

## CHAPTER 18

# ISSUES (AND INTERVENTION) FOR ADOLESCENT CHILDREN OF PROBLEM GAMBLERS

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Recent research with New Zealand families provides compelling evidence that children do suffer negative effects from living with problem gambling parents. A brief summary of the research results is provided here, although the main focus of this chapter is to discuss the implications of these findings for counsellors and others working with problem gambling families.

### **Research with problem gambling parents and their children**

It is well documented that addictions and other parental disorders have a negative impact on children's welfare. In the case of gambling there has been considerably less research than for other addictions (Darbyshire et al, 2001; Jacobs et al, 1989; Lesieur & Rothschild, 1989). Recent investigations in New Zealand involved 13 families, consisting of 14 parents (11 women) and 19 children (9 girls) (Tan & Wurtzburg, 2003; Wurtzburg & Tan, 2003, 2004). The parents were aged between 35 and 53 years, while the children were aged 11-16. Each research subject was provided with a pseudonym to protect their privacy. The participants and their families were referred to the project by gambling treatment facilities in the Canterbury region. The material that they provided included quantitative and qualitative data which offered useful insights into the complicated nature of these families' interactions.

### **Effects on children**

Children suffered a range of effects connected to parental gambling. An obvious difficulty for all of these families related to finances, and for many of them this issue had prompted their appearance at gambling counselling facilities. Parents and children typically focused on loss of income, which affected the family's accommodation, food consumption, clothing

purchases, entertainment options, and other material items. Beatrice (age 35) admitted: “I was irresponsible ... [and] not looking after my child.” Her child, Bonnie (age 14) complained: “she decides to put [money] ... into a machine and we suffer.”

These families often experienced social stigma if neighbours, friends, or other family members knew about their gambling-associated difficulties. Probably for this reason, most parents and children tried to keep gambling activities secret. Children often felt that these problems should be sorted out privately. For example, George (age 14) reasoned that “it is a family thing and they should ... stay together [and] work it out in the family.” Despite children’s and parents’ desire to keep household secrets, often outsiders were aware of the issue because of associated difficulties, such as loss of employment, or legal action, which resulted in a degree of social disapproval.

The parental partnership was often damaged by the gambler’s addiction and this had negative effects on the children. Clare’s account was typical: “My husband could cope with [alcoholism] ... but then gambling came along and it was all too much.” Young people spoke about family discord. Larry explained that “they would ... argue ... about money.” Other children ended up trying to mediate parental problems. Fourteen-year-old Iona explained that “I felt like I had to take [Mum] aside all the time if they had a fight [and say] ... we don’t have to ... listen to this.” In this manner, children sometimes ended up behaving like an adult friend to their parents, rather than as their parent’s child.

The parent-child relationship was impaired in other ways, and adults were often aware of this situation. For example, Fiona admitted: “I deprived my children ... I can feel really guilty.” However many parents were not fully aware of the extent of the relationship damage, since some children found it difficult to express their feelings of betrayal and loss. Ellen (age 14) explained: “I say I don’t really care [about Dad’s gambling, but] ... I do.” Young people spoke about not trusting their parents to behave appropriately, and Ellen remembered numerous betrayals when “we would ... see him run over to the TAB.” As a result, communication between parents and children suffered. Bonnie explained that: “I’m really scared of telling her what I get up to ’cause she freaks out.” Her mother in turn recounted how Bonnie “says I’m a bitch and she hates me.”

Sibling’s relationships were also adversely impacted by these family dynamics. Children at times felt that they needed to take on a parental

role with younger brothers or sisters. Sixteen year-old Edith spoke strongly about the fact that her younger sister should not be exposed to her parent's gambling behaviour. She also spoke about having to work with her siblings to reach difficult decisions about informing on adult behaviour. For example, "we talked about it between us kids or said to Mum, 'Dad's gambling' but then we felt bad."

