

Indigenous women, problem gambling and the care of their children: A literature review

A report for the Health Research Council

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We confirm that this report represents the work of **Patricia (Patti) Debra Grogan** completed as a 2011/2012 Health Research Council Summer Studentship under the supervision and direction of Associate Professor Denise Wilson, Director of Taupua Waiora Centre for Māori Health Research.



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Abstract

Overall, the participation in gambling activities along with problem gambling worldwide over the last 10 years has increased dramatically. Previously gambling was a social issue for men, but since 1997 women are gambling at similar rates as men. Problem gambling has wide ramifications on family members, and has profound effects on children of problem gamblers that include short-term and long-term psychological, social, behavioural and care and protection issues. As more and more mothers engage in problem gambling, concerns exist for the care and protection of their children. A review of the literature was undertaken to identify studies based on gambling with a particular focus on women gamblers, including indigenous peoples, and the care of their children. The literature reports that children growing up in a family with a parent(s) who have serious gambling problems face clear risks to their overall short-term and long-term socio-psychological health and wellbeing and their care and protection, and are potentially subject to multiple lifetime health. Furthermore, gambling impacts on a mother's ability to parent and care for her children, and heightens the risk of family violence being evident. As gambling activities increase their visibility and accessibility, it will increasingly become a child-health and social issue in the near future.

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Introduction

The research reported here was undertaken as part of a summer studentship to undertake a literature review for the Taupua Waiora Centre for Māori Health Research. This literature review is focused on what the literature says about women, in particular indigenous women, with gambling problems and the care or neglect of their children. Gambling is an increasing global phenomenon and is accompanied by the risks, issues, and consequences for the gambler, their family, whānau, friends, work colleagues and the wider community. Gambling in New Zealand is becoming a major social and health issue with the numbers of gamblers increasing daily (Ministry of Health, 2009). Gambling was first introduced to the New Zealand's indigenous Māori population in the early decades of the 19th Century during the country's period of European settlement and subsequent colonisation. Since this period gambling has become widespread throughout the Māori population, who are more likely to experience gambling-related harm than any other ethnic group in New Zealand.

Gambling is a major issue within society with the number of gamblers increasing daily. In past years those with problem gambling have traditionally been men however, in recent years the gap has narrowed between the genders. Women are showing continuous increases in gambling, mainly in the area of playing gaming machines. It has been suggested that the number of women receiving personal counselling for gambling has more than quadrupled since 1997, an increase of 309.7 percent (Paton-Simpson, Gruys & Hannifin, 2003). As women are becoming more involved in gambling, one of the consequences is impact on the care of their children – that is, the increased risk of child neglect and maltreatment.

The current trend observed is the increasing numbers of people gambling in today's society. It has been found that between 22,700 and 50,800 New Zealanders aged 18 years and older currently experience gambling problems (Ministry of Health, 2006). Furthermore, between 58,000 and 107,700 adults will experience gambling problems during some stage of their life. Ninety-four percent of adults reported taking part in at least one form of gambling at sometime during their lives in 1999, and almost half of the population (41%) indicated that they gambled weekly or more often (Abbott & Volberg, 2000).

Māori and Pacific Islanders have the highest rates of problem gambling compared to other ethnicities, which is another reason why we are under taking this review (Ministry of Health, 2006). Gambling is mainly seen in those aged 20 to 34 years. Ethnically, 16.6 percent are Māori, 7.6 percent are Pacific and 8.5 percent are Asian. Māori receiving help for problem gambling represent almost

double their adult proportion of the New Zealand population aged 18 years and over (28.5% compared to 15.0 % of the population) (Ministry of Health, 2006). Furthermore, Māori were 2 to 2.5 times more likely to report a problem related to someone else's gambling (Ministry of Health, 2008).

Those who received help with a gambling problem in New Zealand over a six year period were 27,323 people (equivalent of a small city). 6410 new clients received counselling in 2002 increasing by 21.2 percent since the previous year (2001), and continue to increase each year (Paton-Simpson et al., 2003). In addition, those with problem gambling are more likely to experience effects on their mental health and general sense of wellbeing (Ministry of Health, 2006). Therefore, as gambling is such a major issue in New Zealand, particularly for Māori, much is needed to be done to overcome this.

A major consequence of adults gambling is the neglect in the care their children receive (Afifi, Brownridge, MacMillan, & Sareen, 2010). Anecdotally, concern has been expressed about women who have neglected their children while gambling that has, for example, resulted in death due to them leaving their children in hot cars while they go into the casino to gamble. This is then becoming more of a major issue as the numbers of women gambling are increasing, which is also having an impact on their children. The problem gambling of parents not only impacts their children's health and social wellbeing (Darbyshire, Oster & Carrig, 2001), but also puts them at risk of child maltreatment (Afifi et al., 2010). Parental attachment, trust and communication are all associated with adolescent gambling behaviours. Furthermore, parents play an important role in increasing or decreasing the risks of adolescents gambling as those who model abnormal gambling behaviours are more likely to have adolescents who also gamble (Magoon & Ingersoll 2006).

As mentioned earlier, the main impetus for conducting this literature review is the concern about the rise in Māori women gambling that potentially leads to child neglect and abuse within the family context. This is therefore an important public health issue that needs to be addressed immediately before more children become affected by the consequences of their mothers' gambling. Overall this literature review will contribute to future funding applications and further research for Taupua Waiora Centre for Māori Health Research.

