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Familial and Social Influences on Juvenile Gambling Behavior

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Social learning theory maintains that individuals model, learn and maintain behaviors that are observed, appealing and reinforcing. As such, parents and family members can often serve as significant models for gambling. Four hundred and seventy seven children between the ages of 9 and 14 completed a questionnaire inquiring about their gambling activities, including where and with whom gambling occurs, as well as information concerning their perceptions of their own gambling behavior. Results indicate that 86% of children who gamble regularly reported gambling with family members. Fifty-three percent of students who gambled within the previous 12 months reported gambling with their siblings, 40% gambled with their parents, 46% gambled with other relatives, and 75% gambled in their own homes. Students' responses also indicated gambling with their friends (75%), gambling alone (18%), and with strangers (8%). As children's age increases they tend to gamble more at friend's homes and at school. Prevalence rates indicated that 81% of the total sample had gambled at one point in their lives and 52% of those children reported gambling once a week or more. Eleven percent reported that gambling makes them feel important, 27% feel they gamble more than they desire to do so, and only 10% of the grade 8 students fear being caught gambling, suggesting gambling activities to be a socially acceptable behavior. Several clinical and research questions are addressed.

The proliferation of gambling opportunities worldwide has resulted in an increased prevalence of gambling amongst adults. Re-

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cently, reports of gambling prevalence rates in the United States (Volberg, 1996), Canada (Ladouceur, 1996), New Zealand (Abbott & Volberg, 1996), Europe (Becona, 1996), and Australia (Dickerson, Baron, Hong, & Cottrell, 1996) have suggested that conservatively, approximately 2-4% of the adult population have a severe gambling problem.

While clinicians and researchers have traditionally acknowledged that gambling problems exist for adults, this problem amongst children and adolescents is growing at an alarming rate. Recent survey and prevalence studies have established that approximately 30-55% of children at the elementary and secondary levels gamble at least once a week (Gupta & Derevensky, 1997; Ladouceur & Dubé, 1994; Ladouceur & Mirreault, 1988; Lesieur & Klein, 1987; Rosenstein & Reuter, 1980), and 5-6% are pathological gamblers (Lesieur & Klein, 1987; Ladouceur & Mirreault, 1988). Furthermore, retrospective studies reveal that adult pathological gamblers report the onset of their gambling addiction to have started at approximately 9 or 10 years of age (Dell, Ruzika, & Palsi, 1981). A very recent survey study sampling adolescents found that those exhibiting problem gambling behavior began gambling before the age of 10 (Wynne, Smith, & Jacobs, 1996).

A critical meta-analysis of prevalence studies of adolescent gambling behavior by Shaffer and Hall (1996) has indicated that between 4.4% and 7.4% of adolescents exhibit seriously adverse patterns of compulsive or pathological gambling with another 9.9% to 14.2% remaining at-risk for either developing or returning to a serious gambling problem. Similar prevalence rates with adolescents have been reported by Derevensky and Gupta (1996) and Wynne et al. (1996). Jacobs (in press), after reviewing 17 prevalence studies of juvenile gambling in both the United States and Canada, estimates that 2.2 million adolescents most likely are experiencing serious gambling related problems.

Like all addictions, adolescent pathological gambling frequently has devastating consequences, including losing friends, severing ties with family members, academic failure, and criminal acts to finance their behavior. Like other addictions (e.g. alcohol and substance use), a multiplicity of causes and social/familial factors have been shown to be associated with excessive gambling behavior.

Social learning theorists, such as Bandura (1977, 1986), have long contended that vicarious learning or modeling plays an important role

in shaping individual behaviors. For children, social learning theory further posits that individuals are more likely to imitate and model those individuals they value, such as parents, siblings, peers, and those perceived as 'significant others', especially if the individuals are rewarded for their actions. Social learning theory has been extremely instrumental in conceptualizing and explaining a wide range of human behaviors. The underlying theoretical premises purported by Bandura and his colleagues concerning the acquisition of behavior are no longer disputed.

