EXPLORING HELP-SEEKING BY "PROBLEM GAMBLERS", FAMILY AND
COMMUNITY MEMBERS IN AFRICAN NOVA SCOTIAN COMMUNITIES


by


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## DEDICATION

*This research is dedicated to my beloved father,*

*Peter Bidga Njiwaji*

*(January 2, 1940 – November 29, 1995),*

*who taught me to always be a first-rate version of myself and to go confidently in the direction of my dreams. Thank you for reminding me that I have within myself the strength, patience, determination and passion to reach higher for the stars and make a difference.*

*Love you always*

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**ABSTRACT**

There are significant gaps in research on gambling and problem gambling among people of African descent in Canada. In this qualitative research the author sought to explore the experiences and perceptions of African Nova Scotians who self-identify as "problem gamblers", individuals who have been impacted by family members with gambling problems and African Nova Scotian community members. The author also examined the structural and cultural factors that influence help-seeking for African Nova Scotians with gambling problems.

The results of the research revealed that problem gambling impacts individuals, family members and the African Nova Scotian community as a whole. African Nova Scotians' perceptions of gambling, problem gambling and available treatment services prevented service accessibility for gambling related problems. Cultural and structural factors also prevented help-seeking among African Nova Scotians with gambling related problems, hence the underrepresentation of African Nova Scotians in treatment services.

**LIST OF ABBREVIATIONS USED**

ABSW      Association of Black Social Workers

GANS     Gambling Awareness Nova Scotia

RVH      Racism, Violence and Health Project

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**CHAPTER ONE: INTRODUCTION**

Gambling in Canada is a multi-billion dollar industry and it has become an acceptable social or recreational activity. With the continuous expansion of the gaming industry and proliferation of gambling opportunities in Canada, increasing numbers of people take part in gambling activities and this increases the risk of gambling addiction (Reith, 2006). While some people may gamble without encountering problems, gambling may become problematic for others, affecting all aspects of their lives (Centre for Addiction and Mental Health {CAMH}, 2008).

Problem gambling is a significant health issue that cuts across age, race, gender, ethnicity, sexual identity, socio-economic status and religious background. Problem gambling occurs when gambling gets out of control and brings about social, individual and interpersonal problems for individuals (Raylu, 2004). It has far-reaching effects not only on individuals who gamble, but on family and community members as well. Studies suggest that being a member of a minority group increases the risk of problem gambling (Cunningham-Williams, 2007; Volberg, 2002; Volberg, 2007; Moore, 2001, Stinchfield, 2000; Wallisch, 1995; Zitzow, 1996). High rates of problem gambling have been reported among people of African descent and members of other ethno-cultural groups (Raylu & Oei, 2004; Raylu & Oei, 2002, Productivity Commission Report, 1999; Murray, 1993). In spite of these high rates, there is an underrepresentation of members of these groups in treatment services (Duong-Ohtsuka et al., 2001; McDonald et al., 1997; Minas et al., 1993; Raylu et al., 2002; Volberg et a., 1992). The reasons for this underrepresentation of

minority groups in treatment services may vary from person to person, and from one racialized or ethnic group to another.

Although people of African descent in Canada and other ethnic groups take part in gambling activities, research on problem gambling has not focused on gambling and problem gambling among African Canadians. Prevalence studies conducted in Canada have not taken into consideration the cultural variable as it may influence gambling motivation and gambling behaviour among racialized or ethnic groups. While some studies have focused on problem gambling among some minority groups, the results of these studies cannot be generalized to include African Canadians as there may be cultural differences that influence gambling behaviour and problem gambling. Hence, there are gaps in research on the prevalence of problem gambling amongst people of African descent, preferred gambling activity and help-seeking among African Canadians.

**Reasons for Conducting Research on Problem Gambling**

My interest and inspiration to conduct research on problem gambling stemmed from my work with the Association of Black Social Workers (ABSW) on a "Community I" project. This project explored problem gambling in African Nova Scotian communities; its main objective was to create awareness on the impact of problem gambling on the health and well-being of community members. While working on the project, I had the opportunity to do a workshop presentation on problem gambling during the 2009 ABSW International Conference – "Linking Borders." At the end of the presentation, an individual who has struggled with gambling problems for 15 years came forward to tell her story. She stated that she knew she had a gambling problem but was

not aware it was very serious and was not aware of the negative impacts it had on her health. In her own words, she stated that,

> "*Ever since I went to the conference I haven't been the same mentally. I talk a lot now and tell myself you know how you feel when you do it so don't do it… Now I want different stuff. It is easy getting into it but takes a long time to get out of it. I know I need help. This is my first time talking to someone. I didn't know how bad the problem was. I am really trying not to gamble because I am really disgusted with myself about life… I feel that I ruined my kids' lives. I feel because of my distraction, the gambling and even drinking, I was drinking every day. I know nobody here understands me, what I am going through, I try to get it out of my system but when I am feeling down and disgusted I just want to go and gamble. You try to take a little bit of your money and make it double but it never works out that way. For me anyway, I am not lucky in it. I'm just not lucky…*
>
> *I knew I had a problem but I didn't know how bad it was. I didn't realize the extent of it. Now I know why I am feeling the way I do emotionally and physically. I know I need help. That is what I got from the conference. I came out of the workshop crying.*"

The workshop participant revealed that she started gambling to deal with the loss of a very close relative and friend, as well as to deal with an abusive relationship. She said,

"*The machine just was my friend. You get there you hit the button and you don't worry about anything else.*" She also revealed that she had never sought formal or informal support services to deal with gambling addiction due to the lack of representation of African Nova Scotians in treatment services, the fear of being judged as well as fear that confidentiality may be violated. Through the consultations, ABSW also heard from other African Nova Scotian community members who stressed that the lack of African Nova Scotian treatment providers was a hindrance to help-seeking.