Aims and Objectives

This literature review is focused on indigenous women, problem gambling and the care of their children. Our aim was to identify studies based on gambling with a particular focus on women gamblers, including indigenous peoples, and the care of their children. The objectives were to:

1. Establish the prevalence of gamblers within the New Zealand population, focusing on Māori.

2. Review international gambling including other indigenous countries.
3. Determine the effects of gambling on the children of parents who gamble.
4. Identify any other salient findings and information found in the literature.

This literature review gathered and analysed evidence about indigenous women, problem gambling and the care of their children for researchers in Taupua Waiora Centre for Māori Health Research at AUT. The structure of the literature review includes an introduction to the topic with the research aim, followed by a rationale on why we are undertaking this research. The method and approach used to select relevant literature for review is explained in the next section, such as the use of databases, relevant websites and search terms used continuing onto the findings of the literature in which thematic analysis will be conducted to organise it. The themes will be presented as findings. Conclusions will then be drawn to understand women with gambling problems and how this affects their children through care, neglect and abuse, and recommendations made for further research. A table will also be produced to summarising the articles that were analysed and the outcomes the authors found in relation to women with gambling problems. This is followed by the presentation of the findings arising from this review, which are arranged under the following headings:

- Gambling in New Zealand
- International gambling
- Indigenous gambling
- Women and gambling
- Gambling, parenting and child care

The report will end with a conclusion drawn from the findings, and will include a reflection on the student's learning throughout the process.

Methods

A literature review provides an extensive outline of the key research findings on a particular topic. This research project was based on secondary data, which is simply information that already exists and has been collected for other purposes (Kotler, Brown, Burton, Deans & Armstrong, 2010). In this section, the research methods used to search the literature and gather data for this report are explained.

First, relevant databases (EBSCO, ScienceDirect, Scopus, Google Scholar, ProQuest and Sportdiscus) were used to search for relevant research over the time 1990 to 2012. Additional materials were also used in order to obtain essential documents and information that included the

Ministry of Health website and newspaper articles. Key words and their combinations were used to find relevant data. These included: gambling, problem gambling, Māori, indigenous, mothers, maternal attachment, parenting, children, effects on children, parents, child abuse and family violence. Articles were selected if they related to women, gambling and various aspects child care including child neglect and abuse. Articles were then selected for review, and analysed for common themes related to problem gambling and the effects it has on the women and their children and families.

The literature found was analysed to generate relevant themes. This was done by identifying similar key words and concepts across the articles about gambling, women, and the care or neglect of children. These were then organised into themes. A summary table (Appendix 1) was also used to highlight similar findings and results and assisted in grouping common findings. Themes were then generated by identifying commonalities between articles. With these methods utilised, key findings were able to be gathered in order accomplish the aims and objectives of the project. These have allowed the researcher to establish relevant conclusions around indigenous women and gambling and the care/neglect of their children.

Findings

The literature selected showed similar themes. Common themes found were based on problem gambling and the effects on children and families with the increase in women gambling. The following section explores the evidence found on indigenous women, problem gambling and the care of their children.

Gambling in New Zealand

Even though gambling is considered a form of entertainment it can become problematic for some people – Dyall (2004) goes further, claiming it is a social hazard. Gambling involves the direct or indirect betting, paying or staking consideration with the anticipation of winning money based on chance (Gambling Act 2003). Gambling includes activities like lotteries, gaming machines, sales promotion schemes, bookmaking, housie, and sporting events. Gamblers' behaviours range on a continuum from no problems to severe problems (Ministry of Health (MOH), 2009). Gambling can be broken into two categories; problem gambling and pathological gambling. A problem gambler, according to the Gambling Act 2003, is someone whose gambling activities result in actual or

potential harm, whereas a pathological gambling is diagnosable mental health condition under Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (Dyall). The Ministry of Health (2005) goes further and defined problem gambling as gambling that creates harmful effects to the gambler, their family, friends and co-workers, and that “. . . compromise, disrupt and damage health, personal and family or vocational pursuits” (p.23). Wardman, el-Guebaly and Hodgins (2001) described a problem gambler as a person experiencing impaired control over his/her gambling behaviour leading to negative outcomes. Pathological gambling is seen as a severe form of problem gambling. In addition to it being diagnosed as a mental health disorder under the DSM-IV, the Ministry of Health (2009) maintained pathological gambling involves an ongoing, relentless impairment of a person’s control over their gambling. The pathological gambler is obsessed with gambling and obtaining money to gamble, demonstrates irrational thinking, and their personal and family lives and activities are disrupted by their gambling. Kalischuk, Nowatzki, Cardwell, Klein and Solowoniuk (2006) also described problem gamblers as having a need to escape, find relief from depression, anxiety and/or boredom; low self-efficacy, as well as the presence of other addictions. Undoubtedly problem gambling causes considerable issues for gamblers and those around them (MOH, 2009). According to Wardman et al. (2001), gambling problems have severe consequences for individuals, families and communities also. Shaffer and Kidman (2004) go further to specify its negative impacts on people’s health, financial situation, relationships and general wellbeing.

