Summary of included study characteristics and findings

First author, year (Country)	Study design	Aims/ Objectives	Quality Assessment (MMAT)	Gambling Scale /Measurement	Types of family influence explored	Key findings relating to Family Influence and Gambling-related Harm	Important discussion points identified
Black et al, 2021 (USA).	Longitudinal clinical interview of diagnosed lifetime gamblers.	The study aimed to examine the association between baseline social, demographic and clinical predictor variables in older and younger adults.	****	DSM-5 PG criteria (American Psychiatric Association., 1994), and South oaks gambling (Lesieur and Blume., 1987), and National Opinion Research Centre DSM Screen for Gambling Problems (NORC., 1999), and Gambling levels by Shaffer and Hall (1996).	Self-reported childhood neglect and Childhood maltreatment.	Childhood maltreatment was associated with increased risk of disordered gambling in young and older adults. Specifically, childhood neglect was an important predictor of disordered gambling.	The authors recommend future research to explore predictive variables in a larger more representative sample. The researchers urge clinicians to be aware that childhood maltreatment is common in PG individuals.
Bristow et al, 2022 (Canada).	Analysis of Secondary data; Cross-sectional survey with adults who had a child between 14-17 years old.	The aim of the study was to examine the relationship between ACES and gambling behaviours and to understand if flourishing mental health would be associated with decreased gambling severity with those who experienced an ACE.	****	Canadian problem gambling index (Ferris and Wynne., 2001).	A total of 15 ACEs were examined independently, adapted yes/no items from the original ACEs Study (Felitti et al., 1998), were used to assess household substance abuse, household mental illness, parental separation or divorce, and parental trouble with police. Childhood Trauma Questionnaire (CTQ; Bernstein & Fink., 1998). Adapted items from the Childhood Experience of Violence Questionnaire (CEVQ; Walsh et al., 2008), were used to measure	Except for emotional neglect, all ACES were significantly associated with at-risk/problem gambling. Except for household mental illness, all other household challenge-specific ACEs showed a significant relationship with increasing the likelihood of being an at-risk/problem gambler. The highest odd ratio for being at-risk/problem gambler was having a parent gambler, any household challenge, CPO contact and parental trouble with the police.	Future research should examine if well-being could become protective if treatments were available to improve mental health and well-being following physical IPV. The study highlighted a need to focus treatment on parents who gamble to avoid a future generation of gambling due to the influence of their parents.

					exposure to physical IPV.		
Cavalera et al, 2018 (Italy).	Cross-sectional survey in an Italian province.	The study aimed to create a profile of adult gamblers in Italy, Lombardy. This would be stratified by gender, age, classes and different forms of games.	****	The Italian version of the South Oaks Gambling Screen (Guerreschi and Gander., 2000).	The survey comprised of sociocultural information questions (marital status). Researchers also explored parental gambling.	There was no statical significance of marital status but at risk/ problem gamblers were more likely to be single. Problem gamblers but not at-risk gamblers were more likely to be separated/divorced. Problem gamblers were significantly more likely to be associated with having a father who gambled or both parents who gambled compared to non-gamblers.	The researchers note that further investigation is required to more comprehensively examine these facets.
Côté et al, 2020 (Canada).	Concurrent/complementary mixed design. Semi-structured interviews with thematic analysis. Involved couples whereby one had to be problem gambler.	The study aimed to assess the impact of coping strategies used by partners on the gambling habits of the spouse. To understand the mechanisms surrounding these strategies and the perceptions of them by the spouse and problem gambler.	*****	Canadian Problem Gambling Index (Ferris and Wynne., 2011).	Participants were asked to report the intensity of the perceived impact of their partner's coping strategy on their gambling habits by using a scale. Semi-structured interviews were conducted to allow partners to elaborate on their underlying intentions when they used a particular strategy.	The study showed that partners play a determining role on the behaviours of the gambler and are important in the recovery process. Eight strategies were highlighted as having a considerable impact on reducing the spouses' gambling cravings. These strategies, no matter the circumstance, never increased a gambler craving. A common theme in the interviews was the anticipation of a breakup, it was the most efficient strategy in making sure a gambler reduced their gambling behaviours. Another useful strategy to reduce cravings was a partner suggesting an activity other than gambling. There was a link between marital dynamics and increased gambling cravings.	The study emphasises the significance of interventions conducted by a partner and their impact on their spouses' gambling behaviors. It is suggested that couples seeking treatment should develop intervention plans that identify strategies that influence their spouses' gambling behaviours. Therapists should consider the discrepancies between partners' perception of how impactful these strategies are. It is important for future research to explore the use of partners' coping strategies, looking at their positive and negative influence on PG's gambling habits.

						Many mentioned that without the support of their partner they would not have seeked help. Couples point out the importance of the partner in understanding a spouse's gambling pathology.	
Dighton et al (2018), UK.	Cross-sectional survey on UK Armed Forces.	The current exploratory study aimed to examine the potential impact on the family of gambling-related harm in the UK armed forces veterans.	*****	Assessed using 10-item DSM-IV problem gambling diagnostic criteria (American Psychiatric Association, 1994).	Sociodemographic questions (Marital status and household size). Domestic violence was measured by a series of questions. Family-related variables were asked via single item screening questions.	Although not statistically significant, veterans who had been physically attacked by their partner were 3 times more likely to be classed as a problem gambler. Veterans were more likely to live with a relative other than their parents, compared to non-veterans, there was no significant trend with problem gambling severity. Male veterans were significantly more likely to be either married or cohabiting with a partner than their non-veteran counterparts. The relation to gambling was not measured.	It is noted that it may not be the family composition that affects gamblers but rather whether the family environment is positive or negative. Further research, with a larger sample, needs to focus on armed forces experience and the impact of the family to extend the findings of this study. The result regarding domestic violence calls for a renewed focus on this population and its impact on gambling behaviours.
Dowling et al, 2018 (Australia).	Cross-sectional. computer assisted telephone interview. Population-representative sample of Australian adults.	Research aimed to explore problem gambling and violence beyond intimate partners and into the broader family.	*****	Problem gambling severity index (Ferris and Wynne., 2001).	Hurt-Insult-Threaten-Screamed Scale (Sherin, et al., 1998). Modified to measure perpetration and victimisation.	Moderate-risk (MR)/problem gamblers had a 2.73-fold increase in the odds of experiencing FV victimization relative to non-gamblers. Participants also had a 2.56-fold increase in the odds of experiencing FV perpetration relative to non-gamblers. Fathers were more likely to be perpetrators of violence towards moderate-risk and problem gamblers.	Research found that dads and male in-law relatives were disproportionately represented as both victims and perpetrators. This suggests that these family members play a significant role in understanding the dynamics between problem gambling and family violence. The study supports the argument that further routine screening of family violence is needed in problem gambling services. There is a need for

