

Families Living with Problem Gambling: Impacts, Coping Strategies and Help- Seeking

Dr James Banks, Dr Catrin Andersson, Professor David Best,
Michael Edwards, Dr Jaime Waters

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AUTHOR DETAILS

Contact person:

James Banks*, Sheffield Hallam University
Catrin Andersson, Sheffield Hallam University
David Best, Sheffield Hallam University
Michael Edwards, Sheffield Hallam University
Jamie Waters, Sheffield Hallam University

* Dr James Banks

Department of Law and Criminology
Sheffield Hallam University
Heart of the Campus
Collegiate Crescent
Sheffield S10 2BQ
Email: J.Banks@shu.ac.uk

INSTITUTIONAL DETAILS

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Opinions and recommendations expressed in this report are those of the authors.

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EXECUTIVE SUMMARY

Gambling-related harms extend beyond individual gamblers, affecting families, friends and communities. Whilst international literature has begun to explore the impacts of gambling on families and friends of problem gamblers, there is a dearth of UK specific research. Moreover, we still know very little regarding the coping strategies that family members employ in order to mitigate the harms caused by a loved one's gambling, their help seeking behaviour and any barriers to help and support that they may encounter.

The principal aim of this research study was to give voice to family members, friends and other loved ones of problem gamblers, in order to document their lived experience. We explored the impact of problem gambling on families, how family members cope with a loved one's gambling problem, and their help seeking behaviour, with a view to shaping best practice relating to the education, prevention and treatment of gambling-related harm, and to inform further research in this area.

Method

To collect information on the lived experience of family members, friends and loved ones of problem gamblers, we undertook both a survey of family members and semi-structured interviews with those family members who consented to being spoken to.

The survey ran for five months and was distributed through a web-link to a Survey Monkey version of the survey and in hard copy. A wide range of stakeholders supported the distribution of the survey; including gambling specific and non-gambling specific services, service users, co-workers, family members, friends and other relevant individuals.

The Families Living with Problem Gambling survey was utilised to recruit participants for interviews. Interviewees for this study were self-selecting and consisted of both family members where there has been a successful outcome in terms of their loved one's problem gambling and where there is ongoing problem gambling.

Findings

There were 222 valid completions of the online survey. The sample contained a range of relationships to the problem gambler, with the most prevalent being intimate partner, followed by parent:

- 62.9% were intimate partners
- 20.7% parents
- 6.1% sons or daughters

- 5.6% siblings
- 4.7% other family or friends

The majority of participants were women (84%) and the average age was 43. Just over half (50.7%) were in regular employment, and a similar number had a degree or postgraduate qualification (50.5%). The sample, therefore, had higher qualifications than the national average, which suggests a skew towards people with higher levels of 'cultural capital' among respondents. This should be borne in mind when interpreting the results.

Family members reported that on average their loved one had gambled for 12.5 years. More than half of loved ones (53%) were reported to still be gambling problematically, whilst 33.3% were not. Respondents also reported that family members used a number of other substances problematically:

- 34.6% alcohol
- 21.2% drugs
- 3.2% legal highs
- 5% prescription drugs

Gambling-related harms

Utilising Browne et al.'s (2016) taxonomy, we identified that a significant proportion of survey respondents had experienced harms across financial, health, work and/ or education, emotional and psychological, relationship and 'other' domains.

Most respondents (93%) reported that their loved one's problem gambling had impacted their financial security, with 64% stating that the impact was significant. Financial harms included:

- 89% of family members reported experiencing a reduction in available spending money and 88% a reduction in savings.
- 23% of family members reported losing a major asset such as a car, home or business and 12% had become bankrupt.
- A notable proportion of family members reported having increased their credit card debt (58%), made late payment on bills (56%) and having sold or pawned items (41%) as a consequence of their loved one's gambling, whilst 44% had taken additional employment.
- 23% of family members reported having needed assistance with bill payments or food from welfare organisations and 16% had lost supply of utilities such as gas and electricity.

A large proportion of family members (82%) reported that their loved one's problem gambling had impacted their work and/ or education, with 37% identifying that the impact was significant. Work/ educational harms included:

- The most common work/ educational harm experienced was reduced performance at work or study due to tiredness or distraction, affecting 76% of respondents.
- Family members also reported being late (55%) or absent (50%) due to the problems of their loved one who gambles and using work or study time (58%) and resources (37%) to assist with matters arising from their loved one's gambling.
- 18% of family members reported coming into conflict with colleagues, whilst 29% experienced a lack of progression in their job or study and 10% lost their job as a consequence of their loved one's problem gambling.

The vast majority of family members (99%) reported that their loved one's problem gambling had harmed their health. 46% reported that the impact was significant, 38% moderate and 15% slight. Health harms included:

- Loss of sleep due to stress or worry was the most common harm experienced by family members (95%), whilst high rates of depression (77%) and stress related health problems (77%) were also recorded.
- A notable proportion of family members reported reduced physical activity (64%), increased alcohol (30%) and tobacco (33%) consumption, and eating too much (56%) or too little (44%).
- 16% of family members reported committing acts of self-harm and 8% had attempted suicide.
- Family members also reported neglecting their medical needs (29%), experiencing increased use of health services (36%) and requiring emergency treatment for health issues caused or exacerbated by the loved one's gambling (21%).

Emotional and psychological harm was experienced by almost all family members, with 83% reporting that the impact was significant, 11% that it was moderate and 6% that it was slight. Emotional and psychological harms included:

- Distress (99%), anger (96%), shame (85%), hopelessness (96%) and insecurity or vulnerability (83%) were common emotional and psychological harms experienced by the family members surveyed in this study.

Most family members (96%) experienced relationship harms, with 67% stating that the impact was significant. Relationship harms included:

- Greater tension (89%) and conflict (82%) were common experiences.
- Family members reported feeling excluded from others (71%), spending less time at social events (77%) and with people they care about (72%) and experiencing less enjoyment from the time spent with people they care about (74%).
- 68% of family members reported threatening separation or ending the relationship with the family member who gambles, whilst 33% separated or ended the relationship with the family member who gambles and potentially related others.

Other harms experienced by family members included incidents of violence (21%), feelings of shame within their religious or cultural community (21%) and engaging in petty theft or dishonesty as a consequence of their family member's gambling (7%).

Coping

Family members reported employing a number of different coping strategies, in order to reduce the harm their loved one's problem gambling caused them. Family members primarily adopted what may be characterised as Engaged Coping Actions through subsuming controlling, assertive, emotional and supportive approaches. Notable rates of Tolerant Coping Actions and Withdrawal Coping Actions were also recorded.

- The mean score for the engaged coping subscale was 23.2 (SD=12.8).
- The mean score for tolerant coping subscale was 11.2 (SD=7.2).
- The mean score for the withdrawal subscale was 11.0 (SD=4.5).

Help-seeking behaviour

Family members reported attempting to access a range of formal and informal online, telephone and face-to-face help and support:

- Typically, family members reported attempting to access gambling specific online information, support and advice (77%) or other family and/ or friends (70%).
- Just under half of respondents sought help from counselling services (48%) and gambling support groups (48%).
- A smaller proportion of family members attempted to access problem gambling telephone services (31%), primary care (26%), information and support at gambling venues (26%) and family based treatment services (19%).

Family members reported receiving help and support from a range of formal and informal online, telephone and face-to-face services:

- 67% of survey respondents received gambling specific online information, support and advice, and 59% received help and support from family and friends.
- 41% of family members received help and support from counselling services and 37% from support groups such as GamAnon.
- Family members also reported receiving help and support from problem gambling telephone services (26%), primary care (19%), information and support at gambling venues (18%) and family based treatment services (16%).

Not all family members who attempted to access help and support received it. This was consistent across different forms of help and support. Of those family members who received help, respondents reported that, in general, they were satisfied with the help and support from individual sources.

- High rates of satisfaction were recorded for information and support at gambling venues (82%) and support groups (80%).
- 72% of family members who received help from counselling services and/ or family treatment services reported that they were satisfied with the support given, and 69% of family members who drew upon gambling specific online information, support and advice, and/ or family and/ or friends, stated that they were satisfied.
- Lower rates of satisfaction were recorded for problem gambling telephone services (59%) and primary care (45%).

Family members highlighted how a range of internal and external barriers inhibited their help seeking. Family members' access to, and awareness and acceptability of, help and support services, as well as the availability of such services were identified as principal barriers to successful help seeking:

- Embarrassment and shame (56%) about their loved one's problem gambling, and depression (56%) and anxiety (56%) were all identified as significant barriers to help seeking.
- Family members also experienced psychological barriers to help seeking, with 38% reporting feeling too overwhelmed by other things to seek support and help, and 26% admitting that they didn't want to deal with the issue.
- Over one-third (38%) of family members reported they were not aware of support, whilst a similar proportion of respondents stated that they were not aware that support was free (35%).
- Preconceptions regarding help and support services, and past negative experiences of support, acted as barriers for some family members, with 22% of respondents reporting concerns that problem gambling services would treat their family member like an addict/mentally ill, 20% having concerns about confidentiality, and 18% having had bad experiences of seeking help for other problems.
- The accessibility of services was a barrier for some family members, with 36% stating that support was too far away or difficult to get to and 31% suggesting that it took too long to get to, and 35% not being able to get the service at the time or place they wanted.

Conclusion

Family members of loved ones who gamble have valuable and insightful things to say yet their voices are rarely heard in academic studies or policy debate. This research represents the first UK study to give voice to family members, highlighting how they experience significant and sustained gambling-related harm across multiple domains.

Family members highlight how they need help and support to assist in both addressing their loved one's problem gambling and their own needs. Family members also report that individual needs are often distinct, requiring help and support in different forms and modalities. Yet for some family members significant barriers to help seeking prevent them accessing the support services they desperately need. Overcoming such barriers should be considered a priority, if we are to better support and treat those who are vulnerable or otherwise in need of help as a result of gambling. In turn, policy makers and support services must ensure that they are responsive not simply

to the needs of the individual gambler, but also family members, friends and other loved ones harmed by gambling.

INTRODUCTION AND CONTEXT

Commercial gambling in the UK is heterogeneous, highly accessible and increasingly potent. Opportunities to gamble continue to multiply, with traditional low potency non-continuous forms of gambling, such as bingo and sports and horse race betting, being supplemented by high potency gambling activities in the form of electronic gaming machines, casino games and scratchcards. Moreover, non-terrestrial forms of gambling, that can be accessed via personal computers, mobile phones and interactive television, have grown to become the largest sector of the UK gambling market (Gambling Commission, 2018).

Successive sweeps of the British Gambling Prevalence survey indicate that the proliferation and diversification of gambling products and services coincide with increased rates of problem gambling (Wardle et al., 2007, 2011). Most recent figures, released by the Gambling Commission (Connolly et al., 2017), estimate that there are approximately 430,000 adult problem gamblers in the UK. Problem gambling-related harms extend beyond the individual gambler impacting family members and close friends (Dowling et al., 2014). Data analysed from a large scale survey of gamblers and affected others in Australia identified that a typical problem gambler affects six other people (Goodwin et al., 2017). This suggests that in the UK in excess of 2.5 million family members, friends and other loved ones may be harmed by problematic gambling behaviour.

Overview of the Literature

Gambling-related harm

It is well established that gambling can cause harm and that such harms are diverse and diffuse. But whilst there is general consensus as to the nature of the harms caused by gambling, few researchers have attempted to conceptualise or measure gambling-related harm. In a recent empirical study that responded to these deficiencies in knowledge, Langham et al. (2016) explored harms experienced by gamblers and affected others, and proposed a functional definition of gambling-related harm:

Any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population.

In addition, the research presented a strong conceptual basis for the study of harm, detailing domains of harm that impact both gamblers and affected others, namely; financial, relationship, emotional/ psychological, health, work/ study, cultural, criminal activity, and life course and intergenerational harms.

Available evidence demonstrates that gambling-related harm is not restricted to individuals with a gambling disorder. Yet only recently have studies sought to assess the harm caused by gambling to non-problem gamblers in general populations. For example, Canale, Viena and Griffiths' (2016) study of the extent and distribution of gambling-related harms utilised data derived from the British Gambling Prevalence Survey 2010 and found that such harms were not just limited to problem gamblers, but were distributed across low- to moderate- risk gamblers. A similar conclusion was reached in Raisamo et al.'s (2014: 716) earlier telephone survey of 4,484 individuals from the general population in Finland, as harms were reported 'even at low gambling frequency-expenditure levels'. Most recently, Browne et al. (2016:3) found that at a population level, 'aggregate harms accruing to non-problem gamblers exceed those occurring to problem gamblers by about 6–1'. Collectively, this body research illustrates that the distribution of gambling-related harms among non-problem gamblers necessitates a population approach to minimising gambling-related harm.

Yet despite these valuable findings, limitations and difficulties inherent in the operational definition and measurement of gambling-related harm have been identified. In particular, Delfabbro and King (2017) suggest that to enhance this emerging area of study, researchers should seek to: ensure that low risk gamblers are appropriately defined; develop meaningful thresholds for behaviours that reduce people's quality of life or well-being; be mindful of aggregating minor types of harms; focus on harms rather than behaviours which may lead to harm; utilise longitudinal data sets in order to identify the extent to which problematic cases of gambling emerge over time from low risk populations, and; examine the impact of accumulated minor harms rather than minor harms in isolation.

Impact of problem gambling on family members

Whilst there is a growing body of international research (Dowling et al., 2014; Hodgins et al., 2007; Mathews and Volberg, 2013; Patford, 2009; Suomi et al., 2013) exploring the impact of gambling on families, there is a dearth of research in a UK context. A review of the literature indicates that problematic gambling behaviour can harm families, close friends, and social and community networks, although empirical studies have focused largely on the impact of problem gambling on family environments. Problem gambling can affect spouses, children, adult children, parents, as well as the overall family, and although the impacts on individual family members may be different they are inextricably interwoven (Kourgiantakis et al., 2013).

Collectively, this body of work illustrates that problem gambling can impair family relationships and lead to emotional and psychological problems and financial difficulties (Dowling, 2014). Much of this research has focused on spouses or intimate partners, indicating that they experience a host of

individual, family and social consequences which stem from their partner's problem gambling. This includes high levels of conflict and distress, a loss of trust, and increased relationship dissatisfaction (Dickson-Swift et al., 2005; Hodgins et al., 2007; Mathews and Volberg, 2013). Intimate partners may also suffer from a range of physical and mental health problems such as insomnia, headaches, panic attacks and exhaustion, and subclinical levels of depression and anxiety. Elevated levels of tobacco and alcohol consumption have also been identified (Dickson-Swift et al., 2005; Patford, 2009). International research has also recorded a high occurrence of both victimisation and perpetration of intimate partner violence in problem gambling families (Afifi et al., 2010; Bland et al., 1993; Echeburua et al., 2011; Korman et al., 2008; Liao, 2008; Lorenz and Shuttleworth, 1983; Raylu and Oei, 2007).

Although spouses and intimate partners are typically most affected by the interpersonal and intrapersonal harms that problem gambling can cause, evidence also indicates that the impact of problem gambling stretches beyond partners to include other family members, such as parents or children, who may be financially, psychologically and emotionally affected (Hodgins et al., 2007). This is particularly pronounced when the problem gambler has no spousal or intimate partner support (Hodgins et al., 2007; Patford, 2009). For example, evidence suggests that children of problem gamblers are exposed to a host of family stressors including parental neglect, inadequate role modelling, financial and emotional deprivations, family conflict, and physical isolation (Darbyshire, 2001; Dowling, 2014). There is also emerging evidence to suggest that problem gambling is related to both family violence perpetration and victimisation, with over half of a sample of 120 respondents stating that they had experienced family violence in the past twelve months (Suomi et al., 2013).

But whilst extant international literature indicates that problem gambling can have a significant impact on families, friends and other loved ones this relationship remains underexplored in a UK context, and family members' voices have not been heard sufficiently in the gambling research literature.

Coping strategies of family members

Despite international research identifying that family members can experience significant harm as a consequences of a loved one's problem gambling, to date, relatively few studies have sought to examine how individuals cope with having a problem gambler in the family. Consequently, we still know little regarding how different family members cope with gambling problems and the effectiveness of such measures in ameliorating the adverse effects of problem gambling.

Orford et al.'s (2010) stress-strain-coping-support model indicates that the chronic stress caused by an individual's gambling problem can place other

family members at risk of physical, psychological, social and spiritual difficulties. Under this model, the strategies individuals employ, and the help and support they seek out and receive, can impact the degree to which they are protected from gambling-related stress and its various manifestations. Studies (Dowling et al., 2014; Krishnan and Orford, 2002) utilising this framework indicate that family members typically employ “engaging” coping strategies that are focused on trying to change the problem gambler's excessive gambling through emotional and controlling strategies. This includes starting arguments about gambling, making threats, and becoming moody or emotional.

Elsewhere, Suomi et al.'s (2013) study identified that family members' coping strategies often centre on taking financial control including taking over the finances of the problem gambler. Family members also seek to cope through ‘supportive engagement’; talking, rationalising and giving advice to the problem gambler. Help-seeking, including seeking support for the gambler, and avoidance and denial, such as keeping away from the gambler and doing their own thing, represent further coping strategies identified in Suomi et al.'s study.

Other studies (Hodgins, Shead and Makarchuk, 2007; Makarchuk et al., 2002; Rychtarik and McGillicuddy, 2006) have reported that psychological distress experienced by intimate partners and other family members is lessened when coping strategies are more effective. Thus providing an understanding of the coping strategies employed by family members and the degree to which they impact their health and wellbeing is a research priority.

Help-seeking behaviour of family members

Given the notable harms experienced by family members of problem gamblers, it is unsurprising that a significant number seek help and support for both themselves and their loved one. It has been reported that approximately 20 per cent of people accessing gambling support services in Australia are family members of people with gambling problems (Dowling et al., 2014; Productivity Commission, 2010). Yet, internationally, we still know very little regarding family members' help-seeking behaviour nor have studies sought specifically to examine the barriers to help seeking for family members of problem gamblers. This gap in knowledge is significant, given that family members have been identified as important pathways to help seeking for problem gamblers (Rothi and Leavey, 2006).

Thus, as Clarke et al. (2007) note, understanding behaviours of, and barriers to, families seeking help are essential if we are to ensure that support, treatment and recovery services are accessible and appropriate to the needs of all of society. Therefore exploring how families find out about and access help and treatment services, as well as intrinsic and extrinsic barriers to help seeking, is a must. Findings may support new approaches, policies and

technologies that enhance problem gamblers and their families' access to, and the utilisation of, services, as well as the responsiveness of services to their needs.

Method

This study builds upon an established methodology and the research experiences of the project team. The project team adapted the methodological approach employed in both the Life in Recovery (LiR) and the Family Life in Recovery (FLiR) surveys. In 2015, Sheffield Hallam University (SHU) ran, managed and published the first UK Life in Recovery survey (Best et al., 2015) and, in 2017, the first survey of life in recovery for families (Andersson et al., 2018), using an online survey method. As Griffith's (2010) review of Internet-based research techniques notes, online surveys allow relatively large scale samples to be surveyed quickly and efficiently whilst lowering the social desirability and increasing the levels of honesty of respondents.

In order to collect information on the lived experience of family members, friends and loved ones of problem gamblers the project consisted of four phases, namely: survey development; piloting of the survey; recruitment of research participants and completion of the survey; recruitment of interviewees and completion of interviews.

Survey development

In accordance with the aim and objectives of our study, the survey was developed with a view to exploring the impact of problem gambling on family members; lay coping strategies employed by family members; how family members find out about and access help, treatment and support services; the perceived helpfulness of these services, and; barriers to help seeking. Demographic data was also collected, as was the participant's relationship to the problem gambler.

There are a number of recent international studies (see, for example, Dowling et al., 2015; Chan et al., 2016) exploring the impact of problem gambling on family members that have employed an array of different instruments to assess the financial impact, emotional disturbances, physical complaints and behavioural difficulties that result from problem gambling. The research team utilised the specific potential harms arising from gambling devised by Browne et al. (2016). These harms sit within six broad domains including financial harms, work/ study harms, health harms, emotional/psychological harms, relationship harms, and 'other harms', which covers both cultural transgressions and criminal activity related harms.

The research team employed the Coping Questionnaire (CQ), which was originally administered to the spouses of men with drinking problems to explore family members' coping strategies. This scale has been adapted by

Krishnan and Orford (2002) and Orford et al. (2005) for family members of relatives with gambling problems. The CQ consists of 30 items that measure the frequency of coping actions in response to a family member's problem gambling.

Questions were also devised to explore family member's help-seeking behaviour. We adapted and updated our own Family Life in Recovery survey, in order to understand the different forms of help and support family members had attempted to access, the help and support they had received, and their satisfaction with individual services. As well as formal support we also asked about informal support. Pulford et al.'s (2009) 21 specified barriers and Boughton and Brewster's (2002) checklist of internal and external barriers to help-seeking formed the basis of our questions regarding difficulties in accessing help and support provision.

Survey instruments were piloted in hard and online versions, and subject to peer review.

Piloting of the survey

Based upon our review of the existing literature and consultation, a draft instrument was developed and circulated within the project team to improve the readability and focus of the measures. The draft survey was piloted online through Survey Monkey, receiving 19 responses from participants. Piloting the survey enabled the research team to assess the time taken, issues of clarity and cohesion, and any issue or problems that arose for those completing the survey. Piloting also allowed the research team to check rates of non-completion and technical problems relating to the Survey Monkey method.

