Socijalna podrška i šteta povezana s kockanjem kod članova obitelji: Usporedba partnera i roditelja ovisnika o kockanju

/ Social Support and Gambling-Related Harm Among Family Members: A Comparison of Partners and Parents of Individuals with Gambling Addiction

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Ovisnost o kockanju je javnozdravstveni problem čije štetne posljedice osjećaju i bitne osobe iz okoline samog ovisnika (pogođeni drugi). Cilj je ovog istraživanja utvrditi prirodu i intenzitet štete povezane s kockanjem kod partnera/ica i roditelja ovisnika o kockanju te značaj percipirane socijalne podrške za objašnjenje intenziteta štete. U istraživanju je sudjelovalo N=132 sudionika: n=60 partnera/ica (45,5 %; M_{dob}=35,40) i n=72 roditelja (54,5 %; M_{dob}=57,82) osoba liječenih u Dnevnoj bolnici za ovisnost o kockanju Klinike za psihijatriju Sv. Ivan (Zagreb, Hrvatska). Riječ je o selekcioniranoj skupini pogođenih drugih s obzirom na to da su njihovi partneri, odnosno djeca, uključeni u tretman, dok sami sudionici imaju aktivnu ulogu u pružanju podrške tijekom liječenja. Primijenjen je sveobuhvatni instrumentarij: Ljestvica štete od kockanja za pogođene druge (GHS-20-AO), Ljestvica depresivnosti, anksioznosti i stresa (DASS-21), Multidimenzionalna ljestvica percipirane socijalne podrške, pitanja o sociodemografskim obilježjima, međuovisnosti i podršci tijekom liječenja te procjena krivnje, srama i stigmatiziranosti. Rezultati upućuju na visoku zastupljenost štete kod obje skupine, a ističu se emocionalne posljedice, narušavanje odnosa i zdravstveni problemi. Utvrđene su i razlike s obzirom na vrstu odnosa: partneri/ce izvještavaju o izraženijoj financijskoj šteti, šteti povezanoj s poslom/studijem te posljedicama unutar partnerskog odnosa, dok roditelji intenzivnije doživljavaju krivnju. Nadalje, sudionici s višom razinom percipirane socijalne podrške izvještavaju o nižoj ukupnoj šteti. Nalazi ovog istraživanja ukazuju na potrebu prepoznavanja pogođenih drugih kao klinički i javnozdravstveno relevantne skupine te na važnost daljnjih istraživanja i razvoja psihosocijalnih intervencija usmjerenih na njihove potrebe.

/ Gambling addiction is a public health problem whose harmful consequences are also experienced by significant persons in the immediate environment of the person with the addiction (affected others). The aim of this study is to determine the nature and intensity of gambling-related harm among partners and parents of individuals with gambling addiction, as well as the role of perceived social support in explaining the intensity of harm. This study included N = 132 participants: n = 60 partners (45.5%; M_{age} = 35.40) and n = 72 parents (54.5%; M_{age} = 57.82) of individuals receiving treatment at the Daily Clinic for Gambling Addiction of the University Psychiatric Hospital Sveti Ivan (Zagreb, Croatia). This is a selected group of affected others, given that their partners or children are involved in treatment, while the participants themselves

have an active role in providing support during treatment. A comprehensive set of instruments was used: the Gambling Harms Scale for Affected Others (GHS-20-AO), the Depression Anxiety Stress Scales (DASS-21), the Multidimensional Scale of Perceived Social Support, questions on sociodemographic characteristics, co-dependency and support during treatment, as well as assessments of guilt, shame, and stigmatisation. The results indicate a high prevalence of harm in both groups, with emotional consequences, relationship deterioration, and health problems being particularly prominent. Differences were also identified regarding the type of relationship: partners reported more pronounced financial harm, work/study-related harm, and consequences within the partner relationship, whereas parents experienced guilt more intensely. Furthermore, participants with higher levels of perceived social support reported lower overall harm. In addition, these findings indicate the need to recognise affected others as a clinically and public health-relevant group and to further research and develop psychosocial interventions tailored to their needs.

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UVOD

Kockanje i problemi povezani s kockanjem prepoznati su kao značajni javnozdravstveni problem, posebno u zemljama s visokom dostupnošću, a posljedično i višom prevalencijom ovisnosti o kockanju kao što je Republika Hrvatska. U suvremenoj literaturi se kockanje sve manje konceptualizira kao izolirani problem pojedinca, a sve češće kao složen, višerazinski fenomen čije se štetne posljedice manifestiraju na različitim razinama – od obitelji pa do šire zajednice (1–5).

U tom je pomaku ključan koncept štete povezane s kockanjem (engl. *gambling-related harm*) koji Langham i sur. (4, str. 4) definiraju kao „*svaku inicijalnu ili pogoršanu nepovoljnu posljedicu povezanu s uključivanjem u kockanje koja dovodi do umanjenja zdravlja ili dobrobiti pojedinca,*

INTRODUCTION

Gambling and gambling-related problems have been recognised as a significant public health issue, particularly in countries with high gambling availability and, consequently, a higher prevalence of gambling addiction, such as the Republic of Croatia. In contemporary literature, gambling is less often conceptualised as an isolated problem of the individual and more often as a complex, multilevel phenomenon whose harmful consequences manifest at different levels – from the family to the wider community (1–5).

Within this shift, a key concept is gambling-related harm, which Langham et al. (4, p. 4) define as "*any initial or exacerbated adverse consequence associated with engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population*". Within this framework, the authors distinguish

obiteljske jedinice, zajednice ili populacije". Unutar tog okvira, autori razlikuju tri razine pogođenosti: (1) osobu koja kocka, (2) pogođene druge (engl. *affected others*) i (3) širu zajednicu. Istodobno identificiraju sedam područja štete: financijsku, relacijsku, emocionalnu i psihološku, zdravstvenu, radno-obrazovnu, štetu povezanu s kriminalnom aktivnosti te kulturalnu štetu. Razlikuju i vremenske kategorije štete: opću, kriznu te rezidualnu štetu koja traje i nakon prestanka kockanja, što je posebno važno za obiteljski kontekst budući da posljedice često traju dugo i nakon akutne faze problema (primjerice, dugovi, narušeno povjerenje, dugotrajna emocionalna opterećenja), a često pogađaju i više generacija obitelji (4).

Slično tome, Wardle i suradnici (6) štetne posljedice kockanja definiraju kao sve štetne učinke kockanja na zdravlje i dobrobit pojedinaca, obitelji, zajednice i društva, te ih promatraju kroz narušavanje resursa (primjerice, financijska nestabilnost, dugovi, stambena nesigurnost), odnosa (primjerice, sukobi, gubitak povjerenja, prekidi odnosa) i zdravlja (primjerice, psihološki stres, anksioznost, depresivnost, narušeno fizičko zdravlje). Ta su područja i međusobno isprepletena pa financijski gubitci mogu narušiti obiteljske odnose i pogoršati mentalno zdravlje, dok narušeni odnosi dodatno pojačavaju psihološko opterećenje (4,6,7). Zbog takve prirode posljedica, bliske pogođene osobe gotovo su neizbježno uključene u sve vrste šteta, bilo izravno (primjerice, zajednički dugovi, emocionalna opterećenost) ili neizravno posljedicama na funkcioniranje kućanstva i obitelji, što ih čini središnjom skupinom unutar okvira koncepta štete povezane s kockanjem (8–10).

U najširem smislu ova skupina uključuje partnere, bivše partnere, roditelje, djecu, druge članove obitelji, ali i prijatelje i druge bliske osobe koje trpe štetu zbog tuđeg kockanja (8,9,11). U literaturi se pritom koriste djelomično preklapajući pojmovi. „Značajni drugi" (engl. *significant others – SO*) najšire označavaju

three levels of affectedness: (1) the person who gambles, (2) affected others, and (3) the wider community. At the same time, they identify seven domains of harm: financial, relational, emotional and psychological, health-related, work and study-related, harm associated with criminal activity, and cultural harm. They also distinguish temporal categories of harm: general, crisis, and residual harm that persists even after gambling has ceased. This is particularly important in the family context because the consequences often continue long after the acute phase of the problem (for example, debts, damaged trust, long-term emotional burdens) and frequently affect multiple generations of the family (4).

Similarly, Wardle et al. (6) define the harmful consequences of gambling as all harmful effects of gambling on the health and wellbeing of individuals, families, communities, and society, and consider them through the impairment of resources (for example, financial instability, debt, and housing insecurity), relationships (for example, conflict, loss of trust, and relationship breakdown), and health (for example, psychological stress, anxiety, depression, and impaired physical health). Furthermore, these domains are interconnected, so financial losses may damage family relationships and worsen mental health, while damaged relationships further intensify psychological burden (4,6,7). Because of the nature of such consequences, close affected persons are almost inevitably involved in all types of harm, either directly (for example, shared debts, emotional burden) or indirectly, through the consequences for household and family functioning, which makes them a central group within the framework of the concept of gambling-related harm (8–10).

In the broadest sense, this group includes partners, former partners, parents, children, other family members, as well as friends and other close persons who experience harm due to another person's gambling (8,9,11). Partially overlapping terms are used in the literature in this context. "Significant others" (SO) broadly refers to persons from the close social environment of a per-

osobe iz bliskog socijalnog okruženja osobe s problemom kockanja, dok se kod „zabrinutih značajnih drugih“ (engl. *concerned significant others – CSO*) dodatno naglašava zabrinutost zbog kockanja bliske osobe (8,11,12). U novijoj javnozdravstvenoj literaturi sve se češće koristi pojam „pogođeni drugi“ (engl. *affected others – AO*), koji je konceptualno najbliži okviru štete povezane s kockanjem jer naglasak stavlja na iskustvo pogođenosti štetom, neovisno o vrsti odnosa, stupnju bliskosti ili razini zabrinutosti. Pojam tako može obuhvatiti različite osobe iz socijalnog okruženja osobe koja kocka (9,10). Iako su pojmovi „zabrinuti značajni drugi“ i „pogođeni drugi“ u dijelu literature preklapajući, „zabrinuti značajni drugi“ više upućuje na emociju zabrinutosti kod bliske osobe, dok „pogođeni drugi“ jasnije naglašava iskustvo štete.

Iz svega je navedenog nedvojbeno da štetne posljedice kockanja osjećaju mnoge druge osobe iz okoline samog ovisnika te se u nešto starijoj literaturi procjenjivalo da se taj raspon kreće od 5 do 10 osoba iz okoline ovisnika o kockanju (13). Goodwin i suradnici (14) utvrdili su kako jedan ovisnik o kockanju posljedično zahvaća prosječno šest osoba iz svoje okoline, dok kockanje nisko do umjereno rizičnog kockara utječe na jednu do tri osobe. Istraživanja provedena u nordijskim zemljama pokazuju da se udio osoba u općoj populaciji koje navode da imaju blisku osobu s problemom kockanja (tzv. „zabrinuti značajni drugi“) kreće od 2 % do 19,3 %, pri čemu raspon odražava razlike u definiciji i operacionalizaciji značajnih osoba među studijama (12,15–17). Noviji pregled opsega postojeće literature (engl. *scoping review*) Dowling i suradnika (10) pokazuje da se zastupljenost onih koji u nekoj mjeri osjećaju posljedice povezane s kockanjem značajne druge osobe u općoj populaciji kreće između 4,5 % i 21,2 %, uz važnu metodološku napomenu da dio studija mjeri širu „izloženost” problemu kockanja, a ne nužno izravno doživljenu štetu.

son with a gambling problem, while “concerned significant others” (CSO) additionally emphasises concern about the gambling of a close person (8,11,12). In more recent public health literature, the term “affected others” (AO) is increasingly used and is conceptually closest to the gambling-related harm framework because it emphasises the experience of being affected by harm, regardless of the type of relationship, degree of closeness, or level of concern. The term can therefore encompass different persons from the social environment of the person who gambles (9,10). Although the terms “concerned significant others” and “affected others” overlap in some of the literature, “concerned significant others” refers more to the emotion of concern experienced by a close person, whereas “affected others” more clearly emphasises the experience of harm.

From all of the above, it is evident that the harmful consequences of gambling are experienced by many people in the environment of an individual with a gambling addiction, and somewhat older literature estimated that this range was between five and ten (13) persons from the environment of an individual with a gambling addiction. Goodwin et al. (14) found that one individual with a gambling addiction consequently affects, on average, six people in their environment, while the gambling of a low- to moderate-risk gambler affects one to three people. Studies conducted in Nordic countries show that the proportion of people in the general population who report having a close person with a gambling problem (so-called “concerned significant others”) ranges from 2% to 19.3%, with this range reflecting differences in how significant others are defined and operationalised across studies (12,15–17). A more recent scoping review by Dowling et al. (10) reports that the prevalence of those who, to some extent, experience consequences related to the gambling of a significant other in the general population ranges between 4.5% and 21.2%, with the important methodological note that some studies measure broader “exposure” to a gambling problem rather than necessarily directly experienced harm.

Empirijski nalazi pokazuju i da šteta među različitim skupinama pogođenih drugih nije ravnomjerno raspoređena, nego je najizraženija u najbližim obiteljskim odnosima. U australskoj studiji Hing i suradnici (8) utvrdili su da je 6 % odraslih „zabrinutih značajnih drugih" u posljednjih 12 mjeseci doživjelo štetu, najčešće emocionalnu, povezanu s kockanjem bliske osobe, pri čemu se intenzitet razlikovao ovisno o vrsti odnosa – najviši je kod bivših partnera, zatim sadašnjih, a potom slijede drugi članovi obitelji te značajne osobe izvan obiteljskog konteksta. I unutar obitelji postoje razlike s obzirom na odnos sa samim ovisnikom, te su očekivano i djeca među posebno ranjivim i štetama pogođenim skupinama (8,18–22), no ovaj se rad usmjerava na partnere/ice i roditelje. Takvo usmjerenje proizlazi ponajprije iz činjenice da je riječ o odraslim članovima obitelji čija je uloga u odnosu prema osobi koja kocka specifična s obzirom na svakodnevnu uključenost u obiteljsko funkcioniranje, čestu financijsku i emocionalnu međuovisnost te potencijalnu ulogu ključne podrške tijekom liječenja i oporavka (23). Iskustva djece, pak, zahtijevaju zaseban pristup, s obzirom na razvojnu heterogenost ove skupine, kao i drukčiju dinamiku odnosa, ovisnosti i odgovornosti unutar obitelji.

Partneri (sadašnji i bivši) se najčešće izdvajaju kao skupina koja doživljava najizraženije financijske i relacijske štete, ponajprije zbog dijeljenja kućnog budžeta i zajedničke svakodnevice, odnosno visoke međusobne ovisnosti u organizaciji života i preuzimanju obveza. Castrén i suradnici (9) utvrdili su da su upravo partneri/ce imali/e najizraženiju financijsku štetu i štetu na razini odnosa. Sličan trend potvrđuju i Hing i suradnici (8) prema kojima partneri/ce kumulativno prijavljuju najviše štete, a najčešće emocionalnu (90,6 %), relacijsku (83,9 %) i financijsku (80,5 %), dok su zdravstvene štete zabilježene kod 51 %, a štete povezane s radom/studijem kod 39,6 % partnera. Dodatno, Tulloch i suradnici (24) utvrdili su da su značaj-

Empirical findings also show that harm is not evenly distributed among different groups of affected others but is most pronounced in the closest family relationships. In an Australian study, Hing et al. (8) found that 6% of adult "concerned significant others" had experienced harm, most commonly emotional harm, related to the gambling of a close person in the previous 12 months, with the intensity differing depending on the type of relationship – it was highest among former partners, followed by current partners, then other family members, and finally significant others outside the family context. Differences also exist within the family regarding the relationship with the individual with gambling addiction, and, as expected, children are among the particularly vulnerable groups affected by harm (8,18–22). However, this paper focuses on partners and parents. This focus primarily arises from the fact that these are adult family members whose role in relation to the person who gambles is specific, given their everyday involvement in family functioning, frequent financial and emotional interdependence, and potential role as a key source of support during treatment and recovery (23). The experiences of children, on the other hand, require a separate approach, given the developmental heterogeneity of this group, as well as the different dynamics of relationships, dependence, and responsibilities within the family.