						Compared to non-problem gamblers, both fathers and male-in-law relatives of moderate risk and problem gamblers were more likely to be perpetrators. Moderate risk gamblers and problem gamblers had a greater chance of experiencing family violence victimisation if they were in the hazardous drinking category.	prevention and intervention programs to lower the risk of co-occurrence of these behaviours. Reducing alcohol intake is an important solution.
Dowling et al 2021 (Australia).	Mixed-methods cross-sectional survey along with open ended questions about gambling and family of origin. The research used individuals seeking treatment for their gambling problems.	This study aimed to explore the transmission of gambling in the family and relationship between family members who gamble and the participant. To explore the perception of treatment-seeking gamblers about the nature of familial transmission of gambling.	****	Problem gambling severity index (Ferris and Wynne., 2001).	The family history of gambling was measured by single screening items. Conflict subscale of the Family Environment Scale (FES) (Moos and Moos., 1994), modified. Parental Authority Questionnaire (PAQ) (Buri., 1991), to measure parenting styles. A version of the General Functioning subscale of the McMaster Family Assessment Device (FAD) (Epstein et al., 1983), modified to retrospectively evaluate family of origin family functioning. A series of single items to measure Family-of-origin stressors. Four open-ended questions about gambling in their family-of-origin.	A quarter of treatment seeking gamblers reported having a family member who gambled living with them when growing up. This was often reported as a biological family member and almost all participants lived with this family member full time. Most commonly reported as mothers, father and siblings. Participants reporting paternal problem gambling were equally male or female. Those reporting maternal problem gambling were more likely to be female. Over half of participants reported gambling problems on the same gambling activity as their problem gambling family member. Problem gamblers raised in gambling families were more likely to report parental separation, parental divorce, and extreme financial hardship than problem gamblers raised in non-problem gambling families.	Identifying factors associated with family member problem gambling, such as divorce, are worth exploring to understand the risk mechanism they pose. Future methodology should evaluate the presence of gambling problems directly from parent-child dyads. These findings contribute to our understanding of how gambling disorders are passed down within families and can be used to develop specific strategies for preventing and intervening in these issues.

						27.3 % of participants reported their family gambling as a directly influencing their own gambling behaviours. 11% reported that it normalised gambling for them.	
Dowling et al, 2021 (Australia).	Cross-sectional survey with treatment-seeking gamblers.	The study aimed to predict family violence in a sample of treatment-seeking gamblers by measuring a mixture of variables. It alsoaimed to explore how these variables moderate the relationship between gambling symptom severity and violence.	****	Problem gambling severity index (Ferris and Wynne., 2001).	Hurt–Insult–Threaten–Scream (HITS) Scale (Sherin et al., 1998).	Of those seeking treatment for gambling, 18.4% reported victimization regarding family abuse. The most common answer for who perpetuated the violence was their parent, followed by their current or ex-partner, a few also reported their own child or sibling. Family-violence victimisation was significantly predicted by psychological distress, PTSD symptoms and gambling-related legal consequences. The correlation between the intensity of gambling symptoms and the experience of family violence was moderated by alcohol use.	The researchers suggest a need for longitudinal studies and event-level analyses of community samples. This is needed to understand the relationship between problem gambling and family violence. The results offer additional backing for the regular assessment of family violence in problem gambling programs. The findings suggest that strategies that help manage alcohol use can help address efforts to reduce family violence.
du Preez et al, 2018 (New Zealand).	Quantitative Cross-sectional survey with help-seeking gamblers.	The study aimed to explore the occurrence of family violence in gambling help-seekers who live in New-Zealand.	****	Problem gambling severity index (Ferris and Wynne., 2001).	Hurt–Insult–Threaten–Scream (HITS) Scale (Sherin et al., 1998).	Nearly half of gambling participants reported being victims of family violence in the past 12 months. Rates of physical violence victimisation were similar among gamblers and affected others. Intimate partner violence was the most prevalent violence among gamblers and affected others for victimisation and perpetuation. Among gamblers, more women than men reported intimate partner violence	The study suggests that gambling-related issues and family violence are related to treatment-seeking gambling populations. However, this relationship would need to be explored through longitudinal studies. Future research should evaluate the presence of coercive control and the gender-specific aspects of domestic violence within individuals seeking assistance for problem gambling.

