

research snapshot

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A tool to screen and monitor the population-level impact of gambling harms

What this research is about

Many regions regularly monitor the impact of gambling on the community. The Problem Gambling Severity Index (PGSI) is commonly used to measure gambling problems. However, the PGSI assesses both symptoms of gambling addiction and harms experienced because of it. There is a need to distinguish between symptoms and the experience of harms. Also, the PGSI is often used to detect gamblers with severe symptoms on an individual basis. Harms can occur without individuals meeting clinical criteria of gambling addiction, though.

The public health approach to problem gambling recognizes that the impact of gambling harms on the community may not result from the most severely addicted gamblers. Rather, the impact is accumulated from a much larger group of gamblers who have less severe symptoms (i.e., those not captured by the PGSI or other clinical criteria). Tracking the public health impact of gambling requires a tool that captures gambling harms at a population level. The current study developed the Short Gambling Harm Screen (SGHS) to screen for the presence and degree of harm caused by gambling at the population level.

What the researchers did

Participants were 1,524 adult gamblers who had gambled in the last 6 months. Participants completed a variety of online assessments. They completed a 72-item checklist of harms typically reported by gamblers. These included financial, health, relationship, emotions, work/study, and other social harms. The 72-item checklist had been developed in past research. Participants also completed assessments on how often they used gambling

What you need to know

The current study developed a short screen for gambling harms, with the goal of being used at a population-level. Analyses found that the Short Gambling Harm Screen (SGHS) discriminated participants experiencing lower and higher degrees of harm. It corresponded to other assessments on gambling problems and well-being. For instance, participants who endorsed more harms on the SGHS had poorer wellbeing. Further, it could be used across gender and age groups. The researchers concluded that the SGHS is a valid scale for measuring the population-level impact of gambling harms.

products (i.e., time spent gambling) and gambling problems (i.e., symptoms and consequences of gambling using the PGSI). They also completed a well-being scale that captured satisfaction across 7 different life domains, including health, relationships, safety, etc.

To develop the SGHS, the researchers selected 10 items from the longer 72-item checklist. Items were selected to ensure that they covered a range of gambling harms. To ensure the SGHS was a valid scale to assess gambling harms, the researchers compared scores on the short scale with scores on the full 72-item scale. Then, the researchers analyzed the data to determine if the SGHS could be used across different gender and age categories.

What the researchers found

Participants' scores on the 10-item SGHS were strongly related to how they scored on the full 72-

item checklist. This suggests that the SGHS has a good coverage of gambling harms as captured by the full checklist.

Scores on the SGHS were related to scores on several assessments of gambling problems and well-being. For instance, participants who scored higher on the SGHS reported more gambling problems on the PGSI. Also, those who scored higher on the SGHS reported poorer well-being. This suggests the SGHS is valid scale to measure gambling harms.

The researchers noted that the number of participants experiencing harms, as assessed by the SGHS, was twice the number of participants who were problem gamblers, as assessed by the PGSI. This suggests that many individuals who are not problem gamblers still experience harms from gambling. Therefore, only using the PGSI to monitor problem gambling in the community may underestimate the true impact of gambling harms.

Analyses also showed that items on the SGHS could discriminate between participants experiencing higher and lower degrees of harm. Finally, gender and age did not affect how participants responded on the SGHS. This suggests that the SGHS can be used across different demographic groups.

How you can use this research

This study suggests that researchers and public health should use the SGHS rather than the PGSI when monitoring the impact of gambling harms on the community. The population-level measure of impact (i.e., the SGHS) would broaden the portion of gamblers that are “of concern.” Prevention and

treatment programs could then be developed to not only focus on gamblers with severe symptoms, but also those experiencing harms even though they are not considered to be problem gamblers.

About the researchers

Matthew Browne is an associate professor and **Matthew J. Rockloff** is a professor of the School of Human Health and Social Sciences at Central Queensland University, Australia. **Belinda C. Goodwin**

is a research fellow at the Institute for Resilient Regions at the University of Southern Queensland, Australia. To contact the researchers about this study, please write to m.browne@cqu.edu.au.

Citation

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Keywords

Gambling-related harm, population screen, validation, public health

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Information item	Value
Title	Validation of the Short Gambling Harm Screen (SGHS): A tool for the assessment of harms from gambling
Article URL	https://link.springer.com/article/10.1007/s10899-017-9698-y
Authors	"Browne, Matthew", "Goodwin, Belinda C.", "Rockloff, Matthew J."
Journal	Journal of Gambling Studies
Year published	2017
Keywords	Gambling-related harm, population screen, validation, public health
Geographic coverage	Worldwide
Study population	Adult gamblers (N=1524) who had gambled in the last 6 months. Many participants were born in Australia (78.1%), with the remainder born in England, New Zealand, India, and other countries.
DOI	http://dx.doi.org/10.1007/s10899-017-9698-y
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Unit of analysis	Individual
Sampling procedure	Participants were recruited for the study via an online survey panel recruitment service (Research Now).
Response rate	N/A
Study design	Evaluation (scale validation)
Authored by	ES

