An examination of the interrelationship between disordered gambling and intimate partner violence

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Abstract
In response to the liberalisation and deregulation of gambling across much of the Western world, academics continue to examine gambling-related harms that result from the increased availability of gambling products and services. This paper explores the interrelationship between disordered gambling and intimate partner violence. Qualitative data were derived from interviews with 26 female research participants, illustrating how intimate partner violence perpetrated by men with gambling disorders is often instrumental in nature. The narratives of our respondents indicated that coercive and controlling practices were employed by the intimate partner with a gambling disorder to (a) access money for gambling; (b) hide their gambling behaviour from others; (c) assuage their guilt and apportion blame to the female partner for their disordered gambling and abusive behaviour. Consideration is given to how criminal justice, domestic violence, victim and gambling support agencies may best address the needs of partners and families impacted by disordered gambling.

Keywords
Gambling, gambling-related harm, intimate partner violence, coercive and controlling behaviour

Introduction
In the UK, gambling has developed into a mainstream leisure pursuit, with citizens free to access one of the most diverse marketplaces in the world (Banks, 2017). It is estimated that 73% of UK
adults have gambled in the past year (Wardle et al., 2011), with the gambling industry generating a gross gambling yield of £5.3 billion across April to September 2020 (Gambling Commission, 2021). In particular, the rapid growth of the internet as a public and commercial vehicle provides significant opportunity for gambling activities to take place online, with the remote betting, bingo and casino sector contributing £3.1 billion to the industry’s total gross gambling yield (Gambling Commission, 2021). Increased availability of gambling is a propellant of gambling disorders, associated morbidities and gambling-related harm (Abbott, 2020).

Studies of gambling-related crime have typically demonstrated how individuals with gambling disorders may engage in fraud or acquisitive crime in order to fund their gambling activities or gambling-related shortfalls in finance. Consistent across the research evidence (Binde, 2016a, 2016b; Crofts, 2002; Sakurai and Smith, 2003) is the finding that individuals who gamble may commit embezzlement, fraud, theft, robbery, larceny and the passing of counterfeit currency when legal avenues to money are blocked. Yet as Marshall and Marshall (2003) note, early research studies often excluded violent offences from their categorisation of gambling-related crime because researchers may not have expected a relationship and therefore not asked about violence, offenders may have decided not to mention it and victims failed to report it.

More recent studies have, however, suggested that gambling can be linked to violence, crimes against the person, and child neglect (Dowling et al., 2016; Roberts et al., 2016; Smith et al., 2003; Suomi et al., 2013). Significantly, Roberts et al.’s (2016) survey of a nationally representative sample of men reported that gambling disorders were linked to an increased likelihood of the perpetration of violence, the perpetration of intimate partner violence (IPV), and the use of a weapon. Yet the extent of gambling-related violence may be understated in official data with such crimes concealed by intentional or unintentional underreporting or criminal justice agencies’ failure to identify violent offending as gambling-related (Adolphe et al., 2019).

Thus, examining the interrelationship between gambling and different forms of violent crime may be considered a research priority. In particular, there is a relative dearth of qualitative research that has examined the relationship between disordered gambling and IPV. This is surprising given that the rise in internet gambling has, to a certain extent, made gambling opportunities more readily available to much of the UK population, taking gambling into the domestic sphere and at the same time challenging player protection measures and responsible gambling strategies typically found in land-based establishments (Banks, 2014).

In response this paper examines the narratives of female intimate partners who have experienced coercive and controlling behaviours perpetrated by partners with gambling disorders. We begin by exploring the existing literature that has examined gambling disorders and IPV before outlining the methodological approach employed in this study. We then present data from our interviews to illustrate the ways in which gambling disorders manifest in acts of coercive and controlling behaviour. The discussion develops to consider the implications of our findings for criminal justice, domestic violence, and victim and gambling support agencies.