						and family violence victimisation. A minority of gamblers reported experiencing violence from a son or daughter. It was common for participants to report both family victimisation and perpetration, in contrast to victimisation-only or perpetration-only.	There is a clear need for research to further understand how family violence and gambling play out together.
Elton-Marshall, 2018 (Canada).	Secondary analysis of data. Cross-sectional survey of older adults in casinos and racinos in Canada.	The study wanted to examine how three factors mediated the relationship between marital status and problem gambling. These factors were: (1) gambling because of loneliness; (2) gambling to socialize; and (3) social context.	****	Problem gambling severity index (Ferris and Wynne., 2001)	Marital status was coded into four categories: single/never married, divorced/separated, widowed, and married/equivalent.	Problem gambling severity scores were highest among divorced participants, followed by single and then widowed. Married individuals had the lowest PGSI score. Majority of widowed gamblers reported they gambled to be with people. Gambling with friends and family, mediates the relationship between marital status and problem gambling for respondents who are divorced, widow or single. Older adults who were divorced, widowed or single were significantly less likely to gamble with friends or family compared to married.	The study demonstrates that there are important differences in the type of unpartnered relationship (divorced, single and widow) and gambling status. It highlights whom, and under which circumstance, may be at a higher risk.
Estévez et al, 2023 (Spain).	Qualitative focus groups. Inductive grounded theory approach. Women Only.	The study aimed to analyse women's gambling experience.	*****	Gambling disorder diagnosis.	Childhood, responsibilities and family support were explored in conversation.	Many women started gambling because of abuse suffered during childhood. Women discussed how stressful life events could be a catalyst for their gambling, a death of a mother, child intellectual disability and loneliness. The caring responsibilities that women bear inside the family result in an overwhelming weight that these women are unable to handle. The concept of	The research argues that to date there is limited research on women's gambling experiences. More is needed to explore gender differences. The concept of the family being an important protective factor against relapses is an interesting line of research to explore to help implement practices that promote increased support from the immediate environment.

						an empty nest was an example of this. The women discussed that these family responsibilities weighed differently on men and women. However, it was discussed that support from the family environment was important for recovery and overcoming guilt and shame. The key family members for this were their mothers or their children. It was protective against relapses.	
Fasesan et al, 2024 (Nigeria).	Cross-sectional survey for students	The study objective was to assess the relationship between family demographics, somatic symptoms and gambling problems among Nigerian tertiary education institution students.	****	The southern oaks Gambling screen (Lesieur and Blume., 1987).	The survey collected Sociodemographic data which included;family demographics, monthly allowance.	Problem gambling was significantly associated with a family history of gambling. There was a significant relationship between gambling disorder and the following: Monthly allowance received, Fathers level of education, Mothers level of education. A binary logistic regression was conducted to evaluate the impact of age, gender, mother's education, father's education, monthly allowances, family history of gambling, and somatic symptoms on the probability of participating in problem gambling. The total model had statistical significance. The history of gambling in the family had a significant relationship with problem gambling.	The research argues that like substance use, problem gambling has a familial cause, having similar patterns of inheritance. This is an important contribution for clinical practice.

Freeman et al, 2020 (USA.	Quantitative Cross-sectional study. In a Veteran population.	The study aimed to understand problem gambling rates in the veteran population using non-veteran's affair data to explore correlates of problem gambling.	****	Problem and Pathological Gambling Measure (PPGM) (Williams and Volberg., 2014).	Sociodemographic, data was collected on marital status, childhood happiness and family and friend involvement in gambling.	Veterans with problem and at-risk gambling were considerably more likely to have friends and family who gamble. For every increase in friend and family member involvement in gambling there was a 2.56 increase in odds of being a veteran at-risk problem gambler compared to veteran recreational gambler. In comparison to recreational gamblers, increasing childhood happiness was protective against veteran at-risk problem gambler status.	The authors state that few other studies have examined problem gambling and its association with other variable's among veterans. Understanding the role of friends and family in gambling may be beneficial in developing treatment programs for those who engage in harmful gambling.
Goghari et al, 2020 (Canada).	Clinical interview with problem gamblers and first-degree relative.	This study aimed to investigate childhood trauma and coping strategies in problem gamblers, their first-degree relatives and community controls.	*****	Lifetime diagnosis, DSM-5 diagnosis and PGSI (Ferris and Wynne., 2001), and Composite international diagnostic interview (Kessler et al., 2008).	Coping Inventory for Stressful Situations – Situation Specific Version (CISS) (Endler and Parker., 1990). Childhood Trauma Questionnaire (CTQ) (Bernstein et al., 1994).	Gamblers were significantly more likely to have had childhood trauma compared to the control group. There was a significant effect of childhood trauma questionnaire on task-oriented coping and a significant effect of task-orientated coping on PGSI score. The direct effect of childhood trauma questionnaire on PGSI was not significant.	The study highlights the benefits of including relatives when researching the effects of various factors that influence problem gambling. Gamblers and relatives did not significantly differ from each other on task-oriented coping It suggests that these risk factors; coping style, childhood trauma, are associated with familial vulnerability for the disorder. They may be learnt through the family or have genetic links.
Goodrich et al, 2023 (USA).	Quantitative cross-sectional survey of general population including military personal but no analysis of them.	The study sought to explore the impact of adverse childhood experiences (ACEs) on participants problem gambling.	****	Brief biosocial gambling screen (Brett et al., 2014).	An initial survey that explored ACE and a 1-item questionnaire that was adapted from the Centre for Disease Control (CDC)-Kaiser ACEs study. It utilizes a Likert-type scale for participants to endorse any ACEs they may	ACES had a significant effect on participants self-reported gambling behaviors. There was a statistical difference in problem gambling rates for those who reported abuse but not for those who reported overall household challenges, however when this was further explored	It was a novel finding to find parental separation and divorce to have a negative relationship. It was argued this may be because the children are less likely to observe interpersonal violence or abuse. Future research would be needed to explore this relationship.