Partners (current and former) are most often identified as the group that experiences the most pronounced financial and relationship harms, primarily due to sharing the household budget and everyday life, that is, a high level of mutual dependence in the organisation of life and the assumption of responsibilities. Castrén et al. (9) found that partners experienced the most pronounced financial harm and relationship-level harm. A similar trend was confirmed by Hing et al. (8), according to whom partners cumulatively report the greatest amount of harm, most commonly emotional (90.6%), relational (83.9%), and financial (80.5%), while health-related harms were reported by 51%, and work/study-related harms by 39.6% of partners. Additionally, Tull-

ni drugi u odnosima obilježenima zajedničkim financijama i odgovornostima osjetljiviji na štetu, a da je upravo financijska bliskost jedan od najsnažnijih prediktora većeg opsega štetnih posljedica i narušene dobrobiti. Partnerska šteta, međutim, nadilazi financijski gubitak i uključuje i narušavanje drugih aspekata odnosa. U kvalitativnom istraživanju Holdsworth i suradnika (25) partneri, uz financijsku nesigurnost, opisuju izraženo emocionalno opterećenje te narušavanje psihičkog i tjelesnog zdravlja zbog kroničnog stresa. Posebno je karakteristično da iskustvo štete u partnerskom odnosu u velikoj mjeri uključuje laži i prikrivanja. Drugim riječima, upravo gubitak povjerenja i doživljaj izdaje doprinose sukobima, udaljavanju i prekidu odnosa. Newall i suradnici (26) utvrdili su da je partnerska šteta najizraženija kada osoba kocka sama i kada je par financijski međuovisan, pri čemu partneri često preuzimaju ulogu „odgovorne osobe" u kućanstvu. Nadalje, partneri izvještavaju o ozbiljnim preprekama financijskoj sigurnosti i održavanju ključnih obveza (posao, skrb o djeci i slično), dok dostupna podrška i povezanost s obitelji (27) djeluje zaštitno i ublažava štetu. Važno je napomenuti i da su partneri/ce ovisnika o kockanju povećano izloženi sukobima (16), ali i intimnom partnerskom nasilju. Meta-analiza Dowling i suradnika (28) pokazala je da je među osobama s problemima kockanja više od trećine prijavilo viktimizaciju (38,1 %) ili počinjenje fizičkog partnerskog nasilja (36,5 %), dok je prevalencija problematičnog kockanja među počiniteljima intimnog partnerskog nasilja iznosila visokih 11,3 %.

Za razliku od partnerskih odnosa, u kojima financijske posljedice kockanja često zauzimaju istaknuto mjesto, kod roditelja osobe s problemima kockanja dominantan profil štete prije svega je emocionalan. Roditelji najčešće izvještavaju o kroničnoj zabrinutosti, emocionalnoj iscrpljenosti i psihološkom distresu, što je u skladu s istraživanjima koja pokazuju da su emocionalne štete među najčešće prijavljenim

och et al. (24) found that significant others in relationships characterised by shared finances and responsibilities are more susceptible to harm, and that financial closeness in particular is one of the strongest predictors of a greater extent of harmful consequences and impaired wellbeing. Harm experienced by partners, however, extends beyond financial loss and also includes impairment of other aspects of the relationship. In the qualitative study by Holdsworth et al. (25), partners, in addition to financial insecurity, describe a pronounced emotional burden and deterioration of mental and physical health as a result of chronic stress. It is particularly characteristic that the experience of harm within a partner relationship largely involves lies and concealment. In other words, it is precisely the loss of trust and the experience of betrayal that contribute to conflict, distancing, and relationship breakdown. Newall et al. (26) found that harm experienced by partners is most pronounced when the person gambles alone and when the couple is financially interdependent, with partners often assuming the role of the "responsible person" in the household. Furthermore, partners report serious obstacles to financial security and the maintenance of key responsibilities (work, childcare, and similar), while available support and connectedness with family (27) have a protective effect and mitigate harm. It is also important to note that partners of individuals with gambling addiction are increasingly exposed to conflict (16), as well as to intimate partner violence. A meta-analysis by Dowling et al. (28) showed that among persons with gambling problems, more than one third reported victimisation (38.1%) or perpetration of physical intimate partner violence (36.5%), while the prevalence of problem gambling among perpetrators of intimate partner violence was as high as 11.3%.

Unlike partner relationships, in which the financial consequences of gambling often occupy a prominent place, among parents of a person with gambling problems, the dominant profile of harm is primarily emotional. Parents most often report chronic concern, emotional exhaustion, and psychological distress, which is consistent with stud-

oblicima štete u obiteljskim odnosima, uključujući roditeljski kontekst (9,11,29). Castrén i suradnici (9) utvrdili su da je emocionalna šteta bila posebno izražena kada je osoba koja kocka dijete/posinak, što dodatno podupire specifičnost roditeljske pozicije kao one obilježene primarno emocionalnim opterećenjem. Specifičnost roditeljske uloge dodatno se očituje u osjećajima krivnje, samookrivljavanja i odgovornosti (30,31). Takiguchi i suradnici (32) utvrdili su da je kod roditelja pogođenih problematičnim kockanjem djeteta prisutna internalizirana stigma roditeljske „krivnje", koja se manifestira kao izražen sram i prikrivanje problema, a dodatno se pojačava percipiranom javnom stigmom. Kod roditelja se stoga šteta može opisati kao primarno strukturirana oko doživljaja roditeljskog neuspjeha i emocionalne odgovornosti, pri čemu financijska šteta može biti prisutna, ali nije nužno dominantna dimenzija roditeljskog iskustva (9,31,32).

No, kao što je spomenuto, štetu povezanu s kockanjem treba gledati u kontekstu različitih čimbenika i okolnosti koji doprinose vrstama i intenzitetu štete. U recentnom istraživanju Tulloch i suradnika (33) utvrđeno je da se šteta i psihološki distres kod osoba pogođenih tuđim kockanjem ne mogu objasniti isključivo težinom kockanja osobe koja kocka, nego i relacijskim i psihosocijalnim čimbenicima, osobito percipiranom socijalnom podrškom i stilovima suočavanja. Konkretno, niža socijalna podrška te viša relacijska bliskost i maladaptivni stilovi suočavanja doprinosili su većoj razini štete i većem stresu (26,33). Važnost psihosocijalnih čimbenika u razumijevanju posljedica ovisnosti na članove obitelji naglašava i Model stresa-napetosti-suočavanja-podrške (engl. *Stress-Strain-Coping-Support model*; *SSCS*), koji su razvili Orford i suradnici (34,35). Model ovisnost promatra kao kronični stresor koji financijskim poteškoćama, interpersonalnim sukobima, stigmom i zabrinutošću za osobu koja kocka može dovesti do psihološkog i zdravstvenog opterećenja članova

ies showing that emotional harms are among the most frequently reported forms of harm in family relationships, including the parental context (9,11,29). Castrén et al. (9) found that emotional harm was particularly pronounced when the person who gambles was a child/stepchild, which further supports the specificity of the parental position as one characterised primarily by emotional burden. The specificity of the parental role is additionally reflected in feelings of guilt, self-blame, and responsibility (30,31). Takiguchi et al. (32) found that among parents affected by their child's problem gambling, there is an internalised stigma of parental "blame", which manifests as pronounced shame and concealment of the problem, and is further intensified by perceived public stigma. Among parents, harm can therefore be described as primarily structured around the experience of parental failure and emotional responsibility, whereby financial harm may be present, but is not necessarily the dominant dimension of the parental experience (9,31,32).

However, as mentioned, gambling-related harm should be viewed in the context of different factors and circumstances that contribute to the type and intensity of harm. In a recent study by Tulloch et al. (33), it was found that harm and psychological distress among persons affected by another person's gambling cannot be explained solely by the severity of the gambling of the person who gambles, but also by relational and psychosocial factors, particularly perceived social support and coping styles. Specifically, lower social support, greater relational closeness, and maladaptive coping styles contributed to higher levels of harm and greater stress (26,33). The importance of psychosocial factors in understanding the consequences of addiction for family members is also emphasised by the Stress-Strain-Coping-Support (SSCS) model, developed by Orford et al. (34,35). The model views addiction as a chronic stressor that, through financial difficulties, interpersonal conflict, stigma, and concern for the person who gambles, can lead to psychological and health-related burden among family members (34,35). In this context, coping strategies and available social

obitelji (34,35). Pritom načini suočavanja i dostupna socijalna podrška mogu utjecati na izraženost tih posljedica (34,35), pri čemu je važnija percipirana kvaliteta i korisnost podrške nego sam broj dostupnih izvora pomoći (35).

Unatoč razvoju literature o šteti povezanoj s kockanjem i sve jasnijem pozicioniranju pogođenih drugih kao važne skupine, dosadašnja istraživanja i dalje ostavljaju nekoliko relevantnih praznina. Većina je istraživanja dominantno usmjerena na mapiranje područja štete, dok su zastupljenost različitih vrsta štete kao i sociodemografska i psihosocijalna obilježja onih pogođenih štetom manje istraženi (10,36). Pogođeni drugi pritom često imaju dvostruku ulogu: s jedne strane mogu biti važan izvor podrške osobi koja se liječi, a s druge su i sami izloženi posljedicama kockanja. I dok dio istraživanja uključuje šire pokazatelje psihosocijalnog funkcioniranja, ti se aspekti najčešće ispituju parcijalno: primjerice, kroz psihološki distres i zadovoljstvo odnosom kod značajnih drugih (37), kroz stigmu, sram i samooptuživanje u kvalitativnim istraživanjima članova obitelji (32), kroz povezanost vrste/bliskosti odnosa sa štetom, zdravljem i dobrobiti (24) ili kroz ulogu stilova suočavanja i socijalne podrške u iskustvu štete i distresa (33). Pritom su ti pokazatelji rjeđe obuhvaćeni unutar istog istraživačkog modela zajedno s različitim indikatorima štete i preciznijom usporedbom vrste odnosa s osobom koja kocka. Dodatno, iako nalazi upućuju na to da se intenzitet i oblik štete razlikuju ovisno o vrsti odnosa (24,38), partneri/ce i roditelji često se ne analiziraju kao zasebne skupine: roditelji se, primjerice, uključuju u širu skupinu bliskih članova obitelji zajedno s odraslom djecom i braćom/sestrama (npr. Ferland i sur. (39)), odnosno u kategoriju „drugih članova obitelji" nasuprot partnerima ili prijateljima/kolegama (npr. Newall i sur. (26)).

Stoga ovaj rad doprinosi postojećoj literaturi usmjeravanjem na klinički i tretmanski relevantnu skupinu odraslih članova obitelji – par-

support may influence the severity of these consequences (34,35), with the perceived quality and usefulness of support being more important than the mere number of available sources of help (35).

Despite the development of the literature on gambling-related harm and the increasingly clear positioning of affected others as an important group, existing research still leaves several relevant gaps. Most studies predominantly focus on mapping domains of harm, while the prevalence of different types of harm, as well as the sociodemographic and psychosocial characteristics of those affected by harm, have been less extensively investigated (10,36). Affected others often have a dual role: on the one hand, they may be an important source of support for the person receiving treatment, while on the other hand, they themselves are exposed to the consequences of gambling. And while some studies include broader indicators of psychosocial functioning, these aspects are most often examined only partially: for example, through psychological distress and relationship satisfaction among significant others (37); through stigma, shame, and self-blame in qualitative studies of family members (32); through the association of relationship type/closeness with harm, health, and wellbeing (24); or through the role of coping styles and social support in the experience of harm and distress (33). At the same time, these indicators are less often included within the same research model together with different indicators of harm and a more precise comparison of the type of relationship with the person who gambles. Additionally, although findings indicate that the intensity and form of harm differ depending on the type of relationship (24,38), partners and parents are often not analysed as separate groups: parents, for example, are included in a broader group of close family members together with adult children and siblings (e.g. Ferland et al. (39)), or in the category of "other family members" as opposed to partners or friends/colleagues (e.g. Newall et al. (26)).

Therefore, this paper contributes to the existing literature by focusing on a clinically and treatment-relevant group of adult family members

tnere/ice i roditelje osoba uključenih u tretman zbog ovisnosti o kockanju te istodobnim istraživanjem različitih indikatora štete, emocionalnog funkcioniranja, osjećaja krivnje, srama i stigmatiziranosti te percipirane socijalne podrške. U hrvatskom kontekstu, u kojem su sustavna istraživanja štete povezane s kockanjem kod značajnih drugih tek u razvoju, ovakav fokus ima dodatnu važnost za razumijevanje specifičnih potreba partnera/ica i roditelja uključenih u obiteljske grupe podrške.

CILJ, PROBLEMI I HIPOTEZE

Cilj ovog istraživanja je utvrditi prirodu i intenzitet štete povezane s kockanjem kod bliskih osoba (partnera/ica i roditelja) ovisnika o kockanju koji se liječe te značaj njihove percipirane socijalne podrške za objašnjenje intenziteta doživljene štete.

Budući da se radi o prvom istraživanju ovakve vrste u hrvatskom kontekstu, ovom studijom željelo se obuhvatiti širi okvir štete koji, uz standardnu mjeru emocionalne, relacijske i financijske ugroženosti, obuhvaća i specifične emocionalne probleme značajnih drugih (depresivnost, anksioznost, stres), kao i njihove internalizirane osjećaje krivnje, srama i percepcije stigmatiziranosti. U skladu s prethodno objašnjenom terminologijom, u ovom će se radu koristiti pojam „pogođeni drugi“ (engl. *affected others*), jer uzorak čine roditelji i partneri/ce osoba uključenih u liječenje zbog ovisnosti o kockanju, a koji sudjeluju u obiteljskim grupama podrške te kojima je nedvojbeno i nanesena šteta zbog kockanja bliske osobe.

Iz navedenog cilja istraživanja, a temeljem analiziranih i prikazanih dosadašnjih inozemnih spoznaja u ovom području, proizlaze sljedeći istraživački problemi s pripadajućim hipotezama:

P1: Ispitati razlike u indikatorima štete povezane s kockanjem između partnera/ica i roditelja ovisnika o kockanju.

– partners and parents of persons involved in treatment for gambling addiction, while simultaneously examining different indicators of harm, emotional functioning, feelings of guilt, shame, and stigmatisation, as well as perceived social support. In the Croatian context, in which systematic research on gambling-related harm among significant others is still developing, such a focus is particularly important for understanding the specific needs of partners and parents involved in family support groups.

AIM, RESEARCH PROBLEMS, AND HYPOTHESES

The aim of this study is to determine the nature and intensity of gambling-related harm among close persons (partners and parents) of individuals with gambling addiction who are undergoing treatment, as well as the importance of their perceived social support in explaining the intensity of the harm experienced.

As this is the first study of this kind in the Croatian context, it aimed to encompass a broader framework of harm, which, in addition to the standard measures of emotional, relational, and financial harm, also includes specific emotional problems of significant others (depression, anxiety, stress), as well as their internalised feelings of guilt and shame, and their perceptions of stigmatisation. In accordance with the terminology explained above, the term “affected others” will be used in this paper, as the sample consists of parents and partners of persons in treatment for gambling addiction, who participate in family support groups and who have undoubtedly also experienced harm as a consequence of the gambling of a close person.

Based on the stated aim of the study and the analysed and presented existing international findings in this field, the following research problems with corresponding hypotheses were formulated:

P1: To examine differences in indicators of gambling-related harm between partners and parents of individuals with gambling addiction.

H1: Očekuje se da će partneri/ce izvještavati o višoj šteti povezanoj s kockanjem u odnosu na roditelje na indikatorima koji se sadržajno odnose na financijsku, emocionalnu i relacijsku štetu.

P2: Ispitati razlike u osjećajima krivnje i srama te percepciji stigmatiziranosti između partnera/ica i roditelja ovisnika o kockanju.

H2: Očekuje se da roditelji doživljavaju intenzivnije osjećaje krivnje u odnosu na partnere/ice, dok se za osjećaj srama i percipiranu stigmatiziranost ne očekuju razlike.

P3: Ispitati postoji li značajan efekt vrste odnosa, razine percepcije socijalne podrške i njihove interakcije na ukupnu štetu povezanu s kockanjem te emocionalne probleme.

H3a: Očekuje se da postoji značajan glavni efekt vrste odnosa na ukupnu štetu povezanu s kockanjem te na pokazatelje emocionalnih problema (depresivnost, anksioznost, stres) na način da partneri/ce doživljavaju intenzivniju štetu i emocionalne probleme u odnosu na roditelje.

H3b: Očekuje se da postoji značajan glavni efekt percipirane socijalne podrške na ukupnu štetu povezanu s kockanjem te na pokazatelje emocionalnih problema (depresivnost, anksioznost, stres) na način da sudionici s nižom razinom percipirane socijalne podrške doživljavaju intenzivniju štetu i emocionalne probleme.