The survey provided respondents with the opportunity to comment on both content and construction of the survey, as well as to report any issues or concerns which were raised by the questionnaire. The survey pilot results were then reviewed by the research team with potential revisions to the questionnaire discussed. In order to maintain the integrity of the survey design process, the group voted on each proposed change to the final survey.

The final survey was launched after a thorough review of responses from participants by the research team. While the survey was active online, the target population still had the opportunity to influence its structure and content, as they were able to leave comments and feedback at the end of the survey. The research team also received emails from participants who experienced difficulty in completing the survey, particularly during the early stages of data collection. In response, mistakes or technical problems with the online survey were corrected.

Recruitment strategy

The principal method of distributing the Families Living with Problem Gambling survey was through a web-link to a Survey Monkey version of the survey. In order to maximise our response rate, access hard to reach participants, and those in distant locations across the UK, the research team developed this online survey and distributed it through the microblogging service Twitter, as well as an assortment of other on- and offline networks and groups. Each twitter user is, on average, connected to 208 other individuals, presenting an effective system through which the survey could be circulated amongst service users, co-workers, family members, friends and other relevant individuals. This enabled us to disseminate our link to a wide range of gambling-related groups and communities across the UK. The research team worked to develop the network prior to and during survey distribution in order to ensure that a wide range of stakeholders supported this process. Approximately 600 hard copies of the questionnaire were also prepared and distributed to relevant agencies, including the National Problem Gambling Clinic, Gamcare, Gordon Moody Association, Adfam, CAIS, BetKnowmore, Citizens Advice and some branches of Gamblers Anonymous/ Gam Anon, and to those who did not have access to or were not comfortable completing the online version.

Although the elusive nature of the techno-mediated networks makes it difficult to ascertain exactly how survey participants became aware of and accessed the Families Living with Problem Gambling survey, it is evident that our co-producers were extremely active in raising awareness of the questionnaire among affected family members of problem gamblers; a cohort who would have been difficult to access through other research approaches.

Data analysis

The Families Living with Problem Gambling survey responses were downloaded into an SPSS file. Quantitative data were cleaned and recoded for purposes of data analysis. Descriptive statistics and statistical analyses were conducted using SPSS 22. Qualitative responses to questions exploring the impacts of problem gambling on family members and their help seeking behaviour were aggregated and subject to thematic analysis (Braun and Clarke 2006).

The purpose of this study is not to generate new theory, but rather provide a descriptive overview of the collected data in an accessible format. The research team undertook preliminary readings of the qualitative data prior to coding, in order for us to become familiar with the narratives and develop a holistic understanding of family members' experiences of problem gambling. We then undertook line-by-line coding, generating a large number of initial categories and subcategory codes. Codes were then sorted and assigned to

a specific theme, in accordance with their semantic meaning. During this process, the research team met periodically, in order to share and consider the emerging codes and categories, and ensure that they were grounded in data from across family members' narratives. Through this process, initial categories derived from the narratives were reduced into a smaller number of categories and groups of relational statements. In turn, we identified a number of thematic patterns that shape proceeding discussion of family members' experience of problem gambling.

Interviews

The Families Living with Problem Gambling survey was utilised to recruit participants for interviews. Interviewees for this study were self-selecting, with 57 survey respondents stating that they would be willing to be interviewed and providing contact details. Of the survey respondents who provided the research team with their contact details, 34 semi-structured in-depth interviews were completed with those family members who consented to being interviewed. The remaining 23 interview candidates either did not respond to our follow-up requests or declined to be interviewed. Interviewees consisted of both family members where there has been a successful outcome in terms of their loved one's problem gambling and where there is ongoing problem gambling. Interviews lasted for between 30 and 90 minutes and were conducted either face-to-face or over the telephone. Interviews were tape recorded, transcribed and thematically analysed. Complimenting and augmenting the quantitative and qualitative survey data generated, the interviews enabled us to gain a holistic view of the impact of problem gambling through the perspectives of different family members. In turn, the interviews enhanced our understanding of problem gambling and families, enabling us to generate deep idiographic accounts of the impacts, coping strategies and help seeking behaviour of family members.

THE FAMILIES LIVING WITH PROBLEM GAMBLING SURVEY SAMPLE

A total of 299 individuals accessed and consented to participate in the Families Living with Problem Gambling survey with 222 (74.2%) individuals proceeding to take part.

Gender, ethnicity and age

Gender and ethnicity profile

All survey participants reported their gender.

- 15.6% male
- 84% female
- 0.4% other

In terms of ethnicity, 169 respondents (84.9% of valid responses) described themselves as 'white' or 'white British'; 3% of the sample described themselves as 'Black'; 1% described themselves as of 'Mixed Heritage'; 1% as 'Asian'; and 10.1% as 'Other'.

Age profile

- The mean age of survey respondents was 43 years, with a range between 18 and 74 years.

Marital status, education and employment

Marital status¹

- 70.3% married or living with a partner
- 17.5% single and divorced, separated or widowed
- 12.2% single and never married

Education

- 50.5% postgraduate/degree level
- 17.1% A or AS levels
- 14.9 GCSE or O levels
- 6.3% some secondary school
- 0.9 regulated (e.g., apprenticeship)
- 6.3% vocational qualification
- 4.1% other

Employment

- 50.7% employed full-time
- 15.5% employed part-time
- 6.4% unemployed

¹ this is not necessarily the respondent's relationship to the problem gambler.

- 4.6% student
- 8.7% retired
- 3.7% disability living allowance
- 8.7% self-employed
- 1.4% other

Relationship to the problem gambler

The sample contained a range of relationships to the problem gambler, with the most prevalent being intimate partner, followed by parent.

- 62.9% intimate partner
- 20.7% parent
- 6.1% son or daughter
- 5.6% sibling
- 4.7% other family member or friend

Health and wellbeing

Physical health, psychological health and quality of life

Using a simple 'ladder' rating scale of between 0 and 10, respondents ranked their physical health, psychological health and quality of life, with higher scores representing better functioning. The mean physical health rating was 7.23 (with a standard deviation of 2.16). The mean psychological health rating was notably lower at 5.72 (with a standard deviation of 2.56) as was the mean quality of life rating of 5.91 (with a standard deviation of 2.63).

Length of time loved one has gambled problematically (as perceived by the family member)

- The mean length of time a loved one has gambled problematically is 12.5 years (standard deviation = 10.47); median is 10 years.

Other substances used problematically by loved one when problem gambling

When problem gambling, the sample reported that the loved one:

- 34.6% had used alcohol problematically
- 21.2% had used illicit drugs problematically
- 3.2% had used legal highs² problematically
- 5% had used prescription drugs problematically

Whether or not the loved one continues to gamble problematically (as perceived by the family member)

- 53% yes

² Legal highs are psychoactive drugs that contain legal and/or illegal chemical ingredients.

- 33.3% no
- 13.7% don't know

GAMBLING-RELATED HARMS EXPERIENCED BY THE FAMILY

In this section, we report the findings from survey questions relating to the harms family members experienced while their loved one was problem gambling. The results are divided into six sections, covering financial harms, work/ educational harms, health harms, emotional or psychological harms, relationship harms and other harms. Quantitative survey data is supplemented by qualitative survey data and interview data to illustrate the lived experience of family members of loved ones with gambling problems.

Financial harms

Financial harm was a common experience of family members in this study, causing subsequent harms and exacerbating existing ones. As Figure 1 illustrates, survey respondents reported a range of financial harms.

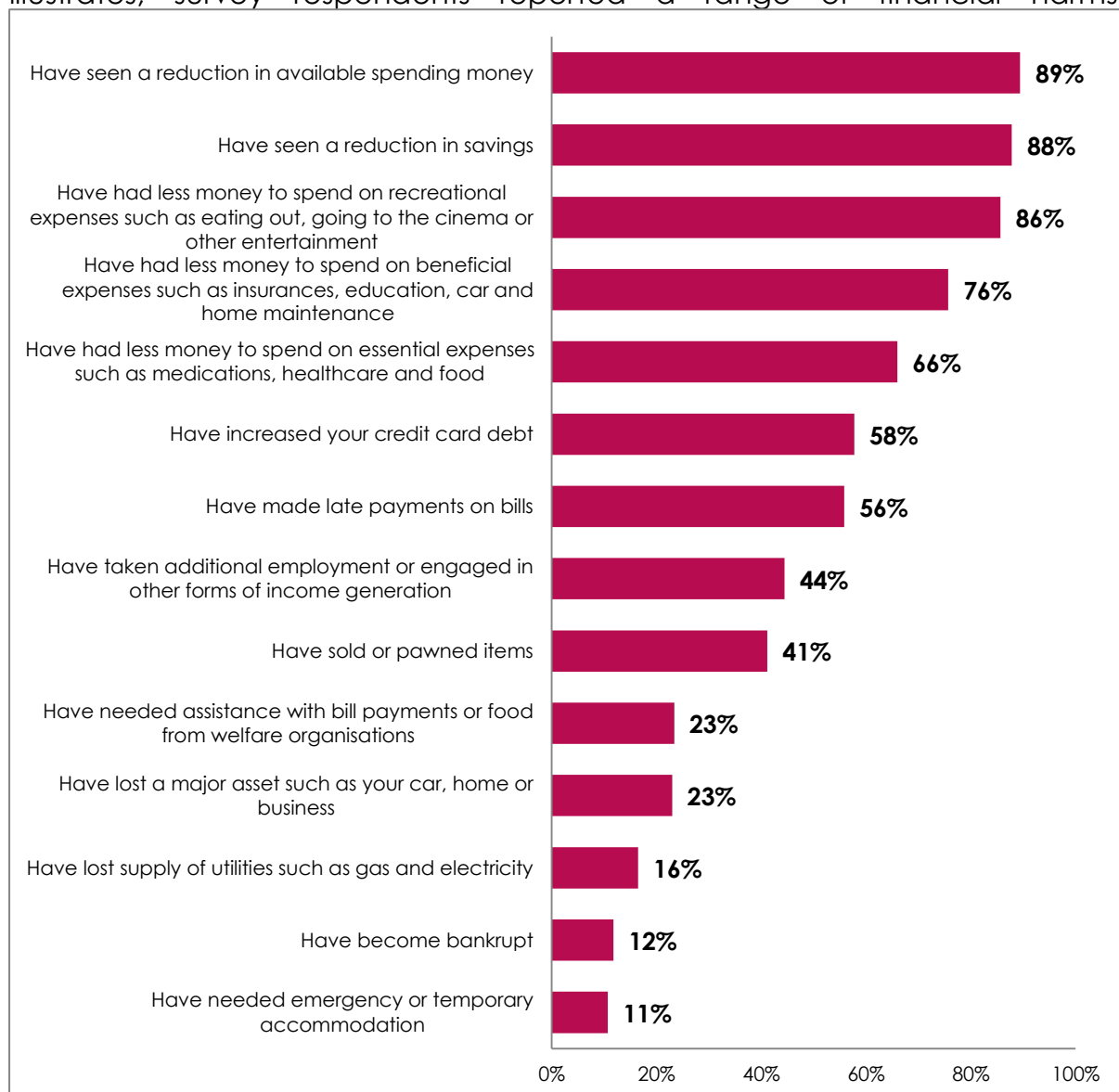


Figure 1: Financial harms experienced by family members

Financial harms caused by a loved one's problem gambling was a prominent theme across both survey and interview data. The most common financial harms experienced by family members relate to a loss of surplus income and an erosion of savings, with 89% (n=169) of survey respondents reporting having seen a reduction in available spending money, 86% (n=161) reporting having less money to spend on recreational expenses, and 88% (n=166) reporting having experienced a reduction in savings.

Family members often provided estimates of their loved ones' individual gambling losses, cumulative debts, and the payments they had made to address financial arrears. One father noted how he and his wife had used their pensions to pay their son's gambling debts which were spread across 16 credit cards, loans and shop cards:

It affected us financially because he was in an incredibly bad financial state. So it cost us a hundred grand overall. To sort it all out we used what we had saved. We drew our pension lump sum early also. (Interviewee, parent, male)

Similarly, the mother of one gambler reported paying some of her son's gambling debts accrued whilst he was at university:

He built up terrible debts and I don't know, probably £17,000 or something...over a few years and used credit cards and things all the time to acquire the debt. Oh yes, then we helped him with it. I think we paid off a big chunk of it but we said he had to pay a part of it, so he would feel responsible for some of it, and so he did do that. Then he had a relapse again. (Interviewee, parent, female)

While many family members' savings were depleted through the voluntary use of funds to clear their loved one's gambling-related debts, others – particularly intimate partners with close financial ties to the gambler – reported savings being taken without their consent. For example, one wife talked about going to pay a deposit on a rented property only to find that her money had been removed from her bank account:

I had about £3000 in the bank...and when I went to pay the deposit all [of] my money had gone, and that is when I learnt that he was gambling. (Interviewee, intimate partner, female)

Likewise, a niece reported how her uncle had systematically emptied his ailing brother's bank account over a period of months:

Unbeknownst to us, he had decided to give his bank card to his gambling brother. He expressed some concerns about some spending the gambling brother was making...and that's when we decided to call the bank and the secret came out which was that the gambler had in fact, since getting possession of the ATM card, been emptying out that bank account. So he would take the daily

limit every day, and, if you look, the bank statements are time stamped; he would sometimes go just before midnight, and then wait six minutes for the next day to take out the second maximum withdrawal. So basically what that meant was that there were days where my uncle had no money to his name for all intents and purposes. (Interviewee, niece, female)

Family members also highlighted how financial harm extends beyond immediate family members, with gamblers borrowing money from extended family and friends.

Family members frequently reported the curtailment of discretionary spending on items. For example, one mother highlighted how her partner's spending prevented the purchasing of gifts for her family:

He has spent £3,000 in one month and it's Christmas. I do not have the funds to buy Christmas presents for my children. (Interviewee, intimate partner, female)

The wife of one problem gambler noted that the maintenance of her personal bank account meant that she was able to pay all household bills, but that this, in turn, prevented her from having money to spend on herself and her family:

He gambled money that we would have used for other things, holidays and things like that. It never affected the household bills, but obviously for anything extra, yes it did. (Interviewee, intimate partner, female)

Family members also reported harms that relate to attempts to manage gambling-related shortfalls in finance. This typically involved efforts to generate new funds or increase debt by identifying new lines of credit or extending existing ones. In addition, 44% (n=84) of survey respondents reported having taken additional employment in order to pay for day-to-day living costs:

I literally have to work 7 days a week and I go in to work normally for 9 o'clock, I finish work by 9 o'clock at night. And I do that 7 days a week. (Interviewee, intimate partner, female)

Some family members highlighted how taking on extra work would impact upon their relationship with the gambler, causing frustration, resentment and anger. For example, the girlfriend of one gambler noted that:

At one point I had two jobs. I worked in the day and I worked at night. I was out of the house a lot. A big part of me blames him because he thought I should be at home but then when it suited him I had to get two jobs to pay for everything and he wasn't contributing at all. (Interviewee, intimate partner, female)

Alongside increased work, family members often reported engaging in other forms of income generation, with 41% (n=77) having sold or pawned items, and 58% (n=108) having increased their credit card debt. Debt generated through other credit lines, including store cards, bank loans, payday loans and illicit lenders were also mentioned by research participants:

I took out payday loans for my partner just to help him pay his debt. I was in debt because of him, I am still in debt because of him. I have got loans out because he has wanted money. (Interviewee, intimate partner, female)

For some, increased debt caused or exacerbated physical and/ or mental health difficulties. The partner of one problem gambler highlighted the stress and anxiety caused by the constant request for monies owed to a range of creditors:

Well I've never suffered anxiety before but in recent years my anxiety levels have gone up. On day-to-day living, I guess you're always suspicious. Like when the rent is paid I have to pay it. If he doesn't have the money to pay it for whatever reason I have to explain to the landlord that there is no money and sometimes when there are people coming to the house to pick up debts or bills or anything I have to hide. I can't answer the door because I don't know who it is going to be, what they're going to ask for. If anyone knocks at the door my heart feels like it stops and I start shaking. I have actually disabled the buzzer so that I can't hear anyone buzzing because I can't cope. (Interviewee, intimate partner, female)

Family members also reported that making late payment on bills (56%, n=105) was a harm that resulted from attempts to manage gambling-related cash flow issues.

Some family members, particularly intimate partners, highlighted the long-term cyclical nature of financial harm, as loved ones would abstain from gambling for periods of time enabling financial arrears to be cleared, before returning to problem gambling and generating new debts:

[H]e knows that he has a problem, a massive problem, but he will say 'Oh, I haven't gambled for two/ three weeks, so that means I am cured', do you know what I mean? A month later he will be in a huge amount of debt again, so it was just continuous like that for years. Vicious cycles the whole time. It was going over a six month span where he would be okay, then he would get himself sorted, then he would gamble, then he would get in to debt, then he would get himself sorted again and then - it was just a massive, massive cycle all of the time. (Interviewee, intimate partner, female)

The ability for family members, typically intimate partners, to withstand or address the financial damage wrought by a partner's problem gambling appears to weaken over time, particularly as they near retirement. For example, one wife highlighted how she has always worked long hours in order to mitigate the financial impact of her husband's gambling but that this was no longer sustainable:

That's what I do, I just work all the time to try to make sure I can pay for everything but this time I can't. I can't pay debts off anymore, I can't do it. That's the problem. You can pick yourself up and dust yourself off a couple of times. You can just go 'Okay, let's put that down and move on, rebuild' but you can't keep doing that all your life, you just can't. I am too old. (Interviewee, intimate partner, female)

As the daughter of a father with gambling problems illustrates, the ability of families to withstand the financial harms of problem gambling is contingent on income and other assets as well as expenditure:

I think before his gambling was sort of manageable because he earns quite a lot of money, but in the last year it's really kind of started to be noticeable...I think the point where the money he was spending jumped up from, you know, like £1,000 a month to like six [thousand pounds], yeah. (Interviewee, adult child, female)

Having less money to spend on beneficial expenses such as insurances, education, car and home maintenance (76%, n=143) and essential expenses such as medications, healthcare and food (66%, n=124) were common experiences among the family members surveyed, whilst some family members also reported having lost supply of utilities such as gas and electricity (16%, n=31). Family members highlighted how their loved ones' gambling impacted their ability to fund essential items such as food, clothing, utilities, rent or mortgage payments. The intimate partner of one problem gambler noted how:

He left me with very little money for food for my two young kids. I had to buy cheap, reduced food. I also had to take out a significant amount on loans to pay his debt and I was left with this. (Interviewee, intimate partner, female)

Whilst a reduction in expenditure on beneficial items may not have immediate consequences for family members, they do increase the risk of future harms occurring. By contrast, a reduction in essential expenses and loss of supply of utilities can have immediate consequences for family members and precipitate further harms.

Respondents indicate that insurmountable debt often acted as a trigger for the gambler to seek help from family members. One mother reports how her son's mounting debts precipitated his request for help from his family:

Well we knew something had been wrong for about a year, but we couldn't put our finger on it, he wouldn't tell us. He had lost weight, become quite distracted, spent a lot of time in his bedroom, spent a lot of time sleeping, which I think was escapism. We confronted him and confronted him, and finally he decided to speak to my husband because the debts were spiralling out of control. I think he just had nowhere to go with it anymore. (Interviewee, parent, female)

In other cases, the loss of a major asset represented the point at which family members became aware of a loved one's problem gambling. For example, the girlfriend of one problem gambler reported returning home to find that the rent on their property had not been paid and that they were being evicted:

We had a lovely big house. I paid the first six months and then he was meant to pick up the payments, which he said that he did and then one day I came home to find we had been evicted and all my stuff was being moved out. I had a four month old baby. We managed to talk the landlords in to giving us another week in the property because they realised I didn't know and I think that they just felt sorry for me because obviously I was hysterical. (Interviewee, intimate partner, female)

A notable proportion of family members reported significant financial detriment, including the loss of a major asset such as their car, home or business (23%, n=43), while 12% (n=22) of respondents reported becoming bankrupt. Financial harms that were a product of a loved one's problem gambling resulted in a significant number of family seeking financial help, with 23% (n=43) of respondents reporting having needed assistance with bill payments or food from welfare organisations, and 11% (n=20) having needed emergency or temporary accommodation.

Family members also indicate that the legacy effects of financial harm can be significant, irrespective of whether or not the loved one continues to gamble. For example, the wife of one problem gambler notes that her family continues to experience financial harm as a consequence of her husband's past gambler behaviour:

Financial ruins I would say. He has put us back 20, 30, 40 years. He is not interested in me, he is not interested in his kids, he is not interested in paying our bills or what we are going to do or our future. (intimate partner, female)

Survey and interview data indicate that family members can experience a range of financial harms as a consequence of a loved one's problem gambling and that the extent and nature of such harm is contingent on their relationship with the gambler, their financial resources and commitments, and the degree to which their finances are connected to those of the

gambler. We adopted a single 4-point Likert scale to assess the overall level of financial harm experienced by family members. The findings from this scale are reported in Figure 2³.

