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A Balancing Act: How Affected Others Support Themselves and Those Who Gamble

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Abstract
Gambling-related harm affects not only the individual who gambles, but also their families, friends, and the wider community, referred to as affected others (AOs). AOs experience substantial harms across financial, relational, and psychological domains, yet remain underrepresented in treatment settings. Emerging evidence indicates that AOs have dual needs: support to manage their own gambling-related harm and guidance on how to support the person who gambles. However, these needs are underexplored, particularly beyond intimate partners. To address these gaps, this study asked two research questions: (1) what strategies do AOs use to reduce gambling-related harm, and (2) do these strategies differ by relationship type. A secondary analysis of 44 in-depth, semi-structured interviews with partners, family members, friends, and colleagues was conducted using reflexive thematic analysis. Three themes described how AOs navigated gambling-related harm within this dual-needs framework: *Holding it together* (protecting wellbeing by talking to others, seeking professional support, setting boundaries, and creating distance); *Pushing for change* (trying to influence gambling behaviour by restricting access to shared finances, setting spending limits, and encouraging help-seeking); and *Different needs*, *limited options* (a desire for practical, skill-based supports alongside barriers to access). Across themes, partners tended to use more direct strategies such as ultimatums and financial controls, whereas non-partners more often adopted indirect, advisory or supportive roles. These relational differences suggest that interventions should be tailored to relationship type and explicitly build AO-focused support, so that available resources align with how AOs are actually managing gambling-related harm rather than treating AOs as a uniform group.

Keywords Affected others · Gambling-related harm · Coping strategies · Qualitative research

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Introduction

Harms associated with harmful gambling often extend beyond the person who gambles, significantly impacting families, friends, colleagues, and the wider community– collectively termed 'affected others' (herein AOs) (Dowling et al. 2025a). On average, an individual's harmful gambling behaviour directly impacts at least six other people (Goodwin et al., 2017), with AOs experiencing widespread gambling-related harms to their finances, relationships, psychological wellbeing, health, work or study performance, connection to culture, and law-abidingness (Dowling et al. 2025a; Langham et al. 2016). These harms are associated with a 10–36% decrease in AOs' quality of life (Browne et al., 2017; Rockloff et al., 2019), highlighting the considerable impact of gambling harm.

Research on AOs commonly reports gambling-related harms across groups; however, growing evidence indicates that these harms are not experienced uniformly and may vary according to the AOs' relationship to the person who gambles (Dowling et al. 2025a; Newall et al. 2024; Tulloch et al. 2023). For example, intimate partners often report experiencing emotional and psychological harms, such as distress, depression, anger and social isolation, as well as relationship conflict and physical health issues. In contrast, other AOs, including children, parents, friends or colleagues, tend to report harms that are more practical or secondary in nature, including reduced capacity to enjoy life, financial strain from lending money, and interpersonal tension (Dowling et al. 2025a; Hing et al. 2022). These differences likely reflect the varying degrees of emotional, financial, and social entanglement that depend on both relationship type and closeness, consistent with family systems and relational perspectives on addiction (McCrady & Flanagan, 2021; Orford, 2011), which emphasise that responses to a family member's concerning behaviour are shaped by relational roles, interdependencies, and proximity. Despite this, the literature has tended to place greater emphasis on the experiences of intimate partners, with comparatively less attention given to other AO groups. For instance, a recent scoping review by Dowling et al. (2025a) found that, of the 121 included studies, many examined either mixed AO samples ($n = 35$), or focused exclusively on intimate partners ($n = 31$), while the few that examined other AO groups specifically were limited to family members ($n = 14$).

Despite the significant burden of harm, AOs appear to have limited engagement with formal sources of gambling-related support for these issues. In a Swedish national survey, only 8% of male AOs and 11% of female AOs had ever sought help or information about another person's gambling, with no gender differences (Svensson et al., 2013). Similarly, an Australian population study found that only 1 in 7 AOs (14%) had ever sought help, with women more likely to do (Dowling et al. 2025c). Although AOs comprise a notable proportion of users of gambling helplines and online treatment services (15–26% of online treatment users and 40–44% of helpline callers; (Bastiani et al., 2015; Potenza et al., 2001; Rodda & Lubman, 2014), these figures suggest that many AOs experiencing harm may not engage with formal support pathways. From the perspective of the stress-strain-coping-support (SSCS) model (Orford et al., 2010), these low formal help-seeking rates may not reflect an absence of need but rather the various ways in which AOs manage the stress associated with another person's gambling. The SSCS model conceptualises exposure to someone else's gambling as a source of ongoing strain, with AOs drawing on a range of coping responses (e.g., withdrawal, emotional processing, and active efforts to change the gambling behaviour) and varying levels of formal and informal support (e.g., social support). Low

