Gambling and negative life events in a nationally representative sample of UK men

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HIGHLIGHTS

- Disordered gambling remains associated with trauma after adjusting for substance dependence.
- Disordered gambling is also linked to stressful life events.
- There are few rigorous studies that have demonstrated these links empirically.

ARTICLE INFO

ABSTRACT

Introduction: 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 these relationships among men and sought to determine whether links were attenuated by alcohol and drug use problems.
Methods: A cross-sectional UK representative general population survey was conducted in 2009 with 3025 men aged 18–64 years. Measurements included self-reported gambling behaviours, as measured by the South Oaks Gambling Scale (SOGS) and traumatic or stressful life events. Covariates included alcohol and drug dependence and socio-demographics. Binary logistic regression models were used to examine associations.
Results: Problem gambling (SOGS 3–4) and probable pathological gambling (SOGS 5 +) were associated with increased odds of trauma in childhood (e.g. violence in the home (Adjusted Odd Ratios (AOR) 3.0 (CI = 1.8–5.0) and 2.6 (CI = 1.7–4.1) respectively), and life stressors in adulthood (e.g. intimate partner violence (AORs 4.5 (CI = 2.0–10.3) and 4.7 (CI = 2.3–9.7) and homelessness (AORs 2.2 (CI = 1.1–4.6) and 3.2 (CI = 1.9–5.5)). Results were attenuated when adjusted for probable alcohol and drug dependence with the latter having largest effects.
Conclusions: Among men in the United Kingdom, 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.

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1. Introduction

The increased accessibility of gambling products (Griffiths, Parke, Wood, & Parke, 2006) has coincided with changes in gambling participation and associated harm at a population level (Cowlishaw & Kessler, 2016; Wardle et al., 2011). In Great Britain, approximately 7% of adults are at risk of experiencing harm from their gambling, with 0.7% being classified as problem gamblers (Wardle et al., 2011). Problem and pathological gambling are characterised by persistent maladaptive gambling that leads to social harm and damage to family, personal or recreational pursuits (Delfabbro, 2013; Lesieur & Rosenthal, 1991). The terminology used to describe problem gambling is variable, with the terms "problem," "pathological" and "compulsive" gambling used interchangeably in the literature (Blaszczynski & Nower, 2002). Gambling was re-classified from an impulse control disorder to a behavioural addiction in the recent version of the Diagnostic Manual of Mental Disorders (American Psychiatric Association, 2013), and renamed under the umbrella term "disordered gambling" in recognition of the similarities between behavioural and substance addictions (Grant, Potenza, Weinstein, & Gorelick, 2010).

Early life stressors, specifically adverse childhood experiences and trauma, increase risk for psychopathology later in life, including the development of disordered gambling (Brydges, Holmes, Harris, Cardinal, & Hall, 2015). Such adverse experiences can include emotional abuse, physical neglect, physical abuse, sexual abuse (Bernstein et al., 1994) and interpersonal trauma (e.g. exposure to interpersonal violence (IPV) or violence in the home) (Catalano, 2013; Romito, Turan, & De Marchi, 2005). Several studies have shown a high incidence of childhood maltreatment, trauma and abuse in disordered gambling groups (e.g., Afifi, Brownridge, MacMillan, & Sareen, 2010; Echeburua, Gonzalez-Ortega, de Corral, & Polo-Lopez, 2011; Hodgins et al., 2010; Kausch, Rugle, & Rowland, 2006; Lane et al., 2016; Petry & Steinberg, 2005; Sharma & Sacco, 2015). While these links are compelling, few studies have considered both traumatic, and stressful life events. As classified in the DSM-IV, traumatic events are exceptionally stressful and emotionally distressing events that are typically unpredictable in nature, distinguished by responses involving intense fear, helplessness and horror (APA, 2013). More general experiences of stressful life events (e.g. job loss/homelessness) in adulthood are not usually characterised by the same extreme psychological responses (Kausch et al., 2006; Sharma & Sacco, 2015). This distinction is important, since associations with traumatic events might indicate increased vulnerability to developing gambling problems, while associations with other types of stressful life event (e.g. job loss) might indicate consequential harms associated with gambling. Furthermore, there are few studies which have attempted to evaluate when the traumatic or stressful life event occurred. This is notwithstanding that adult (proximal) events may be as relevant as childhood (distal) events in the development of addiction psychopathology (e.g. Shaffer et al., 2004; Whitesell et al., 2007). In the syndrome model of addiction (Shaffer et al., 2004), for example, it is suggested that multiple determinants, including distal (e.g. genetic, post-traumatic stress disorder) and proximal (e.g. reward value, psychiatric morbidity) events can all influence the likelihood of developing addiction.