					have had before the age of 18.	in subcategories, certain factors were found to be significant. There were significant differences in self-reported problem gambling for those who reported living with incarcerated household members, how often adults hit each other, reporting that someone at least 5 years older than them forced them to have sex, having witnessed parents act violent towards each other. Having parents separated or divorced had a significant negative relationship with later problem gambling.	Additionally, household challenges were not significant overall but when broken down showed variables of significance. Thus, future research needs to be careful on how it reports results and asks participants questions, without breaking down the variables these findings would have been missed.
Grant et al, 2020 (USA).	Clinical interviews and Experimental cognitive tasks with people who had gambled at least 5 times in past year.	The study aimed to investigate if young people who gambled and had a first-degree relative with substance use disorder presented with different clinical presentation than those with without first degree relative with substance use disorder.	****	Structured Clinical Interview for Pathological Gambling (SCI-PG) (Grant et al., 2004).	Family history method where the proband is asked about psychiatric and substance use problems in their relatives (Andreasen et al., 1977; Kendler et al., 1991).	31% of young adult gamblers reported a family member with substance use disorder. Family history of SUD was associated with more money lost in the past year and more gambling symptoms.	The study demonstrates that certain variables increase the probability of developing a gambling problem and it may be a coping mechanism. Identifying vulnerable populations using this information can help prevent future development of more serious gambling problems as cognitive therapy can be recommended early on. Longitudinal studies would be needed to understand the components further. The researchers did not differentiate between parental or sibling family history of SUD.
Horak et al, 2021 (South Africa).	A quasi-experimental, cross-sectional design using gambling disorder patients and general population.	The study aimed to compare childhood trauma rates between people with a gambling disordered and matched health controls.	*****	Structured Clinical Interview for Pathological Gambling (SCI-PG) (Grant et al., 2004). And	A short form of the Childhood Trauma Questionnaire (CTQ-SF) (Bernstein et al., 2003).	The gambling disorder group rated higher for all childhood trauma subtypes, physical abuse, sexual abuse, emotional	Subsequent investigations should prioritise the examination of additional variables that could potentially impact the intensity of gambling-

				Yale-Brown Obsessive Compulsive Scale for Pathological Gambling (PG-YBOCS) (Pallanti et al. 2005).		neglect and physical neglect. The most common subtype for those with gambling disorders was childhood physical abuse (45%), followed by childhood emotional abuse (42%). No significant relationship was found between gambling disorder severity and childhood trauma or the subtypes. However, a regression showed a correlation between increasing scores on the childhood trauma scale and being part of the gambling disorder group. Physical neglect made a significant contribution to predicting gambling state, but this was not significant for emotional neglect.	related issues, with the potential to be targeted in the context of treatment. It appears that childhood trauma plays an important vulnerability role in behavioural addictions. Subsequent research should focus on examining the influence of comorbidity of childhood trauma and gambling disorder.
Jones et al, 2024 (UK)	A cross-sectional, exploratory survey	The researchers developed a survey to capture, for the first time, potential associations among mental health and demographic characteristics, including Armed Forces career variables, from all three of the branches of the UK Armed Forces.	****	Problem gambling severity index (Ferris and Wynne., 2001).	Demographic characteristics included relationship status, accommodation type and cohabitation type.	Demographic risk factors, or positive predictors, of harmful gambling risk included living in service single-living accommodation. Being in a relationship and living in non-service accommodation were all significant negative predictors or protective factors.	The discovery of reliable predictors of harmful gambling risk among serving military populations can be proven helpful during the enlistment and/or deployment stage to ensure that welfare is safeguarded. Population-level initiatives should consider the occupationally relevant risk factors that are related to the structure and routine of life in the Armed Forces. Furthermore, prevention strategies should focus on addressing specific areas such as housing. It is important to have a deeper understanding of the lived experiences of personnel in the Armed Forces who are affected by gambling-related suffering, as well as the obstacles they

							face when trying to seek help.
Kaya et al, 2022 (Turkey).	Case-control experimental study and clinical interview.	The study aimed to compare parental acceptance, rejection and attachment styles of individuals with online gambling disorders compared with a healthy control group.	*****	Semi-structured clinical interview DSM-5 (First., 2015). and South Oaks gambling screen (lesieur &Blume.,1987).	Relationship Scales Questionnaire; Developed with the aim of measuring attachment styles of adolescents (Griffin & Bartholomew., 1994), it was adapted to Turkish by Sümer & Güngör (1999). Parental Acceptance-Rejection Questionnaire (Rohner., 2005). The research utilised the short form adapted to Turkish version (Dedeler et al., 2017).	The patient group had significantly low levels of 'secure attachment' compared to the control group. The patient group also had significantly higher dismissive and fearful attachment compared to the control group. Both secure attachment (inverse effect) and dismissive attachment are thought to be determinants of gambling behaviour. The patient group had significantly higher rates for maternal; perceived rejection, hostility-aggression and indifferent-neglect points. The patient group had higher average rates of paternal: perceived rejection, warmth-affection, hostility-aggression, indifference-neglect and undifferentiated rejection points. Rejection rates were higher for fathers in comparison to mothers in the patient group. Paternal rejection and not maternal rejection had a determinant effect on gambling.	Determining family dynamics among people who engage in gambling-related-harms may contribute to enhance individual psychotherapy and family therapy.
Keatley, 2019 (UK).	Behavioural sequence analysis, Qualitative interviews with those who engage in gambling.	The study aimed to investigate thebehavioural pathways that lead young people to gamble. To explore how risk factors interact across time.	*****	Problem gambling severity index (Ferris and Wynne., 2001).	Intergenerational and Early exposure were discussed via interviews. Statements were selected for analysis if they met the following two criteria. (1): they were detailed enough to	Many participants discussed that parents are the ones that first introduced them to gambling. This was usually the father, however it was most often a joint	The study highlights how parents play a principal role in introducing their children to gambling behaviours. This is an area of future research and development. Parents need to introduce their children to gambling