Support for social learning theory in the development of addictive disorders is overwhelming. Thompson and Wilsnick (1987), examining parental influence on adolescent alcohol consumption, found that perceived parent consumption of alcohol and parental attitude toward alcohol use was significantly related to adolescent drinking behavior four years later. Similarly, Ary, Tildesly, Hops, and Andrews (1993) revealed that parent alcohol use was a significant predictor of alcohol consumption during early adolescence. The extensive support for parental and peer influence on alcohol consumption by adolescents suggests that parents serve as potent role models for their children (e.g. Brook, Whiteman, Gordon, Nomura & Brook, 1986; Lau, Quadrel, & Hartman, 1990; McLaughlin, Baer, Burnside, & Pokorny, 1985; Needle et al., 1986).

Given the available literature on alcohol abuse, it is plausible that one of the precipitating factors promoting children's gambling behavior is exposure to, observation of, discussion of, and/or modeling of the behaviors of family members and peers. Thus, children who observe their parents and relatives gambling at home, especially if these behaviors are endorsed, remain likely to engage in similar behavior.

There exist a number of findings that support this proposition for adolescents. Early studies by Dell et al. (1981), Custer (1982), Jacobs, Marston, & Singer (1985), and Lesieur and Klein (1987) reported the high probable risk that children of problem gamblers will, themselves, during their lifetime develop a serious gambling problem. Lorenz and Shutlesworth (1983) reported that 25% of pathological gambler's children engaged in addictive behaviors, including gambling behavior. Furthermore, 20% of the pathological gamblers were reared in environments that included gambling problems, suggesting that addictive behaviors, in this case gambling, are likely learned and intergenerational. Equally important was the finding that without exception, ado-

lescents with one or more parents having a serious gambling problem showed higher levels of tobacco, alcohol and drug consumption. Compelling was the finding that adolescents whose parents had a gambling problem rated the overall quality of their youth as "poorer than most" as compared with adolescents without a problem gambling parent (Jacobs, 1989). Still further, these adolescents exhibit more anxiety, insecurity, and mood disorders and were twice as likely to attempt suicide (Jacobs, 1989). There is little doubt that having a parent with a pathological gambling problem likely results in less than adequate parenting, numerous financial difficulties, and one's formative years spent in a dysfunctional family. Jacobs (1997) concludes that after 25 years of research the evidence remains clear that without early and competent prevention, intervention and treatment, children of pathological gamblers will become high-risk candidates for developing a variety of dysfunctional behaviors, including addictive behavior patterns.

Yet, while we remain aware of some of the problems and risk status associated with having a parent with a pathological gambling problem, the vast majority of children reside in homes in which parents have no addictive behaviors. Of particular concern is whether or not parents, frequently social gamblers, inappropriately model this gambling behavior for their children, whether they condone this behavior, and/or inadvertently encourage this behavior. In Atlantic City, Arcuri, Lester, and Smith (1985) reported that the parents of adolescents expressed little concern over their children's general gambling behaviors, with 79% of adolescents reporting gambling with the knowledge of their parents. Lesieur (1996) questioned whether or not parents would be so complacent if they were aware that their adolescents were engaged in alcohol consumption or drug use.

The importance of modeling behavior in terms of language acquisition, learning, and social behavior can not be underestimated. Unfortunately, children model not only positive behaviors but negative ones as well. Kearney and Drabman (1992) found that modeling, or social learning, enhanced risk-taking/gambling-like behavior in children as young as 4 to 5 years old.

Brown (1987) has outlined a cognitive social learning model of problem gambling. He contends that behavior results from imitation learning from one's social milieu, and that environmental factors plays a significant role in encouraging and providing opportunity to gamble. It is not an uncommon practice for families to include children in

games of cards, or bingo, or for parents to purchase lottery tickets for their children or ask that their children purchase their lottery ticket at a local convenience store or outlet. A Minnesota survey (Laudergan, Schaefer, Eckoff, & Pirie, 1990) found that 72% of teens had been given lottery tickets by their parents and Ladouceur, Dubé, and Buyjold (1994) reported that 58.5% of elementary school children in Quebec had bet money with their parents on the provincial lottery. Shaffer (1996), using 486 children in grades 7 through 11, reported that 15% of children actually made their first bet with their parents and another 20% did so with other family members.

