

## All in the Family: Help-Seeking by Significant Others of Problem Gamblers

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**Abstract** Problem gambling can significantly affect the lives of concerned significant others (CSOs) of problem gamblers, especially family members, but little is known about their help-seeking activities and experiences. This paper explores help-seeking by CSOs of problem gamblers and their related motivators and barriers. A telephone interview was administered to 48 CSOs who called an Australian gambling helpline seeking assistance for themselves and/or a person with gambling problems. Key motivators for seeking help (through helplines, non-professional sources, and self-help measures) were concerns the gambling might become a major problem, negative emotions, problems maintaining normal daily activities, concerns for dependents' welfare, and health concerns. Barriers included wanting to solve the problem on their own, and shame. Findings highlight the need to better equip CSOs to assist both the person with gambling problems towards treatment and recovery and to protect their own physical, emotional, social and financial wellbeing.

**Keywords** Family · Significant others · Problem gambling · Help-seeking

Only about 10 % of problem gamblers seek formal assistance for their gambling problems (Delfabbro 2009) but as many as 50 % reportedly rely on informal help from concerned significant others (CSOs) (Clarke et al. 2007), including partners, children, other family members, friends and colleagues. Although extensive research has investigated the needs of problem gamblers and some has begun to consider the impacts of problem gambling on CSOs, relatively little has examined the experiences, perspectives or needs of CSOs (Patford 2007, 2008, 2009; Productivity Commission 2010), including their role in helping both the person with gambling problems and themselves. This paper aims to explore the help sought by CSOs of problem gamblers and their related motivators and barriers.

The silence that surrounds problem gambling often extends to CSOs. Embarrassment, denial, guilt and shame can be powerful barriers to help-seeking, not only for problem

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gamblers, but also for their loved ones (Bellringer et al. 2008; McMillen et al. 2004; Valentine and Hughes 2010). Consequently, CSOs are often left isolated and unsupported (Krishnan and Orford 2002). Hodgins et al. (2007) believe that little recognition of CSO experiences has left them struggling with both limited expertise and limited access to resources and support.

Clarke et al. (2007) also note the scarcity of research examining the experiences of CSOs, especially in encouraging problem gamblers to seek help. This is surprising given the key role CSOs reportedly play in a person seeking professional help (Anderson et al. 2009; Rothi and Leavey 2006) and in their treatment and recovery processes (Gomes and Pascual-Leone 2009; Hodgins et al. 2001). Evans and Delfabbro (2003) argue that greater understanding of the practical methods CSOs use to encourage and support problem gamblers in improving their situations will undoubtedly lead to better outcomes for gamblers and their families. They conclude that “greater attention should be directed towards the potential role of social support as part of intervention strategies. Not only do people close to the gambler often play a critical role in the initial help-seeking behaviour, but they can also be central agents for change” (2003, p.55).

Several researchers have advocated better equipping CSOs of problem gamblers with the knowledge, skills and support required to stimulate and support the problem resolution process (Evans and Delfabbro 2003; Hodgins et al. 2007; Pulford et al. 2009). However, Patford (2008, 2009) argues that far greater research is first needed to understand how partners can best be supported in protecting themselves and their families, while encouraging prevention and intervention strategies for the person with gambling problems. This research is important because the complexity of intimate relationships means help from CSOs may not always be consistent or positive in its consequences (Krishnan and Orford 2002; Liang et al. 2005). Patford’s research, for example, with 13 male (2008) and 23 female (2009) partners/former partners of problem gamblers found partners engage in processes of denying, caring, monitoring, controlling and sometimes facilitating their partner’s gambling, while attempting to manage and improve both their partner’s behaviour and their own life situation. Additionally, her interviews with 15 adult children of problem gamblers (Patford 2007) found that considerable stress arises from their varying roles as trouble-shooter, mediator, confidante, advisor and spokesperson. Nevertheless, Kalischuk’s (2010) research with 37 CSOs showed that family members can co-create life pathways through processes involving transition, tension and turmoil, transformation, transcendence and termination. Other studies have found that people with gambling problems and their families use adaptive and innovative ways of supporting and treating themselves, often successfully (Clarke et al. 2007; McMillen et al. 2004).