rates of help-seeking may therefore indicate a reliance on informal support or self-directed coping strategies, as well as barriers such as stigma, limited awareness of available supports, affordability concerns, not recognising when gambling is harmful, and preferences for managing it independently (Côté et al. 2024; Dowling et al. 2025a, b; Riley et al. 2018). Understanding how AOs navigate gambling-related harm in everyday life, including how they support themselves and the person who gambles in the absence of, or alongside, formal sources of support is therefore an important step toward understanding support needs and how they may differ across AO groups.

Reflecting these low rates of professional help-seeking, most AOs (83–88%) reportedly prefer to first manage gambling-related harm through self-help strategies (Hing et al., 2013; Rodda et al., 2019). The most common strategy involves seeking emotional, practical, or advisory support from friends or family members (Côté et al., 2020; Gupta & Stevens, 2021; Hing et al., 2013; Klevan et al., 2019; Krishnan & Orford, 2002). Financial strategies are also commonly reported, including budgeting, setting up direct debits, restricting access to money, and using separate bank accounts (Côté et al., 2024 Coté et al., 2020; Dowling et al. 2025b; Hing et al. 2013; Klevan et al. 2019). Other approaches include negotiating spending limits, encouraging the person who gambles to seek help, using support groups and online forums, and conveying distress to the person who gambles (Dowling et al. 2025b; Tulloch et al. 2025). AOs typically use these self-help strategies with the dual aim of enhancing their own wellbeing ('AO-focused approach'), and/or influencing the gambling behaviour ('gambler-focused approach') (Dowling et al. 2025b; Rodda et al. 2019). In a mixed-methods study of 62 family members seeking help through an Australian online gambling counselling service, 28% preferred an AO-focused approach, 50% preferred a gambler-focused approach, and 22% preferred a combination (Rodda et al., 2019).

Despite growing recognition of these dual needs, relatively limited literature has examined gambling-related coping strategies within this context. Using consumer-derived data, Booth et al. (2021) developed a taxonomy of behaviour change strategies used by AOs, categorising them as either AO-focused (e.g., goals and planning, communication strategies), or gambler-focused (e.g., providing information, encouraging help-seeking). While this work highlights the breadth of strategies AOs may employ to manage gambling-related harm, the strategies were drawn from anonymous participants and could not be linked to specific relationship types or lived contexts, limiting insight into how and why particular strategies are used by different AO groups.

More detailed insight into coping strategies has been provided by interview-based studies, though these have predominantly focused on intimate partners (Côté et al., 2018 Coté et al., 2020; Tremblay et al., 2018). For instance, in semi-structured interviews with 19 predominantly female partners of men in treatment, Côté et al. (2018) identified 30 coping strategies within the dual-needs framework. Common AO-focused strategies included avoiding conflict, withdrawing from the relationship, and concealing the gambling problem, whereas gambler-focused strategies included highlighting negative consequences, threatening relationship termination, expressing disagreement, and asking the person to stop gambling. Notably, Côté et al. (2020) also found that several of these more direct gambler-focused strategies increased gambling cravings in certain circumstances, suggesting that effectiveness may vary depending on how and when the strategies are used. Qualitative work with couples in treatment has also underscored partners' active role in promoting change, particularly through improved communication and support within the relationship

(Tremblay et al., 2018). Taken together, these studies illustrate the relational embeddedness of AO coping and highlight the narrow focus on intimate partners that has shaped current understanding. Existing interview-based studies have examined coping strategies almost exclusively among intimate partners, resulting in limited understanding of whether and how coping strategies are used by different AO groups.

Study Aims

This study sought to address this gap by exploring how AOs manage gambling-harm in terms of both their own needs and the needs of the person who gambles. Two research questions were posed: *What strategies do AOs use to reduce the impact of gambling-related harm*, and within this, *do strategies differ for partner and non-partner AOs*.

Methods

Study Design and Analytic Approach

This study draws on in-depth interview data from a broader study exploring the impact of another person's gambling on AOs, within the context of the COVID-19 pandemic in Australia (Merkouris et al., in press). The broader study adopted a phenomenological approach to understand the lived experience of AOs' gambling harms across the pandemic, as well as the impact of the lockdowns (Giorgi & Giorgi, 2003; Neubauer et al., 2019). The present study adopted an interpretivist epistemological stance, using reflexive thematic analysis (Braun & Clarke, 2021) to examine how AOs manage gambling-related harm. Revisiting interview data for focused qualitative analysis aligns with established qualitative research practices (Hughes et al., 2020; Ruggiano & Perry, 2019) and reporting followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007).