There is a current trend of increasing numbers of people gambling in New Zealand society today. Within the previous year, the Ministry of Health (2009) reported that two in every three adults (65.3%) had gambled. It has been found that between 22,700 and 50,800 New Zealanders aged 18 years and older experience current gambling problems (MOH, 2006). In 1999 almost half of the population (41%) specified they gambled weekly or more often, while 94% reporting they took part in at least one form of gambling during their life time (Abbott & Volberg, 2000). It is estimated that between 58,000 and 107,000 adults will experience a gambling problem at some stage in their life. The MOH (2009) indicated that adults (15 years and over) within New Zealand who have a problem gambling represent 0.4% (13,100) of the population, while those with moderate-risk gambling represent 1.3% (40,900) among adults in New Zealand. This is equivalent to 1 in 58 adults (1.7%) experiencing problem or moderate-risk gambling which is approximately 54,000 adults of the total population (MOH, 2009). As mentioned in the introduction Patron-Simpson et al. (2003) reported 27,323 people (equivalent to a small city) received help for their gambling problems in New Zealand. In 2002, 6410 new clients received counselling, an increase by 21.2 percent over the previous year. The prevalence of problem gambling is 1.2%, with the overall profile of a New Zealand problem gambler being someone aged between 35 years and 44 years, with Māori and Pacific peoples having

the highest rates of problem gambling compared to other ethnic groups (MOH, 2006). Wardman et al. (2001) attributed a lack of recreational, employment, and educational opportunities to a person gambling for entertainment and income.

International Gambling

Worldwide the number of people participating in gambling activities has increased dramatically over the last 10 years (World Health Organisation, 2012). Darbyshire, Oster and Carrig (2001) stated gambling is increasingly becoming a huge widespread and damaging social and health problem with serious socio-economic and public health consequences. Gambling has become more accessible through lotteries and electronic gaming machines that provide people with more opportunities including the likelihood of developing serious gambling problems. Historically, most cultures have recorded some form gambling undertaken as a social activity (Darbyshire et al., 2001; Kalischuk et al., 2006). There appears to be a worldwide acceptance of gambling activities with expenditure increasing as gambling opportunities become easily available worldwide – gambling is ‘a universal phenomenon in human societies’.

Internationally, gambling has become a societal popular pastime in recent years, and is vigorously marketed around the world. Nevertheless, globally the problem gambler is constructed as a victim of the gambling industry which is embroiled in a raft of political, economic and social factors, targeting people who are financially disadvantaged (Darbyshire et al., 2001). Approximately one-third of people living in Australia are problem gamblers, and it is suggested that more than 174 000 Australian children are living within a problem gambling family (Darbyshire, et al., 2001). Like Australia and New Zealand, the United States has also had a rapid increase in commercial gambling. In 1967, only 13 of the 52 US States had lotteries and there were no casinos outside of Nevada, however, since that time a further 24 States have established lotteries (Volberg & Abbott, 1997). This demonstrates the increase in opportunities of gambling around the world. It must be remembered that gambling is not always a problem for people, although for some individuals it is problematic and poses a number of challenges for their families and is a significant public health issue (Kalischuk et al., 2006).

Indigenous Gambling

Indigenous peoples can be defined as groups with a natural origin in particular regions or counties, such as Māori in New Zealand or Native American tribes in North America (Volberg &

Abbott, 1997). As mentioned earlier, Māori (especially women) have significantly higher rates of gambling than women belonging to most other ethnic groups. Wardman, et al. (2001) also stated that gambling is problematic for Aboriginal people, including both adolescents and adults who have higher rates of both problem and pathological gambling than non-Aboriginal counterparts. Their gambling rate is between 2.2 and 15.69 times higher than non-Aboriginal populations (Wardman et al., 2001).

Gambling for traditional Aboriginal tribes existed within their culture. Gambling was organised, emphasised and depended upon by tribal societies, which may also have been the case for Māori. Wardman et al. (2001) went further and stated that gambling for Aboriginal tribes was associated with ceremonies that were quasi-religious in nature and necessary for the desired outcomes of a ritual. They also used it to establish economic equality in periods of economic stress although it was discouraged if the winning of goods or services affected others negatively. Gambling excessively displayed individual prestige and honour, although it has different meanings and consequences for contemporary Aboriginal populations (Wardman et al., 2001). Stressful situations are also a factor that causes Aboriginal populations to gamble. A feature of Indigenous cultures is the close tribal networks such as extended family, which Wardman et al. (2001) claimed could have dire consequences as those with problem gambling could also have family or friends with a gambling problem. This is due to those with a gambling problem leading family members or friends to experiment with gambling, which in turn could lead to their having gambling problems.

Colonisation may also have played a role in Indigenous populations having a higher burden of gambling. In addition, Wardman et al. (2001) maintained problem and pathological gamblers in Aboriginal populations, compared to their non-Aboriginal population, were likely to be female. While this may be a result of women's cultures and way of life, the reason for this is uncertain and requires further research. What is known is that it is now an issue for society and needs to be addressed, especially as children are suffering. Another study by Volberg and Abbott (1997) suggested gambling involvement, expenditures and related problems were considerably higher in Indigenous populations than non-Indigenous populations. Volberg and Abbott believed this was due to factors separate from culture or environment.

