

# Update: Pilot of survey questions to understand gambling-related harm

## Summary

Our corporate strategy sets out that gambling related harm is a public health issue requiring a coordinated response. It includes harm to an individual but also the wider impact it can have on family life, access to public services and costs to the community and economy. The Gambling Commission's statutory role is to ensure licence holders are acting to protect children and other vulnerable people from being harmed or exploited by gambling. To do this, we need to understand the ways and extent that gambling consumers and others experience gambling harms.

In June 2020 the Gambling Commission started piloting a new set of survey questions designed to understand the incidence, nature and severity of harm experienced by gamblers and non-gamblers. The questions were iteratively tested on the Commission's online tracker survey on a quarterly basis until September 2021.

The next stage will test a refined question set as part of our upcoming pilot of a new methodology for collecting participation and prevalence statistics. If successful, the harms questions will be asked alongside core questions on participation and problem gambling and will become official statistics.

## Definition of gambling-related harms

Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society.

These harms are diverse, affecting resources, relationships and health, and may reflect an interplay between individual, family and community processes. The harmful effects from gambling may be short-lived but can persist, having longer-term and enduring consequences that can exacerbate existing inequalities.

[Measuring gambling related harms - a framework for action](https://assets.ctfassets.net/j16ev64qyf6l/5tpgsNwwUmqWzDEmvd2jxG/666e97cbb55a13b17170510100d7af/Measuring-gambling-related-harms-framework.pdf)

(<https://assets.ctfassets.net/j16ev64qyf6l/5tpgsNwwUmqWzDEmvd2jxG/666e97cbb55a13b17170510100d7af/Measuring-gambling-related-harms-framework.pdf>) provides more

[Back to top](#)

## What is in scope for this pilot

The pilot is part of an ongoing programme of evidence improvement being undertaken by the Commission's Research and Statistics team.

With this project we are aiming to fill a gap in our understanding of how gamblers and affected others experience gambling-related harms by:

- applying a robust, iterative development approach
- aligning with our other participation and prevalence questions to ensure deeper analysis of the implications is possible
- collecting data that allows for the nuance and complexity of gambling-related harms to be explored and understood

We want to publish reports and data as part of our official statistics programme to build confidence in the statistics through transparency and access to data for all.

## What is not in scope for this pilot

The pilot is not aiming to form the basis of the development of a headline score or scale of gambling-related harms, nor is it designed to measure to the cost of gambling-harms to society. The Commission has a role to play in utilising its existing surveys to add to the wider evidence base. However, there is still a need for a range of partners to be involved in the funding and delivery of research to measure and understand gambling harms and the impact that they have on individuals, families, communities and societies.

## Approach so far

27 harms statements were chosen for the pilot, based on a set of 73 specific harms statements developed by [Browne et al \(2016\) \(opens in a new tab\)](#) (Link: [https://www.researchgate.net/publication/305495934\\_Breaking\\_Bad\\_Comparing\\_Gambling\\_Harms\\_Among\\_Gamblers\\_and\\_Affected\\_Others](https://www.researchgate.net/publication/305495934_Breaking_Bad_Comparing_Gambling_Harms_Among_Gamblers_and_Affected_Others)). They were also aligned to the harms framework developed by [Wardle et al 2018 PDF](#) (<https://assets.ctfassets.net/j16ev64qyf6l/5tpgsNwwUmqWzDEmvd2jxG/666e97cbb55a13b47c17854c2426d7af/Measuring-gambling-related-harms-framework.pdf>) to ensure a balanced across the three key domains of harm; health, resources and relationships. In the first wave of the pilot (June 2020) the questions were asked with binary Yes / No response options. However, in September 2020 an additional question was introduced to the survey to understand the severity of the harms experienced, asked

[Back to top](#) Likert scale.

The questions were phrased in a way suitable for respondents at all levels of gambling involvement. They were then piloted in a further three survey waves, with the last wave conducted in June 2021. This gave an overall sample of 10,399 respondents on which extensive validation and preliminary analyses were conducted.