H3c: Očekuje se neznačajan interakcijski efekt vrste odnosa i percipirane socijalne podrške na ukupnu štetu povezanu s kockanjem te na pokazatelje emocionalnih problema (depresivnost, anksioznost, stres).

H1: Partners are expected to report higher gambling-related harm compared with parents on indicators that, in terms of content, refer to financial, emotional, and relational harm.

P2: To examine differences in feelings of guilt and shame and in the perception of stigmatisation between partners and parents of individuals with gambling addiction.

H2: Parents are expected to experience more intense feelings of guilt compared with partners, while no differences are expected for feelings of shame and perceived stigmatisation.

P3: To examine whether there is a significant effect of relationship type, level of perceived social support, and their interaction on overall gambling-related harm and emotional problems.

H3a: A significant main effect of relationship type on overall gambling-related harm and on indicators of emotional problems (depression, anxiety, stress) is expected, such that partners experience more intense harm and emotional problems compared with parents.

H3b: A significant main effect of perceived social support on overall gambling-related harm and indicators of emotional problems (depression, anxiety, stress) is expected, such that participants with a lower level of perceived social support experience more intense harm and emotional problems.

H3c: A non-significant interaction effect of relationship type and perceived social support on overall gambling-related harm and on indicators of emotional problems (depression, anxiety, stress) is expected.

METODOLOGIJA

Uzorak sudionika istraživanja

U istraživanju je sudjelovalo N=132 pogođenih drugih, od čega n=60 (45,5 %) partnera/ica i n=72 (54,5 %) roditelja osoba koje se, zbog ovisnosti o kockanju, liječe u Dnevnoj bolnici za

METHODOLOGY

Sample of Study Participants

The study included N=132 affected others, of whom n=60 (45.5%) were partners and n=72 (54.5%) were parents of persons who, due to gambling addiction, were receiving treatment

ovisnost o kockanju Klinike za psihijatriju Sveti Ivan u Zagrebu u Hrvatskoj. Riječ je o osobama koje su podrška ovisnicima o kockanju u liječenju te dolaze na obiteljske grupe podrške koje su sastavni dio tretmana, zbog čega je ovo selekcionirana skupina pogođenih drugih s potencijalno više resursa i spremnosti na pomoć, u odnosu na sve pogođene druge u općoj populaciji čiji članovi obitelji ne traže pomoć i nisu uključeni u liječenje. Očekivano, postoje značajne razlike u dobi s obzirom na povezanost s ovisnikom na način da su roditelji stariji (M_{dob}=57,82; SD_{dob}=7,80) u odnosu na partnere/ice (M_{dob}=35,40; SD_{dob}=8,81; t=-15,50; p<,001). Kada je riječ o spolu, također postoje značajne razlike te je u poduzorku roditelja zastupljeno 66,7 % žena, dok je u poduzorku partnera/ica zastupljeno 95 % žena (χ^2=16,15; p<,001).

Što se tiče razlika u ostalim sociodemografskim obilježjima (tablica 1), uočavamo male razlike u stupnju obrazovanja na način da je udio onih sa završenim fakultetom nešto viši u poduzorku partnera/ica. Utvrđene su i očekivane značajne razlike s obzirom na aktualni radni status te je u poduzorku roditelja značajno više umirovljenika/ica. Što se tiče samoprocjene socioekonomskog statusa, između poduzoraka nema značajnih razlika, a očekivano, u odnosu na partnerski status, u poduzorku roditelja zastupljeno je više osoba koje su rastavljene i/ili udovci/ice.

Instrumentarij

Pitanjima o osnovnim obilježjima sudionika prikupljeni su podatci o spolu, dobi, vezi/odnosu s osobom kojoj dolaze kao podrška, stupnju obrazovanja, radnom statusu, financijskom/ekonomskom statusu te aktualnom partnerskom statusu.

Specifičnim pitanjima o vrsti međuovisnosti sudionici su dihotomnim odgovorima (ne/da) odgovarali ovise li o osobi kojoj dolaze kao podrška emocionalno, financijski, u okviru obiteljskih ili poslovnih obveza.

at the Daily Clinic for Gambling Addiction of the University Psychiatric Hospital St. John in Zagreb, Croatia. These are persons who provide support to individuals with gambling addiction during treatment and attend family support groups that are an integral part of the treatment. This makes this a selected group of affected others, with potentially greater resources and readiness to provide help compared with all affected others in the general population whose family members do not seek help and are not involved in treatment. As expected, there are significant age differences regarding the relationship with the individual with gambling addiction, such that parents are older (M_{age}=57.82; SD_{age}=7.80) than partners (M_{age}=35.40; SD_{age}=8.81; t=-15.50; p<.001). Regarding gender, there are also significant differences, with women comprising 66.7% of the parent subsample, while women comprise 95% of the partner subsample (χ^2=16.15; p<.001).

Regarding differences in other sociodemographic characteristics (Table 1), small differences in level of education are observed, such that the proportion of those who have completed university education is somewhat higher in the partner subsample. Expected significant differences were also found regarding current employment status, with a significantly higher proportion of retirees in the parent subsample. Regarding self-assessed socioeconomic status, there are no significant differences between the subsamples, and, as expected, in relation to partnership status, the parent subsample includes a higher proportion of persons who are divorced and/or widowed.

Instruments

Questions on the basic characteristics of the participants were used to collect data on gender, age, relationship with the person they accompany as support, level of education, employment status, financial/economic status, and current relationship status.

Specific questions on types of dependence were used to assess, through dichotomous re-

TABLICA 1. Sociodemografska obilježja poduzoraka partnera/ica i roditelja ovisnika o kockanju (N=132).
TABLE 1. Sociodemographic Characteristics of the Subsamples of Partners and Parents of Gambling Addicts (N=132).

Sociodemografsko obilježje / Sociodemographic Characteristic	Partner/ica / Partners (n=60)		Roditelj / Parents (n=72)		χ^2
	N	%	N	%	
Najviši stupanj obrazovanja / Highest Level of Education					
Završena osnovna škola / Completed primary school	2	3,3	4	5,6	11,34*
Završena srednja škola / Completed secondary school	28	46,7	36	50,0	
Završena viša škola / Completed higher education	3	5,0	12	16,7	
Završen fakultet / Completed university degree	27	45,0	17	23,6	
Završen doktorat znanosti / Completed doctoral degree	0	0,0	3	4,2	
Aktualni radni status / Current Employment Status					
Student/ica / Student	2	3,3	0	0,0	25,66***
Zaposlenje na puno radno vrijeme / Full-time employment	51	85,0	42	58,3	
Zaposlenje na pola radnog vremena / Part-time employment	4	6,7	2	2,8	
Povremeno zaposlenje / Occasional employment	1	1,7	2	2,8	
Nezaposlenost / Unemployed	2	3,3	4	5,6	
Umirovljenje / Retired	0	0,0	22	30,6	
Samoprocijenjeni socioekonomski status / Self-Assessed Socioeconomic Status					
Ispodprosječan / Below average	6	10,0	3	4,2	3,83
Prosječan / Average	47	78,3	53	73,6	
Iznadprosječan / Above average	6	10,0	14	19,4	
Značajno iznadprosječan / Significantly above average	1	1,7	2	2,8	
Partnerski status / Relationship Status					
Oženjen / udana / izvanbračna zajednica / Married / cohabiting	53	88,3	52	72,2	22,61***
Ozbiljna veza bez zajedničkog života / Serious relationship without cohabitation	7	11,7	1	1,4	
Rastavljen/a / Divorced	0	0,0	14	19,4	
Udovac/ica / Widowed	0	0,0	5	6,9	

Legenda: χ^2=hi-kvadrat test; * p<,050; ** p<,010; *** p<,001
/ Legend: χ^2=chi-square test; * p<.050; ** p<.010; *** p<.001

Specifičnim pitanjima o podršci tijekom liječenja ispitivala se učestalost dolazaka, samoprocjena emocionalnog doživljaja uloge podrške, procjena svrhovitosti i osobno traženje psihološke pomoći.

Ljestvica štete od kockanja za pogođene druge (GHS-20-AO; (40)) korištena je kao generalna mjera štete povezane s kockanjem budući da se radi o jednom od najčešće korištenih instrumenata u ovom području. Ljestvica se sastoji od dvadeset tvrdnji s dihotomnom ljestvicom odgovora (ne/da), a zadatak sudionika je procijeniti jesu li tijekom prethodnih 12 mjeseci

sponses (no/yes), whether participants depend on the person they accompany as support emotionally, financially, or in the context of family or work-related obligations.

Specific questions regarding support during treatment were used to assess the frequency of attendance, self-assessment of the emotional experience of the support role, assessment of its usefulness, and personally seeking psychological help.

The Gambling Harm Scale for Affected Others (GHS-20-AO; (40)) was used as a general measure of gambling-related harm, as it is one

doživjeli neke štetne posljedice. Upitnik sadržajno obuhvaća financijske probleme, probleme s poslom/studijem, probleme sa zdravljem, emocionalne/psihološke probleme, probleme u odnosima, te socijalne devijacije i druge probleme, a sam upitnik ne podrazumijeva računanje rezultata prema kategorijama, već samo ukupnog rezultata. Primjeri čestica su „Smanjivanje/trošenje vaše vlastite uštedevine", „Manje uživanja u vremenu provedenom s ljudima do kojih im je stalo" i „Intenzivnija iskustva s depresijom". Raspon ukupnog rezultata na ljestvici kreće se od 0 do 20, pri čemu viši rezultat označava veću izloženost problemima zbog problematičnog kockanja bliske osobe (40,41). Prethodnim istraživanjima potvrđena je dobra unutarnja konzistencija instrumenta koja se kreće od α=,91 do ,98 (24,40–42), a u ovom istraživanju Cronbachov alfa koeficijent iznosi α=,80.

Pojedinačnim pitanjima sudionici su odgovarali na **tri pitanja o osjećajima krivnje i srama te percepciji stigmatiziranosti** zbog bliskog odnosa s osobama koje imaju probleme s kockanjem i koje se liječe. Na navedena tri pitanja ponuđena je ljestvica odgovora od četiri stupnja (1=uopće ne osjećam; 4=jako osjećam).

Ljestvica depresivnosti, anksioznosti i stresa (DASS-21; (43)) korištena je za procjenu depresivnosti, anksioznosti i stresa kod sudionika istraživanja. Sastoji se od ukupno 21 tvrdnje na kojima sudionici izražavaju koliko su često u tri mjeseca koja su prethodila istraživanju doživljavali stanje opisano u pojedinoj tvrdnji, na način da zaokruže jedan od odgovora na ljestvici od četiri stupnja (0=nikad; 3=gotovo uvijek). Svaka od 3 podljestvice (depresivnost, anksioznost i stres) sastoji se od ukupno 7 tvrdnji. Podljestvica depresivnosti mjeri beznadnost, nisko samopoštovanje i snižen pozitivni afekt („Osjećao/la sam da se nemam čemu radovati."); podljestvica anksioznosti procjenjuje simptome pojačane pobuđenosti autonomnog živčanog sustava, mišićno-skeletne simptome, situacijsku anksioznost i subjektivno iskustvo anksioznosti („Bio/la sam svjestan/na rada svog srca bez fizičkog napora (npr. osje-

of the most frequently used instruments in this field. The scale consists of twenty items with a dichotomous response format (no/yes), and participants indicate whether they have experienced specific harmful consequences during the previous 12 months. The questionnaire covers financial, work/study, health, emotional/psychological, and relationship problems, as well as social deviance and other problems. The questionnaire does not involve calculating scores for separate categories but only a total score. Example items include "Reduction/spending of your own savings", "Less enjoyment of time spent with people you care about", and "Increased experiences of depression". The total score ranges from 0 to 20, with a higher score indicating greater exposure to problems due to the problem gambling of a close person (40,41). Previous studies have confirmed good internal consistency of the instrument, ranging from α = .91 to .98 (24,40–42), while in this study the Cronbach's alpha coefficient is α = .80.

Using **individual questions**, the participants responded to **three questions on feelings of guilt and shame and the perception of stigmatisation** due to their close relationship with persons who have gambling problems and are receiving treatment. For these three questions, a four-point response scale was provided (1 = I do not feel it at all; 4 = I feel it strongly).

The Depression, Anxiety and Stress Scale (DASS-21; (43)) was used to assess depression, anxiety, and stress among the study participants. It consists of 21 items, in which participants indicate how often, during the three months preceding the study, they experienced the state described in each item by circling one of the responses on a four-point scale (0 = never; 3 = almost always). Each of the three subscales (depression, anxiety, and stress) consists of seven items. The depression subscale measures hopelessness, low self-esteem, and reduced positive affect ("I felt that I had nothing to look forward to."); the anxiety subscale assesses symptoms of increased autonomic nervous system arousal, musculoskeletal symptoms, situational anxiety, and the

ćaj preskakanja i ubrzanog lupanja srca).“); dok podljestvica stresa procjenjuje tenziju, agitaciju i negativni afekt („Bio/la sam sklon/a pretjeranim reakcijama na događaje.“) (43). Rezultati provedenih studija idu u prilog dobroj pouzdanosti i valjanosti ovog instrumenta (43–46). U uzorku sudionika ovog istraživanja također je potvrđena dobra unutarnja konzistencija te Cronbachov alfa koeficijent iznosi α=,98 za podljestvicu depresivnosti, za podljestvicu anksioznosti α=,91, dok za podljestvicu stresa iznosi α=,94.

Multidimenzionalna ljestvica percipirane socijalne podrške (47) korištena je za subjektivnu procjenu socijalne podrške obitelji, prijatelja i značajnih drugih osoba. Sastoji se od ukupno 12 tvrdnji („Moja obitelj mi daje potrebnu emocionalnu pomoć i potporu.“, „U mojem životu postoji posebna osoba kojoj je stalo do mojih osjećaja.“) na kojima sudionici na Likertovoj ljestvici odgovora od sedam stupnjeva (1=uopće se ne slažem, 7=u potpunosti se slažem) označavaju u kojoj mjeri se slažu s pojedinom tvrdnjom. Teorijski raspon ukupnog rezultata kreće se od 12 do 84, a veći rezultat označuje veću razinu percipirane socijalne podrške. U ovom radu ukupni rezultat je računan kao suma procjena na svim česticama, bez obzira o kojem izvoru podrške je riječ. Sukladno preporukama[1], ukupni rezultat je kategoriziran u 3 kategorije: niža podrška (12–60), umjerena (61–72) i viša percipirana socijalna podrška (73–84). Vrijednosti Cronbachovih alfi u dosadašnjim istraživanjima ukazuju na dobru pouzdanost cijele ljestvice koja se kreće u rasponu od ,70 do ,93 (47–50), a u uzorku sudionika ovog istraživanja iznosi α=,92.

Postupak provedbe istraživanja i etički aspekti

Istraživanje prikazano u ovom radu provedeno je u okviru samostalno financiranog projekta „Šteta povezana s kockanjem kod značajnih

[1] https://greenspacehealth.com/en-us/perceived-social-support-mspss/

subjective experience of anxiety (“I was aware of the action of my heart in the absence of physical exertion (e.g. a sense of heart rate increase, heart missing a beat).”); while the stress subscale assesses tension, agitation, and negative affect (“I tended to over-react to situations.”) (43). The results of previous studies support the good reliability and validity of this instrument (43–46). Good internal consistency was also confirmed in the sample of participants in this study, with the Cronbach’s alpha coefficient amounting to α = .98 for the depression subscale, α = .91 for the anxiety subscale, and α = .94 for the stress subscale.

The Multidimensional Scale of Perceived Social Support (47) was used for the subjective assessment of social support from family, friends, and significant others. It consists of 12 items (“My family really tries to help me.”, “There is a special person who is around when I am in need.”) in which participants indicate, on a seven-point Likert response scale (1 = strongly disagree, 7 = strongly agree), the extent to which they agree with each statement. The theoretical range of the total score is from 12 to 84, with a higher score indicating a higher level of perceived social support. In this study, the total score was calculated as the sum of ratings on all items, regardless of the source of support. In accordance with the recommendations[1], the total score was categorised into three categories: lower support (12–60), moderate (61–72), and higher perceived social support (73–84). Cronbach’s alpha values in previous studies indicate good reliability of the entire scale, ranging from .70 to .93 (47–50), while in the sample of participants in this study it amounts to α = .92.