Participants

The sample comprised 44 adult AOs (M_{age}=33 years old; SD = 10) who were mostly female (71%), born in Australia (75%), employed full- or part-time (71%), held a university or vocational qualification (76%), and earned less than $75,000AUD (65%). Of the 44 participants, 18 were partners (16 female partners of men who gambled and 2 male partners of women who gambled, including 1 previous partner), and 26 were non-partner AOs including parents (n = 1), adult children (n = 11), siblings (n = 6), other relatives (n = 1) and friends or colleagues (n = 7). Given the small numbers within each non-partner subgroup, and the emergence of broadly similar patterns across these groups in preliminary analyses, these participants were grouped together as 'non-partner AOs' for analysis, while still attending to relational nuances where possible. Participants were most commonly never married (45%), did not have dependent children (66%), and lived in couple-only households (36%). Table 1 presents key participant characteristics, including age, gender, and relationship to the person who gambled. Additional survey data indicated that participants had been aware of the gambling problem of the person who gambles for an average of 4.8 years (SD = 5.3), and perceived the severity of their gambling problems as high on the Concerned Significant

Table 1 Participant ID, age, gender, and relationship to the person who gambles

ID	Age (years)	Gender of AO	Person who gambled
P01	32	Male	Father/stepfather
P02	28	Female	Partner/spouse
P03	31	Female	Partner/spouse
P04	37	Female	Partner/spouse
P05	35	Female	Partner/spouse
P06	26	Male	Brother
P07	19	Female	Friend
P08	41	Female	Father/stepfather
P09	30	Male	Mother/stepmother
P10	64	Female	Friend
P11	41	Male	Previous spouse/partner
P12	19	Female	Friend
P13	20	Male	Brother
P14	34	Female	Mother/stepmother
P15	35	Female	Mother/stepmother
P16	33	Female	Partner/spouse
P17	36	Female	Partner/spouse
P18	39	Female	Partner/spouse
P19	25	Male	Mother/stepmother
P20	42	Female	Friend
P21	21	Male	Brother
P22	24	Female	Partner/spouse
P23	28	Female	Partner/spouse
P24	22	Male	Sister
P25	36	Male	Brother
P26	22	Female	Friend
P27	33	Male	Work colleague
P28	37	Male	Partner/spouse
P29	28	Female	Brother
P30	37	Female	Friend
P31	23	Female	Partner/spouse
P32	30	Female	Mother/stepmother
P33	42	Female	Partner/spouse
P34	46	Female	Partner/spouse
P35	57	Female	Mother/stepmother
P36	37	Male	Father/stepfather
P37	30	Female	Relative
P38	24	Male	Father/stepfather
P39	37	Female	Partner/spouse
P40	37	Female	Partner/spouse
P41	55	Female	Son
P42	34	Female	Partner/spouse
P43	34	Female	Partner/spouse
P44	24	Female	Father/stepfather

Other version of the DSM-IV diagnostic criteria for pathological gambling (CSO-DSM-IV; M = 3.6, SD = 2.3; Makarchuk et al., 2002). Nearly all participants (97.7%) reported experiencing at least one gambling-related harm via the 68-item Harms Checklist (Li et al., 2017; M = 30.2, SD = 16.1), with financial, relationship, and emotional harms most commonly reported (95.5%). To protect confidentiality each participant was given an identifying number. All participant quotes include the identifying number, age, gender, and relationship to the person who gambles.

Data Collection

Participants were recruited from Victoria ($n = 31$; 70%) and New South Wales ($n = 13$; 29%) between June and December 2021 via convenience and snowball sampling through online advertisements (e.g., Facebook, Gumtree, e-newsletters). Recruitment occurred during COVID-19 lockdowns in Australia when land-based venues were largely inaccessible and online gambling increased (Jenkinson et al., 2020). Eligible participants were aged 18 years or older, lived in Victoria or New South Wales (Australia), had been affected by someone else's gambling in the past three years, and lived with the person who gambles or had insight into the person's gambling activity. Interested individuals completed a brief online survey via the Qualtrics platform to indicate interest in the interview, confirm eligibility, provide informed consent, and supply various sociodemographic (e.g., age, gender, country of birth, employment status, education level, personal net income, marital status, number of dependent children, and household structure). The survey also collected relational and contextual information describing the participants' relationship to the person whose gambling had impacted them (e.g., relationship type, co-residence, awareness of the gambling problem). Brief screening items assessed perceived gambling severity (CSO-DSM-IV) (Makarchuk et al., 2002) and gambling-related harms experienced by the AO (Gambling Harms Checklist for Affected Others) (Li et al., 2017). Semi-structured interviews were conducted via Zoom (audio only) or phone, lasted 30–60 min, were audio-recorded, and transcribed verbatim. Verbal consent was obtained, and participants were offered the opportunity to review their transcripts– 13 elected to do this. E-gift vouchers of $20 and $60 were provided for survey and interview completion, respectively. Ethical approval was granted by the Deakin University Human Research Ethics Committee (DUHREC: 2021-006).