Talking with the participant at the conference made me reflect more on my reasons for working on the community project with ABSW. I realized that it was more than just the need to raise awareness of problem gambling, but also a deep desire to have a thorough comprehension of the lived experiences of people of African descent who struggle with racism and other stressors. Furthermore, I sought to gain a better understanding of the factors that influence help-seeking for African Nova Scotians with gambling problems in order to collaborate with treatment services and African Nova Scotian community members to improve treatment accessibility. My experiences with the ABSW project helped me reflect more on my social environment; I realized that I had an extended family member who struggled with problem gambling but has never made the connection between gambling and financial and mental health problems.

During a five month field placement at Addiction Services, I encountered two individuals of African descent who accessed the service for substance abuse problems, but not one who accessed the service for problem gambling. Reading journals and other materials on problem gambling made me aware that there is very little documentation on

problem gambling among people of African descent in Canada. Hence, I realized the importance of reducing the gap in literature on the subject of problem gambling, while providing an in-depth analysis of the help-seeking behaviours of African Nova Scotians in order to help inform recommendations for culturally relevant treatment services. The underrepresentation of minority groups in treatment services underlines the importance of recognizing the factors that influence help-seeking among people of African descent in Canada. In order to reduce the rate of gambling and make gambling treatment services more accessible to African Canadians and other minority groups, it is instrumental for health care providers to understand the cultural and/or structural factors that influence help-seeking.

The purpose of this study is to reduce the gaps in knowledge that exist about African Canadians by focusing on African Nova Scotians' experiences with help-seeking for problem gambling. This study therefore provides a unique opportunity to use a cultural lens to understand the personal experiences of African Nova Scotians struggling with gambling related problems. By analysing the structural and cultural factors that either motivate or hinder help-seeking for African Nova Scotians, this study can expand understanding of the needs of people African Nova Scotians with gambling problems. This knowledge may inform recommendations for the provision of more culturally relevant services to increase help-seeking and minimize the impact of problem gambling on African Nova Scotians.

Considering the lack of research on gambling among African Canadians, data collected from the Racism, Violence and Health (RVH) Project on gambling was

analyzed to provide some context regarding the rate of gambling among people of African descent in Canada. The RVH Project was a mixed-method, multi-site study that examined the impact of racism on the health and well-being of African Canadians (James, Este, Bernard, Benjamin, Lloyd & Tanner, 2010). A questionnaire was administered to nine hundred (900) people, three hundred (300) in each of the three sites. The questionnaire was based on validated instruments designed to elicit participants' perceptions of their physical and mental health and well-being, their experiences in areas of education and employment, levels of general stress, and racism-related stress (James et al., 2010:11). There was also a series of questions regarding how people cope. One question inquired about gambling and asked: "In the last three months, how often have you done more than your usual amount of gambling?" Secondary analysis of the RVH data on gambling as a coping mechanism for dealing with racism and violence among African Canadians is included in this research.

The first chapter of this research provides an overview of gambling and problem gambling, stressing the need for more culturally sensitive research projects. Taking into account research literature relevant to this study, chapter two provides a comprehensive literature review on specific areas related to gambling, problem gambling and help-seeking among minority groups. Chapter three reports the findings of the Racism, Violence and Health (RVH) Project, focusing on gambling as a coping mechanism for dealing with racism.  A detailed outline of the research methodology is found in chapter four with a discussion of the research objectives and methods. The research findings are presented in chapter five, followed by an analysis of the findings in chapter six. Chapter

seven presents a discussion of the implications of the research, recommendations, limitations of the research and conclusion.

**Cultural Awareness**

Key considerations throughout this research process were cultural integrity, safety and appropriateness due to its focus on African Nova Scotians. In this regard, the researcher, Marok Njiwaji is originally from Cameroon in Western Africa, and she has resided in Nova Scotia for a number of years. She worked for the Association of Black Social Workers (ABSW) for three years in various community projects involving members of the African Nova Scotian community, including work on the gambling awareness project as previously noted.

**Theoretical Framework**

This study utilized two theoretical approaches: critical theory and Africentric theory.

*Critical Theory*

Critical theory has a structural focus on the social and political context of people's lives. It focuses on the capacity for people to participate actively in the process of social change. It is concerned with emancipatory education that enables people to make the links between their experiences and the material conditions and dominant ideologies in the society (Allan, Pease & Briskman, 2003). In other words, it seeks to explain the sources of oppression in the society in order to encourage those who are oppressed to take action and bring about transformation. Critical theory emphasizes reflecting upon how dominant ideologies and societal institutions impact people's lives (Allan et al., 2003). Moreover, it questions the place of existing institutions like family, educational establishments, and governance, with the view to constructing a more just society. While oppression or domination is structural, Fook (2003) asserts that people also participate in their own oppression especially when people hold and perpetuate "self-defeating" beliefs and customs. Utilizing a critical theoretical approach in research provides an understanding of the relationship between societal structures (especially economic and political) and ideological patterns of thought that constrain the human imagination and thus limit opportunities for confronting and changing unjust social systems (Clark, 2011). Employing critical theory in this study allows for the social and structural analysis of participants' experiences with problem gambling and accessibility to professional treatment services. As a theoretical framework, critical theory is relevant in this research in that the knowledge developed from the research findings may serve as a step towards

addressing the structural factors that may hinder help-seeking for African Nova Scotians with gambling related problems.