While there are great differences among Indigenous peoples, although there are similarities in the conditions these groups live throughout the world (Volberg & Abbott, 1997). Poverty, unemployment and dependence on welfare are widespread among colonised, indigenous peoples in many countries with these being factors for Indigenous populations having a higher gambling-related burden within the Māori in New Zealand and Native Americans in the United States (Volberg &

Abbott). The mean number of gambling activities among Caucasians in New Zealand is 0.75, while the average number of weekly gambling activities for Māori is 0.88. For Caucasians in North Dakota the number of weekly gambling activities is 0.47 while for the North Americans it is 0.85 (Volberg & Abbott, 1997). In New Zealand and North Dakota, total monthly expenditures on gambling were also significantly higher for the indigenous populations than Caucasian respondents. Within these two countries (New Zealand and United States) the indigenous populations are much more likely to gamble regularly, report spending more money on gambling and have higher current and lifetime prevalence rates of problem and pathological gambling than their counterparts. Overall Volberg and Abbott (1997) established Indigenous populations were more likely to be vulnerable to the development of serious gambling problems than non-Indigenous populations.

Gambling and Māori

Gambling became widespread throughout New Zealand, and consequently Māori became exposed to it, during the countries period of European colonisation, which took place in the early decades of the 19th Century (Volberg & Abbott, 1997). In more recent years the profile of a problem gambler includes those who are unemployed, under 30 years of age, single, and of Māori or Pacific ethnicity (Abbott & Volberg, 1991; 2000). The colonisation of New Zealand has adversely influenced Māori in relation to gambling in today's society.

Māori are approximately four times more likely to have a gambling problem compared to men and women in the total population (MOH, 2009). Between the ages of 20 years and 34 years, those with a problem gambling involve 16.6 percent of Māori, 7.6 percent of Pacific peoples, and 8.5 percent Asian peoples. The MOH (2009) further reported that 1 in 16 Māori or Pacific men and 1 in 24 Māori or Pacific women were either problem or moderate-risk gamblers. Māori and Pacific women are more than 3.5 times likely to be problem or moderate-risk gamblers compared to women in the total population, and similarly Māori and Pacific men were also considerably more likely to be problem or moderate-risk gamblers compared to men in the total population. The MOH in 2006 described how Māori aged 18 years and over received help for gambling almost twice their proportional representation in the New Zealand population (28.5% compared to 15% of the population). Furthermore, 2.8 percent (87,000 adults) of people aged 15 years and over experienced problems in the previous year due to someone's gambling (MOH, 2009). The Productivity Commission (1999) also reported that an estimated 7 to 17 people were affected by each problem gambler. Māori adults had the highest prevalence of experiencing problems due to someone's

gambling – that is, they were two to three times more likely to report a problem related to someone else’s gambling (MOH, 2008).

It can be concluded that the Māori population experiences more gambling-related harm than any other ethnic group in New Zealand (MOH, 2009). The MOH (2009) further suggested Māori were at higher risk of harm due to many living in areas of higher socioeconomic deprivation. These inequalities exist not only for those experiencing gambling problems but also for those people experiencing problems due to someone’s gambling (family, whānau, and the wider community). Māori comprise only 15 percent of the adult population, yet they make up approximately half of the problem gamblers and approximately one-third of all problem or moderate-risk gamblers (see Figure 1). The MOH (2008b) also reported that Māori make up 28.6 percent of people seeking help for gambling issues. Overall, Māori have over five times the risk of becoming a problem gambler compared to non-Māori (MOH, 2009). With the effects of gambling including financial and health problems it appears gambling problems for Māori may perpetuate existing inequalities, which indicates problem gambling needs to be addressed (MOH, 2009).

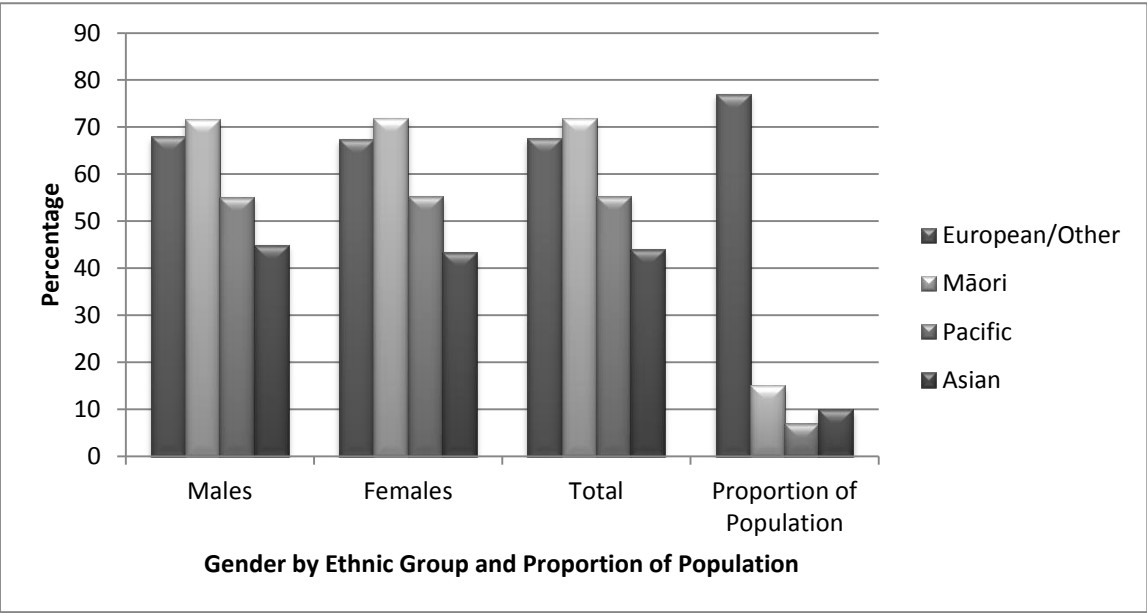


Figure 1. The prevalence of gambling of ethnic groups by gender in previous 12-months and total population, and the proportion of the population ethnic groups make up. Note. Information sourced from Ministry of Health (2009) and the Ministry of Social Development (2010).