### Disordered gambling and intimate partner violence

Research examining the harms that result from disordered gambling has, until recently, principally focused on the individual who gambles. There is, however, increased recognition that gambling-related harms extend to others in society, in particular families and local communities. Evidence indicates that harm is most acutely felt by spouses or intimate partners who experience a range of

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interpersonal and intrapersonal distresses (Dowling et al., 2009; Hodgins et al., 2006; Jackson et al., 1999; Kalischuk et al., 2006). Significantly, a small, but growing, body of international research (see for example Afifi et al., 2010; Bland et al., 1993; Echeburua et al., 2011; Korman et al., 2008; Liao, 2008; Lorenz and Shuttleworth, 1983; Namrata and Oei, 2009) has examined the relationship between gambling disorders and IPV reporting a high occurrence of both victimisation and perpetration of IPV by individuals experiencing disordered gambling. Consistent across such studies is the finding that reported rates of IPV in samples of individuals with gambling disorders are significantly higher than those reported in general population samples. Dowling et al.’s (2016) systematic review of the empirical evidence relating to the association between gambling disorders and IPV suggests a ‘significant relationship’, with six studies providing evidence of a link between gambling disorders and IPV victimisation and 10 studies providing evidence of a relationship between gambling disorders and IPV perpetration. Dowling et al. (2016) identified that 38.1% of individuals with gambling disorders reported being victims of physical IPV, whilst 36.5% reported being perpetrators of physical IPV. There is, however, notable variation in the rates of IPV recorded between individual studies, which may well reflect the different types of IPV screening measure employed by researchers. Notably, brief screens are likely to underestimate rates of IPV, as they fail to record non-physical forms of IPV such as coercive control (Roberts et al., 2020). Thus, as Dowling et al. (2016: 57) recognize,

While the number of brief screening instruments for problem gambling has increased in the last several years, the complexity of IPV presentations is poorly captured by current screening instruments that tend to comprise too many items to be usefully employed in screening or focus on victimization experiences.

Moreover, to date, studies have focused on producing prevalence estimates of gambling disorders and IPV in community or treatment samples, failing to examine the broader dynamics of gambling disorders and IPV. In turn, studies have hypothesised that a range of variables may impact or exacerbate IPV victimisation. For example, Korman et al. (2008) note that poor impulse control may underpin both the development of gambling disorders and IPV. Alternatively, it has been suggested that gambling disorders and related financial or other family stressors may result in domestic conflict and, in turn, the perpetration of IPV (Afifi et al., 2010; Korman et al., 2008). Others point towards gambling disorders arising as a consequence of relationship dissatisfaction, conflict, distrust, poor communication and psychological distress (Dowling et al., 2009; Hodgins et al., 2006; Kalischuk et al., 2006). Ultimately, the ‘precise relationship [between gambling disorders and IPV] remains subject to speculation’ (Roberts et al., 2020: 70).

Indeed, at present, understanding is hampered by the fact that there are very few qualitative studies that have sought to explore the dynamics that underpin the relationship between gambling disorders and violence in the lives of intimate partners. Often where qualitative studies of IPV do make reference to gambling disorders this is rarely explored in any detail. For example, Stark’s (2007: 325) examination of reported cases of ‘intimate terrorism’ highlights, albeit fleetingly, that gambling may be a contributory factor in coercive behaviours:

Increasingly his addiction to gambling shaped his demands, particularly with respect to money. He might ‘explode’ at any time and without warning, going from clam [sic] or an apology to rage in an instant.
Elsewhere, Suomi et al.’s (2013) exploration of gambling-related family violence noted that victimisation of family members by individuals with gambling disorders was most often attributed to financial losses and ensuing fights over money within the family.

Most recent studies (Banks and Waters, 2019; Hing et al., 2020) have sought to draw upon intimate partners’ lived experiences to understand how gambling interacts with patterns of IPV. Hing et al.’s (2020: 10) comprehensive report for Australia’s National Research Organisation for Women’s Safety indicates that gambling disorders can exacerbate incidences of IPV. The study reported pre-existing abusive and controlling behaviour by the partners of women interviewed that could escalate – alongside violent and sexual abuse – as gambling disorders developed:

Within this longer term pattern, the abuse typically cycled through shorter term phases linked to gambling activities, involving tension-building when unable to gamble, violent outbursts linked to losses, then subsidence before the cycle recommenced.