There is sufficient reason to believe that mental health professionals, educators, parents, and legislators remain unaware of the growing problem concerning underage gambling. This study seeks to provide a clearer understanding of the familial and social factors contributing to juvenile gambling behavior. More specifically, this study seeks to provide greater information concerning the early gambling behavior of children, addresses the reasons underlying this behavior, and examines the environmental factors that may be influencing such behavior.

METHOD

Subjects

Four hundred and seventy-seven (249 males; 228 females) children from grades 4 (N = 110), 6 (N = 100), and 8 (N = 267), ranging in age from 9 to 14, participated. The children were selected from three middle class, public, English elementary schools and two secondary schools in Montreal. The schools were randomly selected from those agreeing to participate in this study. All children with parental permission were included.

Measures

A questionnaire containing 14 items inquiring about children's gambling activities, with whom they gamble, where they gamble, the reasons they gamble, and the types of gambling activities in which they engage was completed by all individuals. In addition, information con-

cerning their perceptions of their own gambling behavior, such as whether they perceived their gambling behavior to be excessive and/or problematic was ascertained. Gambling was defined as using their *own money* to wager/bet on any type of event in which they could either win additional money or lose their initial wager.

Procedure

All children who obtained parental consent were administered the questionnaire in their classrooms. A research assistant explained that all information obtained was strictly confidential and was present to clarify and/or read any of the items.

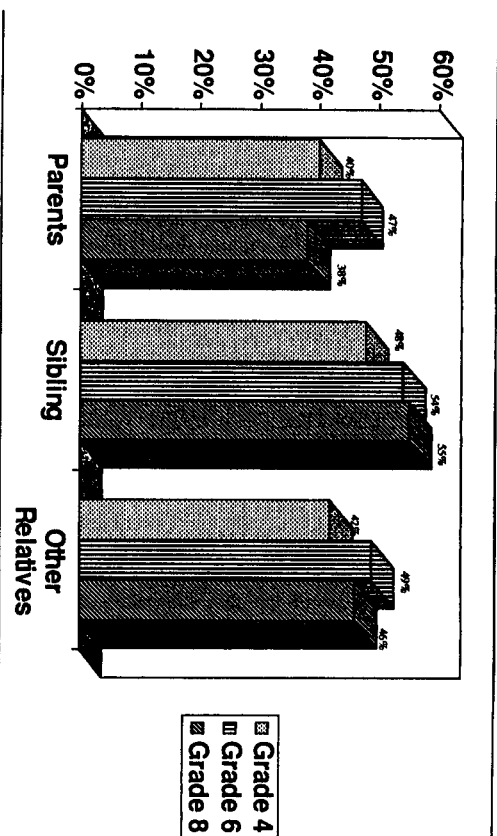
RESULTS

Eighty-one percent of the children (N = 388) aged 9–14 reported having gambled. Of those, 52% (N = 202) reported gambling a minimum of once per week. Fifty-nine percent of the males who gamble report doing so on a weekly basis as compared to 45% of females. Developmentally, no statistically significant differences in prevalence rates were found. However, it should be noted that there was an increase in gambling behavior between grades 4 and 6, with 69% of grade 4, 85% of grade 6, and 84% of grade 8 reporting having gambled.

Eighty-one percent of the individuals who gambled reported doing so with family members. Forty percent reported gambling with their parents, 53% gambled with their siblings, and 46% gambled with other relatives such as grandparents, aunts, and uncles. Eighteen percent of the gamblers reported doing so alone, and 8% gamble with strangers. Eighty-six percent of those who gamble regularly, at least once per week, reported gambling with family members compared to 75% who reported gambling with their friends. It should be noted that since individuals often gambled with multiple individuals, family members and peers, the categories are not mutually exclusive. Figure 1 portrays a developmental perspective of gambling participation with family members.