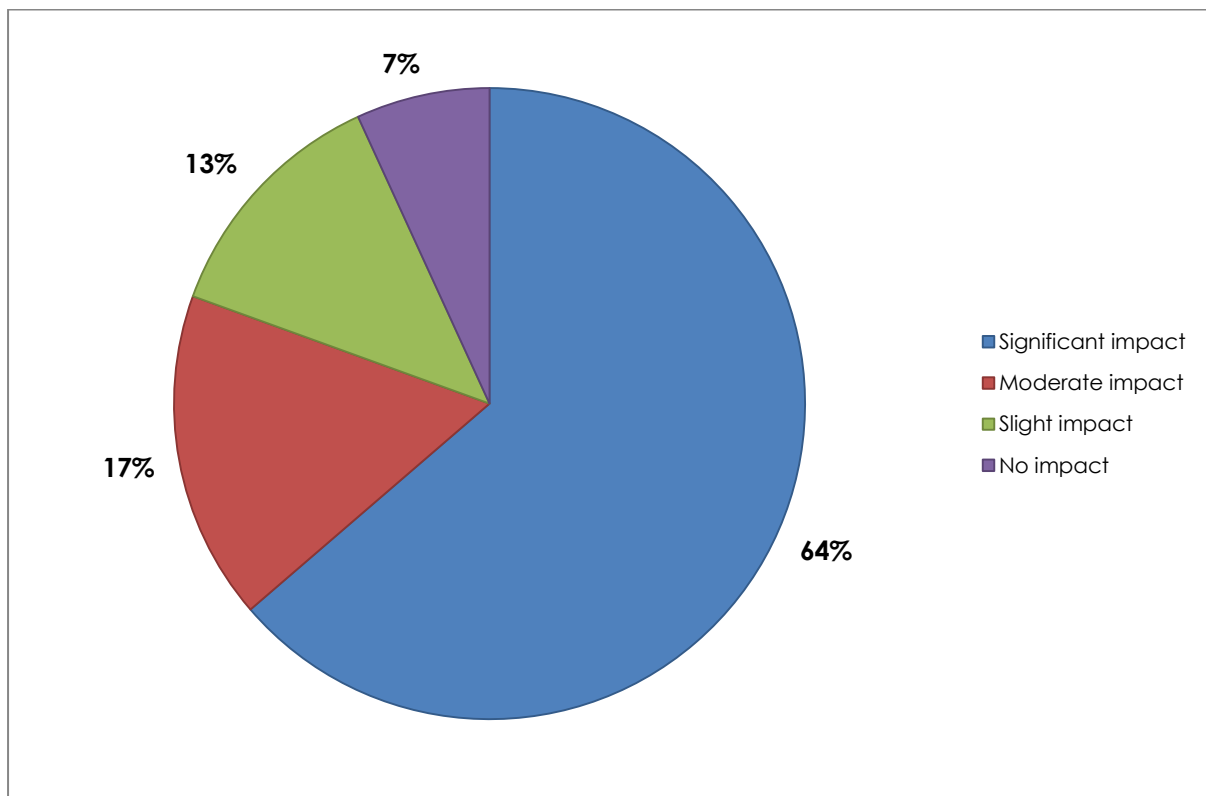


Figure 2: Overall impact of a loved one's problem gambling on family member's financial security

Figure 2 illustrates that a substantial number of the survey respondents experienced financial harm, with 64% (n=121) reporting that their loved one's gambling had had a significant impact on their financial security, 17% (n=32) reporting that it had had a moderate impact on their financial security, and 13% (n=24) reporting that it had had a slight impact on their financial security. By contrast, 7% (n=13) of family members surveyed reported that their loved one's problem gambling had had no impact on their financial security.

Work/ educational harms

Respondents indicate that for some family members the harms related to a loved one's gambling extend to their place of work or study. The work and/or educational harms experienced by Family members are detailed in Figure 3.

³ Does not sum to 100 because of rounding errors.

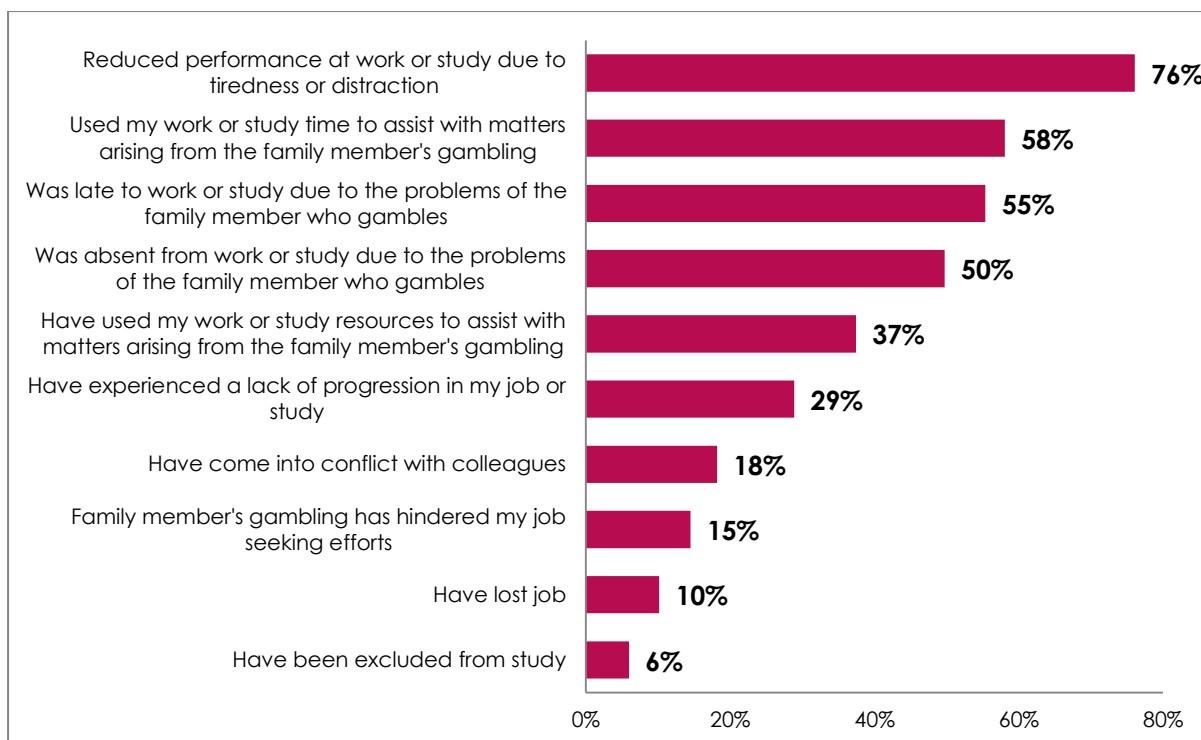


Figure 3: Work/ educational impacts experienced by family members

Family members experience a range of work and/ or educational related harms. Most significantly, reduced performance due to tiredness or distraction caused by gambling affected a notable proportion (76%, n=143) of the family members surveyed. As one family member recognised the shame, stress and worry that resulted from their loved one's gambling led them to often feeling 'mentally absent' from work:

It impacted me at work. I'm a professional...and even though I tried to keep it a secret people could tell there was something wrong. Over the years people can tell. I felt a real amount of shame telling people, I felt like it was my fault, I felt really ashamed saying what was going on. I didn't tell people that he was in rehab – he was out of the country, he was away, I was on my own, etc. I felt a lot of shame. It affected my work, just feeling cloudy headed, like a foggiess. Just that brain ticking over, preoccupied with whatever is going on. Yeah, not being present. (Interviewee, intimate partner, female)

Evidence indicates that for a notable number of family members gambling encroached upon their day-to-day work or study practices. As a consequence, 58% (n=108) of respondents reported using their work or study time to assist with matters arising from the family member's gambling and 37% (n=70) using their work or study resources to assist with matters arising from the family member's gambling. This is exemplified by the sister of one problem gambler, who highlights how she would often leave work to help her brother,

whilst concerns about his whereabouts and activities would lead to distraction:

Sometimes I'm at work and in the course of different things that have happened, yeah, I'll get a call or something and I'm affected in the sense of, you know, I might have had to leave work to go and deal with something or I can't think about my work and focus on it. (Interviewee, sibling, female)

Harms such as being absent from work or study due to the problems of the family member who gambles or being late from work or study due to the problems of the family member who gambles affected 50% (n=93) and 55% (n=103) of respondents. The wife of one problem gambler highlights how her form of work provides her with a degree of flexibility that has enabled her to support her husband. However, the stress and strain of her husband's gambling has impacted upon both her desire and ability to work:

It's hard to explain but after a binge he gets incredibly low and then I'm sort of on call, getting him, you know, we've gone to urgent care a few times. Trying to help him go to job fairs and things which I now seem to realise is not my job but I've taken a lot of time off work. I'm lucky that I have a job that is not nine to five, I'm more in sales so I'm on the road a bit more so it's a little bit easier, I don't answer to anyone directly but it does impact. It impacts your mental state, some days you just feel like staying in bed. (Interviewee, intimate partner, female)

A loved one's problem gambling could also lead to family members experiencing conflict with work colleagues (18%, n=34) and hinder their progression at work or study (29%, n=54). Other family members reported that their loved one's gambling had hindered their job seeking efforts (15%, n=27). In particular conflict arose for poor performance at work or failing to complete assigned tasks. The wife of one problem gambler highlighted how her performance at work, which was a consequence of gambling-related ill health, led to a formal warning and threats of disciplinary proceedings:

Well I am kind of a lone worker, because I work on my own and so it was just mainly with my peers at work, they were disappointed in me and they put me on a, what do you call it? Like a warning sort of thing. 'Either pull things together or you're going to have to go through the disciplinary and we're going to have to let you go', so it got to that point. (Interviewee, intimate partner, female)

Interview data indicate that the impact of a loved one's problem gambling on a family member's work is, to some extent, contingent on the help and support they receive from work colleagues. For example, the mother of one problem gambler illustrates how employers can support both the family member and the problem gambler through changes in working practices:

I was due in work the next day so I did ring up and spoke to a manager and said I won't be in tomorrow because I just couldn't face going to work, then I did go in and have a chat with my manager because at the time we realised, I think that they call it the first 90 days is the most difficult to stop gambling, so I was taken off of night shifts for about 3 months so I was able to be at home, so I didn't have to worry about what he was doing when I was going on a night shift. (Interviewee, parent, female)

Moreover, family members can receive invaluable support from work colleagues and friends if they feel able to be open and honest about their loved one's problem gambling. The wife of one problem gambler talked about how her supportive colleagues lessened the impact of her husband's gambling difficulties on her day-to-day working practices:

I mean if something happens, like if I find out he's been gambling or done something then it can have an impact on that day at work, but I try not to let it affect my work on a weekly basis, but if something was to happen then obviously it does have an impact, but my colleagues are really good and really supportive. I am quite open about it as well, so they know. (Interviewee, intimate partner, female)

However, for some family members, their loved one's problem gambling led to them being excluded from study (6%, n=11) or losing a job (10%, n=19). As one respondent recalls:

I used to go to work shattered. I would come in late because my brain was full of crap, I wouldn't perform well at work and my attention to detail was lacking and then when I would be in meetings my brain would be 'Where is he going, what's he doing, when is the next bombshell hitting'. I had so much time off. The problem is I'm a contractor, so if I had been working in a permanent job, permanent role, I would have got kicked out a lot sooner because of the amount of sick days I have taken and I would have gone to HR ([Human Resources]) and it would have gone to disciplinary action, it would have gone through that whole cycle because of that, but because I was a contractor they can just let you go without notification or anything. They don't need to tell you that your work is poor or things like that. They don't owe you that. (Interviewee, intimate partner, female)

Similarly, the girlfriend of one problem gambler reported how the emotional and psychological impacts of her partner's gambling had compounded difficulties at work:

At the moment I'm going through a really horrible dismissal based on things that I've been accused of that obviously I haven't done and I've actually weirdly got the date for my tribunal soon but it's

just been this – I think for the past, you know, since I've met him just gambling and, it's just the impact, there's so many different impacts. (Interviewee, intimate partner, female)

Survey and interview data illustrates that family members experience a myriad of work and/ or educational related harms. Work and educational harms may also be compounded by emotional, psychological, health and relationship harms which inhibit their day-to-day practices.

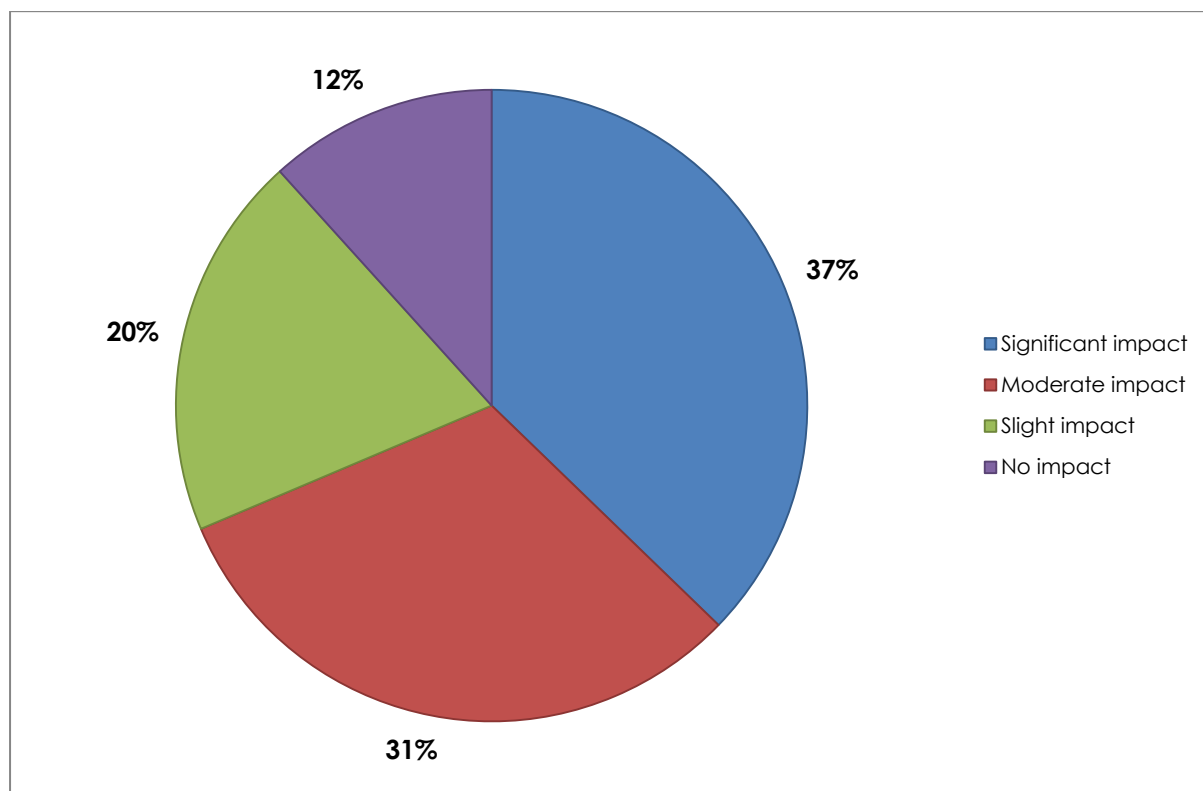


Figure 4: Overall impact of a loved one's problem gambling on family member's work/ education

Figure 4 illustrates the overall work or education related harm experienced by family members. Most respondents (88%, n=166) indicated that their loved one's problem gambling had harmed their work or education, with 37% identifying that the impact was significant, 31% (n=59) indicating that the impact was moderate, and 20% (n=37) suggesting that the impact was slight. Far fewer family members (12%, n=22) indicated that their loved one's problem gambling had had no impact on their work or education.

Health harms

Family members reported that a loved one's problem gambling contributes to decrements in their health. As Figure 5 illustrates, family members experienced a host of health related harms.

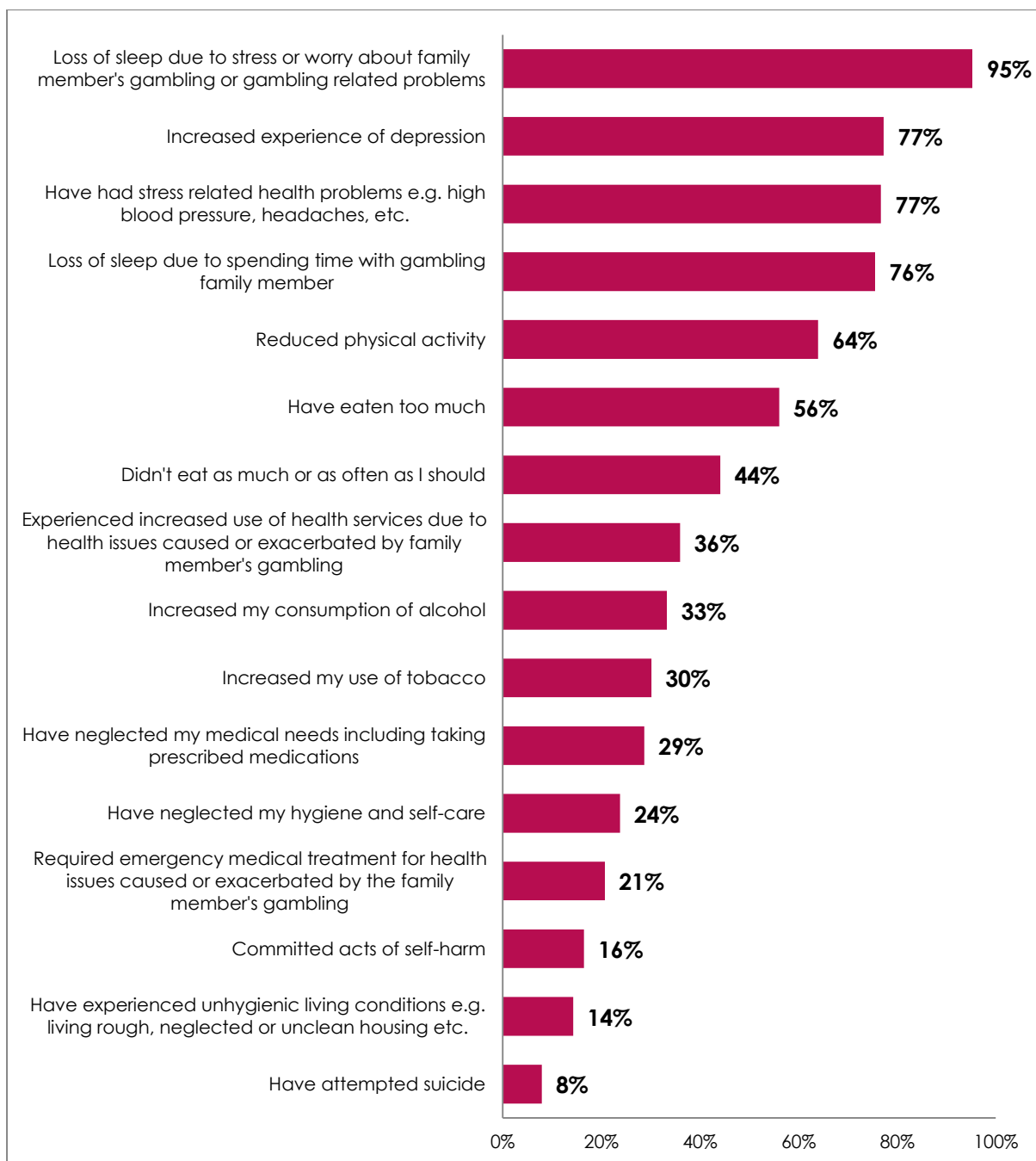


Figure 5: Health harms experienced by family members

Sleep deprivation represents the most common health harm experienced by family members, with 95% (n=181) of respondents reporting losing sleep due to stress or worry about family member's gambling or gambling-related problems, while 76% (n= 142) of family members lost sleep due to spending time with the gambling family member. This is exemplified by the wife of one problem gambler who highlighted how high levels of stress and knowing her husband was gambling resulted in an inability to sleep:

You don't sleep well when you know there's somebody downstairs gambling all the time, and there was no way he would come off

[the computer]. He would just shout at me if I came down to say now enough's enough. (Interviewee, intimate partner, female)

In accordance with previous research studies (Dickson-Swift et al., 2005; Patford, 2009), we found that family members experienced a range of health harms including elevated rates of tobacco (30%, n=57) and alcohol consumption (33%, n=63), overeating (56%, n=106), poor nutrition (44%, n=83) and reduced physical activity (64%, n=119):

I am sure that it made me more alcohol dependent. I mean I could hardly ever drink a whole bottle of wine in an evening, but I needed it every night. I needed three or four glasses every night. The drink deadens it. I think all the sadness of it. I think by drinking and overeating. The drink certainly deadens it and it sort of numbs it so you can't think about it, and it's also a bit abusive in that I do it even though I know it's not good for me. (Interviewee, parent, female)

Well I had given up smoking and it's made me start smoking again, which is horrendous. I am really trying to cut back on it. (Interviewee, parent, male)

Yes, I ended up getting a lower disc prolapse, which I don't know if it is linked but it is interesting. The stress of everything had an impact definitely. I stopped exercising, I put on weight, so my physical health has definitely deteriorated. (Interviewee, intimate partner, female)

A number of family members reported experiencing multiple health harms as a consequence of their loved one's problem gambling. Illustrative of this is the narrative of a partner of a problem gambler who suggested that the tiredness that resulted from her experience led to further health harms:

I feel so exhausted that I don't take proper care of myself, so any time I have as down time I just want to sleep, I just want to eat, and I pick up junk food and things like that to eat. I don't feel like exercising or taking care of myself. Those are a real push for me to do. I know that if I do them I feel better but it's that kind of cycle of it. (Interviewee, intimate partner, female)

Stress related health problems, such as high blood pressure and headaches (77%, n=145) and increased experience of depression (77%, n=146) represented typical manifestations of emotional and psychological distress caused by a loved one's problem gambling. For example, a mother reported experiencing stress, depression and high blood pressure as a consequence of her son's gambling:

I consider myself to be mentally strong. I have, I think, taken on mentally more than was my fair share and that's manifested in – I

think knowing about depression, yes, I would say I have been depressed, however I have concealed it very well. Physically it's affected me in terms of stress and high blood pressure that I have to have medication for. (Interviewee, parent, female)

Alongside depression, headaches and high blood pressure, family members reported a host of distinct illnesses or conditions that were either caused or exacerbated by their loved one's problem gambling. For example, the daughter of a father who continues to gamble problematically reported how stress and anxiety has impacted her health, causing migraines and sickness:

I've been getting migraines like three times a week, I'm ill quite a lot of the time which I think is stress related. I also have something called Cyclical Vomiting Syndrome which is, usually children have it but it's a nervous thing, and when you're really stressed you just go through bouts of vomiting all the time, and then you're fine. That's sort of come back in the last year. (Interviewee, adult child, female)

Similarly, the wife of one gambler reported significant body pain that inhibited her ability to work:

Yes, I got really sick, I was diagnosed with fibromyalgia, so I ended up being off work for two years and the stress of the relationship made that illness a lot worse because it was brought on by stress mainly and the relationship. It put me in a position where I couldn't work and I went back to work briefly and then I had my daughter so I now only work part time but I have nearly got the sack because my work wasn't up to standard because I was just so mentally tortured, physically and mentally and emotionally. Everything. Which made it so I couldn't concentrate on work. (Interviewee, intimate partner, female)

A notable number of family members reported that they neglected their hygiene and self-care (24%, n=45), and neglected their medical needs including taking prescribed medications (29%, n=54). For example, the girlfriend of one gambler highlighted how her partner's gambling had impacted on her own recovery:

I feel absolutely desperately depressed sometimes because of it, and because of the situation I am in. Also doubting myself, doubting my judgement. I am recovering from an eating disorder and alcoholism and it impacts that. It impacts self-care as well because it's lethargy, 'can't be bothered, what is the point' kind of mental health. (Intimate partner, female)

The failure to take prescribed medications could well be a product of reduced finances to spend on essential items, as detailed in Figure 1. This, in turn, could exacerbate existing conditions. Moreover, reduced self-care was

linked to emotional and psychological harms in the narratives of family members.

