-driven profiling of users enables companies to identify individuals who engage with these simulated gambling games and to target them with advertisements for true gambling experiences. Exposure to such advertisements is a known risk factor for transitioning to real-money gambling.¹⁰

Thus, there are several pathways through which US teens may become interested in mobile gambling. Teen self-reports are one way to monitor mobile gambling, but objective smartphone tracking methods may help researchers more accurately identify the prevalence, duration, and frequency of real and simulated gambling in underage users. For example, using data from a cohort of 203 11- to 17-year-old children whose Android smartphones were tracked for 1 week (see Supplemental Material for methods), we found that 3 participants aged 15 to 16 years used

simulated gambling apps (eg, Slotomania Slots Casino Games, Quick Hit Casino Slot Games, or CoinMaster). These apps are rated "T" for teen and are easily downloadable from app stores. Three other participants aged 14 to 16 years used sports betting apps (Yahoo Fantasy Sports & Daily or Sleeper Fantasy Football), which are rated "Adults Only 18+" but only require a self-reported birthday to create an account. Although these results show only a 1.5% prevalence of sports betting and simulated gambling apps in a 1-week snapshot of teen usage data, they raise concern that a subset of teens is accessing mobile apps that could contribute to problem gambling over time.

PARENT MOBILE GAMBLING

The mobile gambling industry also affects youth indirectly through its influence on their parents. It is estimated that approximately half of problem gamblers are parents,¹¹ and risk may be transmitted intergenerationally.¹² A systematic review of parental problem gambling (primarily offline gambling because most studies were from 2020 or earlier) found links with more child emotional distress, worse mental health, higher suicidality, more dysfunctional family relationships, higher risk of child maltreatment, more risky teen behaviors, and more household financial distress.¹¹ Financial instability and poverty are themselves associated with worse child well-being¹³; therefore, it is important to monitor the extent to which the legalization of mobile gambling has led to gambling-related family financial stress.

To examine the prevalence of parental mobile gambling, we analyzed a large sample of smartphone usage data from a community-based cohort of parents with young children and tested associations of mobile gambling and simulated gambling with indices of family distress. Parent smartphone use was tracked using objective methods for 1 week (see Supplemental Material for methods). Of 317 parents with complete smartphone data, 25 (7.9%) used either gambling apps (N = 15; 4.7%) or simulated gambling apps (N = 12; 3.8%) during the study week; 2 participants used both. Gambling apps were used for an average of 9.4 minutes per day (SD, 14.9 min/d; range, 0.10–52.6), and simulated gambling apps were used 30.5 minutes per day (SD, 24.5 min/d; range, 3.3–76.2). Parents who used gambling or simulated gambling apps had significantly longer overall smartphone use, were more likely to have less than a college degree, and lived in households with lower income-to-needs ratios (Table 1).

These 2 examples from cohorts of teens and parents illustrate the promise and importance of objective smartphone tracking in elucidating the mobile gambling practices of US youth and parents. Larger-scale smartphone usage data, for example, through the Adolescent Brain Cognitive Development Study¹⁴ or The Human Screenome Project,¹⁵ could be leveraged to understand the population

TABLE 1. Characteristics of Parents in Full Cohort, Gambling App Users, and Gambling/Simulated Gambling App Users Combined