Despite the fact that most parents did not want their children to become gamblers – and 18 of the children expressed a strong desire not to emulate their parents' behaviour – a large number of the youthful research participants had gambled at some point in the past. Nine young people aged 11-16 indicated that they had gambled, and their activities included buying a 'scratchy' or lotto ticket, operating gaming machines, playing cards for money, and other financial bets. Some of the gaming locations were ones that they should not have been able to access based on their ages at the time. This fits with overseas research showing that young people are often able to enter gambling facilities, despite laws supposedly limiting their presence. Another observation is that one of the consequences of living in a gambling environment is that young people are overly optimistic about their abilities to withstand gambling temptations.

Stress resilience was also an area of inquiry in the study. Generally children mentioned several coping mechanisms that they used. Some youth participated in sports or other exercise. For example, Geoffrey (age 13) explained that "I just go for a run whenever I can." Other young people relied on their friends to help them deal with family difficulties. Iona spoke about having "so many friends that I know I can trust." Dependable adult confidantes also played a role in boosting children's coping skills. George recounted that: "I have spoken to my school guidance counsellor a bit." All adults working with children affected by gambling parents need to consider the words of Edith, who said that "[children of gamblers need to know] that it's not their fault ... It affects the parents but it has nothing to do with them."

### **Why work with children of problem gamblers?**

In New Zealand, children are exposed to a myriad of chance or gambling-type activities on a daily basis. Examples of their exposure and early indoctrination into gambling include the plethora of raffles, scratch-and-win coupons, and shopping-related prizes. It is common for children to participate enthusiastically in gambling by selling school and sporting

team raffles in fund-raising ventures. Thus, many children are actively or surreptitiously socialised into monetary risk taking and gambling. If they are lucky, they do not have the additional negative parental influences that arise from living with a problem gambler (described above). Several studies have shown that parental disordered gambling activities do predispose young people to develop problems with gambling in their own lives (e.g. Clarke, 2003; Delfabbro & Thrupp, 2003; Griffiths & Wood, 2000; Toneatto & Brennan, 2002).

It is clear from the research into the effects of parental gambling on children and years of clinical wisdom that some intervention for children is required. This need is even more pressing given the ever-increasing numbers of problem gamblers presenting at treatment centres. Each adult with a gambling problem should be asked if they are caring for any children, since it is clear that children do experience serious effects, and would benefit from some assistance.

### **When to help youth?**

Although nearly all the children in the Canterbury research reported that they would not gamble as a result of their experiences of living with gambling parents, most of them had already participated in gambling. This admission may have serious implications for the future of these children, since clinicians generally observe that a high proportion of their adult problem gambling clients made their first foray into gambling activities when aged approximately nine to twelve years old (Derevensky & Gupta, 2004). The Canterbury research also showed that most of the children reported that they became aware of their parents' gambling at around the same age range. Based on these data, it is suggested that whatever intervention is provided to these children needs to occur before they reach the nine-to-twelve-years-old age cohort, or perhaps a little earlier for preventive purposes. However, a difficulty with providing assistance too early is that young children have little interest in involvement in gambling intervention programmes, and their parents may see little need for youngsters to participate.

### **Programme for youth**

A programme for young people could consist of two components – an educational module, and an accompanying adult-led discussion module (see Chapter 4 for further suggestions). With regard to the first goal,

intervention perhaps is most appropriately targeted at educating young people about such issues as money management, mathematical probability, how odds are calculated, how gambling machines and other forms of gambling work against players, and how problem gambling may develop and affect family members. This would mean that all children were encouraged to learn about problem gambling and associated issues in a manner that promotes learning through discussion. An interaction-based approach would also allow children of problem gamblers to bond with other children experiencing family dysfunction. These children may benefit from peer support, especially in the case of disordered gambling, which is such a prevalent problem in the community. Non-confrontational discussions of gambling are not likely to occur naturally in many family situations, and are even less probable in the at-risk families, so children can really gain from participating in these activities.