### *Africentric Theory*

Africentric theory is a theory of social change that provides a basis for understanding people of African descent from an African centered perspective and an African cultural value system. It places people of African descent at the center of social and historical experiences rather than peripheral to European ones (Bernard, 2006). Asante (2003) defines Africentricity as a mode of thought and action in which the centrality of African interests, values, and perspectives predominates. In regard to theory, he asserts that Africentricity is the placing of African people in the center of any analysis of African phenomena. Africentricity incorporates a more holistic understanding of people of African descent. The core principles of Africentric theory and practice include:

- Viewing individual problems holistically and as rooted in family, community, and social structures;

- Promoting individual and collective consciousness raising;

- Recognizing a collective consciousness;

- Critically analyzing the intersecting nature and the lived reality of oppression;

- Focusing empowerment on both individuals and the collective, building on strengths;

- Seeking social change and social transformation (Este & Bernard, 2003).

Because this research focuses on Nova Scotians of African descent, Africentric theory is appropriate as it provides an opportunity to understand problem gambling and help-seeking from the frame of reference of African Nova Scotians. With its emphasis on collectivity - which explains the close ties African Nova Scotian community members have with one another - the Africentric theoretical framework provides a more thorough understanding of the influence of community members on individuals and family members impacted by problem gambling in relation to help-seeking.

Critical and Africentric theoretical approaches are relevant for this study because this research considers the unique experiences of participants from their own frame of reference and examines the structural and/or cultural influence of help-seeking.

Given the lack of research on problem gambling and service accessibility from the perspective of African Nova Scotians, this research provides an opportunity to present the voices of African Nova Scotians on the nature of problem gambling, impact on life and well-being and factors influencing help-seeking. The use of critical and Africentric theories will help provide a better understanding and analysis of the results, taking into account structural and cultural factors influencing gambling, problem gambling and help-seeking.

**CHAPTER TWO: LITERATURE REVIEW**

Following an increase in the number of people who develop gambling problems as a result of excessive gambling, many research projects have been carried out in Canada and other countries to provide a better understanding of gambling and the impact of problem gambling on health and well-being. In spite of the findings generated from these research projects, very little is known about problem gambling among African Canadians and other racialized or ethnic groups. This literature review focuses on gambling and problem gambling among minority groups. It looks at the factors that motivate gambling and the impact of problem gambling on individuals, groups and communities. To provide a better understanding of help-seeking among individuals with gambling problems, this review highlights the reasons for help-seeking and the structural and cultural barriers that prevent members of racialized or ethnic groups from seeking professional help for gambling related problems. Additionally, the literature review presents recommended strategies that can be implemented to increase service accessibility for ethno-cultural groups with gambling related problems.

**Understanding Gambling and Problem Gambling**

Gambling is "any behaviour that involves the risk of money or valuable possessions on the outcome of a game contest, or other event in which the outcome is at least partially determined by chance" (Whelan, Steenbergh, & Meyers, 2007, p. 1). Gambling involves three main elements; consideration, which is the act of putting forth something of value as a bet or a wager, the element of chance or risk, and the outcome of that act of chance which determines whether a person gets the prize or not (Hsu, 2006).

There are many different forms of gambling and these include casino games, bingo, keno, slot machines, lottery tickets, scratch tickets, betting on card games, mah-jong or dominoes, horse race betting, other sports betting, games of skill such as golf or pool, internet gambling and stock market speculation (Centre for Addiction and Mental Health, 2008; Alberta Alcohol and Drug Abuse Commission, 2003; Schrans & Schellinck, 2008).

Excessive or over-involvement in gambling brings about negative consequences thus leading to problem gambling. Gambling problems may range in intensity along a continuum from mild to severe gambling (Collins, 2003). Various terms used to describe gambling addiction include pathological gambling, compulsory gambling and problem gambling. The American Psychiatric Association defines pathological gambling as the "persistent and recurrent maladaptive gambling behaviour that disrupts personal, family or vocational pursuits" (1994). In Canada, problem gambling is the most commonly used term to describe gambling addiction.

Problem gambling is often referred to as a hidden or invisible addiction as it cannot be detected by a blood or breathalyser test and there are no signs of intoxication as is the case with substance use. Individuals who gamble may hide the evidence of gambling like betting slips. The spouse or other family members may not know that an individual has a gambling problem until they are in deep financial crisis (Herriff, 2009). Individuals with gambling problems also tend to seek help only when they hit rock bottom (Herriff, 2009).

**Prevalence of Problem Gambling in Canada**

Prevalence studies in Canada revealed that the risks for problem gambling are significantly higher in Western Canada. The estimates of adults at-risk for problem gambling in Western Canada are as follows:

| | |
|---|---|
| British Columbia | 15.7% |
| Saskatchewan | 15.2% |
| Alberta | 15% |
| Manitoba | 9.2% |
| Ontario | 9.0% |

(Volberg & Ipsos-Reid, 2003; Smith & Wynne, 2002; Wynne, 2002; Wiebe & Kaufman, 2006; Wiebe & Falkowski-Ham, 2001; Patton, Brown, Pankratz & Broszeit, 2002).

Prevalence studies conducted using the Canadian Problem Gambling Index (CPGI) reported lower rates of gambling in Prince Edward Island (2.8%), followed by Nova Scotia with 6.1% and 8.1% for New Brunswick (Schrans & Schellinck, 2001; 2008; Schellinck, Schrans, Walsh & Focal Research Consultants, 2002).

The 2007 problem gambling prevalence study conducted in Canada revealed that the percentage of adults in Nova Scotia identified as at-risk of having gambling problems is 3.6% while the rate of adults with moderate and problem gambling in Nova Scotia is estimated at 2.5% (Schrans & Schellinck, 2008). While prevalence studies in Canada have taken into consideration demographic characteristics, gender, age, marital status and

household income, these studies have failed to include members of various ethnic/cultural groups in Canada.