Research Procedure and Ethical Aspects

The research presented in this paper was conducted within the self-funded project “Gambling-Related Harm among Significant Others”

[1] https://greenspacehealth.com/en-us/perceived-social-support-mspss/

drugih“ te je pilot istraživanje projekta „Šteta povezana s kockanjem kod značajnih drugih: identifikacija psihosocijalnih posljedica i razvoj instrumenta samoprocjene“ (IIP-06-G-HARM) koje se provodi na Sveučilištu u Zagrebu, Edukacijsko-rehabilitacijskom fakultetu. Cjelokupni postupak dobio je pozitivno mišljenje Etičkog povjerenstva Edukacijsko-rehabilitacijskog fakulteta.

Istraživanje je provedeno metodom ‘papir-olovka’ u prostorima Dnevne bolnice za ovisnost o kockanju Klinike za psihijatriju Sveti Ivan u Zagrebu u razdoblju od ožujka 2024. godine do kraja rujna 2025. godine. Na sudjelovanje u istraživanju pozvane su sve osobe koje su u navedenom razdoblju dolazile na obiteljske grupe podrške u Dnevnoj bolnici, a koje su sastavni dio liječenja. Regrutaciju sudionika provodili su zaposlenici Dnevne bolnice, koji su tijekom održavanja grupa podrške sudionike usmeno informirali o ciljevima istraživanja te o svim etičkim aspektima sudjelovanja: dobrovoljnost, anonimnost, mogućnosti odustajanja u bilo kojem trenutku i bez ikakvih posljedica te o korištenju podataka isključivo na skupnoj razini i u znanstvene svrhe. Sve pozvane osobe pristale su na sudjelovanje. Upitnik je ispunjavan grupno, u prostorijama u kojima se provode obiteljske grupe podrške.

Upitnik je ukupno ispunilo N=142 partnera/ica i roditelja osoba uključenih u liječenje. Budući da dio sudionika upitnik nije ispunio u cijelosti, prije provedbe analiza provjerena je potpunost podataka na svakom od primijenjenih mjernih instrumenata. Sudionici kojima je nedostajao veći dio čestica unutar pojedine ljestvice isključeni su iz daljnjih analiza, dok su sudionici kod kojih je nedostajao odgovor na pojedinačno pitanje zadržani. Njihov ukupni rezultat izračunan je isključivo na temelju dostupnih odgovora. Primjenom navedenog kriterija iz analiza je isključeno deset sudionika (7,0 %), pa konačni uzorak čini N=132 sudionika, odnosno 93,0 % inicijalno prikupljenih upitnika.

and represents a pilot study of the project “Gambling-Related Harm among Significant Others: Identification of Psychosocial Consequences and Development of a Self-Assessment Instrument” (IIP-06-G-HARM), which is being carried out at the Faculty of Education and Rehabilitation Sciences, University of Zagreb, Croatia. The entire procedure received a positive opinion from the Ethics Committee of the Faculty of Education and Rehabilitation Sciences.

The research was conducted using the paper-and-pencil method on the premises of the Daily Clinic for Gambling Addiction of the University Psychiatric Hospital St. John in Zagreb, from March 2024 to the end of September 2025. All persons who attended family support groups at the Daily Clinic during the specified period, which are an integral part of treatment, were invited to participate in the research. Participants were recruited by employees of the Daily Clinic, who, during the support group sessions, orally informed them about the aims of the research and all ethical aspects of participation: voluntariness, anonymity, the possibility of withdrawing at any time without any consequences, and the use of data exclusively at the group level and for scientific purposes. All invited persons agreed to participate. The questionnaire was completed in a group setting in the rooms in which the family support groups were held.

The questionnaire was completed by a total of N = 142 partners and parents of persons involved in treatment. As some participants did not complete the questionnaire in full, data completeness was checked for each of the measurement instruments used prior to conducting the analyses. Participants who were missing a larger proportion of items within an individual scale were excluded from further analyses, while participants who were missing a response to an individual question were retained. Their total score was calculated solely based on the available responses. By applying this criterion, ten participants (7.0%) were excluded from the analyses, resulting in a final sample of N = 132 participants, representing 93.0% of the initially collected questionnaires.

Metode analize podataka

U svrhu ostvarivanja postavljenog cilja i provjere hipoteza korištene su metode deskriptivne (mjere centralnih vrijednosti i raspršenja rezultata) te inferencijalne statistike. χ^2-test korišten je za testiranje razlika u kategorijalnim varijablama, pri čemu je φ koeficijent računat kao mjera veličine efekta.

U skladu s hipotezama postavljenima u okviru trećega istraživačkog problema, glavni učinci vrste odnosa i percipirane socijalne podrške te njihov interakcijski učinak ispitani su zasebno za četiri varijable ishoda: depresivnost, anksioznost, stres i ukupnu štetu povezanu s kockanjem. Odabir univarijatnog pristupa temeljio se na usmjerenosti hipoteza na pojedinačne ishode. Naime, zasebne analize varijance omogućuju ispitivanje razlika među skupinama za svaki ishod pojedinačno, dok multivarijatni pristup omogućuje istodobno ispitivanje više ishoda uzimajući u obzir njihove međuodnose (51). Odabir između tih pristupa stoga treba odgovarati istraživačkom interesu za pojedinačne ishode ili njihove linearne kombinacije (52,53). Korelacije između depresivnosti, anksioznosti i stresa bile su visoke (r = ,85–,87), što upućuje na znatno preklapanje njihove varijance. Ipak, te su varijable zadržane kao zasebni ishodi jer su sadržajno različite dimenzije za koje su istraživačke hipoteze zahtijevale pojedinačnu provjeru i interpretaciju. Uz te tri dimenzije kao zaseban ishod analizirana je ukupna šteta povezana s kockanjem. Cilj istraživanja nije bio oblikovanje zajedničkog kompozitnog rezultata niti interpretacija linearnih kombinacija ishoda, nego ispitivanje učinaka na svaki od četiriju ishoda zasebno. Stoga su provedene četiri zasebne analize varijance.

Radi kontrole rizika pogreške tipa I pri višestrukom testiranju primijenjena je Holmova korekcija (54). Testovi su organizirani u tri obitelji koje odgovaraju sadržajno različitim hipotezama o glavnom učinku vrste odnosa, glavnom učinku percipirane socijalne podrške i njihovom interakcijskom učinku. Unutar svake

Data Analysis Methods

To achieve the stated aim and test the hypotheses, methods of descriptive (measures of central tendency and dispersion) and inferential statistics were used. The χ^2 test was used to test differences in categorical variables, with the φ coefficient calculated as a measure of effect size.

In accordance with the hypotheses formulated for the third research problem, the main effects of relationship type and perceived social support, as well as their interaction, were examined separately for four outcome variables: depression, anxiety, stress, and overall gambling-related harm. The choice of a univariate approach was based on the focus of the hypotheses on individual outcomes. Separate analyses of variance allow the examination of differences between groups for each outcome individually, whereas a multivariate approach allows the simultaneous examination of multiple outcomes, taking into account their interrelationships (51). Therefore, the choice between these approaches should correspond to the research interest in individual outcomes or their linear combinations (52,53). Correlations between depression, anxiety, and stress were high (r = .85–.87), indicating substantial overlap in their variance. Nevertheless, these variables were retained as separate outcomes because they represent substantively different dimensions for which the research hypotheses required individual testing and interpretation. In addition to these three dimensions, overall gambling-related harm was analysed as a separate outcome. The aim of the research was not to construct a composite score or to interpret linear combinations of outcomes, but to examine the effects on each of the four outcomes separately. Therefore, four separate analyses of variance were conducted.

To control for the risk of Type I error in multiple testing, the Holm correction was applied (54). The tests were organised into three families corresponding to substantively different hypotheses concerning the main effect of relationship type, the main effect of perceived social support, and their interaction. Within each family, four p-val-

obitelji korigirane su četiri p-vrijednosti, po jedna za svaki ishod, čime je rizik najmanje jedne pogreške tipa I kontroliran na razini ,05 unutar pojedine obitelji. U rezultatima su prikazane izvorne i Holm-korigirane p-vrijednosti.

Za potrebe složene analize varijance, distribucije varijabli ishoda prethodno su provjerene primjenom kriterija standardiziranih vrijednosti koeficijenta asimetrije i spljoštenosti (z-vrijednost Skewness i Kurtosis < ± 3,29 za uzorke 50<N<300; (55)). Za naknadne usporedbe varijabli ishoda ovisno o razini socijalne podrške korišten je Tukeyev HSD test.

Za interpretaciju veličine efekta korišten je parcijalni eta-kvadrat (η^2), pri čemu se vrijednosti oko ,010 tumače kao mali efekt, oko ,059 kao srednji, a od ,140 i više kao veliki efekt, sukladno Cohenovim kriterijima (56).

Za statističku obradu podataka korišten je program SPSS for Windows (inačica 29, SPSS Inc., Chicago, IL, SAD).

ues were corrected, one for each outcome, thereby controlling the risk of at least one Type I error at the .05 level within each family. The results present both the original and Holm-corrected p-values.

For the factorial analysis of variance, the distributions of the outcome variables were first examined using the criterion of standardised values of the skewness and kurtosis coefficients (z values for skewness and kurtosis < ±3.29 for samples 50 < N < 300 (55)). Tukey's HSD test was used for post hoc comparisons of outcome variables, depending on the level of social support.

Partial eta squared (η^2) was used to interpret effect size, with values around .010 interpreted as a small effect, around .059 as a medium effect, and .140 and above as a large effect, in accordance with Cohen's criteria (56).

SPSS for Windows (version 29, SPSS Inc., Chicago, IL, USA) was used for the statistical data analysis.

REZULTATI ISTRAŽIVANJA I RASPRAVA

Širi kontekst odnosa i podrške u liječenju

Za cjelovito razumijevanje prirode štete koju bliske osobe ovisnika o kockanju trpe, nužno je prvo analizirati širi relacijski i tretmanski kontekst u koji su ovisnici uključeni. Pritom je važno imati na umu da uzorak ovog istraživanja čine članovi obitelji osoba uključenih u liječenje ovisnosti o kockanju, koji su i sami uključeni u obiteljske grupe podrške. No i oni se razlikuju s obzirom na različite okolnosti i specifičnosti odnosa te smo stoga istražili aspekte međuovisnosti između pogođenih drugih i ovisnika, njihovu uključenost u proces liječenja kao osoba koje pružaju podršku, ali i njihovo osobno traženje stručne pomoći. Rezultati prikazani u tablicama 2 i 3 pružaju uvid u osnovne elemente

RESULTS AND DISCUSSION

Broader Context of Relationships and Support in Treatment

For a comprehensive understanding of the nature of the harm experienced by close family members of individuals with gambling addiction, it is first necessary to analyse the broader relational and treatment context in which these individuals are involved. It is important to bear in mind that the sample in this study consists of family members of persons in treatment for gambling addiction, who themselves also participate in family support groups. However, they differ in various circumstances and specific characteristics of the relationship, and we therefore examined aspects of interdependence between affected others and individuals with gambling addiction, their involvement in the treatment process as persons providing support, as well as their own seeking of professional help. The results presented in Tables

dinamike međuovisnosti u ključnim životnim situacijama, kao i učestalost te percepciju pružanja podrške i cijelog procesa liječenja partnera/ica i roditelja ovisnika o kockanju.

Rezultati prikazani u tablici 2 pokazuju kako između partnera/ica i roditelja ne postoje značajne razlike u njihovoj međuovisnosti s kockarom u liječenju. Očekivano, obje skupine su iskazale najizraženiju međuovisnost na emocionalnoj razini, a potom u okviru izvršavanja različitih obiteljskih obveza. Oko 44 % sudionika iskazalo je da financijski ovise o ovisniku, što je zasigurno nepovoljnija životna situacija s obzirom na financijske gubitke, probleme i dugove koji su jedno od ključnih obilježja kliničke slike ovisnosti o kockanju, a koji značajno narušavaju dinamiku odnosa, povjerenja i osjećaja sigurnosti u obiteljskom funkcioniranju (7).

Niti u području šireg konteksta podrške u liječenju pogođenih drugih rezultati nisu pokazali značajne razlike između poduzoraka. U pogledu učestalosti dolazaka na obiteljske grupe podrške više od 80 % ih dolazi najmanje dva puta mjesečno pri čemu većina dolazi jedanput tjedno. Takva se razina uključenosti može smatrati redovitim angažmanom te je vrlo pozitivan pokazatelj, osobito imajući u vidu da istraživanja ukazuju na bolje i učinkovitije terapijske ishode kada su značajni članovi obitelji aktivno uključeni u tretman (23). Razumije se da takvu visoku razinu uključenosti treba promatrati i u

2 and 3 provide insight into the basic elements of the dynamics of interdependence in key life situations, as well as the frequency and perception of providing support and of the overall treatment process among partners and parents of individuals with gambling addiction.

The results presented in Table 2 show no significant differences between partners and parents in their interdependence with the gambler undergoing treatment. As expected, both groups reported the most pronounced interdependence at the emotional level, followed by interdependence related to fulfilling various family obligations. Approximately 44% of participants reported being financially dependent on the individual with gambling addiction, which represents a clearly unfavourable life situation given the financial losses, problems, and debts that are among the key characteristics of the clinical picture of gambling addiction and that significantly disrupt relationship dynamics, trust, and the sense of security in family functioning (7).

The results did not show significant differences between the subsamples in the broader context of treatment support among affected others. Regarding the frequency of attendance at family support groups, more than 80% attend at least twice a month, with the majority attending once a week. Such a level of involvement can be considered regular engagement and represents a very positive indicator, particularly given that research indicates better and more effective therapeutic

TABLICA 2. Razlike u relacijskoj međuovisnosti između ovisnika o kockanju i pogođenih drugih s obzirom na vrstu povezanosti (N=132).
TABLE 2. Differences in Relational Interdependence Between Individuals with Gambling Addiction and Affected Others by Relationship Type (N=132).

Međuovisnost između pogođenih drugih i ovisnika / Interdependence Between Affected Others and Gambling Addicts	Partner/ice / Partners	Roditelji / Parents	
	N (%)	N (%)	χ^2
Emocionalno / Emotional (n=60/71)	55 (91,7)	57 (80,3)	3,40
Financijski / Financial (n=59/71)	26 (44,1)	31 (43,7)	0,00
U okviru obiteljskih obveza (npr. briga o djeci ili drugim članovima obitelji) / In the context of family responsibilities (e.g. caring for children or other family members) (n=60/71)	35 (58,3)	46 (64,8)	0,57
U okviru poslovnih obveza (npr. zajednička firma ili zajedničko obavljanje posla) / In the context of work-related responsibilities (e.g. a jointly owned company or carrying out work together) (n=59/69)	8 (13,6)	6 (8,7)	0,77

Legenda: χ^2=hi-kvadrat test; * p<,050; ** p<,010; *** p<,001
/ Legend: χ^2=chi-square test; * p<.050; ** p<.010; *** p<.001

TABLICA 3. Razlike u širem kontekstu podrške u liječenju pogođenih drugih s obzirom na vrstu povezanosti s ovisnikom (N=132).
TABLE 3. Differences in the Broader Context of Treatment Support Among Affected Others According to Relationship Type with the Gambling Addict (N=132).