The Canterbury research provides a lot of data about how children conceptualise gambling and family interactions. This material suggests some priorities which need to be covered in children's programmes. Some children indicated that they would benefit from the opportunity to talk about concerns and to avoid colluding with their parents to keep gambling a 'secret.' Keeping the problem 'in the family' is important for problem gamblers, but can increase the burden for their children. Young people also need assistance in dealing with the disappointment and shame of having a gambling parent. Some children may need to express their frustration and anger about their parents' seeming inability to stop doing something so destructive to themselves and their families. Other children may need to learn that it is not their role to have to take sides with either parent, or to protect or condemn their caregiver. Many children have become skilled at dealing with material deprivation, particularly when adult gamblers are losing money. At times they may have to cope with a frustrated, angry, depressed and guilty parent. Most will have to deal with their repeated betrayal by one of the most important people in their lives and the resultant loss of trust. By far the most significant suggestion from the children themselves about counselling intervention is their need for respected adults to normalise their situation in some way; that is, for the children to be assured that they need not feel guilty or take responsibility for their parents' problem gambling.

The Canterbury research also indicated useful means by which children build their self-sufficiency and strength to deal with life crises. Programmes

for children could implement strategies to strengthen children's protective factors, building self-esteem, reinforcing friendships, and involving youth in positive activities, including sports.

In general, the children of problem gamblers need to learn about their situation, to understand that it is natural for them to develop feelings and reactions to their experiences, and they need help to develop healthy coping strategies. In many ways, the "Serenity Prayer" – "God grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference" – is just as relevant for children receiving treatment as it is for adults in recovery.

### **How to implement a youth programme**

This suggested range of programme topics could be incorporated into the educational curriculum and presented at schools by trained professionals. This would allow for preventive programmes for all children in New Zealand. Unfortunately, if this does not happen at school, it is unlikely to take place for these children. Free-standing counselling and/or intervention work with children who are experiencing difficulties as a result of their parents' gambling is unlikely to be funded by national government. Currently there is a severe lack of health services for youth, particularly in mental health. In New Zealand it is not unusual to have a waiting list of six months or longer to be seen by a mental health professional at a government-funded child and adolescent service. Unless there are accompanying severe behavioural or psychiatric symptoms, it would be unlikely that children with problem gambling parents would be referred to a mental health worker.

In New Zealand there are relatively few people working with children and adolescents who have a sophisticated understanding of gambling issues. Clinicians who treat adult gamblers typically do not have the specialised skills for working with children. It is possible that this lack of clinical expertise explains the non-existent provision of services for gamblers' children, but it does not justify continued inaction. There are a number of simple and inexpensive ways of incorporating some minimal intervention for young people affected by parental problem gambling.

The Canterbury research demonstrates that school counsellors often make contact with children who are experiencing family difficulties because they behave inappropriately at school. It may be practical to up-skill these professionals, as they already possess the skills to work with young people

and they are well placed in the current education system to provide intervention for problem gambling. Another possibility is to train counselling staff at the gambling treatment centres to work with children. The disadvantage of this proposal is that smaller towns do not have access to gambling treatment services, whereas schools have better New Zealand coverage and most of them already possess a youth counselling service.

### **Benefits to adult gamblers from the provision of children's services**

In addition to assisting children, the provision of children's services could also help adult gamblers. Some parents might be encouraged to access help for their disordered behaviour if they knew that their children were learning about it at school. In reality, however, there is often little that children of problem gamblers can do to alleviate their situation in terms of their parents' gambling. Possibly some protocol could be developed whereby the gambling parent would be contacted and encouraged to do something about their problem, but this would be difficult to implement both practically and ethically. Certainly most parents do not harm their children deliberately and they may be persuaded to seek treatment once they become aware of the effects of their gambling activities. This outcome would certainly improve the lives of these affected children.

### **Conclusions**

It is strange that there has not been more initiative to provide some intervention for children given the high incidence of problem gambling in the community. More opportunities to gamble are becoming available, making it increasingly important that young people are able either to resist gambling or to gamble with control, and to be aware of problem gambling risks. It is important that intervention is provided before inappropriate coping strategies become totally ingrained into the children's lives, thus increasing the chance of social and psychological dysfunction. This chapter has concentrated on presenting how programmes could operate and providing some ideas about programme content. Realistically, for this to happen it is suggested that services for children could be made available through existing services in schools and specialised gambling counselling centres.

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