					perform Behavioural sequence analysis. (2): (2): participants could remember their first experience of gambling.	influence of mother and father. Gambling with friends and family was common. Mothers were more likely to engage in the lottery with their children whereas fathers are more likely to begin playing poker with their children. There was a discussion of birthdays and receiving scratchcards, this had a long-lasting effect.	with the same caution and warning that parents do for other addictive behaviours. (alcohol).
King et al, 2020 (US).	Structured interviews and narrative synthesis with Laos Refugees in the US.	The studies objective was to examine gambling-related problems, correlates, risk factors and help-seeking attitudes in Lao sample of southeast Asian refugees and immigrants.	*****	South oaks Gambling screen (Lesieur and Blume., 1987).	Researchers assessed age at first gambling using a semicontinuous variable with age categories. Number of family members with a gambling problem was asked via a single variable whereby participants identified individuals in a list who they perceived as gambling too much or had a problem with gambling.	Many participants reported having a family history of gambling problems. Those with problem gambling were twice as likely to have a sibling with problem gambling compared to those without problem gambling. However, no one identified family as a reason for gambling and a low amount endorsed past trauma as a reason.	In communities whereby gambling is normalised, it is important to redefine the concept of community in relation to gambling and promote a social-cultural message that emphasises responsible gambling and the reduction of gaming-related harms. By collaborating with community leaders and other healthcare service providers, a more systematic strategy can be used to tackle gambling issues. This method will enhance cultural relevance and foster trust among community members.
Lelonek-Kuleta et al, 2022 (Poland).	Cross-sectional survey with polish prison population.	The study aimed to estimate levels of gambling involvement and presence of gambling disorders among polish prisoners and to understand the psychosocial factors linked to their gambling activities.	****	South oaks Gambling screen (Lesieur and Blume., 1987).	Marital status was measured with a single item screening question with 4 coded responses. Gambling with friends and family outside prison was measured using a single item screening question with a yes or no response.	Pathological gamblers were more likely to be single, widowed or in a cohabitating relationship and were less likely than non-pathological gamblers to be married or divorced/separated. Non-pathological gamblers were less likely to have gamblers among friends and family. Pathological gamblers, compared to non-	The research suggests that pathological gamblers are more likely to come from unfavorable backgrounds. It is noteworthy that pathological gamblers have initiated gambling at a younger age compared to non-pathological gamblers, indicating a correlation between pathological gambling and an adverse social environment.

						pathological gamblers, were more likely to have someone in their close social network who gambled. This person was usually reported as their father, sibling, wife/partner, other relative, friend/significant other and grandparent.	
Lotzin et al, 2018 (Germany).	Clinical interview and cross-sectional survey.	The study aimed to identify profiles of ACES in pathological gamblers and how these profiles are related to gambling-related characteristics and current general psychopathology.	****	Lifetime diagnosis of pathological gambling DSM-IV (American psychiatric Association., 2000), Via German version of the Composite diagnostic interview Meyer et al., 2011).	German version (Wingenfeld et al. 2011), of the Adverse Childhood Experiences Questionnaire (Felitti et al., 1998).	Four out of five gamblers reported at least one ACE. One out of three reported at least four ACEs and one in ten gamblers reported at least seven ACEs. Emotional abuse (43%) and emotional neglect (41.3%) were the most common ACEs, followed by parental separation/divorce (36.4%). At least one type of emotional, physical or sexual childhood abuse was reported by five out of ten gamblers. At least one type of household dysfunction was mentioned by six out of ten gamblers Researchers identified 4 distinct ACE profiles: 'Low ACE', 'High ACE', 'physical and emotional abuse' and 'neglect'. Low number of females belonged to the 'low ACEs' group. A high amount of 'emotional neglect' gamblers were female. 'High ACE' profile fulfilled more pathological gambling criteria than 'Low ACE' profile.	The 'Low ACE' typology fit's the pathway model typology of a group of gamblers who are behaviourally conditioned to gamble and show low levels of psychopathology. This group of gamblers developed gambling because of classical and operant conditioning. 'High ACE' profile was at a severe risk of psychopathology, and it is believed this would make this group more resistant to change their pathological gambling tendencies. This group formed another example of the pathway model, 'emotionally vulnerable problem gamblers', they carry psychosocial and biologically based vulnerabilities. Additionally, they may require therapy methods that specifically target coexisting psychological conditions. Providing comprehensive treatment that considers psychological symptoms is crucial for maintaining abstinence from gambling.

Mazar et al (2018), USA.	Cross-sectional survey, in a representative sample, included a measure of military service.	The purpose of the study was to understand the variables that discriminate recreational gambling and at-risk gambling and whether they are similar or different to the ones correlated with problem gambling.	****	Frequency of gambling in the past year regarding 11 different types of gambling. The Problem and Pathological Gambling Measure (PPGM) (Williams and Volberg., 2014).	Participants fill out demographic questions on marital status. Participants had to rate childhood happiness and identify portion of family/friends who gamble.	People who were non-gamblers were significantly more likely than recreational gamblers to have a lower portion of friends and family that were regular gamblers, have a lower household income, less happy childhoods and not served in the military. The strongest discriminator of being a non-Gambler rather than a Recreational Gambler was having a lower portion of friends and family that are regular gamblers. It was also the second strongest predictor in differentiating at-risk gamblers and recreational. Those who were at-risk gamblers compared to recreational were significantly more likely to, have a greater portion of friends and family who gambled and have a lower household income. Those who were problem/pathological gamblers have less happy childhoods. Marital status was not significantly correlated in the at-risk category.	The study highlighted that classification of gambling was highly related to whether you had of friends and family who gambled. It also highlighted that certain types of gambling do have a higher risk profile than other types. Does not elaborate on military.
McCarthy et al, 2020 (Australia).	Qualitative interviews and constructivist grounded theory approach with women only.	To understand the range of factors that may influence the normalisation of gambling for young women in Victoria Australia.	*****	Problem gambling severity index (Ferris and Wynne., 2001).	The interview schedule included a variety of open-ended questions that examined motivations for gambling, early experiences of gambling, the normalisation and cultural acceptance of gambling in Australia and harm prevention.	Young women were exposed to gambling environments from an early age. Family members were key facilitators for this. Gamblers would participate with their fathers. They would also celebrate their 18th by gambling, it was a family tradition.	Researchers and policymakers should increase their focus on how different forms of gambling may be normalised for young women. .