When CSOs do seek professional help, it is often prompted by financial concerns. A New Zealand study (Bellringer et al. 2008, p. 102) found that financial problems were the main motivators for professional help-seeking by the 32 family members surveyed along with “other emotional factors”, “wanting to prevent the gambling from becoming a major problem”, “isolation from friends and family” and “problems with your spouse or partner”. However, the research provided little insight into the barriers faced by CSOs, other than suggesting procrastination and a possible lack of knowledge that help was available for CSOs may play a role (Bellringer et al. 2008, p. 122). Meanwhile, a study in the ACT with seven family members found that a significant event, such as realising the extent of financial losses or a threat to a significant relationship, was most often the trigger for help-seeking, while shame and stigma were the most common barriers (McMillen et al. 2004). However, further research is needed to support the results from the small samples in these studies.

Given the important role of CSO support in problem gambling help-seeking and recovery, as well as the considerable demands on CSOs and their own needs for help and advice, further research on the help-seeking behaviour of CSOs of problem gamblers is long overdue. This paper contributes further insights into this important and complex issue.

## Methods

The present paper reports on one part of a larger study that examined the help-seeking of both problem gamblers and CSOs of people with gambling problems. For this part of the study, 48 CSOs were interviewed about their experiences of seeking help for a person with gambling problems, as well as for themselves, and their related motivators and barriers.

### Procedures

The 48 CSOs were recruited over several months from January 2010 through a free-call gambling telephone help service operating nationally and in all eight jurisdictions in Australia. Service staff requested participation in the study from suitable callers and where consent was given, caller contact details were collected and forwarded to a market research company who conducted the telephone surveys. Each survey took about 20 min to complete. The study was approved by the researchers' university ethics committee.

### Participants

Thirty six of the 48 CSOs interviewed were women (75 %), 32 were aged 35–64 years (67 %), 41 were born in Australia (85 %) and 29 were living in a metropolitan area (60 %). Twenty three were married (48 %) and 18 were working full-time (38 %). The mean age of respondents was 46.9 years and ranged from 20 to 71 years (std dev.=13.9). How the sample characteristics compare to the broader population of CSOs who call a gambling helpline is unknown, so the results cannot be generalised.

Amongst the CSOs, 18 (38 %) called a helpline about their partner's gambling, while 12 (25 %) called about their son's gambling and six (13 %) about their mother's gambling. A further two called because of gambling by their daughter, two about their father and two about a friend. Five participants (10 %) called about gambling by another family member, including a brother, sister, daughter's boyfriend, sister-in-law and son-in-law.

### Measures

Development of the survey instrument was informed by a systematic literature review, the survey instrument from a similar New Zealand study (Bellringer et al. 2008), and surveys used in other studies of help-seeking (Evans and Delfabbro 2003; Rockloff and Schofield 2004; McMillen et al. 2004). The survey was primarily concerned with gathering descriptive data about awareness and use of professional and non-professional gambling help and self-help measures, and motivators and barriers to their use.

*Professional sources* of gambling help for CSOs in this study comprised gambling-specific services, including face-to-face, online and telephone help services, as well as mutual support groups (such as Gam-Anon) and gambling venue assistance (exclusion, information about counselling services). Professional help also included generalist help services that may assist with gambling problems, including general practitioners, relationship, financial and legal services, alcohol and drug services, and ethnic support services.

*Non-professional sources* of help included people who CSOs may turn to who are not professionally trained, but who may provide support and guidance, including partners, other family members, friends, work colleagues, and religious and community leaders.

*Self-help measures* comprised those not involving other people, such as talking to the person with gambling problems about how the gambling is affecting others, organising

direct debits for household bills, limiting access to money and protecting joint bank accounts.