Gambling and Women

As already pointed out, problem gambling has traditionally been a men's issue, but in recent years the gap between the genders has narrowed (Paton-Simpson et al., 2003). Women have been steadily increasing their gambling behaviours, and are high-users of 'pokies' or gaming machines. Paton-Simpson et al. has suggested that since 1997 the number of women receiving counselling for their gambling has increased by 309.7 percent. The increase in women's gambling, according to Volberg et al. (1996), may be due to a combination of stressors in the lives of young minority women who gamble on dice, sports, at casinos or locally available gaming machines, which provide opportunities for action and beating the system. Gambling can provide a sense of control over their lives, along with having prestige among their friends and family.

Adjusting for age, Māori men (71.6%) and women (71.9%) were more likely than other ethnic groups to have participated in gambling in New Zealand in the past 12-months, while Asian men (44.9%) and women (43.3%) were the least likely to have gambled in New Zealand in the past 12-months (MOH, 2009). This means that the percentage of women now gambling is equal to that of men, and reflects a noteworthy increase in women gambling (see Figure 2) (MOH, 2009).

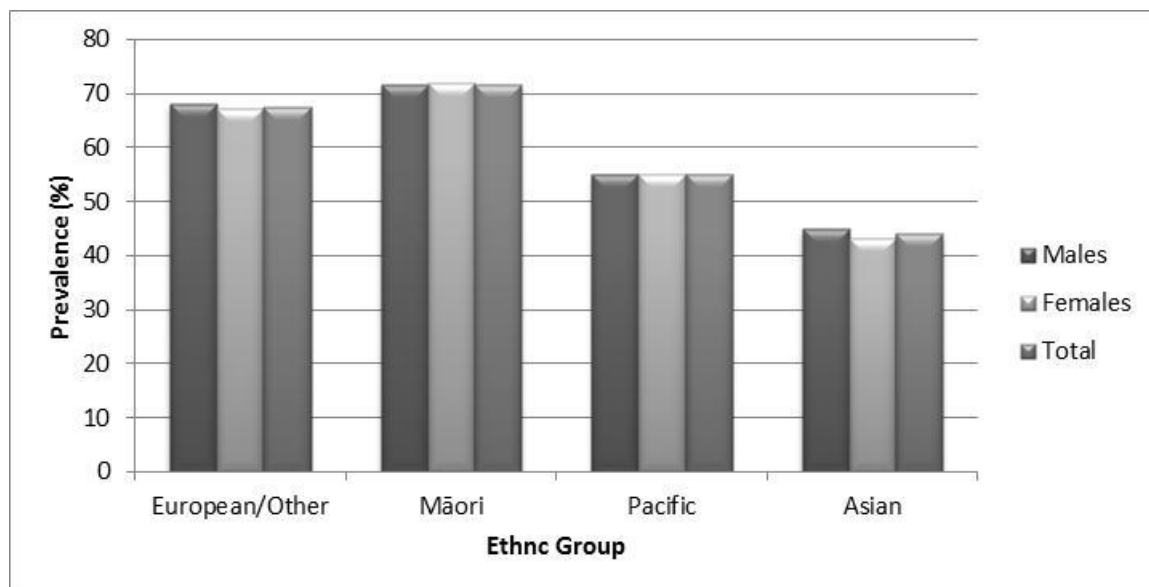


Figure 2. The prevalence of gambling for ethnic groups by gender in the previous 12-months
Note. Information sourced from Ministry of Health (2009).

Darbyshire et al. (2001) have suggested, like many other authors, that there is an increasingly worldwide 'feminization' of gambling that is having an enormous direct impact on our children. The

significant move away from problem gambling being an exclusively men's problem has been widely contributed to by the introduction of pokies or gaming machines (women mainly utilizing this type of gambling). Darbyshire et al. (2001) further declared that mothers driven by the urge to gamble are willing to leave their children in cars outside casinos or hotel gaming rooms. This was the situation for a 19-month old Victorian boy in Australia. Sadly, he died after being left for over two and a half hours in his mother's car with the summer heat reaching 65°C (Cant, 2000; Pellegrini, 2000).

With more women (and therefore mothers) developing pokie-related gambling problems, it is certain the number of children affected by parental problem gambling will no doubt increase (Brown & Coventry, 1997). An earlier study by Franklin and Thomas (1989) had mistakenly assumed that fathers were the one in the family with a gambling problem, although they saw the widespread introduction brought about the immense increase in the number of women with gambling problems. Similar findings by Brown and Coventry, confirmed by Volberg's and Abbott's (2001) study, found women were increasingly experiencing gambling problems associated with electronic gaming machines, team lottery, and to a lesser extent casinos. Brown and Coventry (1997) researched women and gambling, and discovered their gambling resulted in mood swings, stress, guilt, a sense of isolation, and neglectful behaviour leading to negative effects on their children. Finally, Volberg (1997) found that the Indigenous problem and pathological gamblers in New Zealand and North Dakota were more likely to be women than problem gamblers elsewhere. This is a significant finding about Indigenous women and gambling.