						Once participants could legally gamble, peers and boyfriends were important facilitators to gambling practices. Regarding boyfriends, gambling was an activity that was central to their relationship as a couple.	
Nower et al, 2022 (USA).	Cross-sectional survey, state-wide.	The aims of this study are to investigate: (a) the correlations between perceived addictive behaviours of specific family members when participants were children or adolescents and the frequency and problem severity of gambling behaviour of participants as adults; and (b) the role of associated comorbid alcohol or drug use problems as well as other behaviours known to be addictive or harmful in excess.	*****	Problem gambling severity index (Ferris and Wynne., 2001).	To explore familial transmission researchers used the family history method.	38 % of the sample endorsed gambling by one or more family/household member. Those who gambled themselves were significantly more likely to report gambling, substance use, and other behaviours in their families and households compared to their non-gambling peers. Nearly a quarter of the participants indicated that their father gambled when they were a child or adolescent; rates of gambling by other members ranged from a high of 13.56 % (mother), then 9.37 % (grandfather) to a low of 3.02 % (sister). Women were significantly more likely to report their mother and/or grandmother gambled. Men were significantly more likely to report gambling by their brother. Black or African-American participants were significantly more likely to report their mother gambled compared to other racial groups. The frequency at which the family or household member gambled, participant presence during family or household	Regarding racial/ethnic minority groups, future research is needed to target the mechanisms that underlie these higher rates of gambling, such as culture, psychological or genetic influences. Witnessing any form of addiction in the family setting may influence youth to initiate in the same or different behaviour to alleviate stress. Future research is needed to investigate the relationship between familial/household gambling during youth with gambling problems in adulthood.

						members gambling, and participants' gambling with the family or household member were all positively correlated with both higher participant gambling frequency and PGSI scores. Gambling by a father, mother or brother; substance use by a sister; and/or engagement in other behaviours by a brother, sister, grandmother or other household member was related to higher frequency of participant gambling and gambling severity.	
Ponti et al, 2021 (Italy).	Cross sectional survey with couples.	The study aimed to explore the specific qualitative aspects of romantic relationships and the style of romantic attachment of pathological gamblers and their partners.	*****	Gambling Disorder according to the DSM-5 criteria.	Quality of romantic relationship was assessed using the Romance Qualities Scale (Ponti et al., 2010). The Italian adapted form of Experiences in Close Relationships-Revised (Fraley et al., 2000; Busonera et al., 2014) was used to assess the romantic attachment.	Pathological gamblers reported higher levels of conflict and lower levels of help and security than partners of a control group. Both pathological gamblers and their partners reported a more insecure romantic attachment, both anxious and avoidance, than partners of the control group. Couples of the clinical group reported a lower inter-partner agreement about their perceptions of conflict level and attachment quality than couples of the control group. Pathological gamblers reported higher levels of anxiety and avoidance in their attachment bond to partner than partner 1 in the control group No significant differences between control and clinical group regarding children, relationship	The researcher did not explore the relationship between romantic relationships and severity of gambling. The depth of this relationship would be interesting from a clinical point of view and would be important for future research to explore. The research suggests that couple therapy could help both the gambler and the partner regain a healthy relationship and help with the success of therapeutic treatment.

						status, and duration of couple relationship.	
Roberts et al, 2021 (UK).	Cross-sectional survey from National gambling clinic.	The aim of the study was to better understand the relationship between gambling and criminality by comparing those who have offended to finance gambling to those who have not in a sample of individuals seeking treatment for gambling problems.	****	Problem gambling severity index (Ferris and Wynne., 2001).	Participants were asked if they had ever experienced childhood abuse and a variety of socio-demographics including marital status.	There was a statistically significant increase in mental health diagnosis, a family history of mental health problems and previous gambling disorder treatment within the group who has offended to finance gambling. A higher proportion of those in the offending group had experienced childhood abuse, specifically sexual abuse and multiple abuses compared with the non-offending group. Those who had offended to finance gambling had higher PGSI scores and reported starting to gamble at a younger age. Analysis indicated that a greater proportion of such offenders were single or not married/cohabiting.	The results imply that antisocial personality characteristics and criminal behaviour surface due to stress of gambling debt and the need to hide their behaviours form their significant others. The study goes along with previous findings that individuals with gambling problems report greater childhood maltreatment and traumatic life events. The findings fit the negative life experience in the 'emotionally vulnerable problem gambler' pathway and the 'antisocial impulsivist' in the pathway model. These pathways will have certain implications for treatment interventions.
Roberts et al, 2020 (UK).	Cross-sectional survey in treatment seeking population gambling related harm.	The broad aim of the study was to report the rate of occurrence and risk factors for Intimate Partner Violence (IPV) in a sample of men and women seeking treatment for gambling problems.	*****	Problem gambling severity index (Ferris and Wynne., 2001).	Jellinek–Inventory for assessing Partner Violence: The J-IPV comprises 4-items that identify perpetrators and victims of verbal and physical IPV in the past year (Kraanen et al., 2013). .	Results showed that relative to non-victims, the victims of IPV were likely to score higher on PGSI. 41 clients (20.1%) reported any IPV (as a perpetrator or victim) in the past year. Past year perpetration was reported by 25 clients. Past year victimisation was reported by 29 clients	Their figures on IPV rates are substantially higher than estimates from the crime survey for England and Wales. However, it is consistent with a small number of international studies. The current figure is most likely a lower estimate, and it is believed to be a lot higher than what is implied in the results. Disordered gambling may be linked to IPV victimisation, as victims may use gambling to cope or escape.