Fifteen possible motivators and ten possible barriers for help-seeking were derived from Bellringer et al.'s (2008) study, with an "other (please specify)" category included to identify any additional items. Respondents were asked their strength of agreement that these motivators and barriers encouraged or delayed/discouraged them (respectively) from seeking each of the three types of help (professional, non-professional and self-help). Response categories were 1 = "strongly agree", 2 = "agree", 3 = "disagree" and 4 = "strongly disagree".

## Analyses

Data were analysed using the statistical software SPSS version 19. Frequency distributions were produced for all variables, and mean scores computed for the motivators and barriers to allow their ranking according to respondent agreement.

## Results

The results are grouped according to each type of help examined: gambling helplines, other professional help, non-professional help, and self-help measures.

### Gambling Helplines

Of the CSOs participating in the study, twelve (25 %) became aware of the helpline they had called from an Internet search, nine (19 %) from the telephone book, eight (17 %) from media advertising, six (13 %) from advertising at a gambling venue, and six (13 %) from a referral from a family member or friend. "Other" sources of knowledge were mentioned by six (13 %) of respondents and included from a lotto ticket, work colleagues, a phone operator or directory assistance, because the person worked in the hotel industry, and from the gambler who had rung a helpline which advised for the CSO to also call. No respondents reported finding out about the helpline from venue staff, counselling agencies, or a doctor/other health care worker (the remaining response categories).

When asked what they were primarily seeking from the helpline, 35 respondents (73 %) reported that they wanted general information about getting help for gambling-related problems. Nine (19 %) wanted telephone counselling for the problems they were experiencing related to the person's gambling and three (6 %) wanted referral to a face-to-face counselling service. Forty respondents reported being either extremely satisfied (56 %) or satisfied (27 %) with the outcome of their call.

Regarding motivations, respondents agreed or strongly agreed they were motivated to call a helpline because of (in descending order of agreement): concerns the person's gambling might develop into a major problem (mean=1.3), negative emotions (mean=1.6), problems in maintaining normal daily activities (mean=2.2), concerns about the welfare of dependants (mean=2.2), and physical health concerns (mean=2.2).

Nineteen respondents nominated additional motivators. Some intimated being motivated by concerns for how the person's gambling was affecting the family. These CSOs explained:

I just wanted to help—it was affecting my mother...  
He took my husband's money.  
My mum's situation put strain on my dad.

... she was borrowing money off me.  
... to help me deal with the situation.  
Because I am embarrassed by his gambling...  
Fear.

Other reasons for calling the helpline related to concerns for the wellbeing of the person who was gambling, as these responses suggested:

I was desperate. I feared about his future. He is 19. It is too young to write himself off with gambling problems.  
...I cannot help him financially and I worry about him.  
I was concerned about his health, and how to guide him towards healthier options.

Other respondents appeared motivated to call the helpline when faced with denial or a reticence to seek help by the person who was gambling:

He wouldn't admit he was gambling.  
She wouldn't listen to me.  
She wasn't prepared to call them herself.

On the other hand, some callers wanted to get specific advice for themselves:

I wanted to know how poker machines worked as a technology, I wanted to clarify whether they were truly random in the way they allocated money as winnings.  
To find out if I could get banks to ban her from credit cards.  
My parents advised me I may have legal options that may advantage me when we get divorced.

For CSOs in this study, barriers to calling a gambling helpline were of low importance. The five most often agreed on barriers (in descending order of importance) were: not being aware that help was available for them (mean=2.5), wanting to solve the problem on their own (mean=2.6), feeling ashamed for themselves or their family (mean=2.6), not being aware that help services were free (mean=2.7), and because they didn't want anyone to tell them to confront the gambler about the gambling (mean=2.8).

Fourteen respondents nominated other reasons that had delayed or discouraged them from calling a helpline. One respondent advised:

I knew it would cause disruption in the family.