A loved one's gambling was also identified as a contributory factor in family members' acts of self-harm (16%, n= 31) and attempted suicide (8%, n=15). For example, one wife reported how her husband's gambling led to the termination of her pregnancy and a subsequent suicide attempt:

[H]e'd gambled out every penny that we'd saved, or that I'd saved. I went to the Building Society to get some of the money to start to buy things like prams and cots and stuff and there was nothing left in the bank. One of the worst things I could say that this has impacted is that I felt the only alternative I had was to terminate my pregnancy which nearly killed me, not physically but emotionally and get a job and that's what I did. Then, years later, I tried to kill myself because I couldn't believe what I'd done. (Interviewee, intimate partner, female)

Suicidal ideation was also reported by other family members:

There definitely are times when I have sat there and thought I might as well take an overdose. It is easier not to be here. (Interviewee, intimate partner, female)

In addition, family members experienced increased use of health services due to health issues caused or exacerbated by the family member's gambling (36%, n=68) and required emergency medical treatment for health issues caused or exacerbated by the family member's gambling (21%, n=39):

It's had an impact and obviously high levels of stress. Very high levels, yeah. Heart attacks I've had yeah. (Interviewee, intimate partner, female)

Now from the physical side, I started feeling ill within myself as well because I ended up having kidney infections and UTIs [(Urinary tract infections)]. I mean I've had recurrent UTIs and things like that, but over the years it got worse, to the point where I'd lost both kidneys. I had dialysis for about ten months and after that I had a transplant. So I've come a very long way. I truly think it's mostly because of this gambling issue that it's affected me. (Interviewee, intimate partner, female)

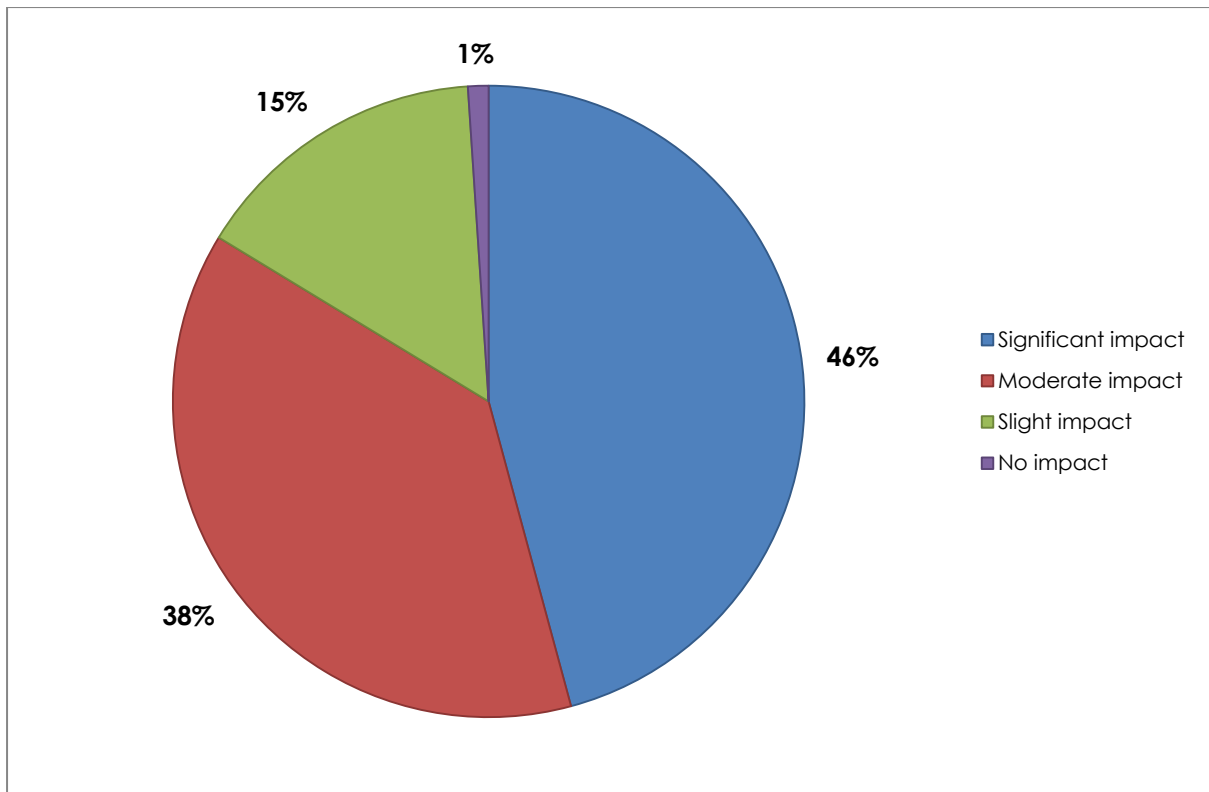


Figure 6: Overall impact of a loved one's problem gambling on family member's health

As Figure 6 illustrates, the vast majority (99%, n=188) of family members surveyed reported health related harms. 46% (n=87) of family members identified that the impact of a loved one's problem gambling was significant, 38% (n=72) that the impact was moderate, and 15% (n=29) that the impact was slight. Only 1% (n=2) reported that they had not been impacted by a loved one's problem gambling.

Emotional or psychological harms

Emotional and psychological harms represent the most prevalent harms experienced by family members in this study. Figure 7 illustrates that almost all family members experienced some form of emotional or psychological harm.

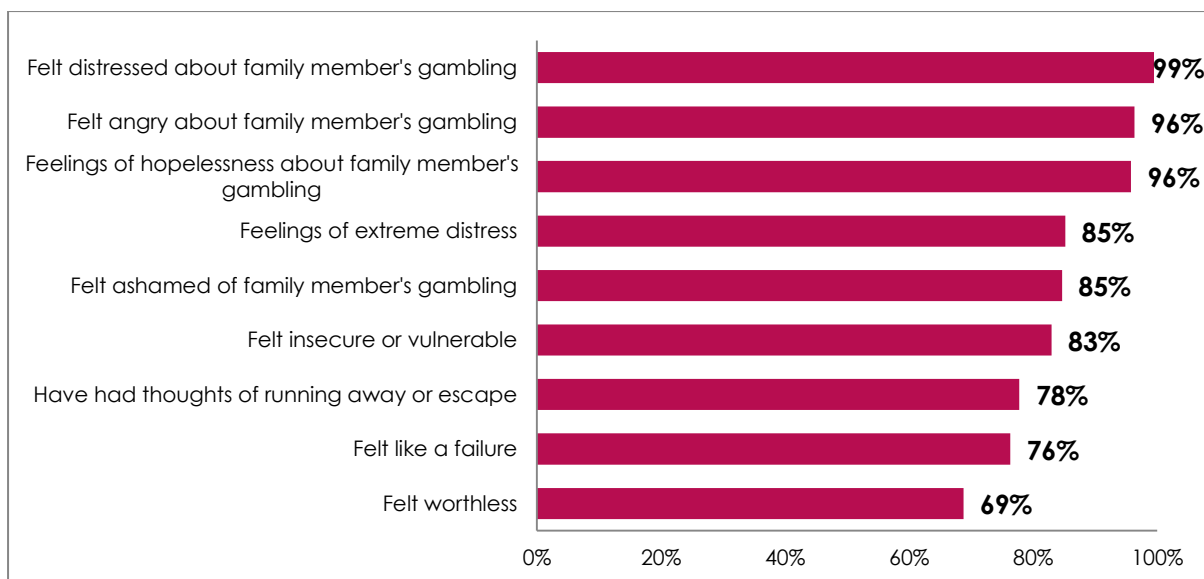


Figure 7: Emotional or psychological harms experienced by family members

A range of emotional responses characterised family member's experiences of a loved one's problem gambling. Particularly common were feelings of distress (99%, n=189), extreme distress (85%, n=161), and anger (96%, n=183). The wife of one gambler reported how her husband's gambling and subsequent mood and behaviour led to her feeling nervous, fearful and anxious when in his company:

I was a nervous wreck, being with him, and especially when he was gambling. You would always be nervous because you would know what was coming, especially when he lost...It would impact on his moods, impact on his behaviour, which then impacted on the family and it would mean that we weren't allowed to go anywhere or do anything because there was no finances to do it. I was basically the financial support for him and the whole family really because at the time he had two other daughters, they were young when I first met him. (Interviewee, intimate partner, female)

Anger was also a common emotional response to a loved one's gambling behaviour, although as the mother of one gambler illustrates, family members experience a range of different and contrasting emotions:

I think it has gone through phases. I've felt very angry for him for bringing it to our doorstep. I was very angry, but also frightened because one of the things you start to wonder is how big is this demon and is he going to end up doing identity fraud, are we going to end up losing the house? Yeah a variety of different feelings really. (Interviewee, parent, female)

Other family members highlighted that over time their feelings of love and support gave way to feelings of anger, resentment and hatred:

I hate him. Now I hate him. The love has gone. I don't feel sorry for him anymore. I just look at him and I think 'You're just weak, I hate you'. (Interviewee, intimate partner, female)

Emotional and psychological harms also led to secondary harms, impacting on family members' relationships with each other, as well as the problem gambler. One wife highlighted how she tried not to get angry as this would only serve to negatively impact her relationships with other family members:

You could be angry about it all the time. There are times when I get really angry but there's no point. That's not going to achieve anything, it just makes everybody miserable so you just have to, you know. You just live for today. (Interviewee, parent, female)

For some family members, an inability to stop their loved one gambling manifested in feelings of hopelessness (96%, n=181) and failure (76%, n=145). The love, commitment and efforts shown by family members are exemplified by the wife of one gambler who highlights her efforts over a considerable period of time to stop her husband gambling:

I feel like a failure I suppose, because it didn't matter what I did, it didn't help him. It didn't help him stop. I tried everything. I tried taking away his cards, I tried taking him off of his – I changed all his passwords to everything, I took him off the internet. I offered to pay for counselling, I organised the counselling. I did absolutely everything that I could possibly do to try and get him to help himself and he just didn't. It just made me feel like I failed. I just wanted to help him so that we had the family unit that we could have had and it was just never going to happen. It wasn't until I realised that, that that's when I left. It took a long time. I was with him ten years, so it took a long time for me to realise this is never going to change. (Interviewee, intimate partner, female)

Self-blame was also prominent in the narratives of family members when discussing their feelings of hopelessness and failure that resulted from the challenges of stopping their loved one gambling. For example, the mother of one problem gambler highlighted how feelings of guilt were prominent in her search for an explanation as to why her son had developed a gambling problem:

Well I've felt responsible. I've wondered what I've done to create this person. Could I have done things differently? So I have felt guilty I suppose. So, is there something that we've done that impacts all of this? (Interviewee, parent, female)

Other respondents reported feelings of failure and hopelessness, as a consequence of their perceived inability to protect other family members from the effects of their loved one's problem gambling:

I've got good relationships with his other kids but they were obviously witnessing like domestic abuse and everything like that while they were growing up, so they've ended up having issues and that's made me feel like I have failed them as well, because I tried to protect them from it all. (Interviewee, intimate partner, female)

Reduced self-worth (69%, n=130) and confidence were also common emotional and psychological harms experienced by family members as a consequence of a loved one's problem gambling. For example, an ex-partner highlights how:

I used to be really, really confident, nothing fazed me. Yesterday I went for a job interview and I was fine going, I wasn't one bit worried and then I walked in the room and there was a lot of people in there and I could feel my heart going and I was sweating and I thought don't be having an anxiety attack in here and I had to really fight to remain calm in that situation and it would never faze me a few years ago. (Interviewee, Intimate partner, female)

Other family members reported how their loved one's gambling engendered feelings of insecurity and vulnerability (83%, n=156):

I don't know if you know this, but these gamblers tend to blame other people for their issues. I think that at first, when I wanted to talk about it, wanted to reason, wanted to help him, wanted to get down to the issue – I always felt I was left feeling very vulnerable as if it was my fault. And for many years I did actually believe that because there are other people out there, their partners go and have a little gamble and come back home and are fine. (Interviewee, intimate partner, female)

Shame was also a common topic of discussion and a prevalent emotional and psychological harm experienced by family members (85%, n=160). Family members frequently drew attention to the shame and stigma associated with gambling and being a family member of a loved one with a gambling problem:

There is such a stigma on gambling and gamblers. When you talk to people about it I feel ashamed and I've done nothing. It really is an awful situation. It's just terrible. It is an addiction. I know that now. I have only known that in the last month but I just look at it as a weakness to be honest, I have always thought 'My god, pull yourself together, it's pathetic', but when you look at someone and you see someone's life change and them change, if you looked at a picture of my husband four years ago and a picture of my husband today you would not believe it was the same person. (Interviewee, intimate partner, female)

You obviously carry a lot of shame. Some people you tell. If you tell someone you might never see them again. It's like people have a real problem with gambling. They think you're going to steal from them or you're going to be asking them for money...They think that you're a liar and a thief, that's what they think...They don't understand it so, you know, it's tough. (Interviewee, intimate partner, female)

Consequently, a number of family members reported not telling other family members, friends, employers and others about their loved one's gambling in order to protect both the loved one and themselves. This, for some, precipitated further harms such as social isolation and conflict at work:

I was like really shocked, really angry, and when I had to finally go in to work, my work was just like what is wrong with you, this is just not you. I was so ashamed. I don't know why I was ashamed but I was ashamed to tell my boss that my husband had been gambling. I was just ashamed. (Interviewee, intimate partner, female)

I think I didn't like speaking to many people about [my husband's] problems because I felt a lot of shame and people would be very judgemental and tell me to leave him. I just find that people don't understand and their reaction is always that the addict is a bad person and you should leave them and not have anything to do with them and I don't view the world like that. I think that people go through horrible things and need support and I didn't know how to support him in the right way, or myself, and no matter who, if I did ever tell people in the past, the judgement about [my husband] would just be awful. It would completely taint any goodness in him and I wanted to stay with him and so the best thing was to deal with it on my own, because I then had the grief of everyone else going 'Why are you with him, just leave him' and then they wouldn't want to hear it anyway. So I ended up just keeping it all in really. I was very isolated, I didn't want to tell anyone. (Interviewee, intimate partner, female)

Undoubtedly, the consequences of such shame are significant, leading to further emotional and psychological harms and harm in other domains. For example, one mother recounts how the shame her son has experienced as a consequence of his father's gambling has led to decrements in both his self-confidence and self-esteem:

My son's feelings towards him now have gone like out of the window. Ever since my son has stopped writing his surname now, that's the impact it has had on him. He's lost his self-confidence, his self-esteem. I'm having to build up everything, like I'm trying to build it all up from the very bottom again. (Interviewee, intimate partner, female)

Shame also appeared to be felt more acutely by family members from some cultural groups. For example, one wife highlighted that:

I think this is what normally happens with [my cultural group] is like they keep their problems to themselves and if they speak about it they're doing a big sin, it's a taboo thing and we just don't want to speak about it, it's my problem and I'll deal with it. That's the bottom line. It's sad because I think more needs to be done about this just to break this so they can actually come out of their shells. I really do believe that. But at this time and moment the community aren't very helpful. For example, I spoke to my local [religious leader] once but most people are quite judgemental, they'll look down at you, they were like oh yeah, she probably has debts or she might ask us for money and for the life of me, till this very day, I have never asked for a penny from anyone. (Interviewee, intimate partner, female)

Given the significant emotional and psychological harms experienced by family members it is unsurprising that a notable proportion also reported that their loved one's problem gambling had led them to have thoughts of running away or escape (78%, n=147). Collectively, family members judged the overall emotional and psychological impact of a loved one's gambling to be more significant than the overall impact of any other domain of harm. The wife of one problem gambler highlights the significance of the emotional and psychological harms that result from a loved one's problem gambling:

If you could take away the emotional strain of his reactions to his gambling, if you could take that away then I could live with the actual financial strain. As long as the children were fed, as long as we had electricity, I could live with it, but I can't live with the emotional torment that comes alongside it. (Interviewee, intimate partner, female)

Figure 8 details the overall impact of a loved one's problem gambling on family members' thoughts and feelings.

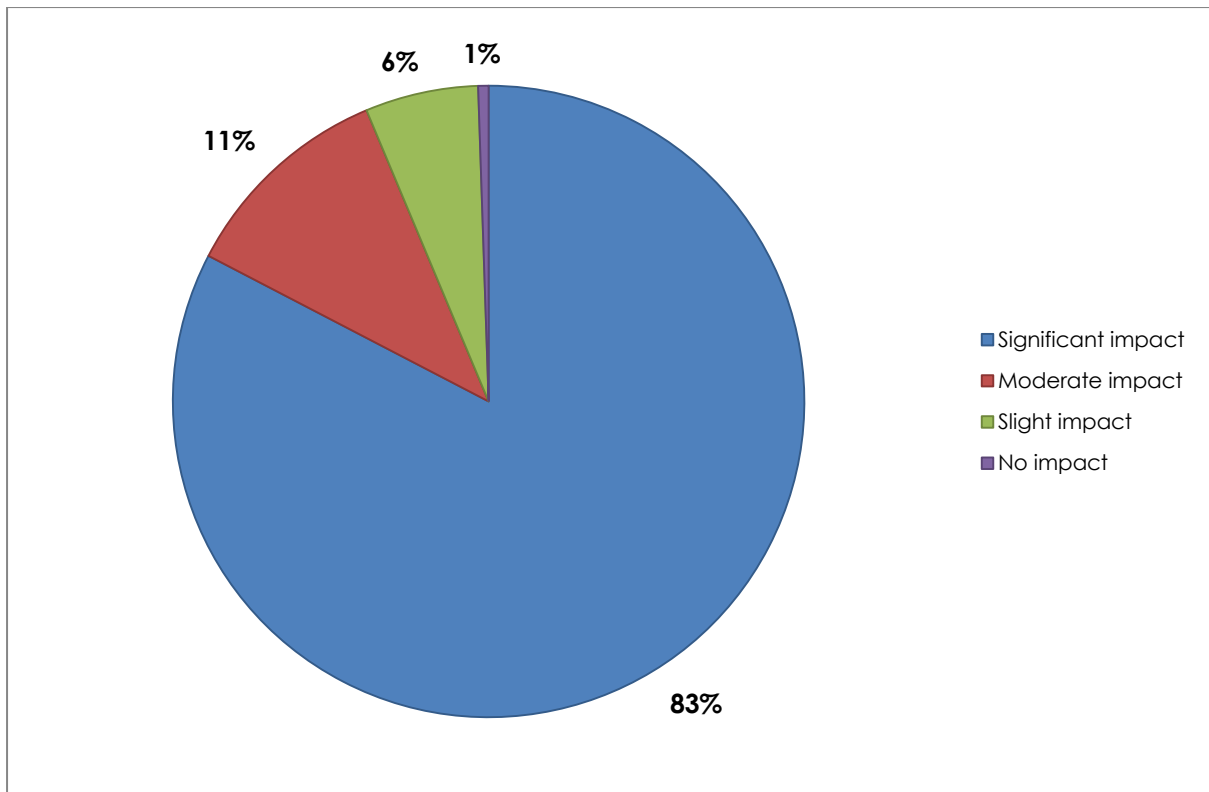


Figure 8: Overall impact of a loved one's problem gambling on family member's thoughts and feelings

For most family members, the emotional or psychological harm experienced as a consequence of a loved one's problem gambling was significant (83%, n=157). For some family members the impact of a loved one's problem gambling on their thoughts and feelings was deemed moderate (11%, n=21) or slight (6%, n=6), while only >1% (n=1) of respondents suggested that it had had no psychological or emotional impact on them.

