

research snapshot

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A two-step method for measuring gambling-related harms

What this research is about

Problem gambling is when a person cannot control how much they gamble even though they experience harmful effects from gambling. Gambling-related harms can include mental health issues, money problems, relationship troubles, poor job performance, and trouble with the law.

Health professionals and researchers often use problem gambling screens to measure gambling-related harms. Popular questionnaires, such as the Problem Gambling Severity Index (PGSI), have been developed to assess gambling behaviours and consequences. Based on their scores, gamblers are identified as a problem gambler, a low or moderate risk gambler, or a non-problem gambler. Although the questionnaires are useful for identifying people with serious gambling problems, there is no way to accurately assess the different types of harm someone experiences from gambling. Moreover, this approach implies that only those who score above a threshold are negatively affected by gambling and need treatment. It does not consider that non-problem gamblers can also experience harms.

To fill this gap in research, the researchers developed a questionnaire with a two-step method to measure gambling-related harms. They applied that method to map the harms experienced by problem and community gamblers and to identify which harms impact them the most.

What the researchers did

The researchers recruited problem gamblers from a specialist problem gambling service and gamblers living in the community in South Australia. A total of

What you need to know

There is a need for a reliable method to assess the degree of harm a gambler experiences because of his or her gambling behaviour. The aim of this research was to develop a method to measure gambling-related harms, and to map which types of harm impact problem and recreational gamblers the most. The researchers identified 48 indicators of gambling-related harm, and created a questionnaire to measure them. Each indicator was assessed using a two-step method.

The researchers asked 391 problem gamblers who were seeking treatment and 151 gamblers living in the community to complete the questionnaire. They found that both groups of gamblers experienced psychological and financial harms the most. Gamblers rarely experienced critical events such as suicide and divorce. Public health promoters can use this research to design problem gambling prevention campaigns. Campaigns may be more effective if they share messages that gamblers can relate to instead of the severe types of harm that are rarely experienced.

391 problem gamblers who were seeking treatment and 151 community gamblers took part in the study.

To identify gambling-related harms, the researchers searched the literature, explored clinician notes, and consulted with seven clinicians specialized in gambling treatment. They identified 48 indicators of harm and grouped the indicators into seven categories. The categories were financial harm, health harm, disengagement from leisure activities, critical events such as a suicide attempt or divorce, social and

relationship harm, employment and education harm, and psychological harm.

The researchers created a two-step method to assess each indicator. The first step involved a question that asked gamblers if they had experienced a particular harm and how much of an impact the harm had in their life. The second question asked the gamblers to rate the degree to which the harm was linked to their gambling behaviour. The researchers combined the answers to these two questions to calculate a score of harm. In total, the researchers created 104 questions to assess the 48 indicators of gambling-related harm. Problem gamblers from the clinic completed the questionnaire as part of their assessment. Community gamblers completed the questionnaire over the telephone. The PGSI was also used to determine gambling severity.

What the researchers found

Participants' scores on the PGSI were related to the scores they received on the harm questionnaire that the researchers created. In other words, individuals who scored higher on the PGSI were more likely to report some harms from gambling. The experience of gambling-related harms was not limited to problem gamblers. Harms were also reported by some low-risk, moderate-risk, and non-problem gamblers.

The highest levels of gambling-related harm for problem gamblers were related to reduced savings, a sense of doing without, worry, frustration, and debt. The highest levels of gambling-related harm for community gamblers were related to debt, relationship problems with a partner, feeling constrained, going out less, and decreased self-control and pride. Both groups rarely experienced critical events such as suicide, bankruptcy and divorce. These results suggest that gamblers experienced psychological and financial harms the most.

How you can use this research

Public health promoters can use this study to design problem gambling prevention campaigns. Campaigns may be more effective if they share messages that gamblers can relate to. For example, campaigns could promote awareness about the negative impacts on

quality of life, such as mental health issues and money problems. Clinicians can use this study to assess the types of harm gamblers experience before and after treatment. In this way, they can evaluate if the treatment program has been successful. Clinicians can develop targeted treatment programs based on the harms their patients are dealing with.

About the researchers

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Citation

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Keywords

Gambling harm, problem gambling, gambling severity, assessment, harm measurement

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