Others reinforced their lack of awareness that CSOs could access help themselves, as the following respondents suggested:

I was not aware of the helpline.  
I did not know it would help people who were not gamblers.  
I just did not know the help services existed.

Other barriers, however, related to not being aware of the gambling problem or its seriousness, as these respondents explained:

I believed her denials.

I wasn't aware how bad her problem was.

...as my daughter lived interstate I just did not realise the extent to which she was gambling.

As well, some respondents believed the person was already adequately dealing with their gambling problems:

She was already getting assistance from others.

I thought her problem had been dealt with.

There was also difficulty for some respondents in identifying gambling as a significant problem:

We thought he had a drug problem not a gambling problem.

I was not sure that gambling was the problem, I thought he was depressed and was feeling he was a failure.

When asked in an open-ended question what, if anything, could have encouraged them to call a gambling helpline sooner, 34 respondents (71 %) replied "nothing". Several of the remaining 14 participants advocated more information and/or advertising targeting CSOs:

If I knew it [help] was there for the partners of gamblers I would have contacted them sooner. The ads are aimed at the gamblers not the partners affected by gambling.

More information that there was help for people affected by another person's gambling in the paper or stories about it on TV.

More TV advertising aimed at friends or family of gamblers.

Additionally, some respondents suggested there needs to be more information about the risks and impacts of problem gambling, especially for families:

There needs to be more advertising about how gambling can ruin families.

More info about how gamblers behave and deny the problem.

More advertisements, like the ad with the little boy and how his family are getting back together now that his father has got help for his gambling.

#### Other Professional Gambling Help

Overall, knowledge of professional types of gambling help, apart from gambling helplines, was low with only 38 % of respondents aware of any of these services. Of these respondents, 14 (29 %) reported general practitioners, 13 (27 %) relationship counsellors, 10 (21 %) alcohol and drug services, nine (19 %) financial counsellors, eight (17 %) legal advisors and seven (15 %) face-to-face counselling (multiple responses allowed).

Moreover, nine respondents (19 %) were currently receiving additional professional help, seven were using face-to-face counselling (15 %) and two (4 %) were using general help services, with most finding out about these services through the helpline they had called. Only two CSOs had previously used other professional help (face-to-face counselling services) with one also using a general help service.

## Non-Professional Gambling Help

Non-professional help was widely used, specifically by 32 (67 %) of the CSOs. This help most often came from a partner (38 % of respondents), other family members (38 %), friends (29 %) and work colleagues (10 %) (multiple responses allowed). Of the 32 respondents receiving current non-professional support, six (19 %) had used this type of help previously. Of the 16 CSOs not currently using non-professional help, two had previously used this type of help.

Motivations for seeking non-professional help were sought from the 34 respondents with current ( $n=32$ ) or previous ( $n=2$ ) experience of non-professional gambling support. The four most common motivators were: concerns that the person's gambling might develop into a major problem (mean=1.3), negative emotions (mean=1.7), financial problems (mean=2.0), and problems with spouse or partner (mean=2.2). Problems in maintaining normal daily activities, concerns they had reached a point where they could not go on, physical health concerns, and concerns about dependants rated equal fifth (mean=2.3).

Seven respondents provided additional reasons for seeking non-professional help. Two of these suggested:

I wanted privacy, to keep it in the family.  
Pride.

Others spoke both of concern for the person who was gambling and concern for themselves. The following respondents explained:

I was concerned for his health and wellbeing as he was getting so depressed from his gambling addiction.  
Weren't sure if he was gambling so I spoke to others. He's gambled in the past and was getting in debt.  
It was destroying our relationship.  
I needed to talk to someone.

Again, barriers to seeking non-professional help were diverse with no particular barriers being strongly endorsed by most respondents. Nonetheless, the five most commonly agreed on barriers to seeking non-professional help were: wanting to solve the problem on their own (mean=2.4), didn't think that they would be able to help (mean=2.6), feeling ashamed for yourself or family (mean=2.6), concerns about confidentiality (mean=2.6), and concerns that they might treat the gambler like an addict or mentally ill (mean=2.7).