Developmentally, familial and social influences remain somewhat constant (see Table 1), with “gambling with friends” being the cate-

Figure 1
Family Members with Whom Children Gamble



gory with the greatest developmental change. Of those children reporting gambling, 40% of grade 4, 47% of grade 6, and 38% of grade 8 students reported gambling with their parents. There appears to be a slight positive relationship between age and gambling with siblings, with 48% of grade 4, 54% of grade 6, and 55% of grade 8 reporting engaging in gambling activities with their siblings. However, it is important to note that this may be highly dependent upon whether or not the individual had a sibling and their respective age and gender. The influence of other family members remains relatively stable across grades (42% in grade 4, 49% in grade 6, and 46% in 8) (see Table 1).

Figure 2 depicts the location where children report engaging in gambling behavior. It is clear that across grade levels, gambling at home remains constant, whereas gambling at friends' houses and at school grows in popularity with the older respondents. More specifically, gambling at home remains the preferred location for all age groups, but as children increase in age, they also start gambling more so at friends' homes and in school.

Overall, 11% of children who gamble expressed that “gambling makes them feel more important.” However, the older children appear to be less impressionable with 23% of grade 4, 12% of grade 6, and 7.5% of grade 8 students reporting feelings of importance. A slight

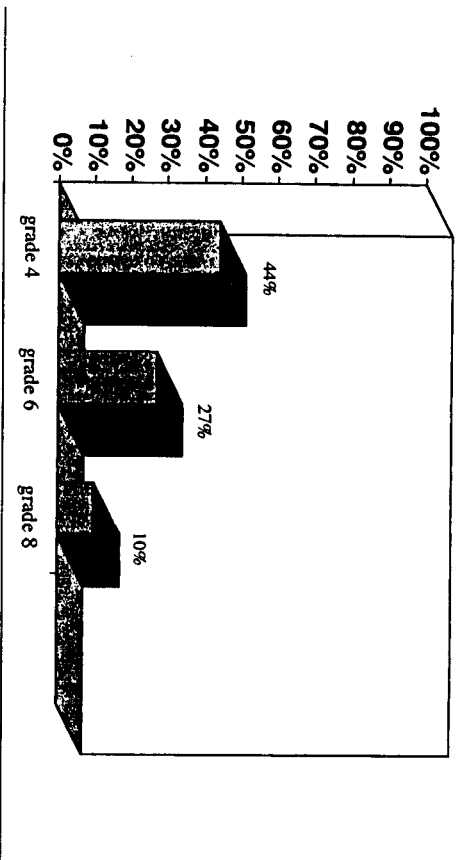
Table 1
Percentages of Children Who Gamble with Family Members, Friends, and Strangers

	Parents	Siblings	Other Relatives	Friends	Strangers
Grade 4 (N = 75)	40%	48%	42%	33%	4%
Grade 6 (N = 85)	47%	54%	49%	60%	4%
Grade 8 (N = 225)	38%	55%	46%	76%	6%

gender difference is noted as well, with 9% of females and 14% of males expressing this perspective.

Of importance is the finding that only 20%, overall, of the juvenile gamblers indicated that they are fearful of being caught gambling by a parent or authority figure. A decreasing trend is noted with age, such that 44% of grade 4 (9–10 years old), 27% of grade 6 (11–12

Figure 3
Percentage of Children Who Fear Being Caught While Gambling



years old), and 10% of grade 8 (13–14 years old) children reported this fear (Figure 3). Males and females are equally afraid of being caught while gambling, the percentages being 22% and 18% respectively.

Nineteen percent of respondents who gamble reported having borrowed money for purposes of placing bets. Surprisingly, there is a decreasing trend with age, with a greater proportion of grade 4 students (27%), reporting this behavior than grade 6 (21%) or grade 8 (16%) gamblers. As children get older their accessibility to greater amounts of money through increased allowance, larger gifts, and ability to earn money increases. In addition, older children and adolescents may be taking money from parents, siblings, and other relatives without them being aware of this behavior.