Relationship harms

Data illustrate that family members experience harms to their relationships with both the loved one who gambles and other family, friends and members of their community. Figure 9 details the multitude of ways in which family members' relationships were harmed by a loved one's problem gambling.

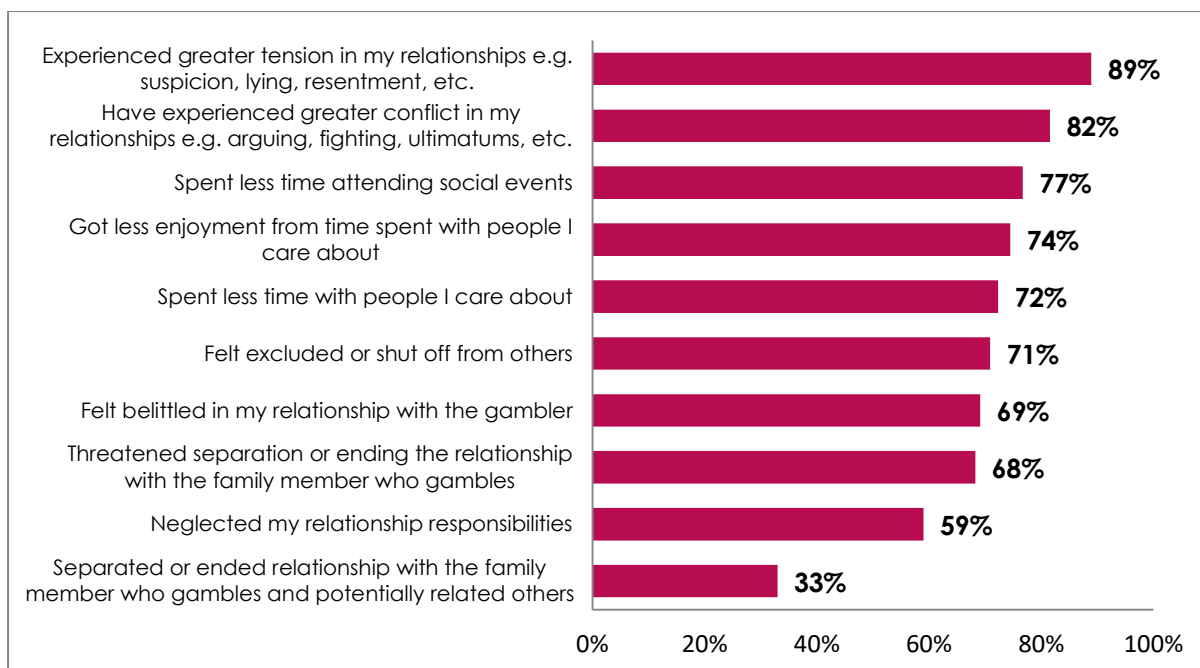


Figure 9: Relationship harms experienced by family members

A significant number of family members reported that the loved one's gambling resulted in them neglecting their relationship responsibilities (59%, n=111), spending less time with people they care about (72%, n=134), and spending less time attending social events (77%, n=145):

Well I don't see anybody else. We don't have any friends now. I haven't seen any of our friends since probably last Christmas and I certainly won't be seeing them this year. They avoid us like the plague now. As I say, I have two children, they're older, but they're suffering from it. It's just all so toxic. There's nothing that's nice any longer. They don't have a proper relationship with him. It's all to do with the gambling and obviously drinking as well. (Interviewee, intimate partner, female)

He has borrowed money off of my friends as well and not paid them back. I literally don't go anywhere. I won't go out socialising because 9 out of 10 times somebody approaches me, '[Your husband] owes me money, [your husband] has done this' and I just can't do it anymore. (Interviewee, intimate partner, female)

Family members also reported feeling excluded or shut off from others (71%, n=134) and a reduction in enjoyment from time spent with people they care about (74%, n=140).

Greater tension (89%, n=169) and conflict (82%, n=155) in relationships were the most common relationship harms experienced by family members in this study. For example, one mother reported how her young son and father would argue because the son felt that his dad was neglecting his family duties:

They were fighting all the time, my husband and my son and they just argued constantly and he would say 'Go and gamble and leave us hungry again, why don't you', and he would throw back 'Well if you weren't such a little shit I wouldn't gamble. (Interviewee, parent, female)

Many family members highlighted how arguing and fighting with the gambler would often stem from feelings of distrust because of the gambler's lies and dishonesty:

The biggest thing for me was the lack of trust and the dishonesty and the lies and when you've had what you thought was an open and honest relationship with somebody and you've trusted them, that is huge to kind of take on board. (Interviewee, parent, female)

I think that the main thing was as the years went on, and the worse he was getting, it's the lies, the secrets to make sure that he can keep gambling that really, really gets to me, even now, thinking he would do anything to hide and be secretive, just so that he could gamble. (Interviewee, intimate partner, female)

Family members also reporting arguing with other non-gambling family members as to how best help the problem gambler:

In the middle of it there's a lot more fighting because everyone's frustrated and everyone flip-flops between you have to help him to let him be on his own so we're constantly – It seems like when one's on one side of the coin, the other's on the other side so there can be a lot of arguing, frustration, we should do this, no, we should do this. It's a constant battle. (Interviewee, parent, male)

By contrast, others highlighted how family bonds were reinforced as a consequence of the challenges of dealing with a loved one's problem gambling:

I think if anything it's brought us closer, especially my mum, because she doesn't really have anyone else so we've been talking through it together about what we're going to do, and I think it's good for her at least that I'm still around so that she doesn't have to move on alone, so yeah. My sister doesn't live here but I think it's just brought us all closer. (Interviewee, adult child, female)

Some family members reported increased isolation, as extended family and friends did not want to associate with the problem gambler. For example, the ex-partner of one gambler highlights how:

My family – they were just at the end of their tether. I lost a lot of my friends. A lot of them didn't have anything to do with me while I was with him, and my mum stayed with me because obviously she

didn't want to lose me but she just didn't like what was going on at all and I would get constant reminders that I was doing the wrong thing. My mum's partner, he wouldn't even talk to me, he wouldn't even have anything to do with my daughter for the first year because it was to do with him but since I've separated from him properly that has all sort of been rekindled now and I have all of that back. (Interviewee, intimate partner, female)

Alongside increased conflict, 69% (n=130) of family members reported feeling belittled in their relationship with the gambler. As one family member notes:

Self-esteem, self-respect, everything goes. You lose everything, because I think you believe them, because they are charismatic people. It is almost like everything is smoke. I can't see through things when he's around. Oh my husband has blamed me for everything on the planet at some point yeah. My daughter has blamed me and said it was my fault and if I hadn't stayed with him I wouldn't be in the position I'm in. I supported him, so therefore she says I have enabled him. (Interviewee, intimate partner, female)

The stress and strain experienced by family members caused by a loved one's gambling led to many threatening separation or ending the relationship with the family member who gambles (68%, n=129), while 33% (n=62) reported separating or ending the relationship with the family member who gambles and potentially related others. A number of family members recounted how the significant and sustained financial, emotional and psychological and relationship harms they have experienced has led to them ending their relationship with the gambler:

I was in, it made the relationship abusive. So there was sort of physical abuse, mental abuse, controlling, I couldn't go anywhere, do anything, talk to anyone, be around anyone in case I told them he was gambling. He was paranoid all the time, always thought I was talking about him and so I wasn't allowed to be around friends or family. It was just a very, very abusive relationship due to it. (Interviewee, intimate partner, female)

I should have had a very, very comfortable retirement. Right now the plans were that we would be going on a couple of cruises a year and looking around all over the world. What I'm looking forward to now in about three months' time is a divorce and a house that's pretty much it. That's the effect it's had on me, catastrophic. It's highly toxic. You can only drink a certain amount, gambling you can just blitz it all. Well basically what he's done, he's gambled away most of our retirement money and he continues to do so, even though I'm divorcing him. (Interviewee, intimate partner, female)

The decision to separate or end a relationship with a loved one who gambles was evidently an extremely difficult decision for family members. As the reflections of an ex-partner illustrates, such separation often occurred when family members felt that they were no longer able to help the gambler:

No, I think that I tried everything. I always said I would never leave until I tried everything. And that would be when I would be happy with myself about leaving him. It would be when I had tried everything to try and help him. So I think I tried everything that I could. (Interviewee, intimate partner, female)

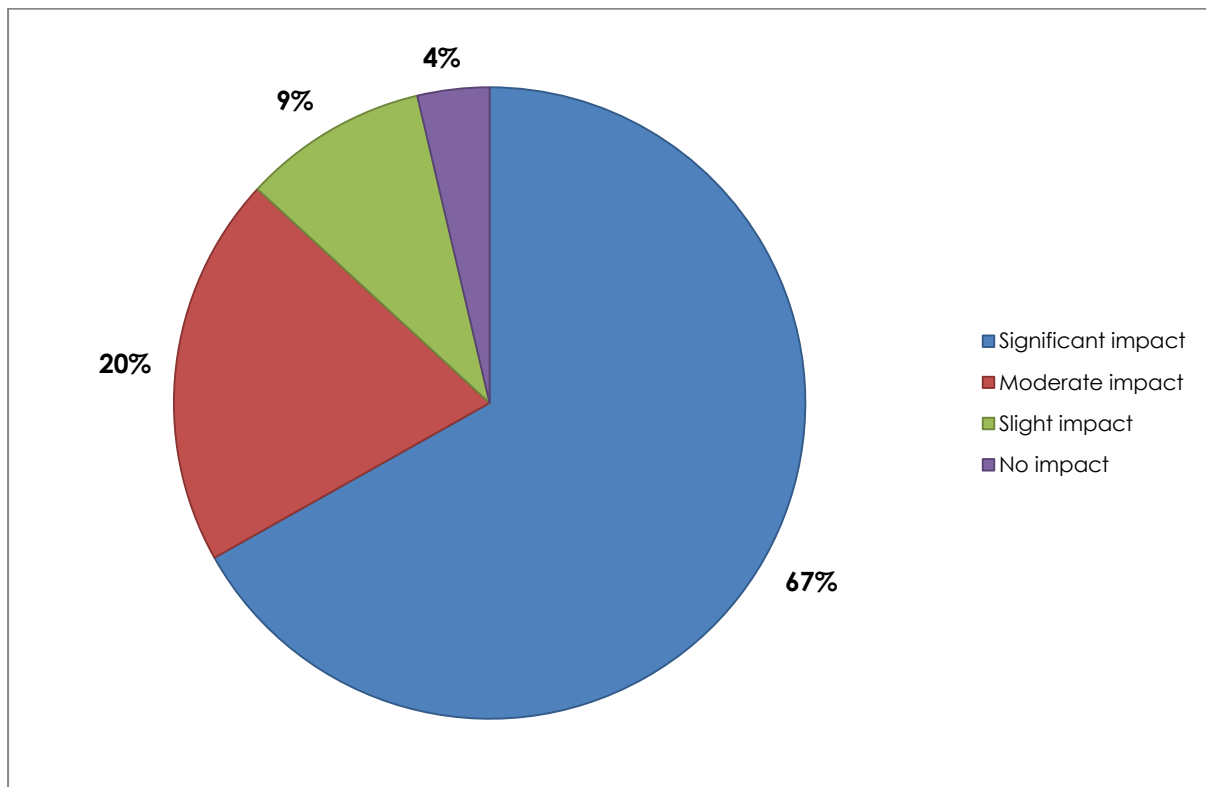


Figure 10: Overall impact of a loved one's problem gambling on family member's relationships

Figure 10 highlights that a large proportion of family members in this study experienced relationship harms as a consequence of a loved one's problem gambling. Most family members reported that they had been harmed by a loved one's problem gambling, with 67% (n=127) of family members highlighting that it had had a significant impact on their relationships, 20% (n=38) considering it to have had a moderate impact on the relationships, and 9% (n=18) deeming it to have had a slight impact on their relationships. Just 4% (n=7) noted that the loved one's problem gambling had had no impact on their relationships.

Other harms

Other harms relating to cultural transgressions and criminal activity were experienced by family members. Figure 11 details the extent to which they impacted on respondents in this study.

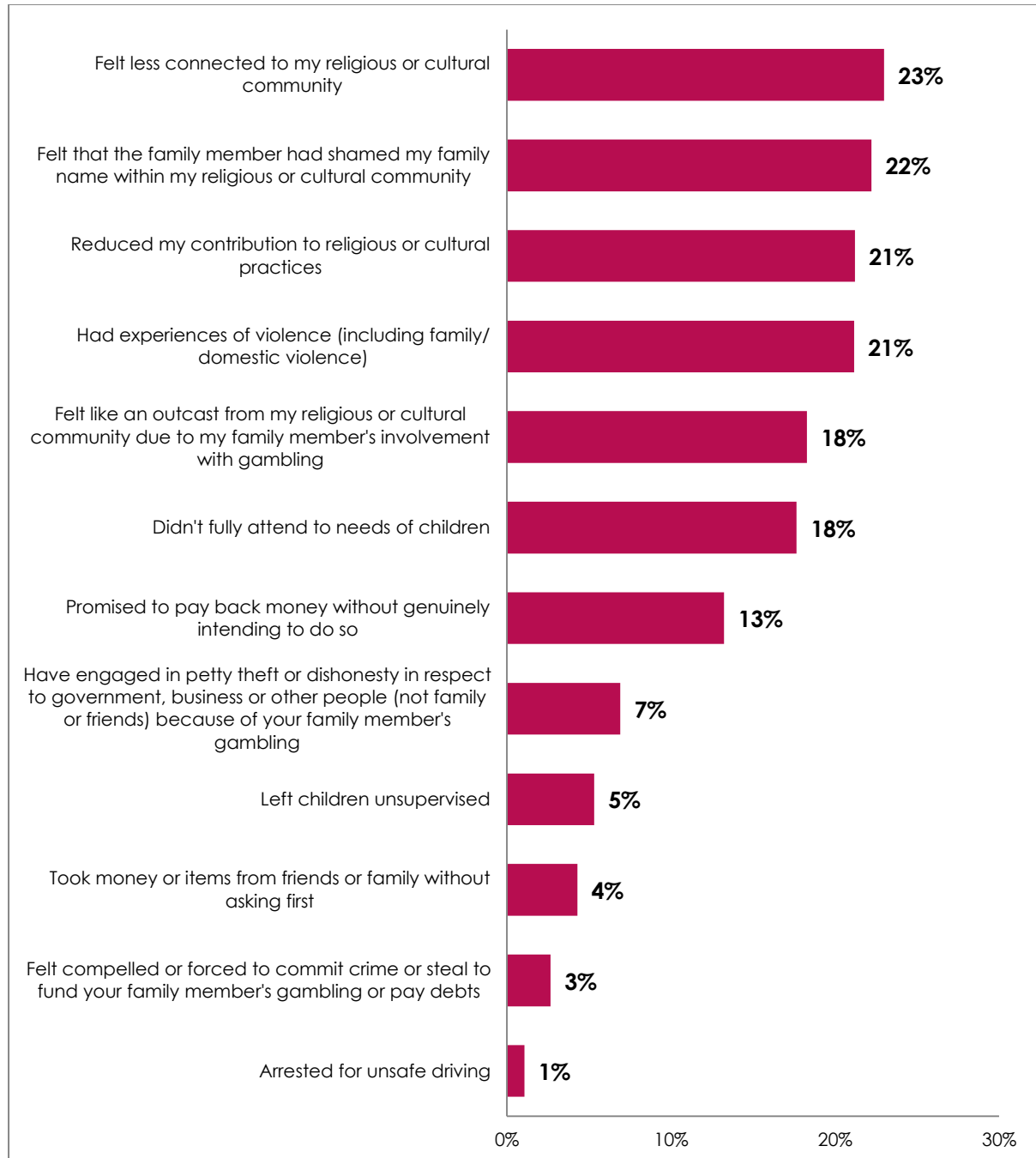


Figure 11: Other impacts experienced by family members

Some family members reported a decrease in cultural connectedness and ability to fulfil their cultural obligations. This was a notable theme in the data for other harms, with 23% (n=43) reporting feeling less connected to their religious or cultural community and 21% (n=39) stating that their loved one's

gambling problems had reduced their contribution to religious or cultural practices.

As previous research has noted (Browne et al., 2016), stigma and shame relating to a family members gambling is often felt more acutely by family members of certain cultural groups. 22% (n=42) of family members surveyed felt that the gambler had shamed their family name within their religious or cultural community and 18% (n=34) felt like an outcast from their religious or cultural community due to their family member's involvement with gambling.

A small number of family members reported neglecting their children as a consequence of the loved one's gambling, with 18% (n=33) of respondents reporting that they did not fully attend to the needs of their children and 5% (n=10) recognising that they had left their children unsupervised.

Whilst previous studies (Blaszczynski, 1994; Blaszczynski and McConaghy, 1992, 1994) have identified that problem gamblers may engage in criminal activity in order to fund their gambling or gambling-related shortfalls in finance, there is little empirical evidence to suggest that such behaviour extends to family members. We found that a very small proportion (3%, n=5) of family members reported that they felt compelled or forced to commit crime or steal to fund their family member's gambling or pay debts, while some (7%, n=13) admitted engaging in petty theft or dishonesty in respect to government, business or other people (not family or friends) because of their family member's gambling. Family members also reported taking money or items from friends or family without asking first (4%, n=8) and promising to pay back money without genuinely intending to do so (13%, n=25).

Disconcertingly, a significant number (21%, n=40) of family members reported experiencing violence – including family/ domestic violence – as a consequence of their loved one's gambling problems:

[T]hen there was the domestic violence as well, which then would put an impact on my physical health, because I would be bruised and just not in a good way at all. (Interviewee, intimate partner, female)

There were times where we had physical violence in the street and stuff and people witnessed it and things like that, so it was just embarrassing, and he would be rude, he would be really rude to people. Even to strangers. I remember one time when we went on holiday and I ended up coming home on a flight with a black-eye and I sat next to him and I looked over to the woman next to me and she was looking at me as if to say she knew what had happened and I was just really, really embarrassed because I felt like she knew that was caused by him and I was still sat there like a little scared mouse. And that's not me, I am not a scared little mouse. I am quite a strong person. (Interviewee, intimate partner, female)

Only 2 (1%) family members reported being arrested for unsafe driving that was related to their loved one's gambling problems.

Family members report that a loved one's gambling can have a significant impact upon their lives, causing a multitude of financial, work and/ or education, health, emotional or psychological and relationship harms. Such harms can precipitate or exacerbate further harms. As the mother of a young son who gambles problematically noted:

This world that you didn't know existed, suddenly insidiously creeps into your life. Yeah, it's horrible. (Interviewee, parent, female)

Family members also highlight how the harms caused by a loved one's gambling impact a multitude of individuals:

It doesn't just affect me and my husband, it affects my children, it affects my mother, my sister, you know, and it has this huge ripple effect throughout the whole family. It then affects your interaction with your friends and things like that because you're either keeping it a secret or it's, you know, it's something they don't understand. (Interviewee, intimate partner, female)

It's just family destroying, it destroys a family, like not just one person, it's the whole family. Since me and him have separated, I mean it was destroying us while we were together and destroying our kids and their mental health and their behaviours and it was destroying us as a relationship, and then after we separated it has just destroyed the whole family because obviously I don't want nothing to do with him, he doesn't see my daughter but I still see all of his family and there is just a massive divide now and that is what I always tried to avoid but I couldn't keep doing what I was doing because of my own mental health and my own daughter's mental health because it just destroys people and it makes them evil in a way. It changes their whole personality and the person that they are and I never realised that until you're in it, you don't realise how much of a problem it is, I mean there are hundreds of people that walk past those bookies every day and don't blink an eye, but if you look inside you will see the same people sat in there day after day after day after day. And it's sad, it's really sad, because people just don't realise it's there a lot of the times. (Interview intimate partner, female)

As the family members we spoke with illustrate, gambling-related harms often go unseen yet the 'ripple effect' of such harms mean that they not only impact individual gamblers, but other family members, whole families, friends, communities and wider society. Survey and interview data illustrates that family members' experienced a multitude of harms across financial, work and/ or educational, health, emotional or psychological, relationship and

'other' domains. Family members reported that harms in one domain caused subsequent harms and exacerbated existing harms, whilst the impact of such harms on their day-to-day living was, for many, significant. Discussion now turns to consider the strategies family members employed in order mitigate the harms caused by their loved one's problem gambling.

FAMILY MEMBERS' COPING STRATEGIES

In this section, we report the findings from survey questions relating to family members' coping strategies. Quantitative survey data are supplemented by qualitative survey data and interview data to enhance understanding of family members' coping strategies.

We utilised Krishnan and Orford's (2002) and Orford et al.'s (2005) Coping Questionnaire (CQ) adapted for family members of relatives with gambling problems. Measuring the frequency of coping actions in response to a family member's problem gambling, the CQ consists of 30 items and comprises three subscales: (1) engaged coping actions that seek to address the loved one's problem gambling through subsuming controlling, assertive, emotional and supportive approaches; (2) tolerant coping actions that seek to address the loved ones problem gambling by subsuming inactive, tolerant and supportive approaches, and; (3) withdrawal coping actions that seek to address the loved one's problem gambling by subsuming independent and avoidance approaches.

Family members were asked to report their own coping actions to their loved one's problem gambling in the past three months.