Uključenost i percepcija podrške tijekom liječenja / Involvement and Perception of Support During Treatment	Partner/ice / Partners	Roditelji / Parents	
	N (%)	N (%)	χ^2
Učestalost dolazaka na grupe podrške / Frequency of Attendance at Support Groups	n=57	n=72	
Manje od 1x mjesečno / Less than once a month	5 (8,8)	8 (11,1)	3,59
Oko 1x mjesečno / Approximately once a month	5 (8,8)	5 (6,9)	
Oko 2x mjesečno / Approximately twice a month	13 (22,8)	8 (11,1)	
1x tjedno / Once a week	34 (59,6)	51 (70,8)	
Doživljaj podrške / Experience of Providing Support	n=60	n=72	
Rado dolazim, ali nemam značajan emocionalni angažman oko toga / I willingly attend, but I am not significantly emotionally engaged in it	3 (5,0)	7 (9,7)	7,26
Rado dolazim i uživam u tome / I willingly attend and enjoy it	33 (55,0)	39 (54,2)	
Rado dolazim, ali me to uznemirava i teško mi pada / I willingly attend, but it upsets me and I find it emotionally difficult	17 (28,3)	24 (33,3)	
Ne volim dolaziti, ali se ipak emocionalno angažiram / I do not like attending, but I still become emotionally engaged	5 (8,3)	0 (0,0)	
Ne volim dolaziti kao podrška, to me uznemiruje i teško mi pada / I do not like attending as a support person; it upsets me and I find it emotionally difficult	2 (3,3)	2 (2,8)	
Ne volim dolaziti kao podrška te se niti ne angažiram emocionalno oko toga / I do not like attending as a support person and I do not become emotionally engaged in it	0 (0,0)	0 (0,0)	
Doživljaj svrhovitosti dolazaka / Perceived Purposefulness of Attendance	n=60	n=72	
Uopće ne vidim svrhu u tome da dolazim kao podrška / I see no purpose at all in attending as support	0 (0,0)	0 (0,0)	5,01
Malo svrhe vidim u tome da dolazim kao podrška / I see little purpose in attending as support	5 (8,3)	1 (1,4)	
Prilično je svrhovito i važno da dolazim kao podrška / It is quite purposeful and important that I attend as support	14 (23,3)	25 (34,7)	
Izrazito je svrhovito i važno da dolazim kao podrška / It is extremely purposeful and important that I attend as support	41 (68,3)	46 (63,9)	
Traženje osobne stručne psihološke pomoći / Seeking Personal Professional Psychological Help	n=60	n=71	
Ne / No	38 (63,3)	55 (77,5)	6,31
Da – jednom / Yes – once	8 (13,3)	5 (7,0)	
Da – povremeno / Yes – occasionally	4 (6,7)	7 (9,9)	
Da – redovito / Yes – regularly	10 (16,7)	4 (5,6)	

Legenda: χ^2=hi-kvadrat test; * p<,050; ** p<,010; *** p<,001
/ Legend: χ^2=chi-square test; * p<.050; ** p<.010; *** p<.001

kontekstu specifičnosti uzorka, budući da su svi sudionici istraživanja dobrovoljno uključeni u obiteljske grupe podrške.

U kontekstu subjektivnog doživljaja podrške većina navodi kako rado dolazi i da u tome uživa te gotovo svi svoju uključenost smatraju svrhovitom. No, oko trećine partnera/ica i roditelja iskazuje i da ih dolasci uznemiravaju i emocionalno im teško padaju. U neskladu s

outcomes when significant family members are actively involved in treatment (23). Naturally, such a high level of involvement should also be considered in the context of the specificity of the sample, since all study participants are voluntarily involved in family support groups.

Regarding the subjective experience of providing support, most report that they willingly attend and enjoy doing so, and almost all consider their

time jest vrlo niska zastupljenost osobnog traženja stručne psihološke pomoći odnosno činjenica da 63,3 % partnera/ica i čak 77,5 % roditelja nikada nije tražilo pomoć. Ovakav je rezultat konzistentan i s drugim inozemnim studijama (57,58). Primjerice, Booth i sur. (59) pregledom znanstvene literature naglašavaju kako nije neobično da pogođene značajne druge osobe zapravo koriste različite mehanizme samopomoći i osobnog nošenja s teškoćama s kojima se suočavaju umjesto da traže stručnu pomoć pri čemu valja naglasiti i da istraživanja potvrđuju kako je stopa traženja stručne pomoći vrlo niska i kod samih ovisnika o kockanju (60).

Šteta povezana s kockanjem kod partnera/ica i roditelja

Prvim istraživačkim problemom ispitivane su razlike u zastupljenosti štetnih posljedica kockanja između partnera/ica i roditelja ovisnika s pretpostavkom da partneri/ce doživljavaju izraženiju štetu, posebice kada je riječ o financijskoj, emocionalnoj i relacijskoj ugroženosti. Rezultati po pojedinim česticama Ljestvice štete od kockanja za pogođene druge (GHS-20-AO; (40)) prikazani su u tablici 4. Kao što je u uvodu objašnjeno, zastupljenost i izraženost različitih indikatora psihosocijalne štete razlikuje se ovisno o bliskosti odnosa s ovisnikom o kockanju (4,24), a GHS-20-AO nam omogućuje uvid u raznolika područja štete koju pogođeni drugi mogu doživljavati.

Sumarno, rezultati ovog istraživanja pružaju djelomičnu potvrdu prve hipoteze. Najjasniji obrazac razlika u prilog partnerima, tj. partnericama utvrđen je za financijsku štetu, gdje sva tri oblika financijske štete pokazuju značajno veću zastupljenost u ovoj skupini u odnosu na roditelje, s veličinama efekta od malih do umjerenih (φ od ,183 do ,311) te u indikatorima štete povezane s poslom ili studijem (obje čestice značajno više među partnerima/icama)

involvement meaningful. However, approximately one-third of partners and parents also report that attending is upsetting and emotionally difficult for them. In contrast, the prevalence of personally seeking professional psychological help is very low: 63.3% of partners and as many as 77.5% of parents have never sought help. This finding is consistent with other international studies (57,58). For example, Booth et al. (59), in their review of the scientific literature, emphasise that it is not unusual for affected significant others to use various self-help mechanisms and personal coping strategies instead of seeking professional help. However, it should also be emphasised that research confirms that the rate of seeking professional help is very low among individuals with gambling addiction themselves (60).

Gambling-Related Harm Among Partners and Parents

The first research problem examined the differences in the prevalence of harmful consequences of gambling between partners and parents of individuals with gambling addiction, with the assumption that partners experience more pronounced harm, particularly financial, emotional, and relational harm. The results for the individual items of the Gambling Harm Scale for Affected Others (GHS-20-AO; (40)) are presented in Table 4. As explained in the introduction, the prevalence and severity of psychosocial harm indicators vary depending on the closeness of the relationship with the individual with gambling addiction (4,24), while the GHS-20-AO provides insight into the various domains of harm that affected others may experience.

Overall, the results of this study provide partial support for the first hypothesis. The clearest pattern of differences in favour of partners was found for financial harm, where all three forms of financial harm show a significantly higher prevalence in this group compared with parents, with effect sizes ranging from small to moderate (φ from .183 to .311), as well as in indicators of work- or study-related harm (both items signifi-

TABLICA 4. Razlike u šteti povezanoj s kockanjem prema česticama na upitniku štete (GHS-20-AO) s obzirom na povezanost s ovisnikom (N=132).
TABLE 4. Differences in Gambling-Related Harm by Items on the Gambling Harm Questionnaire (GHS-20-AO) According to Relationship with the Gambling Addict (N=132).

	Partner/ice / Partners (n=60)	Roditelji / Parents (n=72)		
	N (%)	N (%)	χ^2	φ
Financijski problemi / Financial Problems				
6. Smanjivanje/trošenje vaše vlastite uštedevine / Reduction of my savings	51 (85,0)	50 (69,4)	4,41*	,183
20. Kašnjenje s plaćanjem ili neplaćanje računa (npr. režije, rate i slično) / Late payments on bills (e.g., utilities, rates)	35 (58,3)	25 (34,7)	7,36**	,236
3. Manje sredstava za osnovne troškove kao što su hrana, lijekovi, briga o zdravlju / Less spending on essential expenses such as medications, healthcare and food	48 (80,0)	36 (50,0)	12,73***	,311
Problemi s poslom/studijem / Work/Study Problems				
9. Korištenje vlastitog vremena namijenjenog za posao ili studij/školu zbog rješavanja problema uzrokovanih njegovim/njezinim kockanjem / Used my work or study time to attend to issues caused by their gambling	57 (95,0)	56 (77,8)	7,88**	,244
2. Smanjeni rezultati u radu ili učenju (zbog umora ili ometenosti) / Reduced performance at work or study (i.e. due to tiredness or distraction)	53 (88,3)	50 (69,4)	6,81**	,227
Problemi sa zdravljem / Health Problems				
17. Gubitak sna zbog stresa ili brige oko njegovog/njezinog kockanja ili problema povezanih s kockanjem / Loss of sleep due to stress or worry about their gambling or gambling-related problems	55 (91,7)	61 (84,7)	1,48	
1. Stresom uzrokovani zdravstveni problemi (npr. glavobolje, visok krvni tlak i slično) / Stress-related health problems (e.g., high blood pressure, headaches)	54 (90,0)	59 (81,9)	1,72	
14. Intenzivnija iskustva depresije / Increased experience of depression	45 (75,0)	49 (68,1)	0,77	
Emocionalni/psihološki problemi / Emotional/Psychological Problems				
10. Osjećaj bespomoćnosti i beznađa zbog njegovog/njezinog kockanja / Feelings of hopelessness about their gambling	58 (96,7)	69 (95,8)	0,06	
12. Misli o tome da se maknem od svega ili pobjegnem / Thoughts of running away or escape	52 (86,7)	33 (45,8)	23,80***	,425
13. Ljutnja zbog nemogućnosti kontroliranja njegovog/njezinog kockanja / Felt angry about not controlling their gambling	57 (95,0)	68 (94,4)	0,02	
8. Nemir i razdražljivost zbog njegovog/njezinog kockanja / Felt distressed about their gambling	60 (100,0)	68 (94,4)	3,44	
Problemi u odnosima / Relationship Problems				
11. Manje uživanja u vremenu provedenom s ljudima do kojih mi je stalo / Got less enjoyment from time spent with people I care about	55 (91,7)	64 (88,9)	0,28	
18. Osjećaj omalovaženosti u odnosima / Felt belittled in my relationships	49 (81,7)	48 (66,7)	3,78	
5. Iskustvo veće napetosti u različitim odnosima (sumnje, laganja, zamjeranja i slično) / Experienced greater tension in my relationships (suspicion, lying, resentment, etc.)	60 (100,0)	70 (97,2)	1,69	
4. Iskustvo većih/intenzivnijih sukoba u različitim odnosima (svađanje, raspravljanje, ultimatumi) / Experienced greater conflict in my relationships (arguing, fighting, ultimatums)	59 (98,3)	63 (87,5)	5,49*	,204
19. Prijetnje odvajanjem ili napuštanjem odnosa / Threat of separation or ending a relationship/s	48 (80,0)	30 (41,7)	19,89***	,388
Socijalne devijacije i drugi problemi / Social Deviance and Other Problems				
15. Iskustvo s nasiljem (uključuje i obiteljsko i partnersko nasilje) / Had experiences with violence (including family/domestic violence)	15 (25,0)	13 (18,1)	0,94	
16. Nisam dovoljno vremena posvetio/la potrebama djece / Didn't fully attend to the needs of children	28 (46,7)	36 (50,0)	0,15	
7. Uzeli novac ili predmet od prijatelja ili obitelji bez pitanja / Took money or items from friends or family without asking first	6 (10,0)	16 (22,2)	3,52	

Legenda: χ^2=hi-kvadrat test; φ=phi-koeficijent (veličina efekta); * p<,050; ** p<,010; *** p<,001
/ Legend: χ^2=chi-square test; φ=phi coefficient (effect size); * p<.050; ** p<.010; *** p<.001

koja se u dostupnoj literaturi ne ističe toliko, ali je logična, budući da su partneri/ce češće osobe u radnom odnosu, a roditelji češće u mirovini. Kod relacijske štete potvrda hipoteze je djelomična. Partneri/ce se značajno razlikuju u zastupljenosti intenzivnijih sukoba (φ=,204) te prijetnji odvajanjem ili napuštanjem odnosa (φ=,388), dok ostali aspekti relacijske štete ne pokazuju razlike zbog jednako visoke zastupljenosti u obje skupine. Slično tome, emocionalni i zdravstveni problemi su izrazito visoko zastupljeni u obje skupine, pa razlike među njima izostaju.

Ovakav nalaz podudara se s jednim od obilježja konceptualnog modela štete povezane s kockanjem Langhama i suradnika (4), odnosno s pretpostavkom da se štetne posljedice mogu očitovati u više aspekata života. Konkretno, kada je riječ o emocionalnim i psihološkim problemima, gotovo svi sudionici izvještavaju o osjećaju bespomoćnosti i beznađa, intenzivnoj ljutnji te nemiru i razdražljivosti zbog kockanja, dok partnerice u značajnijoj mjeri od roditelja imaju i ideacije (ne samo prijetnje u kontekstu relacijskih problema) o tome da se maknu od svega i pobjegnu (φ=,425). Visoka zastupljenost emocionalnih teškoća kod obje skupine u skladu je s ranijim nalazima prema kojima su emocionalne posljedice među najčešćim oblicima štete kod pogođenih drugih, uključujući roditelje i druge članove obitelji (9,11,29).

Problemi u odnosima također su visoko zastupljeni kod obje skupine, a posebno u kontekstu veće napetosti uzrokovane sumnjama, laganjima, zamjeranjima, osjećaju omalovaženosti u odnosima, kao i generalno manje uživanja u vremenu provedenom s važnim ljudima. Kao što je ranije navedeno, partneri/ice su u većoj mjeri prijetili/e odvajanjem ili napuštanjem odnosa, što je logično s obzirom na prirodu odnosa, a niža razina zadovoljstva odnosom obilježenog visokom razinom stresora je karakteristična za partnerske odnose s problematičnim

cantly higher among partners), which is not emphasised to the same extent in the available literature, but is logical given that partners are more often employed, whereas parents are more often retired. Regarding relational harm, support for the hypothesis is partial. Partners differ significantly in the prevalence of more intense conflicts (φ = .204) and threats of separation or leaving the relationship (φ = .388), while the remaining aspects of relational harm show no differences due to their equally high prevalence in both groups. Similarly, emotional and health-related problems are highly prevalent in both groups, and therefore no differences between them were found.

This finding is consistent with one of the characteristics of the conceptual model of gambling-related harm proposed by Langham et al. (4), namely the assumption that harmful consequences may manifest across multiple aspects of life. Specifically, when it comes to emotional and psychological problems, almost all participants report feelings of helplessness and hopelessness, intense anger, as well as restlessness and irritability due to gambling, while partners, to a significantly greater extent than parents, also report ideation (not only threats in the context of relational problems) about getting away from everything and escaping (φ = .425). The high prevalence of emotional difficulties in both groups is consistent with previous findings, according to which emotional consequences are among the most common forms of harm among affected others, including parents and other family members (9,11,29).

Relationship problems are also highly prevalent in both groups, particularly in the context of increased tension caused by suspicion, lying, resentment, feelings of being belittled in relationships, as well as generally less enjoyment of time spent with important people. As previously stated, partners more frequently threatened separation or leaving the relationship, which is logical given the nature of the relationship, and a lower level of relationship satisfaction, characterised by a high level of stressors, is typical of partner relationships with problem gamblers (37). This pat-

kockarima (37). Ovakav obrazac nalaza dodatno se nadovezuje na prethodno prikazana istraživanja prema kojima su partneri/ice posebno izloženi relacijskim i financijskim posljedicama kockanja zbog svakodnevne bliskosti, zajedničkih financija i obiteljskih odgovornosti, ali i zbog narušenog povjerenja, laži, prikrivanja i doživljaja izdaje u odnosu (8,9,24–26).

Zdravstveni problemi također pokazuju vrlo visoku zastupljenost gubitkom sna zbog stresa i brige, stresom uzrokovane zdravstvene probleme poput glavobolja ili povišenog krvnog tlaka te intenzivnija iskustva depresije. Kod financijske ugroženosti, kao i problema s poslom i studijem, uočavamo da su partneri/ce značajnije pogođeni u odnosu na roditelje. Posebno se ističe nedostatak sredstava za osnovne životne troškove, kao i kašnjenje s plaćanjem računa. Trošenje vlastite ušteđevine je izrazito zastupljeno, s nešto višom pojavnošću kod partnera/ica, dok je o iskustvima uzimanja novca ili predmeta izvijestilo 10 % partnera/ica, odnosno 22,2 % roditelja. I ovaj je rezultat očekivan s obzirom na to da su partnerski odnosi često obilježeni zajedničkim budžetom, financijskom međuovisnošću i zajedničkim obiteljskim obvezama, što partnere/ice čini posebno ranjivima na financijske posljedice kockanja (24,26).

Obiteljsko nasilje je i u inozemnim studijama identificirano kao važan rizik o kojemu valja voditi računa, posebno prilikom pružanja tretmanskih intervencija (28,61). U našem uzorku iskustvo nasilja imalo je 25,0 % partnera/ica te 18,1 % roditelja. Rezultati generalno upućuju na prilično visoku razinu psihološkog i emocionalnog distresa, a sličan je trend identificiran na uzorcima značajnih drugih uključenih u proces liječenja ili onima koji traže pomoć i u inozemnim istraživanjima provedenima u različitim državama i kulturološkim kontekstima (62–64).

Slijedom svega navedenoga, prva se hipoteza može djelomično potvrditi. Najdosljednije razlike u prilog većoj pogođenosti partnera/ica

tern of findings further builds on the previously presented studies, according to which partners are particularly exposed to relational and financial consequences of gambling due to everyday closeness, shared finances, and family responsibilities, but also due to impaired trust, lies, concealment, and the experience of betrayal within the relationship (8,9,24–26).