Hing et al.’s (2020) study also importantly points to economic control featuring as part of men’s coercive behaviours. As we have noted elsewhere (Banks and Waters, 2021), a lack of sociological research into the effects of gambling-related financial loss and debt has resulted in the individual economic harms of gambling vanishing from policy debate. This omission is significant given that more broadly the escalation of IPV has been linked to variations in the economic resources of the victim (Walby and Towers, 2018). Ensuring control of family finances may be essential if individuals with gambling disorders are to sustain their wagering activities, whilst access to and agency over money may be a feature of perpetrators’ abusive behaviour.

Adams et al. (2008: 564) note that economic abuse often remains hidden from view and typically involves men’s ‘behaviors that control a woman’s ability to acquire, use, and maintain economic resources, thus threatening her economic security and potential for self-sufficiency’. Adams et al. (2008) delineate two principal forms of economic abuse against women: first, there is economic control wherein the perpetrator controls or limits access to or knowledge of financial resources and prevents their partner from having any financial decision-making power. Second, economic exploitation of resources may involve the misuse and theft of family finances including property, money or identity, creating debt through coercion or in secret, and preventing their partner seeking or maintaining education and/or employment. Previous research (Centre for Innovative Justice, 2017; Chowbey, 2017; Stylianou, 2018) has noted that gambling disorders can be a contributing factor to economic abuse and demonstrated a range of ways in which perpetrators have accessed a partner’s funds, joint monies or coerced them into generating additional income through which to fund gambling activities or gambling-related shortfalls in finance. This may include the perpetrator coercing their partner into taking out credit cards and loans, re-mortgaging their home, stealing their income and forcing them into crime.

Despite these recent advances in knowledge regarding gambling, economic abuse and coercive and controlling behaviour more broadly, studies have generally failed to give voice to the lived experience of victims of IPV in relationships where there is a gambling disorder. Our study seeks to advance understanding of this relationship, by demonstrating how violence perpetrated by intimate partners with gambling disorders is often instrumental in nature and involves multiple tactics including violence, intimidation, degradation, isolation and control. The next section outlines the methodological approach employed in this study.
Method

Data were derived from the narratives of female intimate partners of men who have experienced gambling disorders. The study was approved by Sheffield Hallam University’s Ethics Committee (ER6564435) in line with policy and associated procedures that are applied to all research undertaken under the auspices of the University. Research participants were identified through two means: (a) we sent follow-up emails to individuals who had taken part in a previous survey study (Banks et al., 2018) examining the wider impacts of gambling on individuals’ lives and who had consented to being contacted regarding future research; and (b) we solicited research participants through a forum set up by family members to support other family members affected by gambling. By promoting our research through the forum, we were able to access what may be considered hard to reach participants and speak with individuals located across the UK, a group who may have been challenging to access through other research approaches.

In total, 26 intimate partners consented to being interviewed. All participants were female, pointing towards a gendered power dynamic of gambling disorders and IPV, and IPV more broadly. We did not consciously seek to recruit only female participants and recognise that IPV perpetrated by women toward men is a notable problem that remains an under-researched area of study (Hine et al., 2020). Rather our sample is reflective of the people who consented to talking about a family member’s gambling and the impacts that it had had on them and others. Interviews took place via the telephone and lasted between 60 and 120 min. Interviews were audio-recorded and transcribed. The interviews were semi-structured in nature, as this enabled us to gather a breadth and depth of qualitative data regarding intimate partners’ experience of gambling disorders, gambling-related harm, help-seeking and support. Such an approach enabled the interviewees to detail their own experiences and opinions. During the interviews, we engaged in a process of active listening with participants, who were supported to answer questions relating to and tell their stories of gambling, relationships, gambling-related harm, coping and support. By being emotionally and intellectually engaged and attentive, and actively collaborating with the research participants, we were able to engage in a process that supported self-disclosure and trust building. In addition, we would contend that the use of telephone interviews supported the elicitation of rich data on a traumatic and sensitive topic, as has been illustrated elsewhere (Trier-Bieniek, 2012).