The interviews were conducted by three experienced gambling researchers (SM, AT, SD). Participants had no prior relationship with the interviewers and were only informed of their role as researchers in the present study. Interviews were guided by open-ended questions (e.g., "can you tell me a bit about how you and your family have dealt with the gambling since the pandemic began?"), with interviewers using follow-up prompts as needed in line with semi-structured interview protocols (Fylan, 2005). An outline of the interview questions relevant to this analysis is provided in Appendix A.

Data Analysis

For the present study, a focused re-analysis was conducted on data drawn from the final section of the broader interview schedule, which focused on how AOs supported themselves and the person who gambles, including how they coped with gambling-related

harms, sought support, and navigated their relationship with the person whose gambling had impacted them.

While the broader study (Merkouris et al., in press) used a template analysis approach (Brooks & King, 2012), the current paper applied reflexive thematic analysis (Braun & Clarke, 2021) to examine this specific subset of the data. The relevant interview sections were revisited and re-analysed to examine how participants managed gambling-related harm. Interview transcripts were reviewed in full, and relevant sections were coded inductively to capture patterns of meaning related to the strategies AOs used. This inductive analysis involved developing codes and themes from participants' accounts, rather than a predefined framework, with concepts from coping and family relationship research informing interpretation at write-up. The analytic team comprised three female researchers with extensive experience in the gambling field, including clinical research work with people who gamble as well as AOs. We reflected on our positionality throughout the analysis, given our familiarity with gambling-related harms and service systems and remained attentive to alternative readings of the data that challenged emerging themes. Two of the authors (SM, AT) contributed to both the primary analysis for the original study and the re-analysis for the current study, while the broader team provided additional perspectives on the re-analysis. Coding was iterative and flexible, with codes refined, merged, and expanded as analyses progressed.

In developing themes, attention was focused on what strategies were used, how they were enacted, and why participants described adopting particular approaches. Patterns were examined across different relational contexts, with initial data familiarisation examining accounts from all relational subgroups. During this process, it became apparent that non-partner subgroups showed broadly similar patterns, while the most distinct differences emerged in comparisons between partners and the combined non-partner group. The reported analysis therefore focuses on the contrast between partner and non-partner AOs, with within-group relational differences noted where the data allowed. Codes were organised into broader themes that captured shared patterns across participants while retaining sensitivity to relational context and individual variation. NVivo (Lumivero, v15) was used to support data management and organisation during the analytic process. Expanded illustrative quotes are presented in Appendix B.

Results

Three themes emerged: (1) holding it together; (2) pushing for change and (3) different needs, limited options.

Holding it Together

This theme reflects how AOs strive to maintain their own wellbeing while navigating the harm arising from another person's gambling behaviour. Participants described a range of efforts to regain a sense of control, including talking to others, seeking professional help, setting boundaries, distancing themselves, and using practices to support their personal wellbeing. AOs commonly reported talking to friends and family as a way of managing gambling-related harm. These talks were generally perceived as helpful, with AOs describing receiving practical advice (e.g., managing finances) and social support. For partners, in

particular, these discussions also served an important emotional function, providing validation and relief, helping them process distress, and feel less isolated:

> "I've been getting emotional support through my mum and friends and having a bit of a whinge over a wine. My closest allies…I've been definitely open and honest with them…it's definitely been an opportunity to get things out of my chest, get second opinions, clarify things, just generally venting" (P43, 34-year-old female, partner).

While informal support provided important validation for some, participants also described the complexity of disclosing gambling-related harm to others. Some reported that friends or family did not fully understand the problem, while others avoided seeking support to prevent burdening those close to them. Additionally, some participants chose not to raise gambling-related issues in social settings, preferring instead to use time with friends as a way to lift their spirits. Feelings of shame, stigma or embarrassment further inhibited disclosure for some participants: "I keep this to myself because I'm embarrassed about it. I don't want to tell… I don't want anybody to know that this is what my life is" (P34: 42-year-old female, partner).