Health problems also show a very high prevalence through loss of sleep due to stress and worry, stress-related health problems such as headaches or high blood pressure, and more intense experiences of depression. Regarding financial harm, as well as problems related to work and study, we observe that partners are significantly more affected compared with parents. Particularly prominent are the lack of funds for basic living expenses and delays in paying bills. Spending one's own savings is highly prevalent, with a somewhat higher occurrence among partners, while 10% of partners and 22.2% of parents reported experiences of money or items being taken. This finding is also expected, given that partner relationships are often characterised by a shared budget, financial interdependence, and shared family responsibilities, which makes partners particularly vulnerable to the financial consequences of gambling (24,26).

Family violence has also been identified in international studies as an important risk that should be taken into account, particularly when providing treatment interventions (28,61). In our sample, 25.0% of partners and 18.1% of parents had experienced violence. The results generally indicate a relatively high level of psychological and emotional distress, and a similar trend has been identified in samples of significant others involved in the treatment process, or those seeking help, in international studies conducted in different countries and cultural contexts (62–64).

Based on the above, the first hypothesis can be partially confirmed. The most consistent differences indicating greater harm among partners were found for indicators of financial harm, while

utvrđene su kod indikatora financijske štete, dok su kod emocionalne i relacijske štete razlike prisutne samo za pojedine indikatore. Dodatno, partneri/ice pokazuju veću pogođenost i prema indikatorima štete povezane s poslom i studijem, što dodatno upućuje na specifičnosti njihove pozicije u odnosu na roditelje.

Osjećaji krivnje i srama te percepcija stigmatiziranosti kod partnera/ica i roditelja

Osim šireg spektra posljedica prikazanih u prethodnom poglavlju, pogođeni drugi nerijetko nose i specifično internalizirano emocionalno opterećenje u obliku osjećaja krivnje, srama te percipirane stigmatiziranosti koje Langham i suradnici (4) u konceptualnom modelu štete povezane s kockanjem prepoznaju kao vrste emocionalnog i psihološkog distresa koje se prelijevaju kroz sva ostala područja štete. Budući da partnerske i roditeljske uloge nose različite obrasce odgovornosti, samopropitivanja i društvene vidljivosti, drugim istraživačkim problemom ispitivalo se razlikuju li se ove dvije skupine pogođenih drugih u intenzitetu navedenih iskustava, a pretpostavka je da roditelji doživljavaju intenzivnije osjećaje krivnje u odnosu na partnere/ice, dok se za osjećaj srama i percipiranu stigmatiziranost ne očekuju razlike.

Rezultati (tablica 5) pokazuju da oko 35 % partnera/ica i 18 % roditelja uglavnom ili jako percipira stigmatiziranost, a oko 42 %, odnosno 30 % ih uglavnom ili jako osjeća sram zbog kockanja člana njihove obitelji. Takvi osjećaji ne samo da su neugodni i štetni, već, kako navode Dickson-Swift i suradnici (65), potencijalno utječu i na povlačenje od prijatelja, drugih članova obitelji te doprinose osjećaju socijalne izolacije, čime se mogu intenzivirati, odnosno produbljivati povezane štetne emocionalne posljedice (66).

Što se tiče osjećaja krivnje, istraživanja potvrđuju da je ona intenzivnija kod članova obitelji u odnosu na ostale pogođene druge, one izvan

in the areas of emotional and relational harm, differences were present only for individual indicators. Additionally, partners show greater harm according to indicators of work- and study-related harm, which further points to the specific characteristics of their position in relation to parents.

Feelings of Guilt and Shame, and Perceived Stigmatisation Among Partners and Parents

In addition to the broader spectrum of consequences presented in the previous section, affected others often carry a specific internalised emotional burden in the form of feelings of guilt, shame, and perceived stigmatisation, which Langham et al. (4), in their conceptual model of gambling-related harm, recognise as forms of emotional and psychological distress that extend across all other domains of harm. Since partner and parental roles involve different patterns of responsibility, self-questioning, and social visibility, the second research problem examined whether these two groups of affected others differ in the intensity of these experiences, with the assumption that parents experience more intense feelings of guilt than partners, while no differences are expected for feelings of shame and perceived stigmatisation.

The results (Table 5) show that around 35% of partners and 18% of parents mostly or strongly perceive stigmatisation, while around 42% and 30%, respectively, mostly or strongly feel shame due to the gambling of their family member. Such feelings are not only unpleasant and harmful, but, as stated by Dickson-Swift et al. (65), may also potentially contribute to withdrawal from friends and other family members and to feelings of social isolation, thereby intensifying or deepening the associated harmful emotional consequences (66).

Regarding feelings of guilt, research confirms that they are more intense among family members than among other affected others, those outside the family context (9,29). Feelings of guilt

TABLICA 5. Razlike u osjećajima krivnje i srama te percepciji stigmatiziranosti između partnera/ice i roditelja (N=132).
TABLE 5. Differences in Feelings of Guilt and Shame and Perceived Stigmatisation Between Partners and Parents (N=132).

	Partner/ice / Partners	Roditelji / Parents		
	N (%)	N (%)	χ^2	φ
Stigmatiziranost / Stigmatisation	n=60	n=71		
Uopće ne osjećam / I do not feel it at all	14 (23,3)	24 (33,8)	5,07	
Malo osjećam / I feel it a little	25 (41,7)	34 (47,9)		
Uglavnom osjećam / I mostly feel it	17 (28,3)	10 (14,1)		
Jako osjećam / I feel it strongly	4 (6,7)	3 (4,2)		
Krivnja / Guilt	n=60	n=72		
Uopće ne osjećam / I do not feel it at all	27 (45,0)	11 (15,3)	14,39**	,330
Malo osjećam / I feel it a little	20 (33,3)	35 (48,6)		
Uglavnom osjećam / I mostly feel it	9 (15,0)	16 (22,2)		
Jako osjećam / I feel it strongly	4 (6,7)	10 (13,9)		
Sram / Shame	n=59	n=72		
Uopće ne osjećam / I do not feel it at all	12 (20,3)	16 (22,2)	2,16	
Malo osjećam / I feel it a little	22 (37,3)	34 (47,2)		
Uglavnom osjećam / I mostly feel it	16 (27,1)	15 (20,8)		
Jako osjećam / I feel it strongly	9 (15,3)	7 (9,7)		

Legenda: χ^2=hi-kvadrat test; φ=phi-koeficijent (veličina efekta); * p<,050; ** p<,010; *** p<,001
/ Legend: χ^2=chi-square test; φ=phi coefficient (effect size); * p<.050; ** p<.010; *** p<.001

obiteljskog konteksta (9,29). Osjećaj krivnje je jedino konzistentno intenzivniji kod roditelja u odnosu na partnere, a zanimljivo je i kako se u nekoliko kvalitativnih inozemnih istraživanja, unutar različitih država i kultura, pri provedbi intervjua ili fokusnih grupa, roditeljska krivnja te generalno proces samookrivljavanja pojavljuje kao istaknuta tema (30–32,67). Rezultati ovog istraživanja potvrđuju navedene trendove. Uočavamo da roditelji jedino krivnju osjećaju značajno intenzivnije (36,1 %) u odnosu na partnere/ice (21,7 %; χ^2=14,39; p<,010) te da se radi o razlici srednjeg efekta (φ=,330). Ovaj se nalaz najčešće interpretira posebnošću roditeljske pozicije, u kojoj je, zbog kockanja djeteta, izražen osjećaj odgovornosti, samookrivljavanja i doživljaja roditeljskog neuspjeha (30,31), odnosno možemo ga pripisati generalnoj dinamici roditeljske odgovornosti za ishode vlastite djece, dok su partnerski odnosi u tom području simetrični. Stoga možemo zaključiti kako rezultati potvrđuju drugu hipotezu.

are the only ones that are consistently more intense among parents than among partners, and it is also interesting that in several qualitative international studies, across different countries and cultures, parental guilt and, more generally, the process of self-blame emerge as prominent themes during interviews or focus groups (30–32,67). The results of this study confirm these trends. We observe that parents experience only guilt significantly more intensely (36.1%) compared with partners (21.7%; χ^2=14.39; p<.010), and that this represents a medium-effect-size difference (φ=.330). This finding is most commonly interpreted in terms of the specificity of the parental position, in which, as a result of the child's gambling, there is a pronounced sense of responsibility, self-blame, and perceived parental failure (30,31), or it may be attributed to the general dynamics of parental responsibility for the outcomes of one's own children, whereas partner relationships are symmetrical in this respect. Therefore, we can conclude that the results confirm the second hypothesis.

Razlike u šteti povezanoj s kockanjem s obzirom na vrstu odnosa i percipiranu socijalnu podršku

Trećim istraživačkim problemom ispitivale su se razlike u ukupnoj šteti povezanoj s kockanjem i emocionalnim problemima s obzirom na vrstu odnosa s osobom koja se liječi zbog ovisnosti o kockanju (partner/ica nasuprot roditelja) te razinu percipirane socijalne podrške (niža, umjerena, viša), kao i mogući interakcijski efekt navedenih dvaju čimbenika. Sukladno postavljenoj hipotezi očekuje se da intenzivniju generalnu štetu i izraženije emocionalne probleme doživljavaju partneri/ce i sudionici s nižom razinom percipirane socijalne podrške, dok se efekt interakcije ne očekuje.

Radi provjere postavljene hipoteze provedene su četiri složene analize varijance za nezavisne uzorke (2 × 3 = vrsta odnosa × razina samoprocijenjene socijalne podrške). Kao varijable ishoda korišteni su ukupni rezultat na Ljestvici štete od kockanja za pogođene druge (GHS-20-AO) te ukupni rezultati na tri podljestvice DASS-21 upitnika. Sukladno ranije navedenome, distribucije svih četiriju varijabli ishoda procijenjene su prihvatljivima za parametrijsku analizu primjenom kriterija standardiziranih vrijednosti asimetrije i spljoštenosti (Skewness i Kurtosis) prema kriteriju Z-vrijednost < ± 3,29 za uzorke veličine 50 < N < 300 (55). Konkretno, Z-vrijednosti obaju indeksa asimetrije i spljoštenosti kreću se od 0,19 do 2,89. Za dodatne usporedbe u razlikama između razina percipirane socijalne podrške korišten je Tukeyev HSD *post hoc* test.

Što se tiče razlika u ukupnoj šteti povezanoj s kockanjem (tablice 6 i 7), rezultati pokazuju značajan glavni efekt vrste odnosa, F(1/126)=20,62, p_{Holm}<,001, ηp^2=,141, na način da partneri/ce (M=15,75, SD=2,70) izvještavaju o izraženijoj ukupnoj šteti u odnosu na roditelje (M=13,39, SD=3,73). Značajan je i glavni efekt razine percipirane socijalne podrške, F(2/126)=6,94,

Differences in Gambling-Related Harm According to Relationship Type and Perceived Social Support

The third research problem examined differences in overall gambling-related harm and emotional problems in relation to the type of relationship with the person receiving treatment for gambling addiction (partner versus parent) and the level of perceived social support (lower, moderate, higher), as well as the possible interaction effect of these two factors. In line with the stated hypothesis, partners and participants with a lower level of perceived social support are expected to experience more intense overall harm and more pronounced emotional problems, while no interaction effect is expected.

To test the hypothesis, four factorial analyses of variance for independent samples were conducted (2 × 3 = relationship type × level of self-assessed social support). The total score on the Gambling Harm Scale for Affected Others (GHS-20-AO) and the total scores on the three subscales of the DASS-21 questionnaire were used as outcome variables. Accordingly, the distributions of all four outcome variables were assessed as acceptable for parametric analysis using the criterion of standardised values of skewness and kurtosis, according to the criterion Z-value < ±3.29 for samples of size 50 < N < 300 (55). Specifically, the Z-values of both indices of skewness and kurtosis ranged from 0.19 to 2.89. Tukey's HSD post hoc test was used for additional comparisons of differences between levels of perceived social support.

With regard to differences in overall gambling-related harm (Tables 6 and 7), the results show a significant main effect of relationship type, F(1/126)=20.62, p_{Holm}<.001, ηp^2=.141, such that partners (M=15.75, SD=2.70) report more pronounced overall harm compared with parents (M=13.39, SD=3.73). The main effect of the level of perceived social support is also significant, F(2/126)=6.94, p_{Holm}=.006, ηp^2=.099, while Tukey's HSD test shows that participants with a

TABLICA 6. Deskriptivni pokazatelji i rezultati analize varijance na pojedinim mjerama štete povezane s kockanjem i emocionalnih problema, s obzirom na vrstu odnosa i razinu percipirane socijalne podrške.
TABLE 6. Descriptive Indicators and Results of Analysis of Variance for Individual Measures of Gambling-Related Harm and Emotional Problems, According to Relationship Type and Level of Perceived Social Support.

	Razina percipirane socijalne podrške / Level of Perceived Social Support	Vrsta odnosa s ovisnikom o kockanju / Type of Relationship with the Gambling Addict							
		Partner/ice / Partners		Roditelji / Parents		Ukupno / Total			
		M	SD	M	SD	M	SD	Z_{SK}	Z_{KU}
Ukupna šteta povezana s kockanjem / Overall Gambling-Related Harm	Niža / Lower	16,78	2,58	14,84	3,00	15,65	2,96		
	Umjerena / Moderate	16,28	2,54	13,17	3,92	14,50	3,70		
	Visoka / High	14,58	2,55	12,04	3,84	13,34	3,46		
	Ukupno / Total	15,75	2,70	13,39	3,73	14,46	3,50	-2,76	-0,19
Depresivnost / Depression	Niža / Lower	12,11	6,78	10,84	5,62	11,37	6,09		
	Umjerena / Moderate	10,56	5,55	7,00	5,52	8,52	5,75		
	Visoka / High	8,71	6,42	7,22	5,80	7,98	6,11		
	Ukupno / Total	10,28	6,35	8,40	5,85	9,26	6,13	1,58	-2,38
Anksioznost / Anxiety	Niža / Lower	11,17	6,66	9,84	5,74	10,40	6,10		
	Umjerena / Moderate	10,50	5,98	6,75	5,23	8,36	5,81		
	Visoka / High	9,17	7,78	7,17	6,79	8,19	7,30		
	Ukupno / Total	10,17	6,89	7,96	6,02	8,96	6,50	2,27	-2,43
Stres / Stress	Niža / Lower	14,00	5,21	13,16	6,00	13,51	5,64		
	Umjerena / Moderate	14,67	4,42	9,29	5,23	11,60	5,54		
	Visoka / High	11,54	6,66	9,65	6,73	10,62	6,69		
	Ukupno / Total	13,22	5,72	10,75	6,18	11,87	6,08	-0,52	-2,89

Legenda: M=aritmetička sredina; SD=standardna devijacija; Z_{SK}=Z-vrijednost za skewness (skewness/SE skewness); Z_{KU}=Z-vrijednost za kurtosis (kurtosis/SE kurtosis)
/ Legend: M=mean; SD=standard deviation; Z_{SK}=Z-value for skewness (skewness/SE skewness); Z_{KU}=Z-value for kurtosis (kurtosis/SE kurtosis)

p_{Holm}=,006, ηp^2=,099, dok Tukeyev HSD test pokazuje da se sudionici s nižom razinom podrške (M=15,65) značajno razlikuju od onih s višom razinom (M=13,34; M_{diff}=2,31, p=,002), a razlike između ostalih skupina nisu značajne. Interakcija vrste odnosa i razine podrške nije značajna, F(2/126)=0,36, p_{Holm}=1,000.

Kod depresivnosti, kao prvog mjerenog specifičnog emocionalnog problema, nije utvrđen značajan glavni efekt vrste odnosa, F(1/126)=4,06, p_{Holm}=,078, kao ni glavni efekt razine percipirane socijalne podrške, F(2/126)=4,14, p_{Holm}=,054. Interakcija između nezavisnih varijabli također nije značajna, F(2/126)=0,47, p_{Holm}=1,000.

Rezultati pokazuju isti obrazac kada je anksioznost ishod. Nije značajan ni glavni efekt vrste odnosa F(1/126)=4,37, p_{Holm}=,078, ni glavlower level of support (M=15.65) differ significantly from those with a higher level (M=13.34; M_{diff}=2.31, p=.002), while differences between the other groups are not significant. The interaction between relationship type and level of support is not significant, F(2/126)=0.36, p_{Holm}=1.000.