Alongside these barriers to seeking non-professional help, respondents nominated a range of other barriers, some related to shame and denial, as shown here:

It is easier to ignore it, not to face it.  
Denial, pride.  
Partner's pride.  
It seems futile. My mother is in denial.  
I didn't want to think it was a problem.

For two participants, family dynamics also appeared to be a barrier to seeking help:

The relatives wouldn't believe me.  
I do not want his father to find out, because his father would blame me.

When asked what might have encouraged them to seek non-professional help sooner, eight people provided a response (apart from “nothing” or similar). Two said they were too busy or stressed:

If I was not so busy working I might have had the time to relax and confide in friends.  
If my life had not been so stressful I might have had the strength to do it.

Other respondents noted that a lack of understanding and/or knowledge was a barrier hindering them from accessing appropriate help:

If I'd known earlier.  
If I knew earlier that help she was receiving from other family members wasn't effective.  
I didn't know how to approach it.

### Self-Help Measures

Self-help measures were widely used (83 % of respondents). For instance, three-quarters (36 or 75 %) of the CSOs encouraged the person with gambling problems to seek help, while 33 (69 %) talked to the person about how their gambling was affecting them. About one-third tried each of the following self-help strategies—organising direct debits for household bills, mortgages and regular debits; budgeting and allowing each member of the family some spending money including the gambler; and taking action to protect any joint accounts.

Other self-help measures reported by nine respondents included taking control of some or all of the finances of the person gambling. Of these, six reported taking the person's credit and/or debit cards. Others reported:

I took over her finances.  
I tried to get control of his wages, so I could get him to save money instead of gambling it away.  
I removed his access to gambling websites.

When the 40 users of self-help strategies were asked which had been most helpful, the most common responses were encouraging the person to seek help for their gambling (17 % of the 40 respondents), taking action to protect any joint accounts (13 %), and talking to the person about how their gambling is affecting them (10 %).

The most common four motivators for trying self-help strategies were (in descending order of endorsement): concerns that the person's gambling might develop into a major problem (mean=1.5), negative emotions (mean=1.7), financial problems (mean=2.3), and problems with spouse or partner (mean=2.3). Concerns about the welfare of dependants, problems in maintaining normal daily activities and physical health concerns were ranked equal fifth (mean=2.4).

Seven CSOs nominated other motivators for using self-help. Notably, three suggested a sense of personal guilt or responsibility for the person's gambling problems:

My guilt for possibly causing the problem.  
I felt depressed and bad about taking her to the gambling venue.  
I was one of the few people who knew about her gambling so I felt a responsibility to do something.



For some respondents, using self-help was believed to be their only option:

She wasn't willing to seek professional help.  
I didn't know of any available help.

For others, it was another way of helping the person experiencing gambling problems:

I thought I could assist, help stop the way he was gambling.  
Trying to understand it.

When asked what could have encouraged them to use self-help measures earlier, nine suggestions were made. Most advocated more information that CSOs could access and use:

Advertising about what the partners and friends can do to help themselves be protected from the damage gamblers cause to their family. They should highlight that the help is for everyone affected by the gambler.  
If I had read about things I could try.  
More public info and awareness.  
Better understanding of gambling as an illness—some info about it.  
Knowledge of the disease.

Three respondents noted that earlier awareness of the problem would have prompted use of self-help measures sooner:

If I had worked it out sooner, that he had a gambling problem.  
If I'd realised earlier.  
If I knew sooner about his gambling.

Participants reinforced the importance of self-help measures when asked what source of help they had used first. Most (52 %) used self-help first, followed by professional help (25 %), then non-professional help (23 %).

