research snapshot

summarize | mobilize

Gambling behaviour, financial problems, health, and mental wellbeing of people affected by others' gambling

What this research is about

Public health recognizes gambling as a global concern. Research has shown that gambling-related harms span across many levels. These include individual, relationship, community, and societal levels. A less well-researched area is the impact that gambling has on 'affected others' (AOs).

Previous studies have mainly focused on the experiences of AOs due to another person's problem gambling. There is a lack of studies on harms to AOs at lower gambling risk levels. Therefore, this study explored how being an AO of someone who gambles regularly might affect the AO's own gambling behaviour, health risk behaviours, financial problems, general health, and mental wellbeing.

What the researchers did

Participants were residents of a British Island who were at least 16 years old. A total of 1,234 residents participated in this study. The researchers included the following measures in the survey:

- To assess the AO status, they asked participants: 'In the last 12 months, has your partner or one of your relatives been gambling regularly?' People who answered 'yes' were asked whether they experienced harms because of their partner/relative's gambling.
- The researchers used the Problem Gambling Severity Index (PGSI) to measure non-problem and at-risk gambling. This is a self-report instrument with 9 questions. In this study, a score of 0 indicated non-problem gambling. A score of 1 or higher indicated at-risk/problem gambling.

What you need to know

This study aimed to explore the relationships between being an 'affected other' (AO) due to another person's gambling and health risk behaviours (e.g., poor diet), financial problems, general health, and mental wellbeing. Being an AO was defined as having a partner or relative who gambled regularly in the past 12 months. Compared to people who were not AOs, AOs were more likely to report financial problems and at-risk/problem gambling themselves. Sociodemographic characteristics, AOs' own gambling, and financial problems could explain the relationships between being an AO and low mental wellbeing, poor general health, and engaging in health risk behaviours.

- The researchers assessed four health risk behaviours: poor diet, low physical activity, daily smoking, and binge drinking. Poor diet was defined as eating less than 2 portions of fruit and vegetables per day. Low physical activity was defined as taking part in less than 150 min of physical activity that was 'enough to raise your breathing rate' in the past week. Daily smoking was defined as current smoking of tobacco on a daily basis. Alcohol use was measured using the AUDIT-C. Binge drinking was defined as having six or more standard (10 ml of pure alcohol) drinks on at least one occasion per week.
- Financial problems were measured using a single question asking about late payments for expenses such as rent, utilities, and mortgage.
- General health was measured using a self-reported scale ranging from 0 to 10, where 0 was

the worst health and 10 the best health. An answer of 5 or less indicated poor general health.

- The Short Warwick–Edinburgh Mental Wellbeing Scale was used to measure mental wellbeing. This scale has 7 questions scored from 1 (none of the time) to 5 (all of the time).

What the researchers found

About 11.0% of the participants reported having a partner or relative who gambled on a regular basis in the past 12 months (AOs). About 33.6% of the AOs indicated that their spouse or partner gambled on a regular basis. About 13.9% indicated that it was their sibling, 9.0% indicated their parent, and 36.9% indicated another relative. Another 6.6% of participants mentioned that they had many relatives who gambled on a regular basis in the past year.

The AOs reported experiencing several harms as a direct result of their partner/relative's gambling. About 19.5% reported experiencing one or more harms. About 12.9% reported being in a serious argument, not including violence, or being emotionally hurt or neglected by the person who gambled. About 8.9% reported missing out on money that would have improved their quality of life. About 5.6% reported being let down by the person who gambled. About 4.8% reported stop seeing or being in contact with the other person due to their gambling. About 2.4% were physically threatened, physically hurt due to assault or violence, or concerned that the other person might cause harm to their children.

Compared to participants who were not AOs (NAOs), AOs were more likely to have gambled in the past 12 months. The most common activities were lotteries (81.0%), scratch cards (59.5%), and horse and dog race betting (28.6%). There was a significant association between being an AO and at-risk/problem gambling. After controlling for sex, age, and income level, AOs were 2.2 times more likely to report at-risk/problem gambling themselves than NAOs. The prevalence of all health risk behaviours was higher amongst AOs. But after controlling for sex, age, income level, and AOs' own at-risk/problem gambling, being an AO was no longer associated with any health risk behaviour. After controlling for sex, age, income level, and an AOs' own at-risk/problem gambling, AOs were still 2.1 times more likely to have financial problems than NAOs. The prevalence of both poor general health and low mental wellbeing was higher in AOs. After controlling for sex, age, income level, AOs' own at-risk/problem gambling, and health risk behaviours, AOs were still 1.7 times more likely to have low mental wellbeing than NAOs.

How you can use this research

This study can be useful to better understand the impact of gambling on AOs.

About the researchers

Charley Wilson, Nadia Butler, and **Zara Quigg** are affiliated with the Public Health Institute at Liverpool John Moores University in Liverpool, UK. For more information about this study, please contact Charley Wilson at c.wilson@ljmu.ac.uk.

Citation

Wilson, C., Butler, N., & Quigg, Z. (2024). Harms from other people's gambling: Associations with an individual's own gambling behaviours, health risk behaviours, financial problems, general health, and mental wellbeing. *Journal of Gambling Studies*. Advance online publication. https://doi.org/10.1007/s10899-024-10291-w

Study funding

No funding was declared for this study.

About Greo

Greo has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. Greo is an independent knowledge translation and exchange organization with almost two decades of international experience in generating, synthesizing, and mobilizing research into action across the health and wellbeing sectors. Greo helps organizations improve their strategies, policies, and practices by harnessing the power of evidence and stakeholder insight.

Learn more about Greo by visiting greo.ca or emailing info@greo.ca.