For depression, as the first specific emotional problem measured, no significant main effect of relationship type was found, F(1/126)=4.06, p_{Holm}=.078, nor was there a significant main effect of the level of perceived social support, F(2/126)=4.14, p_{Holm}=.054. The interaction between the independent variables is also not significant, F(2/126)=0.47, p_{Holm}=1.000.

The results show the same pattern when anxiety is the outcome. Neither the main effect of relationship type, F(1/126)=4.37, p_{Holm}=.078, nor the main effect of the level of perceived social sup-

TABLICA 7. Rezultati složene analize varijance s vrstom odnosa i razinom percipirane socijalne podrške kao nezavisnim varijablama, a rezultatima na mjerama štete povezane s kockanjem i emocionalnim problemima (depresivnost, anksioznost, stres) kao varijablama ishoda.
TABLE 7. Results of the Factorial Analysis of Variance with Relationship Type and Level of Perceived Social Support as Independent Variables, and Scores on Measures of Gambling-Related Harm and Emotional Problems (Depression, Anxiety, Stress) as Outcome Variables.

Izvor varijance / Source of Variance	Suma kvadrata / Sum of Squares	F	df	p	p_{Holm}	ηp^2
Ukupna šteta povezana s kockanjem / Overall Gambling-Related Harm						
Vrsta odnosa / Relationship Type	207,21	20,62***	1/126	<,001	<,001	,141
Razina podrške / Level of Support	69,69	6,94**	2/126	,001	,006	,099
Vrsta odnosa × Razina podrške / Relationship Type × Level of Support	3,57	0,36	2/126	,702	1,000	
Depresivnost / Depression (DASS-21)						
Vrsta odnosa / Relationship Type	143,61	4,06	1/126	,046	,078	
Razina podrške / Level of Support	146,50	4,14	2/126	,018	,054	
Vrsta odnosa × Razina podrške / Relationship Type × Level of Support	16,66	0,47	2/126	,625	1,000	
Anksioznost / Anxiety (DASS-21)						
Vrsta odnosa / Relationship Type	179,82	4,37	1/126	,039	,078	
Razina podrške / Level of Support	66,09	1,61	2/126	,205	,205	
Vrsta odnosa × Razina podrške / Relationship Type × Level of Support	16,31	0,40	2/126	,674	1,000	
Stres / Stress (DASS-21)						
Vrsta odnosa / Relationship Type	236,33	6,92*	1/126	,010	,030	,052
Razina podrške / Level of Support	98,50	2,88	2/126	,060	,120	
Vrsta odnosa × Razina podrške / Relationship Type × Level of Support	58,73	1,72	2/126	,183	,733	

Legenda: F=F-omjer; df=stupnjevi slobode; p_{Holm} = Holm-korigirane vrijednosti koje su izračunate zasebno za četiri testa glavnog efekta vrste odnosa, četiri testa glavnog efekta razine podrške i četiri testa njihove interakcije; * p_{Holm}<,050; ** p_{Holm}<,010; *** p_{Holm}<,001; ηp^2=parcijalni eta-kvadrat (veličina efekta)
/ Legend: F=F-ratio; df=degrees of freedom; p_{Holm}=Holm-adjusted values calculated separately for the four tests of the main effect of relationship type, the four tests of the main effect of level of support, and the four tests of their interaction; * p_{Holm}<.050; ** p_{Holm}<.010; *** p_{Holm}<.001; ηp^2=partial eta-squared (effect size)

ni efekt razine percipirane socijalne podrške F(2/126)=1,61, p_{Holm}=,205, a niti interakcija, F(2/126)=0,40, p_{Holm}=1,000.

Kod doživljaja stresa pokazuje se nešto drugačiji obrazac. Glavni efekt vrste odnosa, F(1/126)=6,92, p_{Holm}=,030, ηp^2=,052, značajan je na način da partneri/ce (M=13,22, SD=5,72) postižu značajno više rezultate na ljestvici stresa od roditelja (M=10,75, SD=6,18), no glavni efekt razine percipirane socijalne podrške, F(2/126)=2,88, p_{Holm}=,120, kao ni interakcija F(2/126)=1,72, p_{Holm}=,733, nisu značajni.

U cjelini, dobiveni rezultati omogućuju djelomično potvrđivanje 3a hipoteze koja se odnosi na značajnost glavnog efekta vrste odnosa. Glavni efekt vrste odnosa potvrđen je na dvije varijable ishoda – ukupnu štetu povezanu s kockanjem, F(1/126)=6.92, p_{Holm}=.030, ηp^2=.052, značajan je na način da partneri/ce (M=13.22, SD=5.72) postižu značajno više rezultate na ljestvici stresa od roditelja (M=10.75, SD=6.18), no glavni efekt razine percipirane socijalne podrške, F(2/126)=2.88, p_{Holm}=.120, kao ni interakcija F(2/126)=1.72, p_{Holm}=.733, nisu značajni.

U cjelini, dobiveni rezultati omogućuju djelomično potvrđivanje 3a hipoteze koja se odnosi na značajnost glavnog efekta vrste odnosa. Glavni efekt vrste odnosa potvrđen je na dvije varijable ishoda – ukupnu štetu povezanu s kockanjem, F(1/126)=1.61, p_{Holm}=.205, nor the interaction, F(2/126)=0.40, p_{Holm}=1.000, is significant.

For the experience of stress, a somewhat different pattern is observed. The main effect of relationship type, F(1/126)=6.92, p_{Holm}=.030, ηp^2=.052, is significant, such that partners (M=13.22, SD=5.72) achieve significantly higher scores on the stress scale than parents (M=10.75, SD=6.18), whereas the main effect of the level of perceived social support, F(2/126)=2.88, p_{Holm}=.120, as well as the interaction, F(2/126)=1.72, p_{Holm}=.733, are not significant.

Overall, the results allow for partial confirmation of hypothesis 3a, which refers to the significance of the main effect of relationship type. The main effect of relationship type was confirmed for two outcome variables – overall gambling-related

kanjem i doživljaj stresa, dok se za depresivnost i anksioznost nije pokazao značajnim. Dobivene razlike kod obaju ishoda odgovaraju postavljenoj hipotezi o tome da partneri/ce izvještavaju o intenzivnijim štetama povezanima s kockanjem i izraženijim doživljaju stresa u odnosu na roditelje. Veličina efekta veća je za ukupnu štetu od kockanja (ηp^2=,141), a mala do umjerena za doživljaj stresa (ηp^2=,052). Ovakav intenzivniji doživljaj ukupne štete i stresa povezanih s kockanjem od strane partnera/ica, u odnosu na roditelje, u skladu je s prethodnim studijama (8,29). Tulloch i suradnici (24), primjerice, kao ključne rezultate svojeg istraživanja predikcije intenziteta štete prema značajnim drugima ističu čimbenike kao što su intenzitet emocionalne povezanosti te odnose unutar kojih se dijele financije i zajedničke obiteljske odgovornosti, što su temeljna obilježja bračnih odnosno partnerskih odnosa. Zanimljivo je da glavni efekt vrste odnosa nije utvrđen za depresivnost i anksioznost. Jedno od mogućih objašnjenja takvog nalaza jest izrazita zastupljenost simptomatologije anksioznosti i depresivnosti na razini cijelog uzorka. Naime, čak 50,0 % sudionika zadovoljava kriterije za tešku ili izrazito tešku simptomatologiju anksioznosti, a 38,7 % za iste razine depresivnosti. Takvi rezultati upućuju na to da su povišene razine anksioznosti i depresivnosti prisutne u obje skupine, neovisno o vrsti odnosa s osobom koja kocka. Nasuprot tome, utvrđene razlike u ukupnoj šteti povezanoj s kockanjem i razini stresa upućuju na to da ti ishodi u većoj mjeri odražavaju opterećenja specifična za pojedinu vrstu odnosa s osobom koja kocka.

Hipoteza 3b, prema kojoj pretpostavljamo značajan glavni efekt razine podrške na ukupnu štetu povezanu s kockanjem i emocionalne probleme, potvrđena je samo u odnosu na ukupnu štetu povezanu s kockanjem (ηp^2=,099), a razlike su potvrđene u očekivanom smjeru na način da osobe s više percipirane podrške doživljavaju nešto manje izraženu ukupnu štetu u odnosu na one koji svoju podršku procjenjuju nižom.

harm and experience of stress, while it was not significant for depression and anxiety. The differences obtained for both outcomes correspond to the hypothesis that partners report more intense gambling-related harm and a more pronounced experience of stress compared with parents. The effect size is larger for overall gambling-related harm (ηp^2 = .141) and small to moderate for experience of stress (ηp^2 = .052). This more intense experience of overall gambling-related harm and stress among partners, compared with parents, is consistent with previous studies (8,29). Tulloch et al. (24), for example, highlight as key findings of their study on predicting the intensity of harm among significant others, factors such as the intensity of emotional connectedness and relationships in which finances and family responsibilities are shared, which are fundamental characteristics of marital, that is, partner relationships. Interestingly, the main effect of relationship type was not found for depression and anxiety. One possible explanation for this finding is the high prevalence of anxiety and depression symptomatology across the entire sample. Specifically, as many as 50.0% of participants meet the criteria for severe or extremely severe anxiety symptomatology, and 38.7% for the same levels of depression. Such results indicate that elevated levels of anxiety and depression are present in both groups, regardless of the type of relationship with the person who gambles. In contrast, the identified differences in overall gambling-related harm and stress levels indicate that these outcomes reflect, to a greater extent, burdens specific to the particular type of relationship with the person who gambles.

Hypothesis 3b, according to which we assumed a significant main effect of the level of support on overall gambling-related harm and emotional problems, was confirmed only for overall gambling-related harm (ηp^2 = .099), and the differences were confirmed in the expected direction, such that persons with higher perceived support experience somewhat less pronounced overall harm compared with those who assess their support as lower.

U odnosu na 3c hipotezu pretpostavljeno je kako nema značajnih interakcija vrste odnosa i percepcije socijalne podrške na ishode ispitivane u ovom istraživanju te možemo zaključiti kako je navedena hipoteza u cijelosti potvrđena.

ISTRAŽIVAČKA OGRANIČENJA

Rezultate ovog istraživanja nužno je tumačiti u kontekstu nekoliko metodoloških ograničenja. Prije svega, istraživanje je provedeno na prigodnom kliničkom uzorku pogođenih drugih čiji su partneri, odnosno čija su djeca, ovisnici o kockanju u aktivnom procesu liječenja te koji aktivno participiraju u grupama podrške. Slijedom navedenog, dobivene rezultate nije moguće neposredno generalizirati na širu populaciju partnera/ica i roditelja osoba s problemima kockanja koje nisu uključene u tretmanski sustav, a takvih je, prema dostupnim istraživanjima, znatna većina (57). Budući da se radi o transverzalnom, komparativnom istraživačkom nacrtu, nije moguće izvlačiti uzročno-posljedične zaključke o smjeru odnosa između ispitivanih varijabli. Tako, primjerice, ne znamo je li niža razina percipirane socijalne podrške posljedica dugotrajne izloženosti šteti i moguće socijalne izolacije koja je prati ili je ona prethodila razvoju štete povezane s kockanjem te, kao takva, djelovala kao čimbenik ranjivosti. Naredna bi istraživanja u Hrvatskoj valjalo provoditi s većim uzorcima, a kombinacijom kvantitativnih i kvalitativnih istraživačkih nacrta mogli bi se dublje istražiti procesi razvoja štete.

ZAKLJUČAK

Kockanje i ovisnost o kockanju već su dugi niz godina prepoznati kao važan javnozdravstveni problem te se uzima u obzir da ono nije samo problem pojedinca, već složen fenomen čije posljedice značajno utječu na cijelu okolinu. Očekivano, spektar i intenzitet tih posljedica

With regard to hypothesis 3c, it was assumed that there would be no significant interactions between relationship type and perceived social support for the outcomes examined in this study, and this hypothesis was fully confirmed.

RESEARCH LIMITATIONS

The results of this study should be interpreted in the context of several methodological limitations. First, the study was conducted on a convenience clinical sample of affected others whose partners or children are individuals with gambling addiction undergoing active treatment and who actively participate in support groups. Accordingly, the results cannot be directly generalised to the broader population of partners and parents of people with gambling problems who are not involved in the treatment system, and according to the available research, these constitute a substantial majority (57). Since this is a cross-sectional comparative research design, it is not possible to draw causal conclusions regarding the direction of the relationships between the examined variables. For example, we do not know whether a lower level of perceived social support is a consequence of prolonged exposure to harm and the possible social isolation that accompanies it, or whether it preceded the development of gambling-related harm and, as such, acted as a vulnerability factor. Future research in Croatia should be conducted on larger samples, while a combination of quantitative and qualitative research designs could enable a more in-depth examination of the processes underlying the development of harm.

CONCLUSION

Gambling and gambling addiction have been recognised for many years as an important public health problem, and it is acknowledged that gambling is not merely an individual problem but a complex phenomenon whose consequences significantly affect the entire social environment. As expected, the range and intensity of these conse-

izraženiji je kada se radi o osobama koje su pogođene kockanjem svojih bližnjih (engl. *affected others*).

Dobiveni rezultati ovog istraživanja, provedenog na selekcioniranoj skupini pogođenih drugih čiji su bližnji uključeni u liječenje, a oni sami u grupe podrške, upućuju na to da se šteta povezana s kockanjem može očitovati u različitim aspektima njihova funkcioniranja. Kada je riječ o zastupljenosti različitih indikatora štete, obje skupine izvještavaju o visokim razinama svih štetnih posljedica kockanja bliske osobe, no posebno se ističu emocionalne posljedice, problemi u odnosima te zdravstveni problemi. I dok je nedvojbeno prisutno generalno veliko opterećenje i partnera/ica i roditelja, rezultati upućuju i na određene razlike s obzirom na vrstu odnosa. Partneri/ce, primjerice, imaju izraženiju financijsku i štetu povezanu s poslom i/ili studijem. Nadalje, kod njih su u većoj mjeri prisutne i neke specifične posljedice kao što je izraženije iskustvo sukoba, prijetnje odvajanjem, razmišljanje o odlasku iz odnosa i slično. S druge strane, roditelji u odnosu na partnere/ice značajno intenzivnije doživljavaju osjećaj krivnje. Ovakvi se trendovi mogu objasniti upravo specifičnostima odnosa, odnosno činjenicom da partnerstvo karakterizira financijska međuovisnost, dijeljenje obiteljskih dužnosti i ravnopravnost odnosa, dok je roditeljska pozicija obilježena samopropitivanjem i osjećajem odgovornosti za ishode vlastite djece.

Vrlo važan nalaz je i onaj o ulozi percipirane socijalne podrške. Sudionici (i roditelji i partneri/ce) s višom razinom percipirane socijalne podrške izvještavaju o nižoj ukupnoj šteti povezanoj s kockanjem u odnosu na one s nižom razinom percipirane socijalne podrške, što upućuje na njezinu moguću zaštitnu ulogu. Sveukupno, rezultati ovog istraživanja potvrđuju da su partneri/ce i roditelji osoba s ovisnošću o kockanju klinički i javnozdravstveno važna skupina. Njihove potrebe nadilaze ulogu podrške osobi

quences are more pronounced when they concern persons affected by the gambling of those close to them (affected others).

The results of this study, conducted on a selected group of affected others whose close family members are involved in treatment and who themselves participate in support groups, indicate that gambling-related harm may manifest across different aspects of their functioning. Regarding the prevalence of different indicators of harm, both groups report high levels of all harmful consequences of the gambling of a close person, with emotional consequences, relationship problems, and health problems being particularly prominent. Although there is undoubtedly a generally high burden among both partners and parents, the results also indicate certain differences depending on the type of relationship. Partners, for example, experience more pronounced financial and work- and/or study-related harm. Furthermore, some specific consequences are also more prevalent among them, such as a more pronounced experience of conflict, threats of separation, thoughts of leaving the relationship, and similar consequences. On the other hand, parents experience feelings of guilt significantly more intensely than partners. These trends can be explained precisely by the specific characteristics of the relationship, that is, by the fact that partnership is characterised by financial interdependence, the sharing of family responsibilities, and equality within the relationship, whereas the parental position is characterised by self-questioning and a sense of responsibility for the outcomes of one's own children.

Another very important finding concerns the role of perceived social support. Participants (both parents and partners) with a higher level of perceived social support report lower overall gambling-related harm compared with those with a lower level of perceived social support, which points to its possible protective role. Overall, the results of this study confirm that partners and parents of persons with gambling addiction represent a clinically and public health-relevant group. Their needs extend beyond the role of sup-

koja se liječi te i oni sami zahtijevaju stručnu i znanstvenu pozornost.