## Discussion

This study explored the types of help sought by 48 CSOs of problem gamblers and their related motivators and barriers. Because the sample was recruited through gambling helplines, all had used some type of professional help; however it is notable that there was low prior awareness of other types of professional help. Furthermore, awareness of gambling-specific sources of help was very low. Instead, most CSOs had used various types of self-help before seeking assistance from a helpline and sometimes also from other professional and/or non-professional sources.

Key motivators for seeking all three types of help—a gambling helpline, non-professional sources and self-help measures—were: concerns that the person's gambling might develop into a major problem, negative emotions, problems in maintaining normal daily activities, concerns about the welfare of dependants, and physical health concerns. While the first two motivators were also prioritised in Bellringer et al.'s (2008) New Zealand study, their primary motivator of financial problems was only a highly prioritised motivator for non-professional and self-help measures amongst our CSOs.

Barriers to help-seeking prioritised by our CSOs in relation to both gambling helplines and non-professional sources of help were wanting to solve the problem on their own, and feeling ashamed for themselves or their family. These findings align with previous studies that suggest shame and stigma are the most common barriers to help-seeking by CSOs (McMillen et al. 2004; Valentine and Hughes 2010). Bellringer et al. found that most of the 32 family members they surveyed ‘planned to get help but didn’t get around to it’ (2008, p. 108). This suggests inaction, perhaps reflected in a comment by one of our participants that ‘it is easier to ignore it, not to face it’.

Findings from this study reinforce that CSOs experience many difficulties and concerns in coping with CSOs gambling problems and their own disrupted lives (Patford 2007, 2008, 2009). The key motivators to help-seeking suggest that significant others are negatively impacted emotionally, financially and physically and that problem gambling disrupts the normal daily activities of family members and causes substantial stress. Further, problem gambling has the potential to affect many different family members. A key motivator for help-seeking was concerns about the welfare of dependents, while some participants’ comments also reflected the worry, desperation and financial impacts on mothers, fathers, adult children and other family members. Others intimated that the gambling problem threatened to fracture family relationships, either between the gambler and the CSO, or amongst the wider family who might blame or not believe the CSO. The strains on family relationships posed by severe gambling problems have been well captured in previous research (Abbott et al. 1995; Dickson-Swift et al. 2005; Kalischuk et al. 2006; Krishnan and Orford 2002; Patford 2007, 2008, 2009).

The CSOs in this study also faced serious concerns about the effects of gambling problems on the person gambling, including in relation to finances, relationships, and their physical and mental health. This concern for the person with gambling problems was the main motivator for help-seeking, and reflects previous findings that CSOs play a key role in supporting, encouraging and caring for problem gamblers (McMillen et al. 2004; Patford 2009; Petry and Weiss 2009) and in their help-seeking and treatment (Evans and Delfabbro 2003; Gomes and Pascual-Leone 2009; Ingle et al. 2008; Productivity Commission 2010; Rothi and Leavey 2006). However, some CSOs indicated that the person involved in gambling often denied the problem and/or refused to seek help. Further, some CSOs reported they were slow to recognise the problem themselves, because of the person’s denials, because they thought the problem had been dealt with, or because they had misinterpreted what the problem was. McMillen et al.’s study (2004) also found that problem gamblers concealed their gambling from CSOs. Some of our respondents spoke of carrying guilt that they had either contributed to the problem, were not able to help, or could not convince the gambler to change their behaviour.

Faced with various deterrents to seeking professional and non-professional help, many of this study’s CSOs reported using self-help measures first. As noted earlier, a better understanding of practical measures used by CSOs to both assist the person gambling and themselves is needed (Evans and Delfabbro 2003). This study suggested that the most effective self-help measures, as reported by CSOs, were encouraging the person to seek help for their gambling, taking action to protect joint bank accounts, and talking to the person about how their gambling is affecting them. However, each of these measures received limited endorsement from the research participants overall. It may be that different measures are effective in different situations and that it is difficult to be prescriptive about what works best. Certainly, our research participants tried a range of practical measures, including removing debit and credit cards from the gambler, organising direct debits for household bills, mortgages and regular debits, taking over the gambler’s finances, and removing access to gambling websites. Clearly, further research is needed to clarify the

efficacy of these measures, given that prior research has also found that family members first use “a range of creative self-help strategies to ameliorate the negative impacts of gambling on their lives” (McMillen et al. 2004, p. 156).

