# A PROFILE OF DISORDERED GAMBLERS BASED ON THEIR PREFERRED GAMBLING MODE – PRELIMINARY RESULTS

### INTRODUCTION

- Previous research has shown that gamblers' profiles differ based on their preferred gambling mode (i.e., online, offline, or mixed-mode gambling).
- Compared to online and offline gamblers, mixed mode gamblers experience more gambling-related harms and show greater problem gambling severity <sup>[1, 2]</sup>. However, it is offline gamblers who are the most likely to seek help, and online gamblers who are the least likely to do so <sup>[1],</sup>
- Although stigma has been recognized as a common barrier to seeking help, little research as examined the relationship between stigma and problem gambling <sup>[3, 4]</sup>
- Furthermore, relatively few studies have compared gamblers based on their preferred gambling mode and even fewer have identified and examined a mixed-mode subgroup.
- The goals of the present research were to (a) determine if the results of past studies could be replicated and (b) assess whether the experience and perception of stigma differ based on preferred gambling mode.

#### **METHODS**

- A total of N = 215 people who had experienced disordered gambling in the past six months were identified as exclusively online (n = 74), exclusively offline (n = 64), or mixed mode (n = 77) gamblers.
- Participants completed the following measures:
- Problem Gambling Severity Index (PGSI).
- Number of endorsed gambling-related harms.
- Whether any type of help for disordered gambling had ever been sought.
- Gambling Perceived Stigma Scale (GPSS).
- Gambling Experienced Stigma Scale (GESS).
- Statistical analyses:
- Kruskal-Wallis H tests with Bonferroni corrected Dwass-Steel-Critchlow-Fligner post-hoc pairwise comparisons.
- Chi square tests with post hoc Bonferroni corrected Z-tests to compare column proportions.

#### HYPOTHESES AND QUESTIONS

- H1: Compared to online and offline gamblers, mixed-mode gamblers will endorse a greater degree of gambling severity, as measured by the number of endorsed gambling-related harms and their PGSI scores.
- **H2:** Offline gamblers will be the most likely to have sought any type of help and online gamblers will be the least likely to have done so.
- **Q1:** Will reported levels of perceived, and experienced (a.k.a. internalized) gambling-related stigma differ based on preferred gambling mode?

## PARTICIPANT CHARACTERISTICS

- Mean age: 36.9 ± 11.3 years.
- Gender distribution: 49% female; 51% male.

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### SUMMARY

- significant differences were found between mixed-mode and online gamblers, or online and offline gamblers.
- Failing to support hypothesis 2, and the findings of previous research, help-seeking rates did not differ between groups.
- threshold of a = .017.
- predictive of help-seeking, and whether such predictors differ based on preferred gambling mode.
- barriers and facilitators, and lead to the development of more targeted outreach and treatment strategies.

• In partial support of hypothesis 1 and consistent with findings from previous research, mixed-mode gamblers endorsed a larger number of gambling-related harms such as financial, interpersonal, and legal challenges, and reported worse problem gambling severity scores than offline gamblers. No statistically

• In response to question 1, no differences were found between groups in terms of their perception, or experience (i.e., internalization) of gambling-related stigma. Note that post-hoc analyses showed that the difference in GESS scores between mixed-mode and offline gamblers did not fall below the Bonferroni corrected

In order to assess the relationship between gambling-related stigma and help-seeking behaviour, further examination of these results will consider whether perceived or experienced stigma, or different ways of coping with stigma (e.g., by withdrawing from others, challenging others' stigmatizing views, etc.) are

Investigating the roles that stigma and preferred gambling mode play in disordered gamblers' decision to seek help can improve understanding of help-seeking

### REFERENCES

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