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## **Gambling and psychosocial correlates**

*Dr Raegan Murphy*

Dr Raegan Murphy highlights some of the work that she and colleagues have been doing in the area of gambling over the past 4 years. The team of researchers include Drs Amanda Roberts (University of Lincoln, UK), Stephen Sharman (University of East London, UK), Jason Landon (Gambling and Addictions Research Centre Faculty of Health & Environmental Sciences, New Zealand), John Turner (University of East London, UK), Sean Cowlshaw (University of Melbourne, Australia), Stephanie Meleck (National Problem Gambling Clinic, UK), Henrietta Bowden-Jones (Imperial College, UK), Robert King (University College Cork, Ireland), Jeremy Coid (Queen Mary University of London, UK) and Katie Palmer du Preez (Auckland University of Technology, New Zealand).



## **Gambling, violence and negative life events**

The relationship between violence and problem gambling in general population samples is under-researched and requires further attention to inform treatment and prevention efforts. The links between gambling problems, trauma and life stressors are known to exist but

understanding the extent of these relationships will allow for greater efficacy in early intervention and treatment. We investigated the relationship between gambling problems and violence among a nationally representative sample of men aged 18-64 in the UK (N=3025) and sought to determine if the link can be accounted for by mental disorders, alcohol and drug dependence and impulsivity. A cross-sectional design was employed. Outcome measures included gambling behaviour and self-reports of violence. Covariates included alcohol and drug dependence, mental illness, impulsivity and socio-demography. We found that problem gambling and probable pathological gambling were associated with increased odds of the perpetration of violence and a range of other behaviours, such as using a weapon and the perpetration of intimate partner violence. The results were attenuated when adjusted for comorbid mental illness and impulsivity, but remained statistically significant. Alcohol and drug dependence had the most impact and these relationships were most attenuated when they were added into the models with drugs having the largest effect. Problem and pathological gambling were associated with increased odds of trauma in childhood (e.g. violence in the home) and life stressors in adulthood (e.g. intimate partner violence) as well as experiencing homelessness. Our findings show that disordered gambling remains uniquely associated with trauma and life stressors in childhood and adulthood after adjusting for alcohol and drug dependence. The results support a need for disordered gambling treatment services to undertake routine screening for alcohol, drugs, IPV and traumatic life events and to tailor treatment that specifically targets the effects of stress for clients who present with such a cluster of issues.

### **Trends and patterns in treatment-seeking gamblers**

Gambling is also an activity that for some can become disordered, with severe negative consequences. Existing literature does little to inform us regarding changing gambling habits of treatment seeking gamblers and another study sought to measure trends and patterns in UK treatment seeking gambler behaviour and demographics over a 15-year period (2000-2015). We analysed data from case files for 768 gamblers seeking residential treatment with the Gordon Moody Association (GMA) in the UK. Case files comprised initial assessment questionnaires, demographic data, current gambling behaviour, mental and physical health status, and a risk assessment. The prevalence of different forms of gambling identified as problematic have changed over time with Fixed Odds Betting Terminals (FOBTs), sports betting, and poker having become more common. Horse and dog racing, and the National

Lottery have become less common. Online gambling has also increased over time. In more recent years, gamblers are also more likely to have attempted suicide, to report a co-occurring mental health disorder and to start treatment having already been prescribed medication. Whilst much media focus is directed towards one form of gambling, this should not detract focus from other forms and associated disorders and the impact of the legislative environment.

### **Intimate partner violence in treatment-seeking problem gamblers**

The co-occurrence of Intimate Partner Violence (IPV) and gambling disorder is an emerging area of research but no studies, as yet, have examined these within a gambling treatment-seeking population from the UK. In a sample of 204 patients, the study utilised routine clinical data and the Jellinek–Inventory for assessing Partner Violence (J-IPV) to determine the prevalence of IPV perpetration and victimisation. 20.1% of participants reported any IPV in the past year; 12.3% reported perpetration and 14.1% reported victimisation in the past year. Clinical scores were greater among patients disclosing IPV. Higher anxiety and depression scores were coupled with victimisation, alongside greater problem gambling severity. A series of binary logistic regression models were estimated to examine associations with a series of predictors (gambling, alcohol use, anxiety, health, age, debts and losses) and IPV victimisation and perpetration. Results showed that relative to non-victims, the victims of IPV were likely to score higher on problem gambling, general ill-health and generalised anxiety. Perpetrators of IPV (relative to non-perpetrators) were likely to be older, score higher on general ill-health as well as generalised anxiety. There were no significant associations with either IPV victimisation or perpetration and alcohol risk, current debts or total losses. There is need for enhanced vigilance and first-line responses to IPV in problem gambling treatment services. There is also a need for professional support for the clinicians working with these clients.

### **Predictors of dropout, age of gambling onset and psychosocial correlates in disordered gamblers in UK residential treatment**

Another study found that within a cohort of individuals who seek treatment for disordered gambling, over half fail to complete treatment. This study sought to identify predictors of treatment dropout in a sample of gamblers attending a residential treatment facility for

disordered gamblers in the UK over a 15-year period. Data on 658 gamblers seeking residential treatment with the Gordon Moody Association (GMA) was analysed, collected between 2000 and 2015. Measurements included demographic data, self-reported gambling behaviour, (including the Problem Gambling Severity Index-PGSI), mental and physical health status and a risk assessment. Binary logistic regression models were used to examine predictors of treatment termination. Results confirm a high percentage of treatment dropout among disordered gamblers (51.3%). Significant predictors of treatment dropout included older age of the client, higher levels of education, higher levels of debt, online gambling, gambling on poker, shorter duration of treatment, higher depression, experience of previous treatment programmes and medication as well as adverse childhood experiences. Within non-completers, significant predictors of enforced dropout included lifetime homelessness, lower levels of debt, sports gambling, depression and lifetime smoking. Those who were on the longer treatment programme and who had previously received gambling treatment or support were less likely to be asked to leave. The present study is the first to investigate treatment dropout among individuals attending a residential in-patient programme in the UK, and to report differences in voluntary and enforced dropout. Clinicians could apply strategies in the initial stages of treatment designed to target gamblers at risk of termination and increase patient compliance. Gamblers who begin gambling at an earlier age experience negative life events and exhibit some antisocial behaviors more than later onset gamblers, indicating that when addressing gambling problems, it is important to consider the individuals' holistic personal history rather than merely addressing current gambling behavior. However, the direction of the relationship between gambling and significant variables is unclear, indicating a need for further research.

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