**Problem Gambling among Minority Groups**

There are gaps in literature regarding problem gambling among different cultural or ethnic groups in Canada. While gambling is customary in today's society, studies on the effects of gambling on racialized groups are very limited and have not been well documented. Studies that have focused on problem gambling among racialized groups reveal that there are higher rates of problem gambling among racialized or ethnic groups (Murray, 1993; Productivity Commission Report, 1999; Raylu et al., 2002; Raylu et al., 2004; Zitzow, 1996). Compared to Caucasians, people of African descent, Asians, Hispanics and Native Americans show a greater prevalence of problem gambling (Volberg & Abbott, 1997; Westermeyer, Canive & Gerrard, Thompson, 2005; Blaszcynski, Huynh & Dumalao, 1998; Zitzow, 1996; Cunningham-Williams, Cottler, Compton & Spitznagel, 1998; Welte, Barnes, Wieczorek, Tidwell & Parker, 2001). Other studies have noted that being part of racial and ethnic minority groups may render individuals more vulnerable to problem gambling (Petry, 2005, Volberg, 2002). However, very few of these studies have focused solely on the rates of gambling and problem gambling among minority groups. Rather, these studies have compared the rates of gambling and problem gambling among different minority groups and the dominant cultural group (Caucasians).

Studies also suggest that minority status increases the risk of problem gambling; therefore racialized groups are at greater risk for developing gambling-related problems

than their Caucasian peers (Cunningham-Williams, 2007; Volberg, 2002; Moore, 2001; Stinchfield, 2000; Wallisch, 1995; Zitzow, 1996; Petry, 2005; Cunningham-Williams, 1998). Moreover, lower socioeconomic status is closely associated to increased rates of problem gambling (Petry, 2005). Ethnic minority groups are overrepresented in the lower socio-economic class and one cannot conclude whether the increased risk of gambling problems is as a result of ethnicity or lower socio-economic status (Petry, 2005). However, it has been suggested that there is a link between gambling and social inequality (Binde, 2005) and immigrants, indigenous and other ethnic groups are found in the lower socio-economic strata (Bellringer et al., 2008).

Within a sample of urban, predominantly African-American youth, rates of problem gambling were found to be high for both male and female participants (Wickwire et al., 2007). However, rates of both at-risk gambling (20.7%) and problem gambling (12.8%) were notably high and 27% of the overall sample reported weekly gambling. Another study that looked at Black and White control of numbers gambling showed that Blacks are very active bettors or players in numbers gambling which is an old and prominent illegal activity that has woven its way into their lives (Steffensmeier et al., 2006). These high rates of problematic gambling are consistent with previous research that suggests ethnic minorities are at increased risk of developing gambling problems.

A cross-sectional study investigated the correlates of gambling habits among a sample of 80 independently living African American elderly persons (Bazargan, Bazargan & Akanda., 2001). Participants for this study were selected from two senior citizen centres in Los Angeles and were between the ages of 60-90 years of age. Data for

this study was collected through face-to-face interviews. The study revealed that 64% of those sampled were non-gamblers or occasional gamblers, 19% were moderate gamblers while 17% were heavy pathological gamblers.

Another study on gambling and problem gambling in Nevada was conducted to provide estimates of the prevalence and distribution of problem gambling among Nevada citizens (Volberg, 2002). Telephone interviews were conducted with a sample of 2217 residents of Nevada and the study found that Black men are more likely than Black women to gamble monthly or gamble more often (Volberg, 2002). In spite of these results, only a small number of Black respondents were included in the sample, hence statistical significance could not be achieved for gender differences in African American respondents (Volberg, 2002). A gambling helpline study identified the African American ethnicity as a significant risk factor for problem gambling (Potenza, Steinburg, McLauglin, Wu, Rounsaville & O`Malley, 2001). Being African American, Hispanic or Asian are all risk factors for problematic gambling (Welte, Barnes, Weiczorek, Tidwell & Parker, 2004). With a focus on ethnicity, these studies therefore indicate that ethnic groups and immigrants are considered probable risk factors for problem gambling (Johansson, Grant, Kim, Odlaug & Gotestam, 2009). African Americans, compared to Caucasians, were more likely to be problem gamblers than recreational gamblers (Cunningham-Williams, 1998).

These studies reveal that problem gambling is prevalent among people of African descent. However most of these studies have been completed with western samples and few of the studies focused exclusively on gambling and problem gambling among people

of African descent. There are also gaps in research on problem gambling among African Canadians as most of the gambling research on people of African descent has been conducted in the United States of America. While these prevalence studies conducted in the US are useful for reference purposes, it is not certain to what extent the results are applicable to African Canadians. Therefore it is difficult to draw conclusions on the rates of problem gambling among people of African descent in Canada. Moreover, these studies have only examined the prevalence of problem gambling among people of African descent and have not examined help-seeking rates and habits among members of this group.

While there is limited research on problem gambling among people of African descent in Canada, other studies have focused on problem gambling among Aboriginal people and Asians in Canada. A Canadian study was conducted in Calgary on gambling among older Chinese adults (Lai, 2006). The data for this study was collected as part of a multi-site study on health and well-being of 2272 older Chinese in Canada. Among this sample of 2257 participants, 26.6% were involved in gambling. The results of the study revealed low levels of gambling among the older Chinese in Calgary compared to the general population. The reason for this low rate of problem gambling may be due to the fact that gambling is viewed as a socially undesirable activity (Lai, 2006). A literature review that focused on gambling in the Aboriginal population in Canada revealed that the rate of problem gambling is 2.2 to 15.69 times higher than that of the non-Aboriginal population (Wardman et al., 2001). A 2002 report revealed that in Saskatchewan, 34.7% of Aboriginal gamblers are at risk for developing gambling problems and 12% of the Aboriginal population is experiencing serious gambling problems (Wynne, 2002).