| Characteristic | Full Sample (n = 317) | Gambling App | | Gambling or Simulated Gambling App | |
|---|-----------------------|-------------------------|-------------------------|------------------------------------|-------------------------|
| | | Users (n = 15) | Nonusers (n = 302) | Users (n = 25) | Nonusers (n = 292) |
| Parent sex, n (%) | | | | | |
| Male/AMAB | 25 (7.9) | 4 (26.7) ^a | 21 (7.0) ^a | 6 (24.0) ^b | 19 (6.5) ^b |
| Female/AFAB | 292 (92.1) | 11 (73.3) | 281 (93.1) | 19 (76.0) | 273 (93.5) |
| Parent age, mean (SD), years | 34.6 (4.8) | 34.4 (5.8) | 34.6 (4.8) | 35.3 (5.7) | 34.5 (4.7) |
| Parent race/ethnicity, n (%) | | | | | |
| White/non-Hispanic | 226 (72.2) | 8 (57.1) | 218 (72.9) | 14 (58.3) | 212 (73.4) |
| Minoritized | 87 (27.8) | 6 (42.9) | 81 (27.1) | 10 (41.7) | 77 (26.6) |
| Parent education, n (%) | | | | | |
| High school/some college/2-year degree | 51 (16.4) | 6 (42.9) ^b | 45 (15.1) ^b | 9 (37.5) ^a | 42 (14.6) ^a |
| 4-year college degree | 93 (29.8) | 5 (35.7) | 88 (29.5) | 7 (29.2) | 86 (29.9) |
| >4-year college degree | 168 (53.9) | 3 (21.4) | 165 (55.4) | 8 (33.3) | 160 (55.6) |
| Income-to-needs ratio, mean (SD) | 3.82 (1.5) | 2.77 (1.9) ^a | 3.87 (1.5) ^a | 3.16 (1.9) ^c | 3.88 (1.5) ^c |
| CES-D score, mean (SD) | 8.8 (7.8) | 8.5 (7.0) | 8.8 (7.8) | 10.2 (8.4) | 8.7 (7.7) |
| Average smartphone duration, mean (SD), h/d | 5.7 (2.7) | 7.1 (3.0) ^a | 5.7 (2.7) ^a | 7.2 (2.7) ^b | 5.6 (2.7) ^b |

Abbreviations: AFAB, assigned female at birth; AMAB, assigned male at birth; CES-D, Center for Epidemiologic Studies Depression scale. Fisher's exact test or Wilcoxon two-sample test was performed for *P* values. Parent race/ethnicity is parent-reported using investigator-defined categories; minoritized race/ethnicity includes Black, Hispanic, Asian, and Native American. Income-to-needs ratio is calculated based on the middle of the reported household income range divided by the Federal Poverty Level for the household size.

^a *P* < .05.
^b *P* < .01.
^c *P* < .10.

prevalence of these high-risk activities and coupled with surveys to assess financial harms and related stress.

CLINICAL IMPLICATIONS

When providing counseling about media, clinicians can support teens' advertising literacy (understanding the persuasive intent of advertisements and how they appeal to viewers' psyches to encourage purchases) by mentioning gambling as an example of a risky activity that advertises itself as fun and harmless. Parents should be aware of how their own mobile gambling may affect household finances and may normalize gambling for teens. Parents can be encouraged to restrict or monitor teens' app downloads on their smartphones to reduce underage use of sports betting or gambling apps while also talking about real-life examples of loved ones losing money to gambling. Teens struggling with compulsive or excessive smartphone use might be using apps with gambling-like elements, which could be reduced in an effort to establish effective boundaries around smartphone use. Simulated and real-money gambling apps contain manipulative designs that encourage purchases or habitual usage,¹⁶ which may contribute to long usage daily durations—up to about 1 hour per day in some of our parent participants.

POLICY IMPLICATIONS

Current efforts to reduce problem gambling in users of mobile casino and sports betting apps usually rely on the player to self-exclude from gambling, to give themselves timeout periods, or to set deposit limits. These self-regulatory measures are far less likely to be effective in the teen years.⁵ To reduce underage use of mobile gambling apps, better age assurance is needed to prevent account creation in the first place. In addition, app stores could also change age ratings for simulated gambling apps to 18+ to avoid the suggestion that such apps are appropriate for teen users and label the presence of gambling-like elements in video games.

Limits on gambling advertising are also crucial to reduce normalization. In the United Kingdom, the Advertising Standards Authority recommends that celebrities with a strong appeal to children and “whose example is likely to be followed” should not be gambling ambassadors or appear in advertisements on television or social media.¹⁷ Other solutions include restricting gambling advertisements before 9pm on broadcasts, when children and teens are more likely to be viewing. Regulators could also mandate age-restriction messaging in ads.

To reduce parents' problematic use of mobile gambling apps, restrictions could be placed on the degree to which

artificial intelligence can be used to profile players by vulnerabilities that might lead to overbetting. Rather, artificial intelligence could be used to identify problem gamblers by their usage patterns and offer help and timeouts.

CONCLUSION

Youth and families are experiencing an increasing degree of exposure to messaging about gambling and sports betting. These industries are now operating online, reducing traditional access barriers and age gates. This presents an opportunity to talk about the speculative, risk-based economies to which children are exposed in video games and while watching their favorite sports teams. It also raises an urgent need to monitor teens' underage gambling, to understand whether digital profiling is subjecting families from lower socioeconomic status to disproportionate harm through this new industry, and to create new policy solutions.

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