Gambling, Parenting and Child Care

Public acceptance of gambling along with family experiences that endorse gambling behaviours predicts the intentions to gamble, and subsequently intentions predict gambling behaviours (see Figure 3) (Kalischuk et al., 2006). Major consequences of adults gambling are the neglect and care their children receive (Afifi, Brownridge, MacMillan & Sareen, 2010). The problem gambling of parents not only impacts on their children's health and social well-being (Darbyshire, Oster & Carrig, 2001) but puts them at risk of child maltreatment (Afifi et al., 2010). MOH (2009) also declare the gambler themselves are not always the one that is affected by problem gambling but the people around them are as well. This includes significant others, such as spouses, partners, parents, whānau, friends, work colleagues, the wider community and especially children. Therefore many people are affected by a problem gambler with Māori/Pacific females more likely (2.5 times) to

have experienced problems because of someone else's gambling compared to the total population of females. This population experience higher burdens of problems due to someone's gambling – one in 12 (8.6%, 6.9–10.3) Māori females and 1 in 20 (5.3%, 3.7–6.8) Māori males had experienced problems due to someone's gambling in the last 12 months (MOH, 2009).

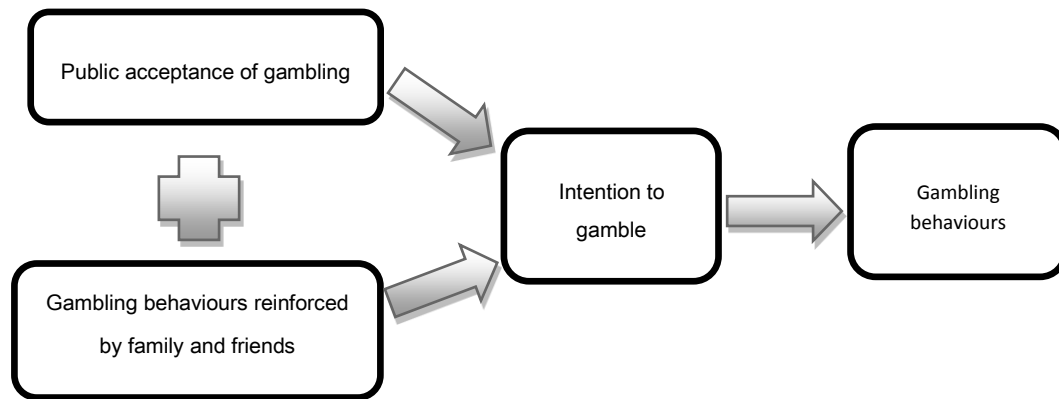


Figure 3. Precursors to engaging in gambling behaviours.

Impacts of gambling on children

Undoubtedly, gambling has far-reaching and long-term effects on children whose mothers gamble (see Table 1). Magoon and Ingersoll (2006) expressed concerns about women who neglected their children while gambling with, at times, disastrous consequences like children dying when left in cars while their mothers gambled in the casino. This is becoming a most important issue with increasing numbers of women gambling, which is likely to have negative effects on their children. Stress induced physical aggression directed at children is associated with gambling, with other studies pointing to people using gambling to escape reality, manage mood or cope with stress. Lesieur and Rothschild (1989) found that children of problem gambling parents are two to three times more likely to be abused than their peers. They are also at higher risks of developing health threatening behaviours such as smoking, drinking and drug misuse, overeating and gambling itself. While Lesieur (1989) reported eight percent of problem gamblers were abusive to their children, Brown and Coventry (1997) further confirmed children were sometimes the unwitting sufferers of parental gambling behaviours.

American research has found children whose parents gamble are likely to experience behavioural, physical, psychosocial impacts like broken homes, unhappy teenage years, poor self-image, involvement in crime, and self-rated poor quality of life; and psychological problems like

depression, anxiety, insecurity, need for success, poor mental state, school/work problems and suicide attempts. Studies by Petry and Steinberg (2005) Lorenz and Shuttlesworth (1983), and Suissa (2005) also point to a relationship between problem gambling and family violence towards children. Furthermore, Lorenz and Shuttlesworth (1983) reported that 27 percent of children had considerable behaviour and adjustment problems due to parental neglect that included running away from home, committing crime and engaging in drugs, alcohol, and/or gambling related activities. Lorenz and Shuttlesworth (1983) also quantified children's physical abuse by parents who gambled was approximately 10 percent of their sample.

Franklin and Thomas (1989) presented a potential profile of a child living with compulsive parental gambling, and highlighted extensive problems children face. They believe a child (a) lives with the disappointment of a parent failing to keep promises, (b) tries to rescue their family by being the family fixer, scapegoat, or peacemaker, and (c) suffers in terms of their schooling and relationships and contact with peers or friends, which deteriorate (Franklin & Thomas, 1989; Kalischuck et al., 2006). Emotionally children of problem gamblers experience isolation, depression, anxiety and anger which cannot be expressed or attended to within the family. Traits a child of a problem gambler (as other studies have indicated) includes exposure to poor role modelling and social and interpersonal skills, resulting in them over- or under-achieving, being physically active, and demonstrating tendencies toward high risk behaviours, such as sexual promiscuity and physical abuse (Franklin & Thomas, 1989).

Family violence and gambling

Afifi, Brownridge, MacMillan and Sareen (2010) have linked family violence to gambling problems and severe child abuse, connected with increasing gambling problems of either mothers or fathers. There are few studies investigating the relationship between gambling and child maltreatment with the growth on the gambling industry worldwide. The stress and financial crisis associated with gambling problems manifests within the home that can result in violence against their children (Afifi et al. 2010). In Afifi et al.'s (2010) research, 64 percent of people who admitted to attending gambling treatment programs report a history of abuse. Problem gambling was also linked more to minor or severe dating violence whereas pathological gambling was associated with minor or severe dating violence, severe marital violence and severe child abuse (Afifi, et al., 2010).

