Introduction

• Problem gambling and family violence are both significant public health issues. There is growing evidence that there is a significant association between the two.

• For example, Dowling et al., (2014) meta analysis revealed 38% problem gamblers report being a victim of IPV and 37% perpetrators of IPV.

• Stress related to gambling problems may manifest within the home/interpersonal relationships. Moreover, victims may use gambling as a coping mechanism.

• However, despite the global expansion of the gambling industry, there have been very few studies investigating this phenomenon in the general population - none in the UK.

Aims

To examine the relationship between gambling problems and violence (as a victim and perpetrator), including IPV (Intimate partner violence) and traumatic life events in a nationally representative sample of men.

Method

Participants

3025 men aged 18-64 living in England, Wales and Scotland. Mean age = 32.16 years (SD=12.48 years).

Procedure

Participants were recruited from the general population and filled in a self-report questionnaire. Sampling derived as near a representative sample of UK residents as possible. The sample was based on a selection of random locations, based on Census 2001 Output Areas (OA) (approximately 150 households per OA). Each questionnaire took approximately 45 minutes to complete. Participants were given £5 on completion of the questionnaire. A total of 3025 male adults completed the questionnaire with a response rate of 77%.

Ethics

Study design and procedures were approved by the Queen Mary, University of London Human Research Ethics Committee.

Survey Measures

Problem/pathological gambling:

South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987).

0 = 2 non problem gambler
3 = 4 = problem gambler
5 = probable pathological gambler

Violence, victimisation, traumatic life events:

Q: "Do you have any longstanding mental illness or disorders?" & "Are you being prescribed medication for a longstanding mental illness?"

Antisocial Personality Disorder (ASPD) identified using the Structured Clinical Interview for DSM-IV Personality Disorders Screening Questionnaire (SCID-II) (First et al., 1997). Questions from SCID-II identified the presence of impulsivity.

Results

2418 men (79.9%) had taken part in some sort of gambling activity.

• Of the men who gamble, 85.9% were non-problem gamblers, 6.0% problem gamblers and 8.1% possible pathological gamblers.

• Problem/pathological gambling was associated with increased odds of the perpetration of violence, using a weapon, hitting a child and being injured in a violent incident.

• Pathological gambling was associated with increased odds of the perpetration of IPV and fighting whilst intoxicated.

• A comorbid alcohol or drug dependence diagnosis further increased the likelihood of IPV perpetration and weapon use.

• There was a significant relationship between problem gambling and victimisation including direct and indirect IPV, and other childhood and adulthood traumatic episodes (e.g. assault, sexual abuse, homelessness).

Discussion

• Findings support relationship between problem/pathological gambling and family violence.

• Moreover, this study found a relationship exists between problem gambling and other forms of violence.

• May be accounted for by high comorbidity with drug and alcohol problems and impulsivity - both increased odds.

• The links between violence and gambling are not fully established, but it is possible that the strain and tension associated with problem gambling (exacerbated by a previous history and alcohol use in some cases) can lead to stress and antagonism that is directed towards others, particularly those in immediate surroundings including spouses, partners and children.

• May predict negative treatment outcomes.

Understanding the relationship between gambling problems and various types of violence including IPV can inform specific approaches to treatment, intervention and prevention strategies.

Conclusion

The findings highlight the need for Problem Gambling treatment services to undertake routine screening for alcohol, violence, IPV and traumatic life events (and routine screening for gambling problems in IPV services) and to tailor treatment for clients who present with such a cluster of issues.

References