Furthermore, media reports indicate high rates of gambling among Asians (Courtenay, 1996; Jarrett, 1995; Kim, 1996; Legge, 1992). A reason given for the high rates of gambling and high risk for problem gambling among racialized and ethnic groups is that members of minority groups are often from disadvantaged backgrounds and may place higher value on winning than Caucasians and may tend to view losses as a less dire consequence (Alegria, Petry, Hasin, Liu, Grant & Blanco, 2009). The existence of very few studies in Canada makes it difficult to support these reports considering the fact that most prevalence studies on gambling and problem gambling have been completed with Western samples. These studies are therefore not representative of all cultural groups. There is the need for more research focusing on different ethnic groups (Blaszczynski et al., 1998; Victorian Casino and Gambling Authority, 1999; Volberg et al., 1997). While these studies suggest high rates of gambling and problem gambling among other ethnic groups in Canada, these findings on gambling among Asians and Aboriginal people are not representative of all cultural groups in Canada. There may be differences in gambling habits among various cultural groups, hence the findings cannot be generalized.

**Gambling Motivation**

The reasons for gambling vary considerably between individuals who gamble and the type of gambling activities. Different groups of people gamble for different reasons. One of the primary motivations of gambling is the need to win money (Binde, 2009; Dickerson, Walker, Legg & Hinchy, 1990; Lee, Chae, Kim, 2007). In terms of ethnicity, Blacks are less likely to report gambling for fun or excitement as Blacks view gambling more as a financial proposition or a way to make money (Volberg, 2002). Gambling for excitement and fun are other reasons why individuals gamble and low risk gamblers

report gambling as a hobby (Doiron, 2006; Neighbours, Lostutter, Cronce & Larimer, 2002).

Cultural factors also influence gambling and the prevalence of gambling problems among racial and minority groups. Among some Asian cultures, gambling is part of the tradition, history and lifestyle (Raylu & Oei, 2002; 2004). Consequently, children who grow up in this culture are increasingly exposed to gambling and there is parental approval of gambling (Clark, King, & Laylum, 1990). This encourages gambling at a young age and increases the risk of developing problem gambling (Abbott, Volberg & Ronnberg, 2004; Felsher, Derevensky & Gupta (2003). Another factor that influences gambling among racial and ethnic minority groups is the difficulty faced by some immigrants due to language barriers, unemployment, loneliness or social isolation (Ngai & Chu, 2001; Tse, 2003). Gambling therefore becomes a coping mechanism for stressors experienced by immigrants trying to adjust in a new society and culture. Other gambling motivations include its provision of social rewards such as socialization with others, the need to compete with others and ostentation or the need to gain prestige by the displaying wealth, skill, and a strong character (Clarke, Tse, Abbott, Townsend, Kingi & Manaia, 2007; Back, Choong-Ki & Stinchfield, 2010). Low self-esteem and the need for escape from problems and loneliness are also motivating factors which tend to increase the risk of developing gambling related problems (Rockloff & Dyer, 2006; Rockloff et al., 2007). Gambling is also seen as a way to enhance self-concept and self-esteem. Some seniors engage in gambling as an escape from physical and emotional constraints (Loroz, 2004).

The 2007 adult gambling prevalence study in Nova Scotia reported that 58% of adults agreed that there is a lot of advertising for gambling in the province and 90% felt that this promotion of gambling influenced underage involvement in gambling (Schrans & Schellinck, 2008). 57% also indicated that they think there is too much advertising of gambling in Nova Scotia. This continuous promotion of gambling has led to the normalization of gambling which motivates people to gamble especially when the winnings are large.

The media is a powerful vehicle of communication which has a lot of influence on individual attitudes and behaviours. As such, gambling advertisements tend to increase the availability of gambling by informing individuals about gambling opportunities. These advertisements influence individuals' attitudes through their communicative processes (Hastings, Anderson, Cooke, & Gordon, 2005). Therefore, increasing regulation of gambling advertisements is required. Because these advertisements also influence underage gambling involvement, there is a need for the gambling industry to curb the use of gambling endorsements that may appeal to youth and promote underage gambling involvement. In addition, media messages that promote gambling should contain warning statements that inform individuals of the potential risks associated with excessive gambling.

**Impact of Problem Gambling on Individuals, Families and Communities**

The impact of problem gambling on individuals often leads to financial loss (Ladouceur et al. 1994). Research conducted by the National Opinion Research Center at the University of Chicago (NORC) revealed that program gamblers tend to have higher levels of debt as a result of gambling and declare bankruptcy at higher rates compared to individuals with lower risk of developing gambling problems and those who do not gamble (1999). Physical and mental health problems and antisocial behaviour are also negative impacts of gambling (Pietrzak et al., 2007; Morasco et al., 2006; Abbott et al., 2006; Patford, 2007; Schrans & Schellinck, 2008). Some of the health effects of problem gambling include gastrointestinal disorders, cardiac problems, high blood pressure, and headaches (Hirsch, 2000; Christensen & Patsdaughter, 2004). Gamblers also are at increased risk for suicides, suicide attempts and suicide ideation especially among seniors who are often reluctant to seek help (Nower & Blaszczynski, 2008; Burge et al. 2004; Erickson et al. 2005).

Looking specifically at the impact on the family, problem gambling brings about significant family conflicts, worsening family financial situations and physical and mental health problems (like depression, sleep disorders) (Wenzel, Oren & Bakken, 2008). Problem gambling also brings about a breakdown of family relationships and divorce (Abbott et al., 2006; Patford, 2007). According to a study on the impact of problem gambling on the family, two-thirds of concerned significant others reported problem gambling as a direct cause of divorce (Wenzel et al., 2008). Moreover, children of problem gamblers tend to have a higher probability of developing gambling related problems than children of parents who do not gamble (Herriff, 2009). CAMH (2008)

reveals that children of adults with gambling problems are two times more likely to attempt suicide, have lower grades than their peers, and are more likely to have problems with alcohol and other drugs than their peers. Additionally, they are more likely to engage in illegal activity as a way of drawing attention away from their parents (CAHM).