One participant also noted that cultural traditions restricted discussing gambling harm beyond the immediate family to avoid gossip:

> "Because I came from…an Asian background… my parents is [sic] really conscious with…talking about your problems to your relatives and all that. People start gossip. So… they like to keep the family business into the family rather than… talk about everything so that everyone knows your problems" (P29: 28-year-old female, brother).

A few participants also sought professional help, finding it easier to talk to impartial professionals than to family or friends. Most integrated gambling-related concerns into generalist counselling sessions focused on their own wellbeing:

> "I see a psychologist quite regularly for myself and like I sometimes bring up his issues to my own benefit by talking to her so but that's just my own way of coping and finding ways to deal" (P02: 28-year-old female, partner).

Some participants used counselling to support or rebuild the relationship, with one attending joint sessions with the person who gambles and another hoping to do the same with their father, thereby eventually addressing the gambling. These attempts were not always successful: "I would mention that I would like him to come with me and talk to a psychologist about our relationship, and I was hoping that it would build up on his gambling afterwards, but he was a no show" (P08: 41-year-old female, daughter).

Several participants coped with gambling harm by distancing themselves from the person who gambles or setting boundaries with them. Strategies included emotional detachment, physical avoidance, and limiting financial support. Emotional disengagement while remaining physically or relationally close was commonly discussed by people from different relationship groups. This helped people to manage the emotional strain and protect their own wellbeing.

Non-partners were more likely to distance themselves emotionally and physically, recognising the gambling was not their responsibility: "I just made up my mind and I chose to put myself first and leave all that behind" (P09: 30-year-old male, son). In contrast, partners found it difficult to create distance. This was primarily (or partly) because the partner lived with the person who gambles and their lives were more emotionally and practically intertwined than other relationships:

> "To be honest, it was mostly avoidance… But in terms of actually dealing with him, it was mostly you just trying to like act normal [I] suppose, trying to have a normal life regardless of what his habits were at that time" (P02: 28-year-old female, partner).

For many AOs, these strategies were perceived as helpful precisely because they created psychological distance from the gambling, allowing them to temporarily detach from a problem they were not able to control.

Across all AO groups, participants described setting boundaries as a way of coping, such as refusing pressure to gamble or limiting financial support. For example, one participant whose friend gambled described having to resist repeated invitations to gamble, while a participant whose partner gambled described setting firm limits around access to shared finances. Constantly maintaining these boundaries, however, was challenging:

> "Like when he would be asking for money, I would say that I was saving up to get my car repaired so he would sort of back off. Then I guess sometimes I would give him a bit too much money and I wouldn't be able to afford groceries, so I would go and get them from the charities and stuff" (P13: 20-year-old male, brother).

Most participants developed coping strategies over time to protect their mental, emotional, and physical wellbeing. Across AOs, participants described prioritising self-care through activities such as mindfulness meditation, cooking, and exercise. One participant coped by immersing themselves in work, gaining a sense of empowerment and personal achievement: "I probably throw myself in my work a little bit, and gone well, you know… at least I can do well at work, and I can feel like I'm doing something for myself" (P43: 34-year female, partner).

Beyond distancing and boundary-setting, participants also drew on psychoeducation resources to understand the gambling problem and its impact on themselves and their relationships:

> "Having looked into Gambling Help websites, having spoken to people who have the same problem as me in their relationship online, I began to understand what I was feeling at the time. In the end, that's the only thing that gave me peace of mind is that I had to sort of try to understand it [the gambling behaviour]" (P17: 36-year-old female, partner).

Pushing for Change

This theme captures how relational proximity shaped both, the perceived responsibility to intervene as well as the types of strategies AOs felt able to use. Partners more often described direct, boundary-setting or coercive approaches, whereas non-partner AOs tended

to rely on indirect, advisory or coalition-building approaches. For instance, partners were more willing and *able* to apply direct strategies by leveraging shared finances or the relationship: "I would say, you know that would be a limit. If you're going to be having food and drinks as well, then I would subtract that from how much he would be allowed to spend on that night" (P16: 33-year-old female, partner).

