

research snapshot

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Gambling knowledge and behaviours among Lao immigrants and refugees in the United States

What this research is about

Few studies investigate gambling behaviours among immigrants and refugees. In particular, little is known about gambling in Southeast Asian communities. However, evidence suggests that a high proportion of Southeast Asian immigrants and refugees have problem gambling (PG). PG is repetitive gambling behaviour that leads to negative consequences. More research is needed to understand gambling attitudes and behaviours among Southeast Asian immigrants and refugees.

There is little information about what increases Southeast Asians' chances of developing PG or experiencing gambling harm. Research suggests that people who start gambling at a young age may be more likely to develop PG than people who start gambling later in life. People who have family members who gamble may also be more likely to develop PG. Most of this research has been done with participants who are white.

Southeast Asian immigrants and refugees often have money, social, and mental health problems. They may not believe in mental health and addiction treatments based on a Western mindset. In this study, the researchers investigated the characteristics that increase the risk of developing PG among Lao refugees and immigrants in the United States. The researchers also explored the impact of PG on the Lao community.

What the researchers did

The researchers recruited people from the Lao Assistance Center serving the Minneapolis-St. Paul area in Minnesota, United States. Participants were 200 people who were from Laos or had a Lao

What you need to know

The researchers investigated the characteristics that increase Southeast Asian refugees and immigrants' chances of developing problem gambling (PG). Participants were 200 people who were from Laos or had a Lao background. Staff members from a Lao community center in the U.S. interviewed participants. About one-quarter of participants had a gambling problem. Thus, PG may be common among Lao people. Participants who started gambling at a young age and had siblings with gambling problems had a higher chance of developing PG. Many Lao people were unwilling to get help for their PG even if help was available. At the same time, many recognized gambling as a significant issue in their community. Prevention and treatment service providers could use this research to develop community-based intervention and educational programs that are culturally appropriate. This could include training Lao people to help those in their community overcome their PG.

background. About 72% of participants were refugees. About 14% participants were immigrants.

Staff members from the Lao Assistance Center interviewed participants. Staff members were also Lao. Staff members asked participants for their demographic information. For example, staff asked participants whether they were married, their education level, their household income, and number of children in the family.

Staff members asked participants at what age they first started gambling and if they had any family

members with gambling problems. Staff assessed whether participants thought that gambling was a problem in their community. They asked participants whether they would get help for their gambling problems if it was available to them. Participants also completed the South Oaks Gambling Screen (SOGS). The SOGS assessed participants for gambling problems.

What the researchers found

About 1 in 4 participants had PG, with a score of 5 or higher on the SOGS. This finding suggests that PG is common among Lao immigrants and refugees. Participants with PG started gambling at a younger age than participants without PG. Participants with PG were also more likely to report their siblings as having gambling problems than participants without PG. These findings suggest that gambling at a young age and having family members with gambling problems may increase Lao people's chances of developing PG.

Most participants gambled to make money, for social reasons, and for entertainment. Few participants gambled because of depression/stress or to escape from life problems. Almost 7 in 10 participants said they were unwilling to get help for their gambling problems if it was available to them. Lao people may be reluctant to seek help because they think they can control their own gambling behaviours or that they need to deal with their problems in a spiritual way.

About 3 in 10 participants said they knew someone in their community who lost \$500 or more in one day while gambling. This finding suggests that many Lao people are in contact with people in their community who may have gambling problems. About 1 in 3 participants were unsure how to identify people with gambling problems. However, many participants thought that gambling was a problem in their community.

How you can use this research

Prevention and treatment service providers could use this research to train Lao people to help those in their community overcome PG. Lao people with PG may be more likely to seek help if they can talk to a counsellor who is also Lao. Prevention service providers could

work with Lao community organizations to create public health programs to prevent and reduce gambling harm in their community. Public health programs could also include information on how to manage money. More research is needed to explore how to design public health programs that are culturally appropriate. Researchers could explore how family environments, including siblings, affect people's gambling behaviours.

About the researchers

Serena M. King, Saddle May H. Wasberg, and Angela K. Wollmuth are affiliated with the Department of Psychology at Hamline University in Saint Paul, Minnesota, United States. For more information about this study, please contact Serena M. King at sking02@hamline.edu.

Citation

King, S. M., Wasberg, S. M. H., & Wollmuth, A. K. (2020). Gambling problems, risk factors, community knowledge, and impact in a US Lao immigrant and refugee community sample. *Public Health, 184*, 17-21. <https://doi.org/10.1016/j.puhe.2020.03.019>

Study funding

This study was funded by Northstar Problem Gambling Alliance.

About Gambling Research Exchange (GREO)

Gambling Research Exchange (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in safer gambling policies, standards, and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

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