Having a family member with gambling problems equally affects older adults as they may be at risk of physical or emotional abuse. Family members with gambling problems may demand money from older family members, abuse power of attorney, misappropriate funds, steal possessions or force changes to their will in order to gain access to money or to pay off debts (CAMH, 2008). Gambling therefore puts family members at risk of abuse, depression, and anxiety, suicide or suicide ideation.

While a lot of focus is placed on the impact of problem gambling on individuals and family members, it has many negative effects on the larger community as well. According to churches in Canada, gambling erodes the moral and social fibre of the community or society at large (Vancouver Board of Trade, 1994 as cited in Basham & White, 2002). It also leads to criminal activities in communities.

Delinquency status, illegal activity, or arrests have been linked to problem gambling (Hall et al. 2000; Potenza et al. 2001). Korman, Collins, Dutton, Dhayananthan, Littman-Sharp & Skinner (2007) carried out a study that showed that the majority of problem gamblers had clinically significant anger problems. This study which examined the prevalence and significance of intimate partner violence (IPV) among 248 participants revealed that 62.9% of participants reported perpetrating and or being victims of IPV and 25.4% reported perpetrating severe IPV. Clinically significant anger was identified in 63.4% of male gamblers and 69.8% female gamblers. Incidents of intimate

partner violence (IPV) are prevalent in problem gamblers (Korman et al, 2007). Another study in Alberta reported that of the majority of gambling-related crimes, two-thirds of the occurrences are crimes such as passing counterfeit currency and fraud, while one-third are more violent in nature such as family disputes, robbery and suicide (Smith et al. 2003).

It has been reported that incarceration also can make an existing gambling problem worse. CAMH (2008) reports that inmates have easy access to many forms of gambling which are a part of the prison subculture. This poses another risk for inmates as some may be at risk of serious injury or even death if gambling debts are left unpaid (CAMH, 2008).

**Reasons for Seeking Help for Problem Gambling**

Although there are very few studies that focus on problem gambling and treatment seeking among African Nova Scotians and other ethno-cultural groups, some studies have focused on the reasons why people with gambling problems seek specialist treatment services. An Australian study that examined motivators to change and barriers to help-seeking in a sample of 77 problem gamblers reported that seeking professional help is mostly crisis-driven rather than a gradual recognition of gambling problem (Evans &Delfabbro, 2005). The findings of this study indicate that professional treatment services are not considered "points of intervention, but merely last resorts after all other possibilities had been exhausted" (Evans & Delfabbro, 2005). Another study explored help-seeking by problem gamblers, friends and families while focusing on cultural and gender issues in a sample of 16 individuals (McMillen, Marshall, Murphy, Lorenzen &

Waugh, 2004). The findings of this study revealed that financial crisis and personal relationship problems prompt people to seek help. Immediate effects in interpersonal relationships, self-esteem, self-worth, personal standards of behaviour and long term effects on the future were also reported as factors that prompt help-seeking for gambling related problems (McMillen et al., 2004). Both studies reported financial loss as a major motivating factor for help-seeking.

Moreover, Duong-Ohksuka & Ohtsuka (2001) reported that many people with gambling problems seek help as a result of financial crisis, relationship problems, occupational problems and involvement in criminal activities. Emotional problems, guilt, disappointment, shame, a desire to live a healthier lifestyle, and influence of personal relationships are also motivators to help-seeking (Pulford et al., 2009). Emotional and financial support from family and friends is another motivating factor to seeking-help (Evans & Delfabbro, 2005). The results of studies on the motivators to help-seeking for gambling problems paint a pessimistic view as individuals with gambling problems seek help only when they have already been negatively impacted by gambling. Others seek help due to pressures from loan sharks, pending arrest and because they have been court ordered to do (Scull et al., 2005). Although individual strength is also a positive motivating factor in help-seeking, it plays only a very limited role and is outshadowed by other motivators (Evans & Delfabbro, 2005). Early help-seeking for problem gambling is therefore not reported in these studies. These studies indicate that the majority of people with gambling problems only identify gambling as a serious problem when it has significant negative effects on their finances and personal relationships. They access professional treatment services only when they have "hit rock bottom."

**Barriers to Help-Seeking for Problem Gambling**

Although many people are negatively impacted by problem gambling, only a small proportion of individuals with gambling related problems seek formal help. There are a number of barriers that account for the underrepresentation of people of African descent and other minority groups in professional treatment services. These include personal, cultural and structural barriers.

*Personal Barriers*

A telephone survey that analysed barriers to treatment for problem gambling in Australia identified shame, fear of stigma, uncertainty and avoidance as potential barriers to treatment for problem gambling (Rockloff & Schofield, 2004). Another study that examined the motivators to change and barriers to help-seeking in a sample of 77 problem gamblers in Australia indicated that denial and social factors are the most significant barriers to change (Evans & Delfabbro, 2005). Findings derived from a 2002 study that sampled 84 new admissions to problem gambling treatment services highlighted lack of knowledge of treatment services as a barrier to help-seeking for gambling related problems.

Barriers to help-seeking data from a New Zealand study reported that psychological reasons accounted for the reluctance to seek help ( Pulford, Bellringer, Abbott, Clarke, Hodgins & Williams, 2008 ). These include being too proud to seek help or wanting to resolve the problem alone and feeling shame for themselves and family. Participatory research focused on addiction among Black women in Nova Scotia also

revealed that stigma, shame and lack of support from family and community members posed barriers to seeking treatment (Bernard, 2001).