This included checking the internal consistency of the data against other variables such as PGSI score, gambling frequency, number of activities participated in etc. As expected, there was a relationship between these variables and the number and types of harms selected in the pilot questions i.e. those with higher PGSI scores selecting more types of harm overall, and the more severe harms listed. Early results suggest the questions worked, and a comparison between the waves of data collected showed consistency in responses wave on wave.

Part of the analysis also involved refining the question set into a smaller list of statements that can more easily be embedded into a wider questionnaire. To do this, factor analysis was conducted on the pilot data to allow the questions to be condensed without losing the robustness of potential measures of harm.

Whilst there were some similarities in the harms experienced as a result of someone's own gambling and someone else's gambling, the factor analysis showed that different harms drove the overall rates seen in the pilot. This is likely due to differences in the severity of the harms experienced. The factor analysis was therefore conducted separately for each group. The results of the factor analysis produced two shorter lists of statements which contribute strongly to levels of harm and contain items that are important to monitor in and of themselves (i.e. severe forms of gambling related harm). These statements were tested in September 2021.

## Emerging findings

As the pilot is not yet complete and will be transitioning to a different methodology for the next phase, it is not appropriate to report conclusive data and findings. However, the emerging data do provide an interesting first look at the relationships between gamblers, affected others and harms. The emerging findings indicate that:

- there are similarities in the experiences of harms reported by gamblers and affected others both in terms of quantity and type of harms experienced. However, there were some differences in the severity of harms experienced
- the majority of people experiencing harms do so at lower levels of severity, whereas a smaller (but not insignificant) proportion of people experience more severe harms
- harms to health and resources (including finances) are more prevalent, notably
  - people's mental health and financial security

[Back to top](#)

- the impact of gambling on relationships is notable amongst affected others, who experience issues such as dishonesty or loss of trust in their relationships with gamblers
- many people experience multiple types of gambling harm, and they are likely to be interlinked and complex
- gambling-related harms are more likely to be experienced by moderate risk or problem gamblers, and those gambling on multiple different products. They are also more likely to be experienced by younger adults
- men are more likely than women to experience harm as a result of their own gambling, but women are more likely than men to experience harm as a result of someone else's gambling.

## Next steps

The pilot questions are going to be refined and tested again as part of the pilot of our new approach to collecting participation and prevalence data. This work is being undertaken by NatCen, with the pilot due to commence in January 2022. The questions will also undergo cognitive testing.

If the pilot is a success, and the questions work as intended, then we will include them in our ongoing data collection and regular reporting alongside existing measures of participation and problem gambling.

## Annex

### 27 harms statements tested in the pilot

#### Health:

- feeling like a failure
- reduced levels of self-care such as hygiene, eating, exercise
- increased consumption of alcohol and tobacco
- loss of sleep
- feelings of stress and anxiety
- incidence of self-harm
- feelings of embarrassment, guilt or shame
- needed assistance from mental health services or help with your physical health

**Back to top** s of taking your life or made an attempt to take your life.

## **Financial and resources:**

- reduction or loss of spending money on everyday essential items such as food, bills, transport costs, clothing, children's expenses
- reduction or loss of spending on recreational expenses such as eating out, going to the cinema or other entertainment
- needing to take on additional employment
- reduced performance at work or study
- needing to sell personal items to fund gambling or pay debts
- needing assistance from welfare organisations such as foodbanks, emergency bill payments
- having to access more credit such as credit cards, payday loans, borrowing money from family and friends
- loss of major assets such as your car, home, business, or bankruptcy
- reduction or loss of savings
- feeling compelled or forced to commit a crime or steal to fund gambling or pay debts.

## **Relationships:**

- spending less time with the people you care about
- experiencing dishonesty or loss of trust in relationships
- experiencing greater conflict in relationships, such as arguing
- divorce, ending or loss of a relationship
- experiencing social isolation
- experiencing violence or abuse (including physical, emotional and financial abuse)
- needing assistance from relationship services or social services.

[Back to top](#)