Disordered gambling is often co-morbid with other behavioural and psychological disorders, which can exacerbate, or be exacerbated by gambling (e.g. Afifi et al., 2010; Korman et al., 2008; Scherrer et al., 2007). It is recognised that disordered gamblers exhibit elevated levels of a comorbid mental health disorders, with substance related disorders being particularly common. A recent meta-analysis of comorbid disorders in disordered gamblers revealed that the weighted mean effect size for substance use disorders was 57% (Lorains, Cowlishaw, & Thomas, 2011); and substance use disorders often occur alongside traumatic and stressful live events (e.g. Enoch, 2011; Reynolds et al., 2005). Multiple pathways have been proposed to explain the temporal link between trauma and substance abuse (e.g.

Giaconia, Reinherz, Paradis, & Stashwick, 2003). One such explanation is that early traumatic experience may increase the risk of substance use disorders because of efforts to self-medicate or reduce negative mood (Khoury, Tang, Bradley, Cubells, & Ressler, 2010). Surprisingly, given these patterns of comorbidity, few studies have investigated whether substance and alcohol use problems may explain the relationship between disordered gambling and traumatic life events (Echeburua et al., 2011; Korman et al., 2008; Leppink & Grant, 2015; Scherrer et al., 2007; Schluter, Abbott, & Bellringer, 2008).

The aim of this study was to examine the relationship between gambling problems, trauma and life stressors in both childhood and adulthood. The present study is unique in that a nationally representative sample of UK men was used to examine the relationship between the entire spectrum of gambling behaviours (not just those with severe psychopathology including non-problem gamblers), and the experience of trauma in childhood (distal events) and trauma and life stressors in adulthood (proximal events), while considering the roles that drug and alcohol misuse may play. The paper also sought to extend the findings using the same sample in which self-reports of problem/pathological gambling were predictive of a range of measures of violent behaviour (Roberts et al., 2016), where gambling remained predictive of a range of measures of violent behaviour after adjusting for alcohol and drug dependence, comorbid mental disorder and impulsivity. However, while the earlier paper examined violent perpetration, the present paper explored IPV and injury from a victim perspective alongside a multitude of variables not considered previously.

More specifically, the present study aimed to: 1) examine the relationship between gambling and traumatic events that may signal vulnerabilities to disordered gambling; 2) examine associations with stressful life events that may signal gambling-related harms (i.e. outcomes of gambling problems); and 3) examine attenuations in associations when controlling for comorbidities (alcohol, drug use) that may indicate potential 'third variable' accounts. It was predicted that gambling problems would be associated with increased levels of trauma and stressors, and that the relationships between disordered gambling, trauma and life stressors would be attenuated when controlling for comorbidities.

2. Material & methods

2.1. Sample

The study is based on data from the 'Men's Health and Modern Lifestyles Survey' collected in 2009 at Queen Mary, University of London. The sample comprised 3025 men aged 18–64 living in England, Wales and Scotland.

A one-stage survey sought to interview a geo-demographically representative sample of the male population of the UK through a random location methodological approach. Random location techniques utilise a full selection of geographic areas to be visited by interviewers, allied to quota sheets showing exactly whom they must approach and interview within their target geography. This procedure necessitated the use of profiling statistics from the then most up-to-date Census (2001). Within each Government Office Region, all Output Areas (OA) (averaging 150 households, and about which all demographic profiling information is known) were selected and listed in descending order of ACORN (CACI, 2014) type to place the most affluent OAs at the top of the list and the least affluent at the bottom. This applies a purely random variable into the selection of sampling locations. The total number of eligible male adults in each OA was then cumulated down the list. Using a random start and fixed sampling interval the required number of OAs were selected. This process produces a sample of OAs with a probability of selection proportionate to size and was designed to produce a representative sample by ACORN type.

A total of 250 OAs were selected, with interviewers required to achieve 12 interviews with eligible targets at each. All addresses that