The data were analysed using a grounded theory methodology, which is well-suited to exploratory qualitative research. We adopted Charmaz’s (2002) inductive analytical approach in order to explore, explain and theorise why gambling-related violence may occur in intimate partner relationships. Through this constructivist approach, the researcher seeks to work with research participants to co-construct their experiences and meanings. Constant comparative analysis was undertaken during the data collection, which lasted a number of months. After initial readings of the transcripts in order to reacquaint ourselves with the data and identify important features of the narratives, we followed a three-stage coding process: first, we undertook initial open coding at a sentence level; second, we conducted selective or focused coding to ‘sort, synthesize, and conceptualize’ (Charmaz and Belgrave, 2012: 356) the large amount of data, reducing meaningful concepts and labels into a smaller number of themes and relational statements. Finally, theory construction emerged from the inductive interpretation of data. In turn, we identified three principal ways in which coercive and controlling behaviour is utilised by individuals with gambling disorders: (a) it is employed to access money for gambling, (b) it is used to hide gambling behaviour from others, and (c) it is mobilised by the individual with a gambling disorder in order
to assuage their guilt and apportion blame to the partner for their gambling and abusive behaviour. It is these themes that structure the results below.

Results

Accessing money for gambling

Previous research (Banks et al., 2018; Browne et al., 2016; Kalischuk et al., 2006) has consistently found that gambling disorders can have a significant impact on family finances and broader wellbeing. Indeed, the intimate partners who took part in our study reported how access to personal and joint money for gambling represented a ‘battleground’ that resulted in them experiencing significant social, psychological and financial harm. Reflective of the feelings of many of the wider cohort of research participants, Susan notes how control over ‘family finances’ was central to intimate partner discord: ‘We are always arguing about money. I resent him and his gambling quite a lot so we argue a lot about money’. Whilst most of the women we spoke with noted that they retained some control over their personal/family finances, a smaller number reported that they had little access to money and how it was used: ‘He had full control over all the finances. He didn’t let me in to things. He hid things, he was very secretive’ (Karen). Where the women we spoke with did retain control of some household income they often noted how ‘all of his [her partner’s] money went on gambling’ (Jane), which often left a shortage of money for bills, food and other essential items. Such problems would often be compounded when partners, having exhausted all of their personal funds gambling, would seek to access their partner’s/family funds in order to continue betting. For example, Jane illustrates how ‘bill money’ would often be misused:

I mean there was one occasion where I would give him my bill money and I said to him ‘I need to go to the bank and put this in’, and he went ‘I’ll do that for you’ and I went ‘Are you sure?’ and he was like ‘yeah’, and it was literally across the road, we were parked across the road and he came back and he said ‘I’m sorry, I’ve just been in the bookies instead’ and I just went mad, absolutely mad, because it was like £800 worth of bills that I then had to try and deal with, to beg and borrow off of family or other people, or friends, to pay my bills. (Jane)

Economic exploitation was a central narrative in the accounts of women we spoke with, with men stealing and misusing their partner’s money but also property. This would include property of significant sentimental as well as financial value. For example, one wife reported how her husband pawned her wedding and engagement rings, blaming their disappearance on her teenage son. Another woman stated that her husband had re-mortgaged their house spending thousands of pounds of equity on online gambling. Others discussed how they were coerced into taking out loans and credit cards that were then used to finance gambling and shortfalls in family finances that resulted from gambling. This money was often spent without their consent:

I kept my money separate from him but there were masses of amounts of times I had to pay his bills or lend him the money. I used to get out loans for him all the time, he ran up credit cards in my name to pay his gambling debts, and that then put a financial burden on me. (Susan)

Another research participant talked about how she was made to work two jobs, in order to cover the household finances:
[A] big part of me blames him because if I didn’t need to take two jobs on, you know, he originally didn’t want me to do my degree because he thought I should be at home, but then, when it suited him, I had to get two jobs to pay [for household expenses] and he wasn’t contributing at all. (Sarah)

Consequently, attempts to exercise control over individual and joint finances represented a key ‘coping strategy’ (Krishnan and Orford, 2002) for the women we spoke with, with a number noting that this is an approach advocated by GamAnon. This involved a range of strategies focused on preventing the misuse of family funds including seeking total control of family finances, preventing access to the gambling partner’s personal finances, refusing to give or lend the partner money, and helping to manage the partner’s money. Such approaches to coping proved challenging for many.