Study	n	Coping Strategies Mean (Standard deviation)		
		Engaged	Tolerant	Withdrawal
Present study	168	23.2 (12.8)	11.2 (7.2)	11.0 (4.5)
Krishnan & Orford (2002)	15	21.7(NA)	5.2(NA)	7.1(NA)
Mei Lo Chan et al (2016)	103	23.7(8.2)	8.9(5.4)	10.4(4.3)

Table 1: Mean scores for coping strategies subscales

The mean score for the engaged coping subscale was 23.2 (SD=12.8), while the two other scales were lower. The tolerant subscale had a mean score of 11.2 (SD=7.2), and the mean score of the withdrawal subscale was 11.0 (SD=4.5). The engaged coping subscale score had the highest average, indicating that this type of coping action was the most prevalent among the family members surveyed. This means that participants utilised engaged coping strategies more often than either the tolerant or withdrawal coping strategies.

The mean scores for coping action in this study were quite different in magnitude from the mean scores for a previous UK study of family members of gamblers conducted by Krishnan and Orford (2002). In particular our study, found notably higher mean scores for tolerant and withdrawal coping actions. The lower means recorded by Krishnan and Orford could well be the

result of their study's small sample size. By contrast our findings show strong similarities in terms of coping to the recent work of Mei Lo Chan et al. (2016).

Qualitative data indicate that family members adopt a number of different engaged coping actions. Family members reported employing both supportive and controlling strategies in order to change their loved one's behaviour and reduce their gambling.

Sitting down and discussing their loved one's gambling problem and the steps that both the gambler and family could take to address it was a common coping action employed by the family members we spoke with. Family members suggested that this could, on occasion, be constructive, and beneficial to all. The intimate partner of one gambler highlighted how she had worked hard to be supportive and approachable:

I have been really calm and available for him to chat whenever he wanted. (Interviewee, parent, female)

Sitting down to address the family member's financial situation was also a regular strategy employed by respondents in this study, as was making clear expectations as to the gambler's future conduct. However, as one, family member illustrates, some respondents regretted their initial attempts to address their loved one's shortfalls in finance:

I wish I had been less helpful at the beginning. For example just the other month was the first time I didn't lend him money to cover his rent. In the past I always convinced myself that I'm not enabling because he will pay me back, he will pay me back and I'm just lending it to him and it's not for gambling, it's for his car payment or insurance or gas. (Interviewee, parent, female)

Refusing to lend the loved one money was a common action employed by family members, who often had taken complete control of household finances, in order to protect themselves and other family members:

So I had taken full financial control. I took all his access to money off of him so he didn't have any bank cards. If he wanted any money or if I needed him to go to the shops I would like provide him with small amounts of money like £20 and then he would have to bring me the receipt back and all the change, and that is a little thing that we did to sort of rebuild the trust. (Interviewee, parent, female)

Ensuring that the gambler's wages were paid into the family member's bank account and that the gambler was unable to access funds for rent, bills and other household expenses was another common action of respondents:

So if he was working then he would put all the wages straight into my account and when we bought a house, although we saved the deposit together, he is not on the mortgage, because I wanted to

protect myself, so the house is mine. So all of the bills come out of my name, even though his name is on it as well, but financially it is out of my account. (Interviewee, intimate partner, female)

I think taking over the money was important. I think that his salary coming into my bank account gave me peace of mind. It meant that I knew the bills were being paid. (Interviewee, parent, female)

Family members also provided the gambler with small amounts of money, as and when required. Yet, as one respondent noted, such controlling actions would often lead to resentment from the gambler, while other family members reported that arguing and fighting was a regular outcome of such actions:

At this moment I am comfortable, which is what I haven't been in years with the gambling. I have money. He doesn't have access to cash. Whatever cash he has got access to he gambles. He tells me he doesn't, but I know. What I am doing is actually drip feeding, if you know what I mean, it's like weaning. I am giving him little cash. When I'm saying little cash I'm talking £2 or £3 a day, but his every other needs are met. I've taken over all the bills, I've taken over everything else, so all his needs are met but by giving him that little bit of money for him to gamble, that small amount, it has actually made my life easier because he can't do much damage, and yet he is not feeling as though I am taking that away from him. He is more resentful towards me now, my husband, I feel, and he has been for a few years now. Once I stood up and took control he has been. (Interviewee, intimate partner, female)

Other family members reported actions that sought to limit the loved one's access to gambling opportunities:

I was able to put a barrier on gambling on the broadband and we downloaded some software called K9 which stops all the gambling websites and then we also went in to the gambling shops and did a self-exclusion. So we went all around the local shops and did self-exclusion where you had to provide your photo and sign a form. (Interviewee, intimate partner, female)

Whilst some family members reported that engaged coping actions were effective in reducing their loved one's gambling and the subsequent harms they experienced, others highlighted how such controlling actions did not work to address the problem:

Yeah, they weren't effective. I started off holding on to his bank cards for him so that he couldn't gamble - I would have control of those. He would cause an argument and he would break up with me. And he would kick me out of his flat, or he would go and stay with his sister and basically separate from me so that he could get

his bank cards back and passwords and things like that. That would be how he would get around it. If not he would then just go down to the bank, get money with his passport, or borrow money off of his sister and not tell me. I wasn't getting the support from his family because they were secretly giving him money, so I was unable to control the finances or encourage him to give up gambling in that way because they would just go behind my back helping him. So I was fighting a losing battle really. It didn't matter what I did, he found a way around it. It didn't matter how much I tried to tighten those reins, it just backfired on me all the time. (Interviewee, intimate partner, female)

Some family members reported utilising tolerant coping actions. This would include lending the gambler money to gamble or cover gambling-related debts. For example, the partner of one gambler highlighted how she chose to let him have periods where he would gamble and this reduced the stress and harm experienced by her and the rest of her family:

Yes, there were times I went along with it, I was like 'Yeah, yeah, yeah, why don't you have a weekend of gambling that's fine, I am tired, I don't want to deal with all the hassle of it to be fair', so there would be a lot of times where I would just let him crack on and he would be sat there for two or three days, not even sleeping. I just went along with it because it was easier. (Interviewee, intimate partner, female)

Family members also reported increased acceptance of the loved one's gambling as a means of trying to lessen the harm they were experiencing. Illustrative of this is the niece of one gambler talked about how she sort to emotionally disconnect from her family member's gambling activities:

I would say that probably the coping strategy that I've tried to use the most is to kind of take a bit of an emotional step back, cut off my emotions and look at this as a film, so it's a scenario that's playing out and we'll see where the dust settles is what I always say. (Interviewee, niece, female)

Continuing as if everything is normal was also a strategy pursued by family members. For example, the wife of a gambler highlighted how she would busy herself in household chores, in order block the emotional and psychological harms that resulted from her husband's gambling:

Cleaning was literally my go to, I would put on my rubber gloves and I would get the bleach out or get the polish out. It was like my little shut off and I think it was my way of just dealing with things because at the very, very beginning I remember I had been bleaching and I would be crying my eyes out and stuff like that. Yeah, the cleaning did sort of stop so much. (Interviewee, intimate partner, female)

I'd just get on with like cooking for example or just doing general housework. Even though some days I'd just think who am I doing this for. It was for myself really but at the same time you'd want to be appreciated. (Interviewee, intimate partner, female)

Withdrawal coping actions were employed by family members, often after engaged and tolerant coping actions had been unsuccessful. For example, the wife of one gambler highlighted how she adopted withdrawal coping actions when other approaches to engage her husband had failed:

Well I think probably the worst time was when I decided that I would block him from the internet and he just was nasty most of the time. That's probably when I decided that there was nothing else I could do. I'd tried everything else - that was the last resort. That created so much trouble indoors. So I just decided well that's the end of it, he doesn't want help and if he's not going to get it, it doesn't really matter now what happens, he's on his own now. (Interviewee, intimate partner, female)

Getting on with day-to-day life and acting as if the gambler was not there was a common withdrawal coping action employed by respondents, as was efforts to avoid the gambler:

I don't know if I am coping well, I think that I am just trying to ignore it, so I don't really know if that is a very good coping mechanism. (Interviewee, intimate partner, female)

I think earlier this year before we separated, yes; we just lived totally different lives, I just couldn't be in the same room. (Interviewee, intimate partner, female)

Alongside trying to avoid the gambler, family members reported putting the interests of other family members before the gamblers. For example, the wife of one gambler reported how she would spend as much time as possible with her children:

I'd spend more time with the children, take them out on trips to museums and libraries. I'd do that every week...So the way I'd cope was to just take myself out of the house, which is one of the best things I did because if I stayed more in the house the more it would just- it felt like it [(her husband's gambling)] was haunting me. So I felt it was best that I took the kids out of it and for example [in the] summer holidays, we just went to lots of different events. We had fun times, we took lots of pictures. (Interviewee, intimate partner, female)

Other family members reported pursuing their own interests or looking for new interest for themselves. As the parents of two gamblers highlight such

activities gave them opportunity to forget for a period of time their gambling-related difficulties:

I have joined a creative writing group. I do creative writing anyway, so that has helped. I have started Nordic walking. That has helped. I do know how important it is to try and have a life of your own, and a life outside of caring for them. (Interviewee, parent, female)

I tell you what did help, daft as it may seem, it helped going to the football match, because for the 90 minutes it was out of my head. I was so concentrating on football and what was happening and you get such a high and a low out of that that everything else for that 90 minutes had gone. When I came home the whole thing was there again, but for those 90 minutes it was out of my head. (Interviewee, parent, female)

The family members we surveyed and spoke with adopted a range of coping strategies in an attempt to mitigate the harms caused by their loved one's problem gambling. In line with previous studies (Krishnan & Orford, 2002; Mei Lo Chan et al., 2016), we found that family members primarily adopted Engaged Coping Actions, although notable rates of Tolerant Coping Actions and Withdrawal Coping Actions were also recorded. Means scores for Tolerant Coping Actions and Withdrawal Coping Actions are higher than those found in previous studies. Further research is required in order to better understand the effectiveness of different coping strategies in mitigating harm experienced by family members.

FAMILY MEMBERS' HELP-SEEKING

In this section, we report the findings from survey questions relating to family members' help seeking behaviour. This includes the types of help and support sought and received, satisfaction with different types of help and support, and barriers that prevented or limited access to help and support. The support section of the survey has a higher proportion of missing values, likely due to participant drop-off as a result of fatigue relating to the length of the survey. Quantitative survey data are supplemented by qualitative survey data and interview data to enhance understanding of family members' help seeking behaviour.

Help-seeking

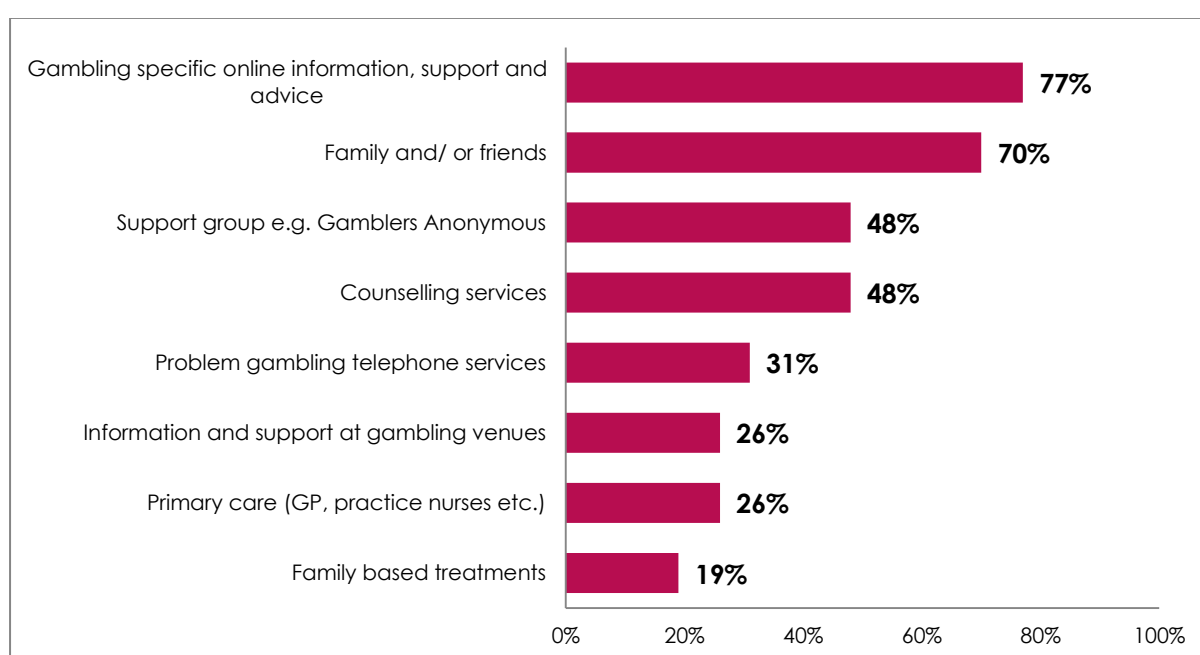


Figure 11: Percentage of respondents who have attempted to access help and support

A total of 159 family members answered questions relating to their help seeking behaviour. Figure 11 illustrates that family members of the problem gambler sought to access a range of online, telephone and face to face help and support services. Most often, family members attempted to access gambling specific online information, support and advice (77%, n=122) or informal support through family and/or friends (70%, n=111). Face to face support in the form of support groups such as those run by Gamblers Anonymous and counselling services were also popular among family members, with 48% (n=77) and 48% (n=76) of respondents attempting to access them. A notable number of family members attempted to access information and support at gambling venues (26%, n=42), problem gambling telephone services (31%, n=49), and primary care (26%, n=42), whilst a smaller number of family members attempted to access family based forms of treatment (19%, n=30).

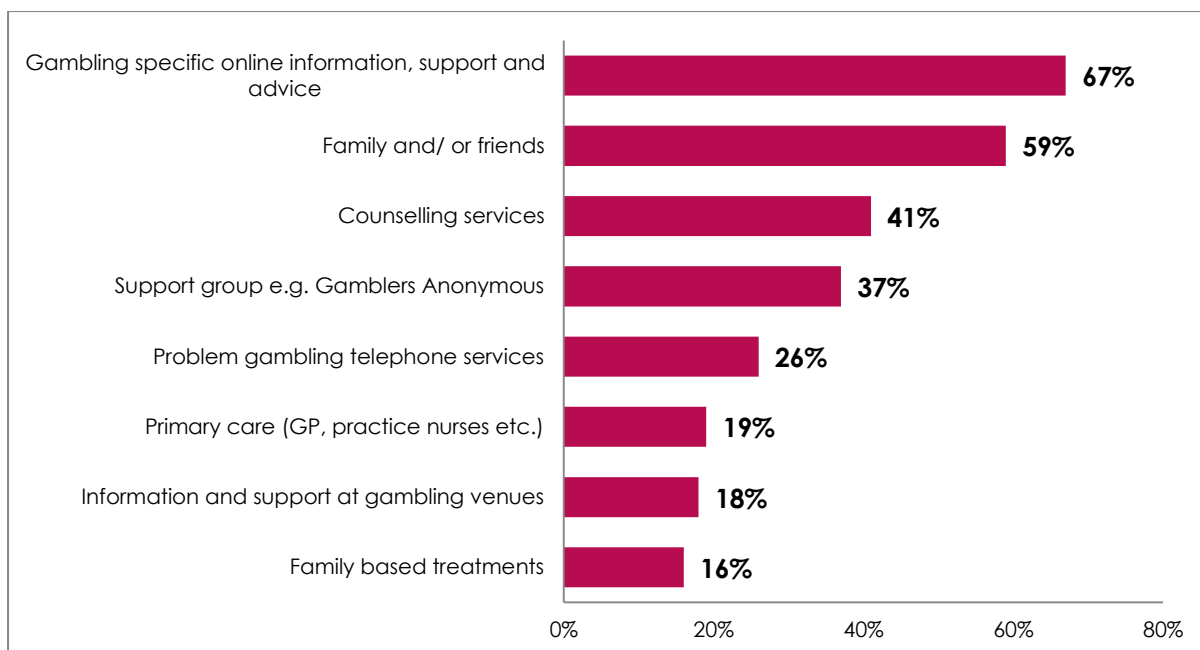


Figure 12: Percentage of respondents who have received help and support

Figure 12 details the percentage of respondents who have received help and support from a variety of formal and informal sources. The increased importance of internet based resources in providing help and support is illustrated here, with 67% (n=106) of family members receiving help from gambling specific online information, support and advice. A notable number of respondents received help and support from family and/or friends (59%, n=94), counselling services (41%, n=65) and support groups (37%, n=59). Family members also received information, help and support through problem gambling telephone services (26%, n=41), primary care (19%, n=31), gambling venues (18%, n=28) and family based treatment services (16%, n=25). As one would expect not all family members who attempted to access support received help. This was a consistent finding across different forms of help and support. A range of barriers to accessing and receiving were identified and are discussed in detail below.

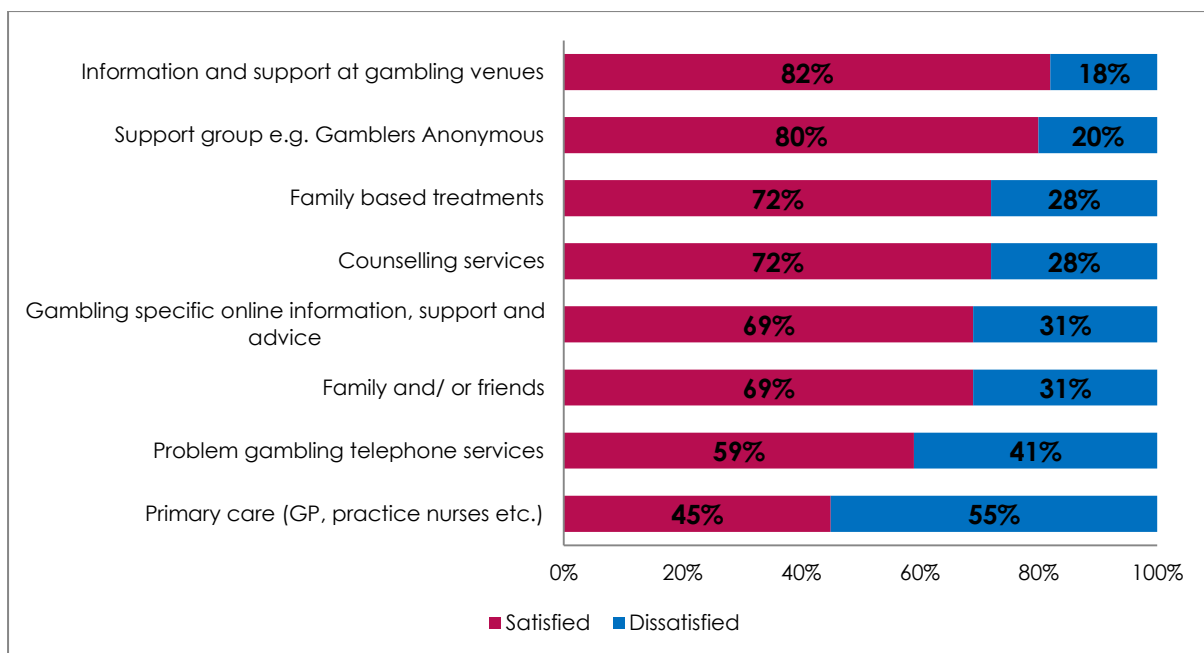


Figure 13: Percentage of family members satisfied with help and support received from individual sources.

Figure 13 outlines whether or not family members who received help were satisfied with the support available from the individual source. As respondents illustrate, the help received can be invaluable in providing family members with both the emotional support and practical advice required to help address their family member's problem gambling, as well as their own individual needs:

The support I received has been life changing and extremely comforting. Having support made me feel less hopeless and powerless and helped me make quicker and healthier decisions that looked after my best interests. When I lived with an addict I felt extremely confused and torn in my mind and heart. Some of the best advice I received was from recovering addicts. (Interviewee, intimate partner, female)

However, failure to provide appropriate help and support that meet the needs of family members can serve to ensure the continuation of gambling-related harms:

I did not have a good experience of help and support. I felt isolated, bitter and confused. It was some years later that my GP [(General Practitioner)] offered me group therapy for anxiety. I was unaware that I had developed an anxiety problem over the years. (Interviewee, intimate partner, female)

Data suggest that family members often utilise a range of help and support services, as the partner of one problem gambler illustrates:

First, I did it from the comfort of my own home, so to speak, which means using the helpline, using the internet, and reading information, asking people online and then I started going outside, literally physically outside of the house, which meant I met a couple that went through the addiction and recovery process, so I met other people. I joined the support group, I am doing the support, but I am not doing more than this because I don't feel it's for me. I don't want any more I am quite comfortable where I am right now. (Interviewee, intimate partner, female)

Reported satisfaction levels are, generally, relatively high for the different types of help and support received by family members, although it is important to note that the number of respondents who received support from individual sources is small. Most notably, 82% (n=42) of respondents indicated that they were satisfied with information and support at gambling venues, whilst 80% (n=47) of family members who had received help from support groups stated they were satisfied. A smaller percentage of family members were satisfied with the help and support they received from family based treatment services (72%, n=18), counselling services (72%, n=47), gambling specific online information, support and advice (69%, n=73), and family and/or friends (69%, n=65). Lower rates of satisfaction were recorded for problem gambling telephone services (59%, n=24) and primary care (45%, n=14).

Qualitative data derived through the survey and semi-structured interviews shed some light on why family members were either satisfied or dissatisfied with individual forms of support, particularly in relation to help and support from counselling services, primary care, gambling specific online information support and advice, problem gambling telephone services, and family and/or friends.

Other family members and friends can provide invaluable support to family members affected by problem gambling and often represent the first people that affected others ask for help. As the mother of a son who continues to gamble problematically indicates, friends and family can provide invaluable emotional support:

I had a couple of very good friends. As I say, I didn't have anyone who I knew who had gambled, but I did have a couple of good friends who were very supportive. Without that I think it would have been horrendous, because me and my husband we were both too close to the situation to be a lot of support to each other (Interviewee, parent, female.)