A significant finding was that 27% of the gamblers reported that they gamble more than they would like to, and 10% feel that they gamble in excess. Responses in both of these categories reflect a decreasing trend with age, with the younger students expressing greater concerns about their gambling involvement. Gender differences are also evident, with greater percentages of males stating that they gamble more than they like, and that they gamble in excess (see Table 2).

Figure 2
Locations Where Children Report Gambling (N=479)

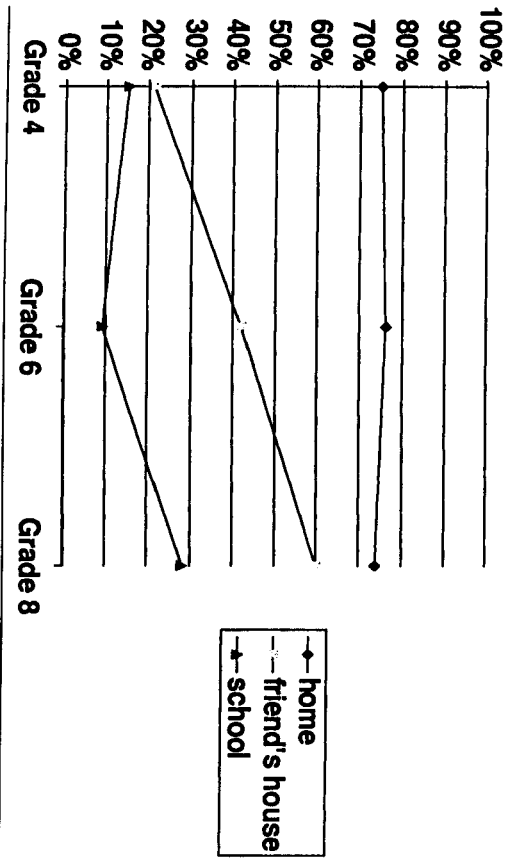


Table 2
Self-Reported Feelings Pertaining to Extent of
Gambling Involvement

	<i>Do you gamble more than you would like to?</i>	<i>Do you feel you gamble too much?</i>
Females (N = 172)	23%	5%
Males (N = 213)	31%	15%

DISCUSSION

An understanding of the factors involved in the development of gambling amongst children and adolescents still remains in its infancy. Human behavior is complex, and so such a theory requires theoretical complexity, involving interactions between physiological, cognitive, behavioral and social correlates of excessive¹ gambling. The emphasis of this study was primarily upon the socialization and developmental factors in the acquisition and maintenance of gambling behavior. As is shown in the literature on alcohol consumption, parents and peers play a monumental role in the acquisition and maintenance of this behavior. While children of pathological gamblers remain at risk for developing addictive patterns of behavior, equally disturbing is the large percentage of individuals acquiring gambling problems without having a parent with a pathological gambling disorder. Eighty one percent of the entire population of children between the ages of 9-14 reported that they had gambled during the past year with 52% of those who had gambled reporting doing so on a regular (weekly) basis. A large proportion of children who gamble, 81%, reported that they engaged in this behavior with family members. As children get older their friends take on an important role in the maintenance of this behavior with a significant increase in gambling behavior shifting to a friend's home. Equally concerning was the finding that 28% of older children (grade 7) report gambling in school. This behavior is

¹The term "excessive gambling" is used to imply a degree of gambling involvement greater than occasional, recreational gambling.

frequently reported to occur in school cafeterias and student lounges with children and adolescents maintaining careful records of winnings and losses.