							The findings suggest UK gambling therapy services should address IPV
Stefanovics et al, 2023 (USA).	Analysis of secondary data from Cross-sectional survey with a Veteran population.	The study aimed to: (1) characterize the prevalence of Recreational gambling and at-risk/problem gambling; (2) identify sociodemographic and military variables associated with Recreational gambling and at-risk/problem gambling; and (3) assess lifetime and current psychiatric comorbidity, physical functioning, suicidality, and behavioural factors (e.g., homelessness and arrests) associated with Recreational gambling and at-risk/problem gambling.	*****	The Brief Problem Gambling Screen (BPGS) (Volberg and Williams., 2011).	The Adverse Childhood Experiences Questionnaire (Felitti et al., 1998). Socio-demographic question such as current marital status. .	Marital status was not a significant variable. Veterans with at-risk/problem gambling reported a greater number of exposures to ACE. However, the strongest associations were observed for lifetime Alcohol use disorder, Drug use disorder and Major Depressive Disorder, as well as for current Alcohol Use Disorder and anxiety disorders. These associations remained significant but became weaker after adjusting for traumatic experiences (ACEs, total amount of trauma, and Military Sexual Trauma), except for associations with Lifetime Major depressive disorder and PTSD.	Previous research has shown that stressful life events can moderate the relationship between childhood trauma and gambling disorder. The findings suggest that trauma exposure and consequent psychiatric difficulties such as PTSD may increase risk for developing disordered gambling. The findings of this study have significant implications for the establishment of At-risk/ Problem Gambling screening and treatment programs in healthcare institutions that cater to veterans. Especially regarding those with mental health and substance use disorder and trauma histories. These individuals form a group at a high risk of developing At-risk/ Problem Gambling.
Topino et al, 2021 (Italy).	Cross-sectional survey with individuals who engages in online gambling.	The present study aimed to explore the differences between certain variables, based on gambling severity in online gamblers, to better understand the characteristics related to problematic online gambling. It also aimed to investigate the relationship between alexithymia, dissociation and family functioning in contributing to problem	****	Italian version of the South oaks Gambling screen (Guerreschi and Gander., 2000; Lesieur and Blume., 1987.	Family Adaptability and Cohesion Evaluation Scales-IV (Olson., 2011). The Italian version (Baiocco et al., 2013).	Correlational analysis showed significant positive associations between problematic gambling and enmeshed family functioning (perception of spending too much time together). A significant negative relationship was shown for family cohesion and problematic gambling. The moderated mediation analysis revealed that dissociation partially	The data corroborates the role of family functioning in influencing behavioural addictions. The family helping moderate the effect of dissociation shows how a supportive family system may act as a protective environment, partially compensating for personal deficiencies.

		gambling among online gamblers.				mediated the relationship between alexithymia and problematic gambling, and the relationship between dissociation and problematic gambling was moderated by family cohesion. The effect of dissociation on problematic online gambling (Significant positive), became non-significant at average or high levels of cohesion.	
Tremblay et al, 2018 (Canada).	Between group experiment with treatment seeking gamblers and their partner. Interviews using descriptive phenomenological approach and sequenced thematization.	The aim of the study was to document the experiences of the therapy process for pathological gamblers and their intimate partners, who were randomised for individual or couple treatment	*****	Participants had to be diagnosed as pathological gamblers as measured by WHM-CIDI (Kessler and Ustun., 2004).	Interviews were conducted to explore the experiences of the therapy they were assigned to.	The couples discussed the need to develop a mutual comprehension and needed help attaining this. In individual treatment, couples discussed that they found it difficult to tell their partner what they had discussed in therapy but in couple treatment, partners discussed being able to have a better understanding of inner experiences. Couple treatment provided a chance for respectful exchanges and those in individual treatment discussed that they would like to have taken part in couple therapy. Additionally, a theme that was only present in discussions by those in couple therapy is that the better mutual comprehension provided improved mutual support; Partners understood their gambling spouse better and knew their gambling cravings. Some gamblers discussed that their partner became a source more valuable than	Participating in couple treatment helped gamblers recognise the significance of the relationship aspect in their gambling issue, highlighting the necessity for couple treatment to acknowledge this. Further research should aim to identify criteria for guiding gamblers who are in relationships towards individual, couple, or integrated treatment options. A number of participants indicated a need for a strategy that would integrate both individual and couple therapy. There is no record of any clinical trials being done to treat problematic gambling in this way.

						their therapist in couple therapy. The partners were able to help their partners avoid gambling—related relapses. Couple therapy was perceived to be more helpful in sustaining in treatment compared to individual therapy. According to couples, the gambling issues caused significant distress to both spouses, and couple therapy was effective in assisting both individuals in the relationship. For many, gambling is a relational problem. However, gamblers in the individual treatment did believe gambling did not concern the couple. This was only reported in individual treatment couples.	
Tremblay et al, 2023 (Canada).	Between group Experiment and longitudinal survey, with treatment seeking gamblers and their partner.	The study aimed to assess the efficacy of integrative couple treatment for pathological gambling in comparison to treatment provided in an individual approach.	*****	Participants had to be diagnosed as pathological gamblers as measured by WHM-CIDI (Kessler and Ustun., 2004). And, Gambling Symptom Assessment Scale (Suck Won Kim et al., 2009), And, The Impaired control over gambling (ICOG, Baron & Dickerson, 1994), AND PGSI (Ferris & Wynne, 2001).	The Dyadic Adjustment Scale (Sabourin et al., 2005), is an ultra-brief measure of the couple's relationship satisfaction over the last 3 months. The MSI (Weiss & Cerreto, 1980), is used to measure couple relationship stability over the past 3 months. The Marital Problem-Solving Scale (Baugh et al., 1982), is used to better understand the negotiation and conflict resolution skills that the people used in their couple relationship over the last 3 months. The negative consequences (Tremblay	Participants in both treatments generally improved over time with reductions of gambling losses in a 90-day period following treatment. No difference across treatment conditions in money spent on gambling, or frequency of gambling. However, on indices of gambling severity, participants who undertook couple therapy showed more improvement at follow-ups with better control capacity and greater reduction in gambling craving. Gamblers in couple therapy presented five	The results illustrate that the gamblers in the two treatments made significant therapeutic gains. However, it was seen that couple therapy was superior in helping reduce gambling craving and behaviour. The findings highlight the imperative of offering a wider range of interventions for individuals with gambling addiction and their significant others. Individuals in couple treatment are not responsible for the gambler's recovery, but rather work with them to help them address gambling issues constructively and promote more harmony.