In contrast, AOs in less proximate relationships, such as parents, siblings, or friends commonly talked about taking indirect approaches to influence change in the person gambling, such as recommending gambling helplines, suggesting alternative activities, or offering supportive advice. One indirect strategy used primarily by non-partner AOs involved seeking input from friends or family as a second opinion to help determine how best to respond to the gambling behaviour or to provide a united front to encourage behaviour change in the person gambling. This approach was more commonly described by family members, who were able to draw on existing familial ties, than by friends or colleagues whose access to the person who gambles and their broader social network was limited:

> "I talk to my husband about it all the time he knows everything about it and I've reached out to my younger brother, and you know, try and encourage them don't give her any more money if she asks you because we're feeding into her addiction and she can't help herself. So, I try and encourage my little brother that way" (P15: 35-year-old female, mother).

These differences likely reflect the differential power and leverage afforded by relational proximity– partners' shared financial and domestic arrangements created both, greater motivation and greater capacity to intervene directly, whereas non-partner AOs operated with less relational leverage and greater risk of damaging their relationship with the person who gambles through confrontation.

For some AOs, these strategies evolved over time. Several participants described starting with gentle suggestions or emotional appeals and then, as gambling harms escalated, shifting toward firmer boundary-setting or involving others in the person's network. This sense of needing to "push harder" over time was particularly evident among partners who shared finances or living arrangements, suggesting that financial entanglement and cohabitation intensified the perceived need to act, and expanded the range of strategies partners were willing to enforce.

Despite these differences, most participants did report trying to initiate difficult conversations about the impacts of the gambling. These discussions typically centred on the financial, relational, and emotional tolls on both, the AO and the person who gambles, but were frequently framed in direct, moralising language (e.g., "just stop", "be more careful", "it's a waste of money", "have more self-control"), though these were rarely met with lasting change: "So mostly I just tell her to reduce her gambling, but she wouldn't listen" (P19; 25-year-old male, mother). Over time, some AOs recognised that direct confrontation was unlikely to produce results and could further damage their relationship:

> "I did confront him a few times…but it didn't give me any positive result. What happened was we stopped talking to one another for a couple of months and then again slowly started. Now after many years, I've stopped doing that, because I know it prob-

ably won't give me any result…I've started giving him indirect hints rather than going and fully confronting him" (P37: 30-year-old female, other relative).

Different Needs, Limited Options

This theme captures AOs' reflections on the kinds of support they felt would better help them manage gambling-related harm, as well as the constraints they encountered when trying to access such support. It highlights how AOs primarily sought relational, communication-focused support aimed at managing ongoing interactions with the person who gambles, rather than solely enhancing their own wellbeing. Participants described wanting practical, skill-based and mediated supports– particularly assistance with communication and navigating conflict with the person who gambles. For example, some AOs wanted an impartial third party who could facilitate a conversation and help both parties move forward:

"It would be helpful if I could have someone that, not like a counsellor, but someone that's impartial to sit down with both of us, and I have my say, and then mum can have hers and we try and find ways that we can move forward to helping her even reduce her gambling" (P14: 34-year-old female, mother).

Within these shared support needs, participants differed in what they most strongly emphasised. Partners described wanting supports that explicitly acknowledged their role as an AO and addressed their own wellbeing alongside the gambling, including online and in-person peer spaces where they could share experiences, gain advice from others with lived experience, and feel validated:

"I think if there was to do something, I'd like to know a little bit more about like online community groups or people like him but look up like ways that I could actually help him. I know he's not going to get help by himself but if I was to have more support, like social support from people online, that would probably be useful for me" (P02: 28-year-old female, partner).

In contrast, non-partner AOs emphasised supports directed toward helping the person who gambles reduce or stop gambling, including broader or structural responses such as stronger regulation of online gambling:

"I personally believe that I don't know how it would, how it would work or how it would plan out, but I think maybe some sort of law or restriction on online gambling as well, so like overall all gambling, not just inside venues" (P09: 30-year-old male, mother).

These differing emphases underscore how AOs' support needs were shaped by their relational position and perceived sphere of influence. Partners more often prioritised resources that could help them sustain their relationship whilst protecting their own wellbeing, whereas non-partner AOs more often looked to formal systems and policy settings to curb gambling access for the person who gambles.

Although many of the above-mentioned resources exist, participants often reported access barriers that operated across structural (long wait times, limited service availability), financial (high costs of counselling), and cultural (language barriers, lack of culturally responsive services) dimensions:

> "She can't speak English, read English. Yes, she's elderly she's about 65. She can't speak, read, or write English at all, so I wish there was a Vietnamese interpreter or some counsellor or somebody from Gamblers Help that would be able to do a video chat with her that could speak her language and connect with her on that same level" (P15: 35-year-old female, mother).