When the women were resolute and refused to give their partner money that they knew would be used for gambling this would often result in a range of coercive behaviours employed by the partner to extract money or wrestle back control of household finances. For example, one of the women we talked to highlighted how her husband would demean her and undermine her financial decision-making, weakening her confidence, self-worth and resolve in the process:

He will start asking me to justify what I’ve spent the money on. It is horrible not to have control of your finances but he will say ‘I don’t like where you’ve spent this money, where has that money gone, I want you to break down to me where this £200 has gone’ and I say ‘I’ve paid a £60 gas and electric bill, I’ve put petrol in the car, I’ve bought the children some sweets and I’ve bought some food in’, ‘Well I don’t think that you’ve done a good enough shop, you need to be better, give me the credit card back, I can take better control than you’ and stuff like that but it’s done more cleverly than that, it’s done so that it undermines me, makes me feel useless, like I am stupid. In times gone by it has really affected me, really made me feel worthless, made me try harder to be better. (Lisa)

Where such approaches were not successful, some men used acts of intimidation and violence to extract money for gambling purposes or take or retain control of family finances. For example, one of our interviewees discussed how her husband would be verbally and physically aggressive, shouting and swearing, pinning her up against the wall and stamping on her feet, in order to force her into giving him money:

He would be wanting my money and any money that I had, and he would be quite physically or verbally aggressive towards me, shouting, swearing. I mean never physically punching me, but pinning me up against a wall and stamping on my feet and things like that, it was domestic abuse and it was just because I wouldn’t give him money. (Becky)

Although physical violence was far less reported than other forms of coercive behaviour, our respondents did discuss incidents related to their partners gambling disorder that left them with black eyes, bruising and broken bones and impacted their health more broadly:

[T]here was the violence as well, which then would put an impact on my physical health, because I would be bruised and just not in a good way at all. . . . my health deteriorated really badly. (Kelly)

Such findings correspond with the work of Hing et al., (2020) who reported that some men had committed violent acts prior to developing a gambling disorder, whilst for others violence intensified as gambling problems developed. Across the research participants we spoke with, however,
the majority highlighted how it was verbal and emotional violence that was typically employed by men to access money for gambling, enforce behaviour that ensured their gambling remained hidden from others, and to justify their behaviours.

On occasion such abuse left some of our interviewees with no money for basic essentials such as food, utilities and clothing. As Lisa illustrates, this can result in partners not having access to their own bank accounts, with no access to any independent income and with debts set against their names that have been built up by abusive partners:

I had no electricity, no food, no gas, I had nothing. The house was a mess because I had nothing to clean it up with, it was tidy but it was grimy and it needed cleaning and I couldn’t, there was nothing to clean it with, not even washing up liquid at this point, you know, I was washing the dishes with shampoo and that doesn’t taste nice, I have to tell you. I had got a text loan and because my bank was overdrawn I had to put it in his bank. It’s gone into his bank but before I had even had a chance to go and get it it’s gone, it’s disappeared and he has gone and gambled it so I have had nothing. (Lisa)

Financial abuse significantly impacted the intimate partners we spoke with, reducing opportunities for women to leave abusive relationships. Such abuse seldom happened in isolation – in most cases perpetrators used other coercive behaviours to threaten and reinforce the financial abuse.

**Hiding disordered gambling behaviour**

Hiding and lying about gambling are common practices of individuals experiencing disordered gambling (Lesieur and Klein, 1987). Indeed, individuals with gambling disorders are often highly successful at hiding their activities, with such difficulties only surfacing when they reach a point of crisis (Hing et al., 2012, 2020). Our respondents noted how their partners were adept at hiding their gambling and IPV from family members, friends and others:

I think that my parents were quite anxious. I think I hid a lot from them though. I think that my parents were quite anxious about things sometimes, but I would say 75\% of the time he gave this illusion of being a very good provider. (Alice)

As the above quote illustrates, self-concealment and ‘secretive information behaviours’ (Fulton, 2019) are not limited to individuals who gamble, but often extend to family members who experience shame and stigma associated with a loved one’s gambling disorders and associated behaviours (Clarke et al., 2007; Downs and Woolrych, 2010). Such behaviours can significantly impair the wellbeing and functioning of families (Kalischuk et al., 2006). But whilst previous research (Fulton, 2019) indicates that families can actively engage in secretive information behaviours, interviews with our research participants demonstrate that intimate partners’ concealment of their loved one’s gambling was often the result of acts of coercion directed at them. Our respondents highlight how coercive and controlling behaviours, including both verbal and (the threat of) physical violence, were employed by individuals with gambling disorders to hide their behaviours from others and ensure that their partners did not seek informal or formal help and support:

So there was sort of physical abuse, mental abuse, controlling, I couldn’t go anywhere, do anything, talk to anyone, be around anyone in case I told them he was gambling. He was paranoid all the time, always thought I was talking about him and so I wasn’t allowed to be around friends or family...
Kelly reports that her partner would restrict her time with both family and friends due to his concerns that she would talk about his gambling. Kelly noted that rare visits to family and friends only took place when she was accompanied by her partner and he would dictate if, when and where she could go out. The isolation of women from their friends or family was evident in a number of our interviews and was often reinforced through intimidation and threats of violence.

Other forms of coercive behaviour were also frequently employed by men to undermine their partner’s confidence, maintain their isolation and prevent friends, family and others in their community from finding out about his gambling. Research participants reported how name calling and insidious and manipulative comments were part of a persistent pattern of behaviours that were used by men to prevent the maintenance of existing relationships and the formation of new ones. For example, Sam highlighted how,

He used to tell me that people didn’t like me. He would say ‘People don’t like you’ and I remember the last house I ever had, before I eventually did leave him, he said ‘Oh the neighbours don’t like you’ and everything. He used to sort of say things like that... to try and pull me down. (Sam)

Similarly, Teresa talks about how her husband’s aggressive behaviour meant she was afraid to tell family and friends about his gambling and its impact on herself and her children. Teresa further notes how such intimidation worked to frighten her and ensure she was complicit in his lies and efforts to hide his gambling behaviour.

He was very manipulative, it’s the lies, the secrets, anything to hide his gambling. It’s the elephant in the room, you know ignore it and hope it goes away, and don’t say anything because he’s a man and he can be very aggressive, so you don’t say anything. Yeah telling people was really hard in the early days. I was scared and ashamed of him and how he was treating us and how he was treating me. (Teresa)

A number of respondents highlighted how the threat of violence was used to ensure conformity and silence regarding gambling and related IPV. Compounded by the stigma and shame women felt for being both a victim of IPV and their partner’s gambling, help from family friends and support services was undermined:

I know it sounds daft and silly but I would sit sometimes at night looking out of the window, looking up [to] the sky... thinking there has got to be more in this world than this, and I would feel really low and alone but I was so embarrassed to tell people that the person that is supposed to love me was the person that was making me sad and doing all these horrible things for gambling. (Sam)

In accordance with previous research (Hing et al., 2020) the stigma felt by women as a consequence of both their partners’ gambling and abusive behaviours was a notable feature of the narratives of the women we spoke with, inhibiting help-seeking and prolonging them remaining in abusive relationships.

Our findings illustrate how through coercive and controlling behaviour, intimate partners may engage in secretive information behaviours that enable the continuation of men’s gambling habits, lead to and perpetuate a range of individual and familial harms, and prevent help-seeking from friends and family, and formal support agencies. Indeed, if there were
repercussions they were constructed as the consequences of the partner’s actions and not those of the individual who gambles.

**Justifying disordered gambling and abusive behaviours**

The narratives of the women we spoke with indicate that coercive and controlling behaviour is employed by partners with gambling disorders in order to assuage their guilt and apportion blame to the female for their gambling and violence. This behaviour operates to justify men’s actions and convince the victim that they deserve the violence. In accordance with justifications for the IPV found elsewhere (Waltermaurer, 2012), our research participants reflected on how verbal attacks and manipulation would be employed by men to construct their gambling and abusive behaviour as a response to the failings of the women as a partner:

“Instead of being sorry it’s like ‘Well why should I give you my money, you don’t do this, you haven’t done that’ and ‘You didn’t iron my uniform last week and your kids have done this and your son has gone and got that girl pregnant and your daughter’s attitude with me stinks’ so everything becomes my fault. (Sarah)

In turn, the individual who gambles denies the partner’s victim status, stating that they deserved whatever action the offender committed for trying to shift the blame away from themselves unfairly. This is achieved through the individual who gambles telling their partner that they are worthless and encouraging self-blame through intimidation and gaslighting behaviour that makes their partner question their memory and perception of events.