However, some family members reported how 'friends and family don't understand' the nature and severity of a loved one's gambling problem and therefore are unable to provide the assistance required. Moreover, as one family member notes, whilst friends can often provide the emotional support

needed they are not always best placed to offer practical strategies to ameliorate the effects of a loved one's gambling problems:

The best support has come from close friends but of course they can't really advise, just show empathy (Survey respondent)

As such, formal services are important sources of information, help and support for family members. Gambling specific online information, support and advice was utilised by almost all of the family members we spoke with and was often the first source of help and support accessed. GamCare and Gordon Moody websites were identified as useful resources for finding out about and better understanding a loved one's problem gambling:

I did actually stumble on to the GamCare website and I found that there was women like me, and men like me – people like me in my situation exactly the same, and also there is another website, it is more like when people ring up and they give problems and then a few people comment, but the website has been really good. When I read through all of that and I was able to educate myself and I read all the parts where they kept saying it's not your fault, you didn't cause it, it's not your fault – and then when I started to believe that, I think that is the moment I actually took a grip of my life and my children's life, and to an extent where I pushed the gambling out. I didn't change him, but I changed the way that gambling affected me and my children. (Interviewee, intimate partner, female)

In particular, family members reported how the online forums provided a space where they could discuss the challenges they faced, receive emotional support and practical advice, and recognise that their problem was not unique and that they were 'not alone':

Online forums with GamCare were very useful for speaking to others in same situation (Survey respondent)

I find some of the online chat rooms helpful as I can identify with other people's stories. (Survey respondent)

Yet for some family members using online forums increased their anxiety due to the volume of affected others who had not found a solution to their loved one's gambling problem:

It was just sob stories and it was just a horrible feeling and once I stopped looking at the forum I felt a lot better. (Interviewee, intimate partner, female)

Other family members highlighted how they found online support groups limited in terms of sustained support and practical advice:

There's not really a lot of support in terms of the family side. You go on there and we all mostly go on to vent when we're so frustrated and we don't know what to do and so you go there and vent and then everybody says the same things, 'you've got to do this, this, this, this' and then it sort of ends there. (Interviewee, intimate partner, female)

For many family members, the 'information on the web is informative but not sufficient alone' (Survey respondent) and they looked to access a number of other modes and forms of support.

Problem gambling telephone services were utilised by a significantly smaller number of family members surveyed and also recorded much lower rates of satisfaction. Qualitative data indicate that satisfaction was contingent on the adviser family members spoke with, as one survey respondent illustrates:

GamCare's telephone service is ok but it really depends on who answers the phone. (Survey respondent)

By contrast, a number of respondents highlighted how the telephone service provided excellent guidance and advice when they first identified that a loved one had a gambling problem:

I rang up GamCare. Now that one conversation with them was very good. It was a conversation that enabled me to get help for [my son]. (Interviewee, parent, female)

I spoke to GamCare's helpline. They were really helpful when I just didn't know what to do in the very beginning, they told us about Gordon Moody as well and they made various suggestions and I wrote a whole load of stuff down that I haven't got anymore. (Interviewee, parent, female)

Some of the family members who expressed dissatisfaction with telephone services felt that there was a lack of empathy or understanding exhibited by advisers. For example, the wife of one problem gambler noted how:

I spoke to one of their counsellors and, you know, I understand it, I've got my head around it, I understand addiction and this guy just said to me one day 'oh well, I'll let you go then, you seem to know what you're doing,' and you ring up for someone to talk to. So that puts you off. Well, I don't want to talk to someone who's going to fob me off, you know. So that was that. I thought oh right, so I can't get any help. I will just carry on (Interviewee, intimate partner, female)

By contrast, high levels of satisfaction with support groups were recorded, with many family members highlighting how peer-to-peer support provided them with the emotional and practical help and support to make necessary changes to mitigate the impact of a loved one's problem gambling on

family life and support their recovery. In particular, a number of respondents highlighted the value of GamAnon meetings:

Gambler's Anonymous members seem to have the most understanding of living with gambling addiction. (Survey respondent)

You can just say what you like when you're there and there will be people who will probably relate to it, help you with it, so, yeah, both emotionally and just to say, 'has anybody come across this?' 'yeah, this is what we did about that' and you think, yeah, okay, we'll give that a shot. Yeah. Really, really good. (Interviewee, parent, male)

GamAnon meetings are very helpful, to be around others who had similar feelings and would share what had worked and had not worked in helping themselves. (Survey respondent)

I just liked how they were really militant. Like no bullshit from them. That stayed with me for years. I really got a lot from those meetings...Yeah, so the boundaries that they helped me with were amazing, about not sharing bank accounts, being very financially aware of things, challenging stuff. And also detaching from them, detaching from the gambler, that they are nothing to do with you and their behaviour is nothing to do with you. (Interviewee, intimate partner, female)

Conversely, the wife of one gambler recounted how she felt she received little encouragement or hope from such meetings, whilst the prospect of attending the support group on a regular basis was considered frightening:

I went to a couple of GamAnon meetings and it was pretty scary because what I realised then was that this is for the rest of my life, it's not only my husband that has the problem, I also have it because these women have been going here for 25 years every week. What I wanted then was hope that it doesn't mean that it has to be the end of the relationship or that you have to be going to something like Gamblers Anonymous for the rest of your life every single week or three times a week. (Interview, intimate partner, female)

Such concerns were also in evidence in relation to other broader addiction support groups:

I did attend something called a FamAnon, but it said it was for addictions but actually I went with his mum and sister and actually everyone in the session that night was to do with drugs and so I didn't find it very helpful. I actually left feeling more nervous and thinking oh my gosh, because they kept saying he's going to have one addiction, go on to a new addiction, so was left thinking oh my gosh, he is going to turn to alcohol next or turn to drugs. So I left

*more of a quivering wreck than with any help, and I didn't return.
(Interviewee, intimate partner, female)*

A number of family members expressed dissatisfaction with primary care and, in particular, General Practitioners' responses to their gambling-related requests for help. Family members suggested that General Practitioners lacked knowledge of problem gambling and did not see it as within their remit of care:

The GP was no help at all, they said all they could do was give me anti-depressants. (Survey respondent)

I just don't think they care. I don't think it's looked upon in the same way as drug addiction or alcohol addiction. Drug addiction and alcohol addiction you can get help, but you can't if you're a gambler, but the impact on your life and you physically is exactly the same. If you looked at my husband you would think he was a heroin addict, 100%, without a shadow of a doubt. (Interviewee intimate partner, female)

Doctors were uninterested! (Survey respondent)

They dismiss it. [He] had a CPA [(Care Programme Approach) and I told him [(General Practitioner)], sat in the office and said to him [he] has a very bad gambling problem. I am not talking bad, I am talking since he was 7 and it's a real problem, it affects his life, it affects his mental health state, he feels suicidal, he has depression, and although he does have mental illness a lot of it is down to this, and he went 'Well why don't you try GA' and that was it. He says 'We are here to sort out his mental health problems and everything else he goes to get help from somewhere else' so I went okay, can you point us in the right direction? 'We will have to look on the internet' and that was it. And I don't think that they take it serious enough. (Interviewee, intimate partner, female)

By contrast, some family members gave examples of General Practitioners providing vital signposting to gambling-related services:

It was only then when I got through to the GP they suggested why don't you contact Betknowmore, they're very good and I hadn't heard of them. I researched them online and I just checked their website very briefly and I gave them a call. It was just that one phone call of when they said, why don't you come in and see us ... when somebody says, why don't you come in and see us, that sounds better than, oh hold on let me give you the advice over the phone. Because how long can you speak to somebody over the phone for? When you're seeing someone physically there, you can actually just say it as it is. I mean through my counselling sessions I've expressed the hardship I've had and how I've been affected

and how my children have been affected. (Interviewee, intimate partner, female)

General Practitioners also referred family members to counselling. Family members reported on experiences of gambling specific and more general forms of counselling. A number of wives of problem gamblers were critical of counsellors for telling them to leave their husbands rather than helping them develop strategies to address their loved one's gambling behaviour:

The doctor referred me to counselling. It took 9 months and the woman just said repeatedly well leave then. I felt no connection with the counsellor assigned to me especially as she kept on replying to text messages while I was talking. (Survey respondent)

I remember the first appointment the woman said you should leave him, you can't trust him, your gut is right. I was like 'Oh, okay'. And I didn't see her again, because I didn't find her very helpful, and then with a specific gambling counsellor she told me the same thing. That I should leave him. (Interviewee, intimate partner, female)

Some family members were critical of counsellors because they felt that they lacked empathy and understanding of gambling and what it is like to live with a problem gambler:

I have done that but, I don't know, I didn't find the people very – I didn't feel like they really understood. (Interviewee, intimate partner, female)

I didn't feel they understood gambling, what it is to live, or maybe I didn't like what I heard when they tell you some of the things you need to do. I just wasn't ready and I just felt that I wasn't being understood. (Intimate partner, female)

The counsellor was very patronising. [I was] made to feel it was all my fault, nothing I did was ever good enough. Made things worse not better. Added to my mental health problems and contributed to breakdown in relationships. (Survey respondent)

However, other family members highlighted how counselling, particularly gambling specific counselling, was of great value, providing them with the necessary coping strategies, information and emotional support:

Counselling has been a great help although more general and not gambling specific has helped me deal with my own issues to be stronger to cope. (Survey respondent)

Helped me learn to focus on myself from counsellor who specializes in gambling addictions. (Survey respondent)

She has been an amazing support to us. We've learned so much about the illness and how to not enable but how to move our son towards treatment. She also helps us to take care of ourselves during this very difficult time. Whatever we encounter she's there to help us through it. (Survey respondent)

Counselling helped me to gain a better understanding of the behaviour and taught me to look after myself. (Survey respondent)

I found the counselling very helpful and informative. (Survey respondent)

Looking back now I did find it helpful. At the time I think that I was a bit oblivious to the actual support it was giving me, because I thought I was just going for a bit of a chat, but now looking back I can see the strategies and coping mechanisms that we did put in place and that I was able to use, so yeah, now I can see it. (Intimate partner, female)

Evidence indicates that some family members seek to access a range of services in order to receive help and support in addressing their personal needs and their loved one's problem gambling. We also found that a significant proportion of the family members we surveyed were satisfied with the help and support they received. However, a notable number of family members do not access formal support. We now turn to examine the barriers which prevent some family members from accessing help and support services.

Barriers to help-seeking

Table 1 details barriers to help seeking and support services as reported by family members of problem gamblers. Family members were presented with a list of 34 possible barrier items. A range of barriers to family members seeking help were identified by 153 respondents.

	Endorses Statement
I suffer from depression	86 (56%)
I suffer from anxiety	86 (56%)
I feel a lot of embarrassment and shame about my family member's problem gambling	85 (56%)
I was not aware that support was available for the family or friends of problem gamblers	58 (38%)
I feel too overwhelmed by other things to do this	58 (38%)
My work demands/schedule prevent me from accessing help, treatment or support services	58 (38%)
Help, treatment and support services are too far away or difficult to get to	55 (36%)
I was not aware that support was free	54 (35%)
I couldn't get the service at the time or place wanted	54 (35%)
I didn't want to use a telephone service	51 (33%)

I cannot afford the loss of work income	50 (33%)
My responsibilities at home prevent me from accessing help, treatment or support services	47 (31%)
It takes too long to travel to help, treatment or support services	47 (31%)
I think I can make changes on my own	44 (29%)
I don't want to admit defeat	43 (28%)
I have too many commitments to seek help	42 (27%)
I do not have enough support from friends, family, or community to seek help	41 (27%)
I don't want to deal with the issue so tend to avoid or deny it	40 (26%)
I fear I might be criticised or judged	35 (23%)
Asking for help would be admitting that I am unable to consistently control my family member's problem gambling	35 (23%)
I planned to get help but didn't get around to it	34 (22%)
I suffer from physical health issues	34 (22%)
I thought problem gambling services would treat my family member like an addict/ mentally ill	33 (22%)
I have no one to leave my child with	31 (20%)
I have concerns about confidentiality	30 (20%)
I have had bad experiences of seeking help for other problems	28 (18%)
I didn't want to use an online service	24 (16%)
I cannot afford transportation costs	24 (16%)
I lack transportation	22 (14%)
I cannot afford babysitting costs	22 (14%)
I didn't want to use a face to face service	20 (13%)
I have a physical disability	15 (10%)
I didn't think the service would understand my language	9 (6%)
I didn't think the service would relate to my culture or community	9 (6%)

Table 1: Barriers to help seeking

Given that emotional and psychological harms were felt most severely by family members of problem gamblers, it is unsurprising that psychological barriers represented the most common reason given by family members for not accessing help and support services. Embarrassment and shame about their family members problem gambling was a principal reason family members gave for not seeking help (56%, n=85), whilst suffering from depression (56%, n=86) and anxiety (56%, n=86) also represented frequent responses:

I don't know why I was ashamed when it wasn't even my fault. I still to this day don't even understand - I don't know why I was ashamed. (Interviewee, intimate partner, female)

Because there is more shame. Shame and not being able to fix a problem – that is why I didn't tell nobody. (Interviewee, parent, female)

GP - I haven't, no. I was thinking of going, but I think it's the shame of it, yes. Because they've all heard about it on the news, but you never expect it's somebody you know or the husband of somebody you know that's actually doing it. (Interviewee, intimate partner, female)

Allied to feelings of shame and anxiety, family members reported fears of being criticised or judged (23%, n=35). For example, the wife of one problem gambler reported her concerns that she may have her children taken into care if she asked for help and support:

I didn't want to ask for help because I thought if I asked for help and said I've got a partner who's a gambler, who has got schizophrenia and I'm struggling I would probably lose my children. (Interviewee, intimate partner, female)

A range of other psychological barriers to accessing help and support were identified by family members. Some felt too overwhelmed by other things to seek support and help (38%, n=58), whilst others admitted that they didn't want to deal with the issue so tended to avoid or deny it (26%, n=40).

A lack of awareness that support was available for the family or friends of problem gamblers (38%, n=58) and that support was free was identified by a number of respondents as a barrier to help seeking (35%, n=54). Some family members indicated that they felt that there was very little support available for them:

In most cases I think the support is for people who gamble rather than the family. Collectively the family could have done with talking to somebody to get some sort of plan going but there's nothing, absolutely nothing. I looked hard and long, nothing. (Interviewee, adult child, female)

No, nothing at all. I didn't know there was ever any services available for affected others. I didn't know whether there was anything for me because there's nothing out there. You see, if there was something to say, have you been affected by a problem gambler somewhere, and if that was - if I had seen something like, I don't know- I mean I've stopped watching TV that much because I don't get the time to, but sometimes when you see an ad on TV or you hear the radio sometimes on Radio 4, whatever, or even on the news or something, where someone's talking about gambling, or even if it's just like at your GP surgery, you might have a poster up saying, are you affected by gambling, are you a family member that's been affected by gambling. You know, just something like

that. If I had seen that many years ago, I would definitely access those services straightaway so I can get that support in place for myself and my kids and just carry on with things better than they have become now. (Interviewee, intimate partner, female)

I think it doesn't really seem like there's that much available; there's meetings and stuff but they're more sort of central London, somewhere like my little area, like my little village, there doesn't really seem to be that much here, so even if he was going to go somewhere for help, I wouldn't be able to convince him to go very far for it. So for me I don't feel like travelling that far, but I think in my head I've been stubborn until this point and thought I'm fine, I don't need the services, I think now at this point maybe it's time to start utilising them a bit, but I don't feel like there's- it's not the same with stuff like alcoholism there seems to be quite a lot available, especially through like the NHS, and I know there's only one like gambling clinic in the UK I think. (Interview, intimate partner, female)

A notable number of respondents indicated that they didn't want to access specific forms of help and support services, most notably telephone services (33%, n=51) but also online (16%, n=24) and face to face services (13%, n=20). For example, fear of talking about her husband's gambling prevented one lady from accessing face to face support:

I was too scared to go to do anything like that because it meant I was talking about his problems. (Interviewee, intimate partner, female)

Others suggested it was the lack of perceived utility of such forms of service that stopped them from accessing help and support:

Well I've had a look at them but when you look at some of the forums and things like that, I didn't really think they would assist me in any way.[...] I don't know, I just think that they seem more towards the gambler than people like myself, who are just on the outside, and I really thought that if my husband wouldn't come along to a support group then they wouldn't really want to bother with me. (Interviewee, intimate partner, female)

I've read through the information online. I started a live chat with GamCare but it's that situation where you just feel like - I mean I know they're there to help and they're experts or whatever, but it just feels a bit silly and it feels like I'm not going to be able to explain the situation I'm in in written words therefore you're not going to be able to help me. (Interviewee, intimate partner, female)

Some family member reported that the cost of specific forms of help and support prevented them from accessing it:

I would have gone private but we really, really couldn't afford it. I didn't want to ask for money off of people. (Interviewee, intimate partner, female)

Well, I would think that money would be a prevention [(barrier)] here, because if you want to see a therapist or psychologist, I know they're £185 an hour and that's not helpful. (Interviewee, intimate partner, female)

There's no help out there for people that haven't got money to go into rehab. It costs a fortune, absolute fortune. There is nothing out there for people without money to go into a rehab or, I don't know, go somewhere to get help, there was nothing. We got to a stage that, you know, well, what do you do? (Interviewee, parent, female)

In addition, some family members felt that they could make changes on their own (29%, n=44), that asking for help would be admitting that they are unable to consistently control their family member's problem gambling (23%, n=35) and that they don't want to admit defeat (28%, n=43).

A number of practical constraints relating to transport, time and finances, and work and home responsibilities inhibited family members accessing help and support. Financial constraints prevented some family members from accessing help and support, with 33% (n=50) of respondents stating that they cannot afford the loss of work income, 14% (n=22) stating that they cannot afford babysitting costs, and 16% (n=24) stating that they cannot afford transportation costs. For example, one respondent noted how:

I would have to travel, which wasn't too bad, it was only for about half an hour, but being in a financial mess I wouldn't always be able to afford to travel that half an hour, with the hour round journey, and also getting to the locations, there wasn't too many different locations where you could go. (Interviewee, intimate partner, female)

In addition, work and home life prevented a significant number of respondent from accessing help and support. 38% (n=58) of respondents endorsed the statement 'My work demands/ schedule prevent me from accessing help, treatment or support services', whilst 31% (n=47) endorsed the statement 'My responsibilities at home prevent me from accessing help, treatment or support services'. In particular, family members highlighted an unwillingness to leave their children for extended periods of time:

She [(General Practitioner)] offered me the counselling and bits and bobs, but unfortunately I wasn't able to go to any of these places. My kids were very vulnerable and small at the time. (Interviewee, intimate partner, female)

For me getting to meetings is a real challenge. My children don't want to be left, they have had the upheaval of their dad going and very tricky times for them. I'm talking about five hours for me to go to a GamAnon meeting with return journeys and stuff. (Interviewee, intimate partner, female)

This second quote also illustrates the challenges some family members had in accessing help, treatment and support services that are too far away or difficult to get to (36%, n=55) and/ or where it takes too long to travel to (31%, n=47):

It would take me like an hour and a half to get there, so I haven't gone. So that's why I ended up [online] and that's kind of discouraging more than anything else. (Interviewee, parent, female)

But whenever I've gone to try and find someone to talk to, there isn't anyone. There isn't anywhere near us. London I think is probably the closest and that's hard to get to. It's a problem spending over an hour to go and talk to somebody. (Interviewee, sibling, female)

Such challenges were compounded for some by the lack of transportation (14%, n=22). As one family member notes:

Myself and my husband now share a car so if he is away with the car working then there would be no way for me to get there, because the nearest meeting is about 15 miles away. I could get public transport, but if I didn't have someone looking after [my daughter], you know, it would be difficult to get public transport. (Interviewee, intimate partner, female)

Other parents highlighted the fact that they had no one to leave their children with (20%, n=31). This is exemplified by one mother who noted the challenges of balancing childcare with her husband's work in order to attend a GamAnon meeting:

It is just really difficult because obviously we've got a little girl and all the meetings are at night time and [my husband] is a [profession] as well, his hours are so antisocial, so to get someone to come and look after my daughter for me to go to a meeting is difficult. (Interviewee, adult child, female)

Family members also reported not being able to get the service at the time or place they wanted (35, n=54):

There are no groups in my area, in spite of two casinos being within 30 minutes of our home. I am limited to counselling and online support. (Survey respondent)

GamAnon meetings are few and far between - I tried to attend some in the city centre when I was there last but I showed up for a meeting that was no longer being held. There are no convenient meetings - all too far for me. (Interviewee, niece, female)

Another female family member explained that although a local peer support group was available to her it was at night and primarily attracted men which inhibited her attendance:

GA [(GamAnon)] is at night time, nothing in the day. GA is male dominated and I find the environment overpowering. The meeting starts at 8pm and I'm frightened to go out at that time in winter when it's dark. I cannot afford the Internet so cannot access online support. (Survey respondent)

One family member highlighted how the lack of suitable support had led her to start her own support group:

I have set up my own GamAnon group which is for families and friends, because we didn't have one locally and our nearest one was an hour's drive away. (Interviewee, intimate partner, female)

Preconceptions about help and support services, as well as previous experiences prevented other family members from accessing them. For example, 22% (n=33) of family members thought that problem gambling services would treat their family member like an addict/ mentally ill, whilst 20% (n=30) had concerns about confidentiality and 23.5% had had bad experiences of seeking help for other problems. A smaller number of family members endorsed statements 'I didn't think the service would understand my language' (6%, n=9) and 'I didn't think the service would relate to my culture or community' (6%, n=9).