Gambling and parenting

With gambling increasing worldwide, Darbyshire et al. (2001) expressed that an unfortunate consequence is that children growing up in problem gambling families. Something which is a concern for child health and social workers and as other studies have found, families of gamblers also experienced difficulties, such as emotional distress from arguments, divorce and uncertainty, financial problems, and physical problems including abuse. Internationally, 2.5 million children are affected by parents gambling in the USA (Darbyshire et al.). Approximately half (49.4%) of problem gamblers live in households with on average two children, and 0.6 children (under the age of 15 years). Darbyshire et al. (2001) also found children living with parents who are problem.

Abbott (2001) speculated that women's traditional family role as caregivers and nurturers will be negatively impacted as an outcome of their gambling increasing, with harmful consequences for their children. Overall most authors suggest the untoward effects of problem gambling resulted from highly stressed, preoccupied, inconsistent and often absent parents for children who have parents that gamble and neglect them (for example, see Jacobs et al., 1989; Abbott, 2001). It is notable that ensuing child abuse and neglect along with a lack of trust in relationships has damaging long-term effects upon children's future relationships (Abbot, 2001). With increasing gambling problems for women, Jacobs et al. (1989) also found that the children in these families suffered inadequate stress management skills, poor interpersonal relations and inferior coping abilities. Jacobs et al. (1989) suggested, like other studies already mentioned, there was a definite connection between parental problem gamblers and elevated risks of dysfunctional behaviours among children raised by gamblers - they termed these families as 'pathogenic'.

Children living in environments with gambling a problem are exposed to the fallout of financial difficulties, marital discord, and inconsistent parent behaviour. Gambling contributes to inconsistent parenting, disruptions in school progress, reduced or absent parental interest and involvement, parental emotional unavailability, parental irritability or volatility, varying levels of physical/verbal harshness, erratic and punitive discipline leading to serious abuse, increased family tension, parental separation, and difficult peer relationships (Darbyshire et al., 2001). The outcome of being neglected or abused for these children includes becoming socially isolated, both physically and emotionally deprived, feeling abandoned, angry, depressed and suicidal. Importantly, they are at risk of abuse by their gambling parent. Children of pathological gamblers are the most victimized, with the effects of parental problem gambling on children having more severe and negative consequences, as already mentioned (Darbyshire et al. 2001).

Table 1.

Harmful Consequences for Children of Parents with a Gambling Problem

Impacts	Consequences	References
Family	Change in family role(s) Family fixer/peacemaker Scapegoat 'Broken homes' – separation & divorce Family violence Poor role models	Darbyshire et al. (2001); Franklin & Thomas (1989); Kalischuck et al. (2006); Lorenz & Shuttlesworth (1983)
Care and Protection	Inconsistent parental behaviour Child neglect Poor quality of life At risk of abuse	Afifi et al. (2010); Brown & Coventry (1997); Darbyshire et al. (2001); Franklin & Thomas (1989); Lesieur (1989); Lesieur & Rothschild (1989); Magoon & Ingersoll (2006)
Emotional/Psychological	Disappointment Depression Anxiety Anger Insecurity* Poor self-image Unhappy adolescent Need for success Suicide ideation or attempts Emotional deprivation Feeling abandoned	Darbyshire et al. (2001); Franklin & Thomas (1989)
Physical	Physical abuse	Afifi et al. (2010); Brown & Coventry (1997); Darbyshire et al. (2001); Franklin & Thomas (1989); Lesieur (1989); Lesieur & Rothschild (1989); Magoon & Ingersoll (2006)
Behaviour	Adjustment problems Engage in high risk behaviours Engage in risky health behaviours like smoking, alcohol and drug use, overeating, gambling Involvement in crime* Run away from home Engage in physical abuse	Franklin & Thomas (1989); Kalischuck et al. (2006); Lesieur & Rothschild (1989); Lorenz & Shuttlesworth (1983)
Connectedness	Attachment problems Poor social & interpersonal skills Social isolation Sexual promiscuity	Franklin & Thomas (1989); Kalischuck et al. (2006)
Education/Work	Disruptions in school progress Deterioration/under-achievement* Need for success/over achievement	Darbyshire et al. (2001); Franklin & Thomas (1989); Kalischuck et al. (2006)

A study by Kalischuk et al. (2006) estimated that each problem gambler affects between 10 and 17 individuals, including family members. As others suggest common problems reported by the family members of problem gamblers include loss of household or personal money, being subjected to anger, violence, lies and deception, and neglect of family roles and responsibilities (Kalischuk et al. 2006). They typically experience inconsistent relationships with their parent that involves being doted upon at times and then being ignored, as well as loss of a physical and existential sense from themselves as a result of a parent becoming someone a child no longer recognises and not feeling loved or valued by them but abandoned. Children have stated they even went to bed hungry as a result of limited money due to a parent gambling. Loss of money is also detrimental to the health and wellbeing of children, decreasing among other things their nutritional status and recreational activities (Kalischuk et al. 2006). In general children face long-lasting and negative consequences.

Table 2.