CSOs would benefit from greater knowledge, skills and support to assist the gambler in resolving their gambling problem (Evans and Delfabbro 2003; Hodgins et al. 2007; Pulford et al. 2009). However, this study found that knowledge of professional sources of gambling help was generally low amongst the CSOs, at least prior to their contact with a gambling helpline. Several participants commented they would have sought help earlier for themselves and/or the person with gambling problems had they been aware of these services. Yet, contacting a helpline, once it occurred, appeared to result in high levels of satisfaction. McMillen et al. (2004) also found lack of information about available help services was a barrier for family members, along with difficulties in finding appropriate assistance for the problems they were experiencing.

### Implications for Practice

Several implications for practice can be drawn from the results of this study and related to various stages of change proposed as underpinning the resolution of health-related problems. The opportunity exists for public health measures and service practitioners to raise awareness of the signs of gambling problems in significant others and how to then encourage them to acknowledge the problem themselves. According to the Transtheoretical Model of Change (Prochaska and DiClemente 1982), this acknowledgement of a gambling problem involves individuals moving from the precontemplation stage where they see their gambling as functional and not requiring change, to a contemplation stage where they can envision the possibility of change (DiClemente 2003). This contemplation stage sees the individual examining the costs and benefits of their current gambling behaviour. To move forward, the decisional balance needs to fall on the side of adopting the new healthy behaviour; therefore, the reasons to change need to be substantial (DiClemente 2003). Results from the current study suggest that one of the most effective strategies used by the CSOs was to talk to the person about how their gambling is affecting them. Thus, CSOs might benefit from advice on how best to do this so that recognition of the often severe consequences of problem gambling on their loved ones provides the impetus for problem gamblers to consider changing their gambling behaviour.

The preparation stage is where individuals prepare to make changes; it may involve strategising on how best to make the necessary changes and deciding what type of help is necessary (DiClemente 2003). Our research results suggest that encouragement by CSOs for the person to seek help for their gambling can sometimes be effective. Again, public health measures and service practitioners can advise CSOs on available services and how best to encourage and support the person with the gambling problem to access them. However, our study also showed that CSOs had low awareness of sources of gambling help, implying that further promotion of services for both problem gamblers and their CSOs is needed, especially gambling-specific services. Because CSOs may not patronise gambling venues, this promotion needs to also occur in the general media.

The action stage of change is where the person has made the considered changes to their gambling behaviour, but these changes are not yet habitual and are accompanied by high risk of relapse (DiClemente 2003). To assist transition to the maintenance stage where the changed behaviour is embedded, self-help gambling measures may be especially valuable and promoted by CSOs to their loved one. Raising awareness of practical self-help measures could also be advanced by service providers and through public health initiatives.

## Conclusion

Little is known about the experiences of CSOs of problem gamblers, despite wide recognition that problem gambling can severely affect them. CSOs play dual roles, often supporting the gambler to deal with their problem whilst also coping with the stresses and strains it causes. Although limited to a small sample of CSOs who had already contacted a professional gambling help service, this study has illuminated their help-seeking behaviour, including factors that prompt and deter them from seeking different types of help. The findings begin to define the range and depth of CSOs experiences when seeking help, and highlight the need for further support and assistance to better equip them to both assist the person with gambling problems towards treatment and recovery and to protect their own physical, emotional, social and financial wellbeing. While further research is needed to understand and corroborate the experiences of CSOs, including those not using professional help, this study has provided preliminary insights into the challenges and needs of the often overlooked but heavily impacted group of significant others of problem gamblers.

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