While children gamble predominantly with siblings, parents and other relatives also play a very significant role in conveying that gambling is an acceptable activity and passtime with no potentially harmful affects. The fear of being caught gambling decreased from 44% to 10% between the ages of 9 and 14. This was a surprising finding, clearly suggesting that gambling is perceived as acceptable by parents. One wonders whether this would be equally true for alcohol and drug use. Gambling appears to be perceived as a socially acceptable activity, strongly endorsed by governmental agencies and society in general, as children approach adolescence. Ary, Tildesly, Hops, and Andrews (1993) concluded that parents might make a difference in adolescent alcohol use by making their attitudes toward alcohol use explicit. The same would likely be true for gambling behavior. Since patterns of gambling participation remain fairly stable across ages 9 through 13 (Derevensky, Gupta, & Della Cioppa, 1996), communicating parental attitudes toward gambling before the age of 9 would likely be most effective.

Jacobs (1989) concluded that public awareness of gambling problems is where our understanding of alcoholism was forty or fifty years ago. He argued that education, public education, is the prime vehicle for generating widespread awareness of the negative consequences and behaviors associated with juvenile compulsive and problematic gambling. Almost a decade later, we see a vast increase in the number of legalized gambling establishments and outlets, an increase in the types of activities particularly attractive to adolescents (video lottery terminals, sports pools and sports betting), governments addicted to the revenues that are generated by these establishments, widespread gambling amongst children and adolescents, a large number of youth experiencing severe gambling problems, a considerable number of adolescents at-risk for developing a serious gambling problem, and a general lack of awareness by parents, educators and many mental health professionals, with no end in sight. This is not surprising, since only 25% of adolescents perceive gambling behavior as potentially dangerous compared with considerably higher rates for alcohol (60%), tobacco (64%), inhalants (64%), marijuana (71%), stimulants (75%), and narcotics (75%) (Shaffer, 1996).

Greater governmental understanding and awareness as to the potential harmful effects of excessive gambling must be accompanied by stricter laws prohibiting underage gambling. Without public awareness as to the potential negative consequences, little intervention is likely to occur. Unfortunately, the availability of gambling opportunities, concomitant with high risk-taking behavior amongst adolescents, make this behavior particularly attractive to our youth. The psychological properties of intermittent reinforcement, the physiological states of arousal, and the illusion of control then take over to maintain their behavior.

We require more basic research in understanding the cognitive developmental aspects of child and adolescent gambling behavior and whether or not certain individuals may be predisposed to acquiring a gambling addiction. Research is needed to identify risk factors associated with the development of gambling addiction in children and adolescents. Gambling, in general, is a widely acceptable social activity. This is not meant to indicate that for all children and adolescents gambling is a problem. However, for a relatively small, but growing number of identifiable adolescents, gambling is a very serious, debilitating problem. Yet, the results of this study strongly support Jacobs' (in press) contention that there remains little doubt that the early onset of this behavior is seriously influenced by familial gambling patterns and the community influences that serve to dictate their choice of gambling activities. Greater public awareness concerning the potential problems associated with juvenile gambling is essential. Furthermore, additional research focused upon the development and evaluation of juvenile prevention, intervention, and treatment programs is warranted.

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DSM-IV and the South Oaks Gambling Screen: Diagnosing and Assessing Pathological Gambling in Turkey

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The main purpose of this study was to investigate the effectiveness of the DSM-IV diagnostic criteria and the South Oaks Gambling Screen (SOGS) in identifying Turkish pathological gamblers. Fifty-nine subjects participated in the study. The subjects were diagnosed as either pathological gamblers or not (comparison group) through the use of the DSM-IV criteria and were given the Turkish version of the SOGS. Four of the ten DSM-IV criteria were found to be problematic in the diagnosis of Turkish pathological gamblers. The data concerning reliability and validity of the Turkish version of the SOGS suggested that the SOGS can be used as a reliable and valid instrument in identifying Turkish pathological gamblers. Most (16 out of 20) of the items of the SOGS appear to work well in discriminating pathological gamblers from the subjects in the comparison group. In the case of the two DSM-IV criteria and the four SOGS items that failed to discriminate, cultural factors seemed to be responsible for the failure.

INTRODUCTION

Although the personal and social damage caused by gambling has been known for centuries, pathological gambling has been officially recognised as a diagnosable mental disorder only since 1980. The

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