Harmful Consequences of Problem Gambling on Parents

Impacts	Consequences	References
Family	Family violence Poor role models Marital discord and argument Family tension 'Broken homes' – separation & divorce Uncertainty Financial problems/crises	Affi et al. (2010); Darbyshire et al. (2001); Franklin & Thomas (1989); Kalischuck et al. (2006); Lorenz & Shuttlesworth (1983)
Care and Protection	Neglect of children Parental disinterest Inconsistent parental behaviour Emotionally unavailable, irritability, volatility Physically and verbally harsh Punitive discipline Physically abusive	Affi et al. (2010); Brown & Conventry (1997); Darbyshire et al. (2001); Franklin & Thomas (1989); Magoon & Ingersoll (2006)
Emotional/Psychological	Mood swings Stress Guilt Anger Sense of isolation	Franklin & Thomas (1989)
Connectedness	Attachment problems Sense of isolation	Brown & Conventry (1997); Franklin & Thomas (1989); Kalischuck et al. (2006)

Conclusion

In conclusion, problem gambling is a growing national and international problem, especially for Indigenous women. What had previously been a men's problem, has become increasingly one that affects women equally. Māori, similar to other Indigenous peoples, are four times more likely to gamble, and 1 in 24 Māori women gamble. It is recognised public health issue, especially with regard to the effects on children as a consequence of their mother's or parents' gambling. Children growing up in a family with parent(s) who have serious gambling problems face clear risks to their overall short-term and long-term socio-psychological health and wellbeing and their care and protection, and are potentially subject to multiple lifetime health. For Māori gambling is yet another inequality they live with, compounding the inequalities that many live with. With the increased availability, visibility and uptake of gambling opportunities worldwide it is entirely possible that parents problem gambling will increasingly become a child-health and social issue in the near future.

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Appendix 1: Summary of Literature

Author	Participants	Design & Method	Key Findings	Relevance
Wardman, el-Guebaly & Hodgins (2001)	14 studies were found Based on finding literature on Aboriginal gambling vs non-Aboriginal	Relevant databases were searched Descriptive studies and analytic studies incorporated Key words were searched Finding comparisons between Aboriginal and non-Aboriginal	Limited studies Aboriginal gambling rates range from 2.2 to 15.69 times that of non-Aboriginal populations Further studies need to be conducted	Relevant due to finding out other statistics of other indigenous people (international)
Darbyshire, Oster & Carrig (2001)	Previous literature (does not state number of studies found)	Key words were searched Literature researched were the effects of parent gamblers on the family/children.	Children growing up with parents who gamble seriously face clear risks to their health/well-being (social issue in the future). Limited studies	Very relevant, provided good insights into the effects gambling have on the children if their parents gamble.
Volberg & Abbott (1997)	Nationwide sample of 3,933 people aged 18 and older obtained by random digit dialling in New Zealand. Random sample of 1,517 adults aged 18 and over were developed from a list of telephone numbers in North Dakota. Another sample of 400 Native American respondents involved a two-prolonged approach intended to minimize the bias created by low rates of telephone ownership among Native Americans.	A telephone interview was conducted on both groups using a questionnaire. Three sections – first section, questions on different types of gambling and how often if so they did it – second section, composition of weighted items of the South Oaks Gambling Screen – third section, demographic questions.	Comparison of Caucasian and indigenous groups from NZ and North Dakota show substantial differences between both groups. Both indigenous groups more likely to gamble than their counterparts.	Relevant, gave good comparisons of the general New Zealand population and North Dakota population as well as their indigenous groups in both countries.
Affi, Brownridge, MacMillan & Sareen (2010)	Participants = 5692 Respondents aged 18 years and	Study based on data from National Comorbidity Survey Replication	Child maltreatment was associated with gambling problems.	Relevant but not as much as others due to it being based around the US

	older	(NCS-R) collected from 2001 to 2003. Multistage clustered sampling design and face-to-face interviews.	As gambling problems increased and became more severe so did the child abuse.	however did give valuable international facts on child abuse and gambling.
Kalischuk, Nowatzki, Cardwell, Klein & Solowoniuk (2006)	15 journals analysed	Key words found Journals chosen based on the impact of problem gambling on families	Problem gambling is a growing problem. Children of problem gamblers face social, physical and psychosocial issues in their daily lives.	Very relevant as provided much information on impacts of parental gambling on children and families.
Jacobs, Marston, Singer, Widaman, Little and Veizades (1989)	32 participants (youth) Limited sample size	Purpose of study to compare health status of youth who describe their parents as problem gamblers. Quantitative study (survey data)	Children of problem gamblers found to be at greater risk than classmates whose parents did not gamble.	Relevant, as displayed much information focused on the children in households with parents who were problem gamblers
Lorenz & Shuttlesworth (1983)	144 participants derived from a national conference of gambling anonymous members.	Quantitative study (survey data) Purpose was to obtain baseline knowledge on spouses of pathological gamblers.	Couples with children were affected with 25 percent of children reported to have significant behavioural and adjustment problems e.g. running away from home.	Relevant due to the information provided on the effects of children.
Lesieur & Rothschild (1989)	105 children of gambling anonymous member were surveyed	Quantitative study Results of these children were compared with a control group Used conflict tactics scale	Found these children had an unhappy state of mind, feel insecure and more inadequate than most. Children of GA members reported unhappy childhood and feel a need for success, acceptance and approval. Children of pathological gamblers more subject to parental violence and abuse.	Very relevant as focused around the child and how they fared in a household with a pathological/problem gambler.