					et al., 2010), is a short questionnaire of 10 items which assesses to what extent the respondent considers that his (or his partner's) gambling in the last 3 months has harmed various aspects of their lives The Interpersonal Communication Skills Inventory–Self (Boyd & Roach, 1977) is a list of 17 items that, expressed in statements, represent observable verbal behaviour.	times greater reduction in gambling craving. Couple treatment was associated with better individual and couple well-being. Partners in the couple treatment were almost 12 times more likely to reduce their erroneous beliefs about gambling, while those in the individual treatment increased them. Partners in both treatments reported a reduction in the negative consequences of gambling with no significant difference between the two groups.	Further research should assess integrated treatment for couples, combining individual sessions with couple therapy.
Tucker et al, 2021 (USA)	Analysis of Secondary data of cross-sectional survey.	This study aimed to examine the relationship between exposure to ACEs and gambling behaviours. The secondary goal was to identify other socio-demographic characteristics that may be linked to gambling risk.	*****	Exposure/frequency of gambling questions	Research utilised the optional BRFSS ACES module intermittently in 2010- 2011 and 2014-2018. This ACEs module was adapted from the 1995 CDC-Kaiser Health ACE Study which has been found to have high test-retest reliability.	Assessing the relationship between frequent gambling and ACEs, researchers found no relationship for either individual ACEs or categorized ACEs scores. When examining categorized ACEs scores across all levels of gambling, there was a positive association between the number of ACEs and gambling frequency. A higher percent of those who gamble had experienced 1-2 ACEs and ≥ 3 ACEs compared to those who had no exposure to ACEs. The odds of frequently gambling were 53% higher among those who were exposed to 1-2 ACEs compared to those who had no ACEs exposure, although not statistically significant. The odds of frequently gambling were 1.69 times	The study suggests that there is a link between ACEs and gambling frequency. One way to decrease the occurrence of ACEs is by actively involving pediatricians and teachers in the process of preventing and detecting ACEs in their patients and students, before they reach the age of 18. Early detection can prevent future problem behaviours.

						higher among those exposed to ≥ 3 ACEs compared to those who had no ACEs exposure. This was significant. Using the model with the continuous ACEs score as the outcome, each one unit increase in ACEs was associated with an (aOR = 1.10) increase in the odds of frequent gambling. This was statistically significant.	
Wejbera et al, 2021 (Germany).	Analysis of secondary data from a longitudinal cohort study.	The purpose of the present paper was to answer the following questions: (1) what are psychosocial risk factors for gambling disorder, (2) does gambling disorder vulnerability differ between migration generations, (3) what is the mental and physical health burden of gambling disorder compared to participants without gambling disorder, and (4) do risk factors and health burden differ between male and female gamblers?	*****	Lie/ Bet Questionnaire (LBQ) derived from the DSM-IV criteria for pathological gambling (Johnson et al., 1997)	Single item assessments included Marital status. Stress was assessed with an adaptation of the Social Readjustment Rating Scale (Holmes & Rahe., 1967), which included workplace and family-related variables for the purpose of this study.	Men with probable gambling disorder were less likely to live with partners, were less likely to be married and had more conflicts with family compared to men without probable gambling disorder. This just measured prevalence rates, no look at if these were significant variables for gambling disorder.	Based on their findings researchers postulate a vicious cycle of family, work-related and financial stress factors, unhealthy behaviour, and mental as well as physical burden. Their findings emphasis the need to discriminate the difference between sexes. There were key gender differences regarding relationships.
Williams et al, 2023 (Canada).	Cross-sectional survey. Large cohort study.	The study aimed to conduct a large-sale national cohort study to identify the current etiological risk factors for problem gambling in Canada.	*****	Gambling participation instrument (GPI; Williams et al., 2017). And The Problem and Pathological Gambling Measure (PPGM) (Williams and Volberg., 2014).	Past year level of stress; history of child abuse or neglect; number of significant life events in past 12 months, and family history of mental health, drug/alcohol, or behavioural addiction problems were measured with the adaptation of the Life Events Questionnaire; (Vuchinich et al., 1986).	97 variables out of 108 independent variables had a significant bivariate relationship with concurrent problem gambling. This included a history of child abuse or neglect, family history of gambling, household income, family history of mental health, drug/alcohol, or behavioural addiction problems. The strongest multivariate predictors of current and future problem gambling	The factors reported in this study closely resemble the primary predictors found in previous longitudinal and cross-sectional research. The researchers believe several of the risk factors (personal and family history of problem gambling) are difficult to change. The research do not elaborate further.

					were “gambling-related” variables (This included family history of having gambling-related problems). The qualitative data showed that most individuals reported psychological or motivational factors for why they gambled, and they were less aware of the contribution of family history of gambling problems.

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