In terms of treatment services for gambling problems, factors such as reservations about treatment availability and effectiveness impede help-seeking (Simpson & Tucker, 2002; Lane and Addis, 2005; Pulford et al., 2008; Evans & Delfabbro, 2005; Hodgins & el-Guebaly, 2000; Tavares et al., 2002; Barney, Griffiths, Jorm & Christensen, 2006; Conwan et al. 2003). Service related barriers also include bad experiences of help-seeking for problem gambling by individuals who have tried to seek help, concerns with confidentiality when contacting treatment services and lack of knowledge of treatment services (Pulford et al., 2008). The use or preference of self-help approaches also has been identified as a barrier to seeking help for gambling problems (Hodgins et al., 2000, Tavares et al., 2002 & Pulford et al., 2008). Those who utilized self-help approaches are reported to be reluctant to seek professional treatment as many of the self-help approaches had a religious orientation (Evans & Delfabbro, 2005).

*Cultural Barriers to Help-Seeking for People from Ethnic Communities*

Although some prevalence studies indicate that there are higher rates of problem gambling among minority groups, there is an underrepresentation of ethnic or minority groups in treatment services (McDonald et al., 1997; Minas et al., 1993; Raylu et al., 2002). According to Volberg et al. (1992), the majority of people who accessed problem gambling services are Caucasians. While studies show that psychological, social and service related factors are obstacles to help-seeking, cultural factors also play a part.

Cultural barriers prevent individuals with gambling problems from accessing mainstream services, and the lack of culturally appropriate services impedes access to services (Bernard, 2001; Scull & Woolcock, 2005; Duong-Ohtsuka & Ohtsuka, 2001; McMillen, Marshall, Murphy, Lorenzen & Waugh, 2004 ). Consultations with service providers in Halifax exposed the lack of culturally specific resources available for people of African descent struggling with addiction problems. This lack of resources hinders members of this group from seeking help (Bernard, 2001). A 2009 focus group with members of African Nova Scotian communities also indicated the lack of culturally relevant programs to meet the unique needs of African Nova Scotians with gambling problems (Association of Black Social Workers {ABSW}.

A needs analysis on gambling support services in Australia reported that gambling support services are not always sensitive to or appropriate for the needs of different cultural groups ( McMillen &  Bellew, 2001).  According to this report, indigenous and Arabic women are reluctant to discuss their problems in front of men and vice versa. This difficulty arises where there are no gender specific services and where there is perceived male domination of group discussion.

Lack of appropriate representation of African Nova Scotians and other ethno-cultural groups in treatment services also hinders help-seeking (ABSW, 2009; Bernard et al, 2001; Duong-Ohtsuka & Ohtsuka, 2001). Anderson (1991) asserts that there is a lack of appropriate representation of racial minorities in the health care professions especially in senior leadership positions which may lead to badly planned policies and health services for members of these groups. The lack of available helpers from similar

linguistic background in treatment services was reported as a significant barrier (Anderson, 1991; Delphin & Rollock, 1995 cited in Duong-Ohtsuka & Ohtsuka, 2001). Due to this lack of representation in mainstream health care institutions, racialized groups often turn to family members and friends for support and information (Atwell 2001; Crawley, 1998; Downey 1999).

Cultural beliefs and attitudes towards gambling also prevent members of ethno-cultural groups from seeking help due to stigmatization and shame especially in areas where the cultural community is small and closely connected (McMillen et al., 2004). Contradictory cultural beliefs and attitudes towards gambling may deter problem gamblers from seeking help. While gambling is accepted as part of the Chinese culture, it is also highly stigmatized especially if it negatively impacts the stability of the family, business achievement and studies (McMillen et al., 2004). Gambling is also viewed more negatively in Arabic speaking communities and among other ethno-cultural groups (Bellringer, Pulford, Abbott, DeSouza & Clarke, 2008). Fear of losing face in the community – not just for the individual with the gambling problem, but for the whole family – contributes to hiding the gambling problem and being reluctant to seek help. (Bellringer et al., 2008; Scull et al, 2005). Seeking help outside the family in Chinese and Vietnamese communities is perceived as an admission of family failure; this make it unlikely for non-English speaking  gamblers in ethnic minority groups to seek help (Bellringer et al, 2008). Although those who seek help are more likely to turn to family or community and religious leaders than mainstream professional services, shame and fear of stigmatization still make them reluctant to use informal support systems or talk about gambling (Scull & Woolcock, 2005).

Language difficulties also pose barriers to help-seeking and there is a lack of interpreters in treatment services to assist individuals with language difficulties (Clarke, Abbott, DeSouza & Bellringer, 2007). In addition to this, many cultural groups are unfamiliar with western approaches to counselling or western psychological counselling practices. There are some misconceptions about counselling as some cultures understand counselling to mean being told what to do (McMillen et al., 2004).

*Structural Barriers to Help-Seeking for Ethno-Cultural Groups*

A synthesis study that examined Black women's health in Nova Scotia reported that there are limited health resources located within Black communities in Nova Scotia (Enang, Edmonds, Amaratunga, & Atwell, 2001). Because of high levels of unemployment in Nova Scotia's Black communities, many cannot afford transportation to travel to health care services outside their communities. Therefore, they do not access health care services (Enang et al., 2001).

The study also revealed that racism, language barriers, and long wait times impede to access to treatment services (Etowa et al., 2011, Bernard, 2001; Howard, 1997; Enang, 1999; Fraser et al., 1997; Underhill, 1998; Douglas 1995). Additionally, Black women who accessed healthcare services reported experiences of discrimination and maltreatment on account of their race, leading to a reluctance to seek professional medical advice (Etowa et al., 2011, Bernard, 2001). Racism interferes with Black people's access to services and leads to delays or avoidance of service utilization by those with health or addiction problems (Underhill, 1998; Bernard, 2001; Etowa et al., 2011). Differential treatment on the basis of race, class, gender, and failure to recognize the

racial, educational and social background of Black people is another barrier to help-seeking (Bhophal, 1997; Enang, 1999; Murrell et al., 1996; Etowa et al., 2011).