Where services were accessed, their perceived effectiveness was often undermined by similar barriers, particularly where resources were not tailored to the AOs' specific relational contexts:

> "There wasn't any personal help I could get on… I called the Gambling Help line and talked to somebody about it. But I didn't think it came to a resolve or an end in any way. They would offer just basic canned solutions. Cookie cutter solutions, what they're trained to say to people in my situation" (P17: 36-year-old female, partner).

Discussion

This research aimed to examine how AOs navigate gambling-related harm, focusing on the strategies they use to reduce its impact, and how these strategies differ between partner and non-partner AOs. Although research in this area is growing, few studies have explicitly examined how AOs balance these dual needs and whether harm-management strategies differ by relationship to the person who gambles.

Consistent with prior research (Côté et al. 2018; Dowling et al. 2025b; Hing et al. 2013; Klevan et al. 2019; Krishnan and Orford 2002; Rodda et al. 2019), AOs commonly sought informal support from friends and family as a way to manage gambling-related harm. However, this study identified distinct differences in how partners and non-partner AOs engaged with these informal support networks. For partners, these conversations primarily served an AO-focused function, providing emotional validation and relief in the context of ongoing distress caused by their partners' gambling. In contrast, non-partner AOs tended to use informal support networks in a gambler-focused way, drawing on others' perspectives to problem-solve, seek guidance, and explore strategies to encourage change in the person who gambles. Partners may feel a stronger need for support to manage gambling-related harm given they are more likely to experience sustained personal harm due to financial entanglement, shared living arrangements, and deeper emotional investment (Newall et al., 2024; Tulloch et al., 2023). This distinction may also represent different psychological positions partners and non-partners occupy relative to the gambling behaviour. Consistent with the SSCS model (Orford et al., 2010), partners are embedded within the gambling behaviour through shared finances and daily life, which may lead them to prioritise emotional processing due to the chronic strain of the situation, leaving limited capacity to think about influencing the gambling behaviour itself. Non-partners appear to operate from greater relational

distance, thereby better positioning them to use informal support more instrumentally, such as to problem-solve and coordinate responses to the gambling behaviour, consistent with family systems perspectives (McCrady & Flanagan, 2021; Orford, 2011) on how relational roles shape the nature and direction of coping responses to addiction.

Despite differences in informal support use across relationship types, feelings of shame and stigma were pervasive barriers to help-seeking across all AO groups. Many AOs described embarrassment, fear of judgement, and concern that others would not view the gambling as a legitimate issue, aligning with prior research (Côté et al., 2024; Hing et al., 2013; Leung et al., 2010; Rodda et al., 2019). Stigma and shame often limited disclosure within personal networks and contributed to a preference for professional support, which was perceived as more impartial and non-judgemental. Although gambling-related stigma is well-documented (Côté et al. 2024; Dowling et al. 2025b; Riley et al. 2018), these findings highlight the need for services that explicitly validate AO experiences and communicate the availability of non-judgemental support.

Many AOs in this study used distancing and boundary-setting to manage gambling-related harm, a strategy documented in previous research (Côté et al. 2018; Dowling et al. 2025b). Non-partners were generally able to successfully disengage, again likely due to few shared financial or living ties. In contrast, partners commonly wanted to disengage but cited emotional investment, financial dependence, or caregiving responsibilities as barriers to this. Another qualitative study found partners were hesitant to distance themselves due to concerns about who would care for the person who gambles in their place (Holdsworth et al., 2013). Interestingly, partners in the current study discussed being *unable*, rather than hesitant, to step back entirely due to tangible barriers. While the SSCS model (Orford et al., 2010) identifies withdrawal as one of the three primary coping strategies available to family members, the present findings show that for partners, withdrawal may be structurally constrained rather than a freely available option. This distinction suggests that the feasibility of withdrawal coping may be shaped by the degree of relational and structural embeddedness, a complexity that existing frameworks may not fully capture. Interventions should therefore be nuanced in this regard, helping non-partners strengthen boundaries and supporting partners to navigate ongoing relational and practical entanglements.

Another key finding concerned the strength and directness of strategies to encourage change in the behaviour of the person gambling. Partners' use of ultimatums, financial controls, and relationship leverage reflects coercive or contingency-based behaviour change techniques, whereas non-partners' reliance on guidance, providing information, and organising joint efforts reflects more facilitative or social influence techniques. This difference may be understood in terms of relational power wherein partners' structural position gives them the motivation and capacity to use direct strategies, whereas non-partners risk damaging their relationship with the person who gambles through confrontation, and therefore are more constrained to indirect approaches (Newall et al., 2024; Tulloch et al., 2023). Importantly, however, our findings suggest that directness did not always translate into effectiveness. Direct confrontation and the use of moralising language were frequently met with resistance across both, partner and non-partner AOs. This extends the findings of Côté et al. (2020) who found that the use of direct strategies by partners, such as threatening the end of a relationship and controlling access to money sometimes led to an increase in gambling cravings. The present findings suggest that this may extend to all AO relationships, raising questions about whether the use of direct or coercive strategies may sometimes be

counterproductive, pointing to a need for support that helps AOs develop more receptive communication approaches.