Responding to ongoing verbal abuse, the partner of one man who gambled described how she sought to avoid her husband’s belittling and demeaning behaviour by being a ‘perfect’ wife. Lisa describes how over time she accepted her husband’s argument that his gambling was a consequence of her failings as both a wife and a mother to their children:

11.30 or 12 o’clock at night I am there cooking him a meal from scratch. I’m there cooking a full roast at 11 o’clock at night so that when he comes in he’s got a fresh dinner. I would have his bath run, I would have his bedtime clothes laid out for him on the bed, I would have his clothes laid out for him for the morning and I would have my makeup full on. I would be running around like a lunatic trying to make sure everything was perfect, I was perfect, the house was perfect, everything was perfect for him so he would have no excuse to demean me, to say these bad things. (Lisa)

Elsewhere a partner highlights how she came to accept her husband’s denial of responsibility, instead believing that his gambling and related abuse was a consequence of his efforts to provide her with the things that she craved: a home, holidays and so forth. His gambling and related behaviour was thus constructed as a consequence of his efforts to meet her desires:

I was led to believe by him, because when you get married you want to buy a home, you want to buy a car, go on holidays, and you want to do all those things because naturally that is the next step, the progression, that his gambling was my fault. He made me believe I was money orientated because I wanted a house. He made me believe that because he wasn’t earning much and I wanted the good things in life that he had to go gambling to get the money, and that is what he made me believe. (Katie)
Reflective of ongoing movements between intimacy and distance that characterised many of the relationships detailed by our interviewees, the encouragement of self-blame for the behaviours of men was evident in the narratives of women we spoke with.

Discussion

This study advances research that has typically focused on individuals who gamble’s accounts of their (acquisitive) offending through its examination of victims’ perspectives of violent crime, specifically IPV. Our respondents’ narratives indicated that whilst disordered gambling is not the direct or only cause of IPV it can lead to or exacerbate acts of violence committed by men against women. Gender inequality was also a pervasive feature in the narratives of the women who we spoke with. In line with the findings of Hing and colleagues (2020), our respondents highlighted how ‘rigid gender roles’ shaped their relationships with their partners and reinforced men’s control of finances, restrictions on their freedom, and violence. In this context, gambling disorders intensified existing patterns of abuse.

Our paper demonstrates how abusive relationship dynamics can lead to coerced gambling-related debt, inhibit help-seeking and cause physical, psychological, emotional and financial harm. In responding to the lack of qualitative research that has explored a broader range of IPV behaviours and their relationships with gambling, our findings indicate that gambling can contribute to IPV perpetrated by men against women. We suggest that the economic and emotional indebtedness that results can trap intimate partners in relationships with abusers and our findings have policy implications for criminal justice agencies, victim support and domestic violence organisations, and gambling-related help and support services.

Many of the women we spoke with highlighted the stigma associated with their partner’s gambling and being a victim of IPV, which inhibited their help-seeking. At a general level, public health campaigns that educate and raise awareness of the harms generated by gambling, and that such harms not only have an impact on the individual who gambles, but also family members, friends and others in the community, could be effective in demonstrating that gambling is a significant public health issue. Public health campaigns could also be effective in reducing the shame and stigma associated with gambling problems and thus encourage (early) help-seeking by both individuals who gamble and affected others.

Ensuring that community support networks are in place so that women who experience gambling-related IPV can receive help and, where necessary, refuge is essential. As the women we spoke with highlighted, gambling-related IPV can leave them isolated and emotionally and economically indebted to the perpetrator. Thus, it is essential that communities have visible points of contact and networks that women can access. Such community support must be equipped with the resources and strategies to enable women to leave relationships in which they are experiencing IPV.

Moreover, our findings illustrate that gambling disorders can be a contributory factor in causing and exacerbating IPV, an interrelationship that services may not be attuned to. Indeed, previous research has highlighted that practitioners’ ‘failure to recognize coercive and controlling patterns of abusive behaviour was not uncommon, and has profoundly negative implications for effective practice’ (Robinson et al., 2018: 44). Such challenges may be compounded by the failure to recognise gambling disorders within intimate partner or family relationships or identify it as a contributory factor in cases of IPV. Providing professional training and development opportunities for key workers – police officers, domestic violence workers, gambling
support groups and financial services – is essential in order to ensure that they are equipped to identify at an early stage, help, support and, where appropriate, intervene in cases of gambling-related IPV.