Other barriers identified by family member included physical health issues (22%, n=34) and physical disability (10%, n=15), whilst a number of respondents reported that they planned to get help but hadn't got round to it (22%, n=34).

The family members we surveyed and interviewed highlighted how a range of internal and external barriers inhibited their access to help and support. This indicates that in order to increase utilisation of help and support services barriers of awareness, availability, access and acceptability must be challenged.

FAMILY MEMBERS' RECOMMENDATIONS

In this section, we report respondent's recommendations on how to better help and support family members and other loved ones who are affected by problem gambling. Family members identified a number of ways in which individuals, families and others affected by problem gambling may be better helped and supported.

Raising awareness and understanding of problem gambling and its impact on individuals and families was considered a priority by many research respondents:

There are bookies left, right and centre, and that concept of 'go and have a flutter' or to win something on the lottery and it's alright for some but then there are people with the severe problems. People are getting there with drug addicts and alcoholics, but gambling as a problem? I would say that a vast majority of the population don't realise the impact. They think 'Oh, you're just a bit short on money'. They don't realise the psychological effects of it all. (Interviewee, intimate partner, female)

As respondents identified, shame represents a significant and common emotional and psychological harm experienced by family members, exacerbating and precipitating further harms whilst also inhibiting help seeking. Family members suggest that raising awareness of gambling and its impacts may serve to address some of the stigma attached to becoming a problem gambler or affected other:

I think that there needs to be an awareness of what is actually going on, for the addict as well as the family members. I have really noticed, not just about gambling, but anyone who is an addict, they are tarred with such a negative stereotype where they are just called the lowest of the low and that's it, and I just feel very sad that they are treated like that, and that means that family members who are affected by it, no matter who you talk to, people do have this negative stereotype. So I think that awareness really and people need to start being open about it and not from my perspective, but actually everyone needs to be aware that someone who is an addict is not the lowest of the low, they are just a person. (Interviewee, parent, female)

Raising awareness among family members and wider society of the support services available was also frequently suggested by the family members we spoke with:

Well it's very simple and it has got a very simple answer. We just need more publicity. People don't know that support groups exist. For example, I will give you a stupid example, but when you have gambling adverts they say 'gamble responsibly, if you think that you have a problem use the helpline', but really that is directed towards the addict. So people don't know that it actually helps for family and friends, so we need to add that to the things. Yeah, Facebook, the internet – just put the information out there. (Interviewee, intimate partner, female)

There must be a lot of people out there. All the gamblers out there who don't go to any sort of help and I think if their closest, nearest and dearest knew that there was support, even if their gambler wasn't going to anything, they would benefit from coming to something and maybe seeing that there's light at the end of the tunnel and those sorts of things. So somehow getting that information out would be really, really good. (Interviewee, parent, male)

I suppose if there was somewhere that you knew that you were just going to have somebody to talk it out with. Because if you don't know what's available, you're a bit sort of wary about going somewhere in case they turn round and say 'well you enabled the gambler because you did this, this and that', and you really don't want that type of reply because you're living in an awful world. (Interviewee, intimate partner, female)

Ensuring that awareness raising targets diverse social and cultural groups was highlighted by one family member:

I would say that there should be more local access for women, because I am from an Asian background and I don't see any support at all. I don't see them having an opportunity to travel. Some of the women that are in my situation don't speak much English. Maybe they are slightly older, so they don't understand what's going on, they probably can't even read. And they just need to be made aware, I think. There should be more groups out there. Making women more aware of what is going on, maybe it can be stopped sooner. (Interviewee, intimate partner, female)

Some family members also reflected on their lack of understanding of gambling addiction and suggested that there is a need to improve dissemination of information and guidance to affected family members in order to enable them to implement coping strategies to support both themselves and the gambler:

Probably for me a better understanding of a gambling addiction. I am in the healthcare profession as well and I feel I should be more understanding but I just don't understand it, I don't get it, I don't get why you get addicted to it. I don't get why he won't admit it. I would like better ways of knowing how to deal with it and cope with it and to support him to get through it. I don't really feel that I have had any of that really. (Interviewee, intimate partner, female)

I think that people need to be aware of helpful strategies to help someone because I didn't realise what I was doing was enabling. I had no idea for six years. It's barbaric that I didn't know that for six years. I don't know how we can raise awareness to support family members but I think it's so needed...just because I am a carer for someone with addiction problems means that people just think 'Oh you don't really need support' so it's how we raise that awareness, but I think it's a big, big, big thing that extends to social work services. (Interviewee, parent, female)

If someone had sat me down and said 'Look, this is what he's doing, this is what you're doing, and this is what's happening to you. You are also then involving your children, the children are seeing the upset in the house', you know, this is where you need to make the stand and the support is here. No one said that to me, I was just kind of left to battle through it. (Interview, intimate partner, female)

Family members also highlighted that there was no clear first point of contact available to family members affected by gambling. Instead family members would often uncover different possible avenues of help and support through Internet searches:

It's really difficult to pinpoint it, but it's about knowing what help is available to you and where you can turn to. (Interviewee, intimate partner, female)

Like I say, there is just no structured network with it at all for families...I think that it also needs to make families aware that you will be the first one that they go to. (Interviewee, parent, female)

You want something early on, as soon as you realise what the problem is. You need to be able to talk to somebody. But you don't need to spend quite a long time finding that person, you know what I mean. You need to be able to directly go - like you can for other things. I don't know, abuse and all that, you see there are help lines. If you had one of those and someone could tell you straightaway, where are the places near you that you could go and speak to somebody that's what we need I think. (Interviewee, parent, female)

Educating General Practitioners so that they have an understanding of problem gambling and its effects, and are better able to signpost families to appropriate gambling services was deemed a priority by some respondents:

GPs should know about the support groups. So if you're going to your GP their needs to be information about if you're family or friends of a gambler this is the helpline. (Survey respondent)

If you go to the GP and say you're drinking a lot, they'll do things to help you, but I think there's a stigma around [gambling] so people don't want to admit it like maybe they would alcoholism, and therefore it's not something that's easily detectable. I don't think GPs are even equipped to know what to do. I haven't felt like a GP was an option whereas I think perhaps maybe it should be. (Interviewee, parent, female)

Given that our survey indicates that satisfaction with levels help and guidance provided by General Practitioners is low when compared with other forms of support, the education of, and awareness raising among, health care professionals is, undoubtedly, an essential step in improving gambling service provision.

Other family members identified that the needs of individual family members are distinct, requiring a variety of different forms of support and treatment that are responsive to individual needs:

I think there has to be a sort of development in different types of treatment. There are people that are very different and it's looking at what works better for a family, you know, what may work for this family might not work for that family so having an ability to offer treatment in different ways. I've worked using a lot of creative work and I find that's been very useful with people, so just being able to know that one size doesn't fit all and, again, it really does hinge on

this sense of hopefulness and how, you know, you can identify those pockets of hope for each person, not just the recovering gambler but also the mum or the dad who's a recovering co-dependent, you know, to look at that experience as well. And also if there are children involved, you know. It's difficult. Family therapy perhaps has never really looked at gambling before so it's peeling back the layers, you know, what are the different narratives going on? They're all valid. All those narratives are valid but how can we, from there, build on what's hopeful? Even if the relationships are going to end, you know, to move people on in a very constructive and hopeful way, I think that's quite key...drama exercises and art, using art through sculpture, through painting, through poetry, through creative writing, that kind of thing. (Interviewee, intimate partner, female)

However, a consistent response from family members was the need and desire for (more) peer-to-peer support:

Possibly one-to-one sort of peer support, like a friend or whatever, I can't think what they're called, but maybe somebody in the locality who fully understands within a similar situation and maybe would come to the house or go out for coffee or something like that. A befriending sort of game, I don't know. I have seen that work with carers of people with mental health issues. That can work extremely well. (Interviewee, parent, female)

It's just support from people who have been there, done that, can offer help if you need it. I know for spouses there's always help, at least with the finances in terms of how to set up your finances, which is super helpful for partners because they do run the risk of losing their home and the roof over their head, especially when they have young kids and stuff. We have a lot of that. For us with children, it's just a shoulder to cry on and people give you encouragement and you can text them and say, 'Hey, guess what? I did this today, I'm so proud of myself', you know. We text, we phone, we email. (Interviewee, parent, female)

Similarly, other family members noted the absence of support groups in their area and the need for support services to fill this gap in demand:

More face-to-face stuff. Groups, local groups. I don't have a local group. If there was a local support group I would happily go there.

I think I could even get my daughter to go there but there isn't anything like that. (Interviewee, intimate partner, female)

I think it would be better if there were more support groups, like more support groups set up that were more local. When I travelled in America there was support groups everywhere...You can't do that here, there is nothing over here. (Interviewee, parent, female)

Allied to family members' desire for local support groups, some respondents were also critical of Gamblers Anonymous' perceived failure to modernise, depriving family members of a clearly identifiable avenue of support:

There's a lot more that GamAnon I think could do in terms of advertising their existence and improving their website. (Survey respondent)

GamAnon offer support. They're somewhere to go, somewhere to talk. I don't think – Because they don't believe in advertising and talking to people, you know, they don't want their name used in the press or anything like that, they don't like anything like that and to be perfectly frank I think that the world has moved on. I think that it probably used to be relevant when everybody walked to their meeting, you know, and your bank manager might be in there and the doctor and, you know. I think it was relevant that it was anonymous but people travel miles to go to a meeting now, you know. I don't know of anyone in my meeting who comes from this area. (Interviewee, intimate partner, female)

Family members also made a number of suggestions, as to how specific forms of gambling service could be enhanced. For example, one family member noted how online resources were rarely directed toward affected others and of little utility. She suggested that short online videos may be an effective means of imparting knowledge, advice and strategies for coping to family members:

The resources online aren't great. It would be great, like a lot of us are on social media a lot, it would be good - I haven't found any, but it would be great to have like a series of YouTube capsules - short capsules that deal with very specific topics, more from the psychological perspective, like how to cope, how to avoid certain situations etc. (Interviewee, niece, female)

Other family members felt excluded from their loved one's rehabilitative treatment and suggested increased family involvement and contact from the service provider would be beneficial:

*I had to really fight and say can I be communicated with about his progress and what's going on. He is coming out Tuesday and he has been in for three months and I had a phone call last week. That is from the rehab. I was gobsmacked. So yeah I really don't know how we raise awareness but it's awareness on so many levels.
(Interviewee, intimate partner, female)*

As illustrated above, family members have made a number of pertinent recommendations relating to awareness and quality of, and access to, gambling help and support services. Such recommendations, if implemented, could serve to ameliorate some of the harms experienced by family members and other loved ones by enhancing coping, help seeking and support provision.

DISCUSSION

Problem gambling is a significant social problem in the UK, affecting not just individual gamblers, but their family, friends and other loved ones. Consequently, it is essential that policy makers, practitioners and the general public understand the harms that gambling causes affected others. This study has generated new and valuable insights into the harms experienced by family members, their strategies for coping, and their help seeking behaviour.

Family members reported experiencing multiple harms across financial, work and/ or educational, health, emotional and psychological, and relationship domains. Almost all family members reported experiencing emotional and psychological harm (<99%), with feelings of distress (99%), hopelessness (96%), anger (96%) and shame (85%) common impacts across the survey sample. Such findings chime with previous research studies that illustrate that family members experience multiple forms of psychological harm (Dickson-Swift et al., 2005; Hodgins et al., 2007; Mathews and Volberg, 2013). In particular, shame was a common feature of interviewees' narratives, causing or exacerbating existing work, health and relationship harms, whilst also undermining their help-seeking.

In accordance with previous research (Dickson-Swift et al., 2005; Patford, 2009), a host of health harms were reported by the family members we surveyed. We found that a notable proportion of family members had experienced reduced physical activity (64%), increased alcohol (30%) and tobacco (33%) consumption, and eating too much (56%) or too little (44%), as a consequence of their loved one's problem gambling. Disconcertingly, 16% of family members reported that their loved one's problem gambling had contributed to acts of self-harm, whilst 8% stated that it had contributed to attempted suicide.

Multiple detriments to family members' finances, work and/ or education and relationships were also recorded. Such impacts often extended beyond the period of their loved one's problem gambling, causing long-term harm. Collectively, evidence illustrates that family members experience a host of different harms as a consequence of their loved one's problem gambling, and that such harms are often serious and sustained.

This study also sought to build upon the limited research (Hodgins et al., 2007; Makarchuk et al., 2007; Rychtarik and McGillicuddy, 2006; Suomi et al., 2013) that has examined the coping strategies utilised by family members of problem gamblers. Evidence indicates that family members employ a host of different coping actions. Like previous studies of family members of problem gamblers, we found that respondents were most likely to report utilising engaged coping actions in order to mitigate the harm they experienced. The median score for the engaged coping actions subscale was consistent with previous studies of problem gamblers' coping strategies (Krishnan and Orford,

2002; Mei Lo Chan et al., 2016). Qualitative data derived from our interviews with family members highlight that engaged coping actions typically involved efforts to take control over the finances of the problem gambler, whilst talking about the loved one's gambling problem, and identifying and accessing help and support services were also employed.

Our study recorded higher rates of tolerant coping actions and withdrawal coping actions than previous research with family members of problem gamblers (Krishnan and Orford, 2002; Mei Lo Chan et al., 2016). However, in accordance with such work, this study's mean averages for tolerant coping actions and withdrawal coping actions indicate that family members employ such actions to a lesser extent than engaged coping actions. Our interviewees reported how they would sometimes utilise what may be described as tolerant coping actions, giving their family member money to gamble or trying to pretend as if everything was normal in order to lessen the harm they were experiencing. Withdrawal coping actions such as avoiding the gambler, acting as if they were not there and pursuing their own interests were commonly employed by the family members we spoke with.

Important insights into the help-seeking behaviour of family members have been generated through our research. Evidence indicates that family members draw upon a range of different services in an attempt to access help and support. This includes online, telephone and face-to-face modalities. Family members were most likely to attempt to access gambling specific online information, support and advice (77%) and family and/ or friends (70%), whilst just under half of respondents indicated that they had sought help from support groups (48%) and counselling services (48%). Family members were also most likely to receive help from such sources, with 67% of respondents receiving gambling specific online information, support and advice, 59% receiving support from family and/ or friends (70%), 41% from counselling services, and 37% from support groups. Reported satisfaction levels are high across the variety of help and support services utilised by family members, although it is important to caution that the absolute numbers for respondents accessing individual forms of support are relatively small. This does, nevertheless, indicate that some family members are satisfied with the help and support they have received from a variety of different sources.

Yet evidence also clearly indicates that a notable proportion of family members have not accessed help and support. A range of barriers to help seeking were identified as preventing family members from accessing the help and support they need. Worryingly, over one-third (38%) of family members reported that they were not aware of support for family members and friends of problem gamblers, whilst a similar proportion of respondents stated that they were not aware that support was free (35%). Practical barriers relating to transport, time, finances, and work and home responsibilities were also identified by family members. Services need to devise strategies to better engage their intended audiences, raise

awareness, increase access and overcome issues relating to the acceptability of the support on offer.

Study limitations

We recognise that this study has limitations in terms of both the survey sample size and the representativeness of the survey sample. There were 222 valid completions of the survey and 84% of respondents were women, while 50.5% of respondents had a degree or postgraduate qualification. This may well be a consequence of the mode of survey administration which could have excluded or inhibited certain sections of the UK population from taking part in the study. That the survey was only available in English and excluded those under 18 is also likely to have presented further barriers to participation for family members.

The non-representative nature of the survey sample of family members of problem gamblers limits the extent to which our findings and conclusions can be extrapolated. Nevertheless, the study indicates that problem gambling can cause and exacerbate a range of harms that impact family members, whilst family members adopt a number of different coping strategies and help-seeking behaviours.

Family members of problem gamblers represent a hard to reach research population. As our survey data illustrates, family members of problem gamblers are often stigmatised and experience significant feelings of shame which may well prevent their engagement in research such as this. Furthermore, it is likely that although family members may experience harm as a consequence of a loved one's gambling they do not recognise or categorise their loved one's gambling behaviour as 'problematic'.

Whilst the number of respondents to our survey is consistent with other international studies (Chan et al., 2016; Dowling et al., 2015; Orford et al., 2017) in this area, we recognise that the sample size could possibly be increased by a number of means. Lengthening the data collection period could well serve to increase the number of respondents. For example, Orford et al., (2017) secured 215 responses to a short survey that was administered over a twenty-four month period to affected family members attending a problem gambling treatment clinic in London. This demonstrates the large number of research respondents that may be garnered through a single node over an extended period of time. Making the survey available in other languages and through other non-gambling specific services may have also acted to boost response rates. Moreover, shortening the survey length or constructing shorter surveys that focus on individual components of this study – harms, coping strategies or help seeking – may have helped to reduce participant fatigue and drop-out rates.

Next steps

The family members we have worked with have provided valuable insight into the lived experience of those affected by a loved one's gambling problems. We suggest that our findings have implications for policy and practice and that there are a number of ways in which research may be developed in order to enhance our knowledge and understanding, and minimise gambling-related harm.

Public health campaigns need to raise awareness of the family harms generated by problem gambling. Highlighting that the effects of problem gambling stretch far beyond the individual gambler - impacting family members, friends and others in the community - will contribute to raising the profile of gambling as a serious public health issue. Such campaigns may also serve to help reduce the shame and stigma attached to problem gambling whilst encouraging family members to initiate help seeking at an earlier stage.

Support services may also wish to consider how they can better engage with and meet the needs of family members, in light of this study's findings. We suggest that support services need to more clearly articulate that they offer help to family members affected by problem gambling, whilst better signposting to such help is evidently required. Increasing the availability and accessibility of services that can support family functioning and family coping should also be considered a priority, given the serious gambling-related harms families experience.

Future research may proceed in a number of different ways. We have identified that family members' experience a broad range of gambling-related harms. Developing a better understanding how such harms are mediated by an individual's relationship to the problem gambler, as well as other social and cultural factors, would be of benefit. This study has also found that family members employ a range of coping strategies in order to lessen the effects of their loved one's problem gambling. Research needs to further explore the effectiveness of different forms of coping in ameliorating the impact of problem gambling on family members. Finally, we would advocate that further research is undertaken in order to better understand family members' pathways to help, and the effectiveness of online, telephone and face-to-face modalities in addressing the needs of family members.

SUMMARY

The principal purpose of this study was to give voice to family members and other loved ones of problem gamblers whose views, opinions and experiences are often absent from social policy debate. In turn, we have reported survey and interview findings from the first UK study to explore the gambling-related harms experienced by family members, their coping strategies and help seeking behaviour.

Family members reported experiencing significant gambling-related harm. Gambling problems impact whole families; intimate partners, parents, children, and siblings, as well as others in the community and society more broadly. Findings illustrate that suffering is wide ranging, impacting family members' finances, work and/or education, health, emotional or psychological state and relationships. Family members report significant and sustained emotional and psychological harms, as a consequence of their loved one's problem gambling. In particular, reported rates of gambling-related self-harm and attempted suicide, alongside levels of family violence are disconcerting. Like other international studies (Browne et al., 2016), we found that initial harms experienced by family members often precipitated or exacerbated harm in other domains, whilst harms extend beyond the period of problematic gambling causing serious long term suffering for many.

Family members indicate that they employ a range of different coping strategies, in order to mitigate the impact of their loved one's problem gambling on their day-to-day life. Mean scores for coping suggest that family members are most likely to employ engaged coping actions, although notable rates of tolerant coping actions and withdrawal coping actions were also recorded.

Family members reported accessing and receiving help support from a broad range of online, telephone and face-to-face gambling-related services. A notable number of family members had not, however, accessed such services and a range of barriers to help seeking were reported. Most notably, internal and external barriers relating to family members' awareness and acceptability of and access to support services, alongside the availability of specific forms of help were identified as needing to be overcome in order to increase rates of service use.

Of those family members who accessed and received help, levels of satisfaction with individual forms of support were generally high. In particular, family members identified peer to peer support groups as an invaluable source of practical advice and sustained emotional support. By contrast, family members reported lower rates of satisfaction with problem gambling telephone services and support through primary care, indicating that such services need to enhance their provision in order to meet the needs of family members and other loved ones of problem gamblers.

The recommendations made by family members taking part in this study provide valuable insight into how individuals, families and others affected by problem gambling may be better helped and supported. Significantly, family members talked of the need to raise awareness and understanding of problem gambling in society in order to address the stigma and shame attached to such addiction. Respondents also advocated raising awareness of the availability of support services for family members amongst diverse social and cultural groups.

The development of a clear first point of contact for family members seeking help and support was viewed as a means through which their needs could be better met. In turn, ensuring that a range of information, help, support and treatment services are available locally and that primary care providers are aware of such services was considered a necessary development. In particular, family members advocated increased availability of peer-to-peer and local support groups.

Problem gambling can cause harms to family members across all areas of their lives. Yet their experiences are rarely noticed or acknowledged by wider society. Increased focus on families is critical if we are to better support them in their own lives and reduce the harms they and others experience as a consequence of gambling.

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BANKS, James <<http://orcid.org/0000-0002-1899-9057>>, ANDERSSON, Catrin <<http://orcid.org/0000-0003-4336-4771>>, BEST, David <<http://orcid.org/0000-0002-6792-916X>>, EDWARDS, Michael <<http://orcid.org/0000-0003-2866-9200>> and WATERS, Jaime <<http://orcid.org/0000-0003-0261-7349>>

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