Across all three themes, a consistent picture emerged of AOs as active agents in managing gambling-related harm, regulating their own wellbeing, attempting to influence the gambling behaviour, and seeking support when those efforts felt insufficient. That these efforts were largely self-directed is particularly notable given that perceived gambling severity was high among participants, and nearly all reported experiencing gambling-related harms across multiple domains. The disparity between the effort AOs invest and the change they are able to achieve appears significant, suggesting not only a gap between what AOs are currently doing and what they need, but also raises concerns about the collective toll of largely unsupported coping over time. The progression across themes also highlights how demands on AOs compound, from managing their own distress, to navigating the gambling behaviour, to navigating formal support systems that may not suit their specific needs. Taken together, these findings suggest that the strategies AOs employ are not simply individual coping choices but instead are fundamentally shaped by relational context– who they are to the person who gambles determines what they can do, what they feel entitled to do, and what costs they are willing to bear. This points to a need for support that is relationally informed, explicitly targeted at AOs as a distinct population and proportionate to the significant and largely unsupported burden of harm they carry.

Implications

These findings highlight the need for tailored interventions that address the specific challenges faced by different AO groups, rather than a one-size-fits-all approach. Partners, given their greater exposure to sustained financial, emotional, and relational harm, require support that addresses their own distress and relational strain alongside guidance on supporting the person who gambles in constructive and self-protective ways. Non-partners appear to be better positioned to maintain distance and set clearer boundaries, with support needs centring on how to encourage change indirectly without assuming primary responsibility for the gambling behaviour. For both groups, evidence-based low-intensity approaches that can be made easily accessible are needed, such as online self-directed interventions that AOs can engage with independently and at their own pace. Consistent with participants' emphasis on peer connection and shared experiences, low-intensity peer support platforms such as online forums and discussion boards could offer an accessible entry point for AOs who are not ready or able to engage with formal services. There is also a need for CALD-responsive services that address the additional barriers of language, cultural stigma, and norms around disclosure identified in this study. Finally, a key implication across all groups is that existing resources need to be actively and directly promoted to AOs as a distinct population, rather than subsumed within broader gambling support services that centre the needs of the person who gambles.

Limitations

This study had some limitations. First, using a secondary dataset constrained recruitment and sample composition. Although the non-partner participants included children, parents, siblings, friends and colleagues, their small numbers limit the ability to examine potentially

meaningful differences in how different non-partner AO groups experience and respond to gambling harm. For instance, parents and adult children of those who gamble may differ in their support needs and strategies used, which are distinctions that warrant dedicated examination through future qualitative work using purposive sampling. Additionally, because these interviews were collected for a broader phenomenological study, the sampling strategy and topic guide were not tailored specifically to the present aims, which may have constrained saturation on some relational and support-related issues. Finally, interviews were conducted during COVID-19 restrictions in Australia, which may have shaped both gambling behaviour and AO coping strategies in ways that differ from non-pandemic conditions. However, interviewees often drew on experiences that extended beyond the immediate pandemic context, suggesting that many of the themes identified are likely to remain relevant outside this period.

Conclusion

This study is the first qualitative exploration of how AOs beyond intimate partners manage gambling-related harm. The findings add depth to understanding how AOs use strategies that focus both on themselves and on the person who gambles, highlighting meaningful relational differences in how harm is navigated and support is sought. Partners commonly described strategies shaped by interdependence and ongoing exposure to harm and often required support that addressed both their own wellbeing and the gambling behaviour. In contrast, non-partner AOs appeared better positioned to maintain distance and set boundaries and framed their support needs around indirectly encouraging change in the person who gambles. Across groups, AOs relied primarily on informal and self-directed strategies, with limited engagement in professional services. Overall, these findings demonstrate that AO experiences and support needs are strongly shaped by relationship context, underscoring the importance of tailoring interventions and services to better reflect the realities of different AO groups.

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Declarations

Ethical Approval The original study received ethical approval from the Deakin University Human Research Ethics Committee (DUHREC: 2021-006).

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