Recognising that gambling disorders can be or become a contributory factor in cases of IPV also has implications for the advice gambling support agencies provide intimate partners. For example, seeking to control the money of an individual with a gambling disorder is a coping strategy that is typically suggested to family members by GamAnon (Krishnan and Orford, 2002), yet our findings indicate that such an approach could lead to or exacerbate IPV. Thus, careful consideration needs to be given to the potential for support service advice to increase rather than decrease gambling-related harm.

It is also essential that criminal justice practitioners receive disordered gambling awareness training. This should be instituted alongside the screening of offenders for gambling disorders at different points, but notably the early stages, of the criminal justice system. This is already taking place in a local context – on receipt of an individual into custody (GamCare, 2020; Platt et al., 2017) – and, as we have argued elsewhere (Banks et al., 2020), should be extended nationally in order to support the identification of those who gamble problematically and ensure that they receive the necessary treatment and support to aid recovery and reduce the likelihood of gambling-related reoffending.

In particular, court mandated treatment as part of an individual’s sentence has the potential to reduce disordered gambling behaviour alongside reoffending. Yet, to date, UK courts rarely acknowledge gambling in criminal cases, or it is seen as a factor that merits addressing in sentencing (Brooks and Blaszczynski, 2011). Adopting therapeutic jurisprudence principles, as has occurred in some North American jurisdictions (Smith and Simpson, 2014), would be a logical development given the increased availability of harmful forms of gambling products and services available to UK citizens. Although the empirical evidence is limited, some studies (Brown, 1987; McKenna et al., 2013) do show that the treatment of offenders who are experiencing gambling disorders can be effective in reducing gambling disorders and reoffending. Indeed, the captive nature of criminal justice populations may present an opportune moment at which to treat and support individuals with a view to changing their gambling behaviours and lessen the likelihood of post-release gambling-related convictions and harms. Thus, rehabilitative programmes that address gambling disorders, alongside IPV prevention programmes, may represent a cost-effective approach to preventing gambling-related crime and recidivist behaviour.

Given the paucity of qualitative studies examining IPV and coercive and controlling behaviours and gambling, there are a number of ways in which research in this area can be developed. Further studies should be undertaken with a view to enhancing understanding of how IPV and gambling intersect with comorbid conditions, in particular alcohol and drug use, and mental health difficulties, which were referenced in many of our discussions with family members. In addition, whilst our study illustrated that gambling-related violence acutely impacts intimate partners, we know less about its implications for other family members, most notably children and parents, who were mentioned in some of the responses from our research participants. Given that our sample of research participants consisted of women reporting on their experiences of gambling disorders and gambling-related harms perpetrated by men, further research should seek to advance understanding of gambling-related IPV experienced by men, violence perpetrated by individuals against intimate partners with gambling disorders, and IPV that occurs in same sex relationships.
Conclusion

This paper details data derived from the narratives of women who have experienced violence perpetrated by male partners with gambling disorders. The research highlights how gambling disorders can both precipitate and exacerbate IPV and underpin coercive and controlling behaviours designed to gain and maintain access to money for gambling; hide gambling disorders from family, friends and others; and justify disordered gambling and abusive behaviours. We suggest that coercive and controlling behaviour that is related to a partner’s gambling disorder can lead to a spiral of emotional and economic indebtedness that maintains and sustains patterns of IPV and inhibits help-seeking. Such findings have implications for victim support, gambling support and criminal justice agencies. In particular, such agencies have been slow to recognise the relationship between (violent) crime and gambling and raising awareness that gambling disorders may be implicated in IPV is a must. Through education and awareness raising, such agencies may be better placed to recognise early warning signs that women (and their families) are at risk of or are experiencing violence as a consequence of a partner’s gambling.

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Notes

1. In the UK, 7.5% of women and 3.8% of men experienced domestic abuse in 2018 (Office for National Statistics, 2019).
2. GamAnon is a support organisation for partners, families and friends of individuals experiencing gambling disorders.

References


Banks and Waters