U hrvatskom kontekstu, u kojem su istraživanja štete povezane s kockanjem kod pogođenih drugih još uvijek ograničena, ovo istraživanje doprinosi boljem razumijevanju specifičnih iskustava partnera/ica i roditelja te je temelj za daljnja znanstvena istraživanja, ali i razvoj psihosocijalnih intervencija usmjerenih ovoj značajnoj, ali često i zanemarenoj, skupini.

porting the person receiving treatment, and they themselves also require professional and scientific attention.

In the Croatian context, in which research on gambling-related harm among affected others is still limited, this study contributes to a better understanding of the specific experiences of partners and parents and provides a basis for further scientific research, as well as for the development of psychosocial interventions aimed at this significant but often neglected group.

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LITERATURA / *REFERENCES*

1. Abbott M, Binde P, Clark L, Hodgins D, Johnson M, Manitowabi D et al. Conceptual Framework of Harmful Gambling, Third Edition [Internet]. Gambling Research Exchange Ontario; 2018 [cited 2026 Jun 23]. Available from: https://www.greo.ca/Modules/EvidenceCentre/Details/conceptual-framework-of-harmful-gambling-third-edition doi:10.33684/CFHG3.en
2. Browne M, Langham E, Rawat V, Greer N, Li E, Rose J et al. Assessing gambling-related harm in Victoria: A public health perspective. CQ University; 2016.
3. Korn DA, Shaffer HJ. Gambling and the Health of the Public: Adopting a Public Health Perspective. J Gambl Stud 1999;15(4):289–365. doi:10.1023/A:1023005115932
4. Langham E, Thorne H, Browne M, Donaldson P, Rose J, Rockloff M. Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. BMC Public Health 2015;16(1):80. doi:10.1186/s12889-016-2747-0
5. Johnson RH, Pitt H, Randle M, Thomas SL. A scoping review of the individual, socio-cultural, environmental and commercial determinants of gambling for older adults: implications for public health research and harm prevention. BMC Public Health 2023;23(1):362. doi:10.1186/s12889-022-14930-y
6. Wardle H, Reith G, Best D, McDaid D, Platt S. Measuring gambling-related harms – A framework for action. Gambling Commission. Responsible Gambling Strategy Board. Gamble Aware, 2018.
7. Downs C, Woolrych R. Gambling and debt: the hidden impacts on family and work life. Community Work Fam 2010;13(3):311–28. doi:10.1080/13668803.2010.488096
8. Hing N, Russell AMT, Browne M, Rockloff M, Tulloch C, Rawat V et al. Gambling-related harms to concerned significant others: A national Australian prevalence study. J Behav Addict 2022;11(2):361–72. doi:10.1556/2006.2022.00045
9. Castrén S, Lind K, Hagfors H, Salonen AH. Gambling-Related Harms for Affected Others: A Finnish Population-Based Survey. Int J Environ Res Public Health 2021;18(18):9564. doi:10.3390/ijerph18189564
10. Dowling NA, Hawker CO, Merkouris SS, Rodda SN, Hodgins DC. Addressing gambling harm to affected others: A scoping review (Part I: Prevalence, socio-demographic profiles, gambling profiles, and harm). Clin Psychol Rev 2025;116:102542. doi:10.1016/j.cpr.2025.102542

11. Salonen AH, Alho H, Castrén S. The extent and type of gambling harms for concerned significant others: A cross-sectional population study in Finland. Scand J Public Health 2016;44(8):799–804. doi:10.1177/1403494816673529
12. Salonen AH, Castrén S, Alho H, Lahti T. Concerned significant others of people with gambling problems in Finland: a cross-sectional population study. BMC Public Health 2014;14(1):398. doi:10.1186/1471-2458-14-398
13. Productivity Commission. Australia's gambling industries. Report No. 10. Canberra: AusInfo; 1999.
14. Goodwin BC, Browne M, Rockloff M, Rose J. A typical problem gambler affects six others. Int Gambl Stud 2017;17(2):276–89. doi:10.1080/14459795.2017.1331252
15. Salonen AH, Alho H, Castrén S. Gambling frequency, gambling problems and concerned significant others of problem gamblers in Finland: Cross-sectional population studies in 2007 and 2011. Scand J Public Health 2015;43(3):229–35. doi:10.1177/1403494815569866
16. Wenzel HG, Øren A, Bakken IJ. Gambling problems in the family – A stratified probability sample study of prevalence and reported consequences. BMC Public Health 2008;8(1):412. doi:10.1186/1471-2458-8-412
17. Svensson J, Romild U, Shepherdson E. The concerned significant others of people with gambling problems in a national representative sample in Sweden – a 1 year follow-up study. BMC Public Health 2013;13(1):1087. doi:10.1186/1471-2458-13-1087
18. Darbyshire P, Oster C, Carrig H. Children of parent(s) who have a gambling problem: a review of the literature and commentary on research approaches. Health Soc Care Community 2001;9(4):185–93. doi:10.1046/j.0966-0410.2001.00302.x
19. Lesieur HR, Rothschild J. Children of Gamblers Anonymous members. J Gambl Behav 1989;5(4):269–81. doi:10.1007/BF01672428
20. Bodor D. Usporedba psihosocijalnoga funkcioniranja osoba koje se liječe zbog ovisnosti o kockanju i alkoholu [Doctoral Thesis]. Zagreb: Stomatološki fakultet Sveučilišta u Zagrebu; 2018.
21. Suomi A, Lucas N, Dowling N, Delfabbro P. Parental problem gambling and child wellbeing: Systematic review and synthesis of evidence. Addict Behav 2022;126:107205. doi:10.1016/j.addbeh.2021.107205
22. Suomi A, Lucas N, Dowling N, Delfabbro P. Gambling Harm Experienced by Children Exposed to Parental Gambling: An Online Survey of Australians. J Gambl Stud 2024;40(1):181–200. doi:10.1007/s10899-023-10211-4
23. Ingle PJ, Marotta J, McMillan G, Wisdom JP. Significant Others and Gambling Treatment Outcomes. J Gambl Stud 2008;24(3):381–92. doi:10.1007/s10899-008-9092-x
24. Tulloch C, Browne M, Hing N, Rockloff M, Hilbrecht M. How gambling harms others: The influence of relationship-type and closeness on harm, health, and wellbeing. J Behav Addict 2023;12(3):697–710. doi:10.1556/2006.2023.00036
25. Holdsworth L, Nuske E, Tiyce M, Hing N. Impacts of gambling problems on partners: partners' interpretations. Asian J Gambl Issues Public Health 2013;3(1):11. doi:10.1186/2195-3007-3-11
26. Newall P, Rawat V, Hing N, Browne M, Tulloch C, Russell AMT et al. Gambling-Related Harm to Affected Others: Lived Experience Differs by Relationship Type, Gambling Severity, Life Circumstances, and Relationship Factors. Int J Ment Health Addict 2024;24(1):432–50. doi:10.1007/s11469-024-01417-7
27. Kauppila E, Hautamäki S, Savolainen I, Castrén S, Velleman R, Oksanen A. Problem Gambling Transmission. An Eight-wave Longitudinal Study on Problem Gambling Among Affected Others. J Gambl Stud 2025;42(1):95–108. doi:10.1007/s10899-025-10465-0
28. Dowling N, Suomi A, Jackson A, Lavis T, Patford J, Cockman S et al. Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis. Trauma Violence Abuse 2016;17(1):43–61. doi:10.1177/1524838014561269
29. Lind K, Castrén S, Hagfors H, Salonen AH. Harm as reported by affected others: A population-based cross-sectional Finnish Gambling 2019 study. Addict Behav 2022;129:107263. doi:10.1016/j.addbeh.2022.107263
30. Azemi F, Avdyli M, Bytyqi V. Understanding gambling in the United Kingdom: A qualitative study on the experiences of gamblers' families. Front Psychol 2023;14:1009923. doi:10.3389/fpsyg.2023.1009923
31. Banks J, Andersson C, Best D, Edwards M, Waters J. Families Living with Problem Gambling: Impacts, Coping Strategies and Help-Seeking [Project Report]. Sheffield Hallam University; 2018.
32. Takiguchi N, Kawanishi Y, Samuelsson E. Secrecy, self-blame and risks for social exclusion—Family members' experiences of gambling problems in Japan. Front Psychiatry 2022;13:940397. doi:10.3389/fpsyt.2022.940397
33. Tulloch C, Browne M, Rockloff M, Hing N, Hilbrecht M. The roles of coping style and social support in the experience of harm and distress among people affected by another person's gambling. Addict Behav 2025;162:108236. doi:10.1016/j.addbeh.2024.108236
34. Orford J, Velleman R, Natera G, Templeton L, Copello A. Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. Soc Sci Med 2013;78:70–7. doi:10.1016/j.socscimed.2012.11.036
35. Orford J, Copello A, Velleman R, Templeton L. Family members affected by a close relative's addiction: The stress-strain-coping-support model. Drugs Educ Prev Policy 2010;17(sup1):36–43. doi:10.3109/09687637.2010.514801
36. Riley BJ, Harvey P, Crisp BR, Battersby M, Lawn S. Gambling-related harm as reported by concerned significant others: a systematic review and meta-synthesis of empirical studies. J Fam Stud 2021;27(1):112–30. doi:10.1080/13229400.2018.1513856
37. Hodgins DC, Shead NW, Makarchuk K. Relationship Satisfaction and Psychological Distress Among Concerned Significant Others of Pathological Gamblers. J Nerv Ment Dis 2007;195(1):65–71. doi:10.1097/01.nmd.0000252382.47434.a6
38. Jeffrey L, Browne M, Rawat V, Langham E, Li E, Rockloff M. Til Debt Do Us Part: Comparing Gambling Harms Between Gamblers and Their Spouses. J Gambl Stud 2019;35(3):1015–34. doi:10.1007/s10899-019-09826-3
39. Ferland F, Blanchette-Martin N, Côté M, Tremblay J, Kairouz S, Nadeau L et al. Do the Consequences Experienced by the People in the Life of a Problem Gambler Differ Based on the Nature of Their Relationship with the Gambler? J Gambl Stud 2021;38(3):1075–92. doi:10.1007/s10899-021-10058-7

40. Browne M, Newall PWS, Rawat V, Tulloch C, Rockloff M, Li E et al. The Gambling Harms Scales: Instruments to assess impact to gamblers and affected others that are benchmarked to health utility. Victorian Responsible Gambling Foundation; 2023.
41. Browne M, Tulloch C, Rockloff M, Hing N, Russell AMT, Li E et al. The 10-item and 20-item gambling harms scale for affected others (GHS-10-AO, GHS-20-AO): benchmarked to health utility using propensity weighting and control for comorbidities. Addict Behav 2026;172:108513. doi:10.1016/j.addbeh.2025.108513
42. Browne M, Rawat V, Rockloff M, Russell A, Hing N, Li E et al. The 20-item Gambling Harms Scale (GHS-20): Benchmarked to health utility using propensity weighting and control for comorbidities. J Gambl Issues 2025. doi:10.4309/AKBO2985
43. Lovibond PF, Lovibond SH. The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. Behav Res Ther 1995;33(3):335–43. doi: 10.1016/0005-7967(94)00075-U
44. Henry JD, Crawford JR. The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. Br J Clin Psychol 2005;44(2):227–39. doi:10.1348/014466505X29657
45. Dodig Hundric D, Ricijas N, Mandic S, Radic Bursac S, Bodor D. Short-term effectiveness of gambling treatment in the Daily Clinic for Gambling Addiction. Front Psychol 2025;16:1536082. doi:10.3389/fpsyg.2025.1536082
46. Sinclair SJ, Siefert CJ, Slavin-Mulford JM, Stein MB, Renna M, Blais MA. Psychometric Evaluation and Normative Data for the Depression, Anxiety, and Stress Scales-21 (DASS-21) in a Nonclinical Sample of U.S. Adults. Eval Health Prof 2012;35(3):259–79. doi:10.1177/0163278711424282
47. Zimet GD, Dahlem NW, Zimet SG, Farley GK. The Multidimensional Scale of Perceived Social Support. J Pers Assess 1988;52(1):30–41. doi:10.1207/s15327752jpa5201_2
48. Canty-Mitchell J, Zimet GD. Psychometric Properties of the Multidimensional Scale of Perceived Social Support in Urban Adolescents. Am J Community Psychol 2000;28(3):391–400. doi:10.1023/A:1005109522457
49. Dambi JM, Corten L, Chiwaridzo M, Jack H, Mlambo T, Jelsma J. A systematic review of the psychometric properties of the cross-cultural translations and adaptations of the Multidimensional Perceived Social Support Scale (MSPSS). Health Qual Life Outcomes 2018;16(1):80. doi:10.1186/s12955-018-0912-0
50. Medved A, Keresteš G. Usamljenost u ranoj adolescenciji: spolne i dobne razlike te povezanost sa socijalnim odnosima. Drustvena Istraz 2011;20(2 (112)):457–78. doi:10.5559/di.20.2.09
51. Tabachnick BG, Fidell LS. Using multivariate statistics (7th ed.). New York: Pearson Education; 2019.
52. Huberty CJ, Morris JD. Multivariate analysis versus multiple univariate analyses. Psychol Bull 1989;105(2):302–8. doi:10.1037/0033-2909.105.2.302
53. Grice JW, Iwasaki M. A Truly Multivariate Approach to Manova. Appl Multivar Res 2009;12(3):199. doi:10.22329/amr.v12i3.660
54. Holm S. A Simple Sequentially Rejective Multiple Test Procedure. Scand J Stat 1979;6(2):65–70.
55. Kim HY. Statistical notes for clinical researchers: assessing normal distribution (2) using skewness and kurtosis. Restor Dent Endod 2013;38(1):52. doi:10.5395/rde.2013.38.1.52
56. Richardson JTE. Eta squared and partial eta squared as measures of effect size in educational research. Educ Res Rev 2011;6(2):135–47. doi:10.1016/j.edurev.2010.12.001
57. Buchner UG, Koytek A, Wodarz N, Wolstein J. Is an e-mental health programme a viable way to reach affected others of disordered gamblers? A feasibility study focusing on access and retention. Int Gambl Stud 2019;19(1):85–105. doi:10.1080/14459795.2018.1515974
58. Dowling NA, Spence K, Browne M, Rockloff M, Merkouris SS. Affected Other Prevalence and Profiles: Findings from a Cross-Sectional Australian Population-Representative Gambling Study. J Gambl Stud 2025;41(3):993–1014. doi:10.1007/s10899-025-10377-z
59. Booth N, Dowling N, Landon J, Lubman D, Merkouris S, Rodda S. Affected Others Responsivity to Gambling Harm: An International Taxonomy of Consumer-Derived Behaviour Change Techniques. J Clin Med 2021;10(4):583. doi:10.3390/jcm10040583
60. Bijker R, Booth N, Merkouris SS, Dowling NA, Rodda SN. Global prevalence of help-seeking for problem gambling: A systematic review and meta-analysis. Addiction 2022;117(12):2972–85. doi:10.1111/add.15952
61. Hing N, O'Mullan C, Nuske E, Breen H, Mainey L, Taylor A et al. The relationship between gambling and intimate partner violence against women [Research Report]. Sydney: ANROWS; 2020.
62. Irie T, Kengo Y. The Impact of Problem Gambling on Families and Relationship Partners: A Scoping Literature Review. J Gambl Issues 2022;1–43. doi:10.4309/jgi.2022.49.1
63. Orford J, Cousins J, Smith N, Bowden-Jones H. Stress, strain, coping and social support for affected family members attending the National Problem Gambling Clinic, London. Int Gambl Stud 2017;17(2):259–75. doi:10.1080/14459795.2017.1331251
64. Dowling NA, Rodda SN, Lubman DI, Jackson AC. The impacts of problem gambling on concerned significant others accessing web-based counselling. Addict Behav 2014;39(8):1253–7. doi:10.1016/j.addbeh.2014.04.011
65. Dickson-Swift VA, James EL, Kippen S. The experience of living with a problem gambler: Spouses and partners speak out. J Gambl Issues 2005;(13). doi:10.4309/jgi.2005.13.6
66. Klevan T, Krane V, Weimand B. Powerless yet powerful: The duality of everyday life of partners of persons with gambling problems. J Gambl Issues 2019;42:85-106. doi:10.4309/jgi.2019.42.5
67. Patford J. The Yoke of Care: How Parents and Parents-in-law Experience, Understand and Respond to Adult Children's Gambling Problems. Aust J Prim Health 2007;13(3):59–68. doi:10.1071/PY07039