

Coping styles and social support influence the experience of harm and distress of people affected by another person's gambling

What this research is about

Gambling-related harms are negative consequences arising from excessive gambling. They negatively affect the health and wellbeing of people who gamble and those around them. Affected others (AOs) are people who experience harms because of someone else's gambling, such as financial, relational, and emotional harms, and these harms can impact their health and wellbeing.

The stress-strain-coping-support (SSCS) model explains the relationship between stressors and their effects on people. The model states that being close to someone with a gambling problem can be stressful (stress). This can result in negative outcomes (strain), leading to psychological distress. The model proposes that how people cope with and respond to this stress can minimize or worsen the negative impacts. There are two key factors: coping style and access to social support. Coping styles are the behavioural and psychological strategies people use to manage stress. Maladaptive coping styles may increase the negative impacts, whereas social support can buffer the negative impacts. Based on the SSCS model, this study examined the roles of coping style and social support in AOs' experience of harms and distress.

What the researchers did

The researchers recruited adults living in New South Wales, Australia, who identified as being close to someone with a gambling problem. Participants were recruited through Qualtrics. They completed an online survey with the following measures:

- The 9-item Problem Gambling Severity Index (PGSI) was used to measure the other person's

What you need to know

Gambling-related harms can impact the health and wellbeing of people who gamble and those around them in a negative way. The stress-strain-coping-support (SSCS) model proposes that coping styles and social support are key factors in how effectively people respond to a stressor (e.g., another person's gambling problem). Based on the SSCS model, this study examined the roles of coping styles and social support in affected others' experience of harm and distress. The researchers found that being closer to the person with a gambling problem, being exposed to a more severe gambling problem, greater use of maladaptive coping styles, and lower levels of social support were associated with experience of greater harm and psychological distress.

gambling severity. This scale was completed from the AOs' perspectives.

- The Significant Other Closeness Scale (SOCS) was used to assess the level of closeness of the relationship. This scale has 4 items, capturing interdependence across four domains: emotional, financial, shared responsibilities, and time spent together.
- The GHS-AO-20 was used to measure harms experienced by the AOs in the previous 12 months.
- The Kessler-6 (K6) was used to assess psychological distress. This scale has 6 items asking people about their emotional state over the past 30 days.
- The brief Coping Questionnaire was used to measure four coping styles and their frequency of use. The maladaptive coping styles were

engaged coping emotional (e.g., getting moody), engaged coping assertive (e.g., arguing), and tolerant inactive coping (e.g., lending money). Withdrawal coping (e.g., prioritizing one's interests and wellbeing) was considered adaptive coping.

- The Multidimensional Scale of Perceived Social Support was used to measure the AOs' perceptions of social support available to them. This scale has 12 items asking about social support from significant other, family, and friends.

What the researchers found

A total of 1,131 AOs completed the survey. Half of the participants were men (50.8%). The average age was 37.5 years. The majority were a friend (32.3%) or current spouse/partner (17.3%) of someone who gambled. The household situation of most participants was couple with children (38.2%) or couple without children (20.9%).

Most participants (87.9%) reported being close to someone with a severe gambling problem (PGSI scores of eight or higher). Most participants (94.9%) used at least one maladaptive coping behaviour. Over half (56.1%) reported using 10 or more maladaptive coping behaviours. Most participants (92.0%) used at least one of the nine withdrawal coping behaviours, with almost half (45.6%) reporting using four or more.

Participants reported greater use of all coping styles when the other person had a more severe gambling problem, especially maladaptive coping styles. Being closer to the person who gambled was also associated with greater use of all coping styles. A closer relationship and greater use of both maladaptive coping and withdrawal coping were associated with the experience of greater harm and psychological distress. People with higher levels of social support reported lower harm and psychological distress.

When examining the combined effects of all coping behaviours and social support, withdrawal coping was no longer associated with harm or distress. The use of maladaptive coping behaviours and lower

levels of social support were associated with the experience of greater harm and distress.

How you can use this research

This study can inform the development of support services targeted to AOs.

About the researchers

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