Two studies that explored the health of Black women in Halifax and Ontario reported a lack of knowledge by health professionals of the specific health needs of Black people. An exploratory study on Black women's health in Halifax reported that lack of knowledge about illnesses and diseases that disproportionately affect Black women pose barriers to appropriate health care (Douglas, 1995). Black women who participated in a local research project in Halifax, Nova Scotia underscored the need for access to evidenced based information to empower and meet the needs of Black women (Fraser & Reddick 1997).

Lack of awareness about available treatment services for problem gambling is also viewed as a personal and cultural problem. Limited knowledge of the available treatment services for problem gambling, lack of awareness of problem gambling as an addiction problem and lack of awareness of the severity of gambling problems are impediments to help-seeking among ethno-cultural groups (Duong-Ohtsuka & Ohtsuka, 2001; ABSW, 2009). A qualitative study that examined barriers to health care among African American men also highlighted the lack of awareness of health promotion and prevention programs for problem gamblers and family members (Ravenell et al., 2008; Bellringer et al., 2008). Long wait times and high cost of treatment services also hinder help-seeking (Thurston, 2010; Rockloff & Schofield, 2004).

In addition to this, a previous study I conducted (Njiwaji, 2011) that explored service delivery to minimize problem gambling in African Nova Scotian Communities

revealed that available prevention programs have not been very effective in minimizing the rates of gambling. According to the findings of the project, prevention and treatment programs and services do not encourage early intervention to minimize gambling (Njiwaji, 2011). As such, individuals with gambling problems mostly seek help only when they hit rock bottom.

Another barrier to help-seeking for people of African descent is the lack of research on problem gambling and the health of people of African descent (Blasczcynski et al., 1998; Victorian Casino & Gambling Authority, 1999; Volberg et al., 1997). Healthcare professionals are faced with challenges in providing appropriate care for people of African descent because of a lack of targeted health research, data, and information in mainstream literature.

**Problem Gambling Support Services in Nova Scotia**

According to the 2007 Adult Gambling Prevalence Study, only 9.8% of problem gamblers in Nova Scotia actively seek assistance for gambling problems, despite the existence of treatment and support services. Even fewer people seek help in ethno-cultural communities (Duong-Ohtsuka et al., 2001; McDonald et al., 1997; Minas et al., 1993; Raylu et al., 2002; Volberg et a., 1992). The Problem Gambling Helpline (PGHL) is a confidential, toll-free telephone service available 24 hours a day, seven days a week that is available to the general public. This service is staffed by counsellors who specialize in problem gambling and are trained to provide immediate support, advice, assistance and counselling for people with gambling related problems (Grant, 2010 HPP). The PGHL telephone number is posted on all video lottery terminals in the province for those who may need help. Meanwhile, there has been a decrease in overall awareness of the PGHL by problem gamblers as it has declined from 91.1% in 2003 to 73.8% in 2007.

Addiction Prevention and Treatment Services also provides a wide range of support and services for individuals and family members affected by problem gambling and other forms of addiction. It also offers education and workshops, access to financial and vocational counselling, Matrix Women's Treatment Services, opportunities to explore and experience leisure activities, and withdrawal management inpatient services (APTS website). In the 2007 gambling prevalence study in Nova Scotia, the Department of Health and Wellness (formerly known as Department of Health Promotion and Protection) reported that 70.6% of Nova Scotians are aware of the availability of addiction prevention and treatment services for problem gambling support. However, this

study did not include members of ethno-cultural groups and it is not clear what percentage of ethno-cultural groups is aware of the services provided by APTS.

Gamblers Anonymous (GA) is a fellowship of men and women who share their experience and strength to support recovery from gambling addiction. It is a 12 step based program that advocates abstinence from gambling. GA was reported as having only an 8% success rate (Edward & Brown, 1988). This study was conducted many years ago and there may have been some changes in the percentage. However, no current studies have been located which report an increase in the success rate of GA. Although very low success rates have been reported for those who attend Gambling Anonymous meetings, a recent study by Petry (2003) revealed that people with gambling problems entering professional treatment with a history of GA attendance fared better than those with no history of GA attendance.

The Department of Health and Wellness developed and launched an evidence based social marketing campaign called Yellow Flag for young adults in the fall of 2006 which ended in 2007. According to the 2007 prevalence study, these advertisements ran on a limited schedule and 68% of problem gamblers considered these advertisements somewhat effective in "grabbing attention." There is therefore the need for more campaigns to inform individuals of available services and promote early help-seeking for gambling related problems.

**Increasing Service Accessibility for Ethno-Cultural Groups**

Studies that have focused on the barriers to help-seeking indicate that individuals with gambling problems seek help only when they have been severely impacted by problem gambling. As such, McMillen et al., 2004 recommends encouraging problem gamblers to seek formal or informal support at an earlier stage. There is also the need to raise awareness about problem gambling, available support services, and to normalize help-seeking activities in order to reduce the shame and stigmatization that impede service accessibility.

In order to increase service accessibility among people of African descent and other ethno-cultural groups, there is a need for programs that are more culturally relevant (Bernard, 2001; ABSW, 2009). A more diverse and integrated workforce is also needed to solve the problem of underrepresentation of African Nova Scotian service providers in treatment services (Njiwaji, 2011). Findings from a study conducted by McMillen et al., (2004) underscored the importance of family and community network for members of cultural groups with gambling related problems. Within the study, it was reported that members of the indigenous community stressed the need to develop their own support services to meet their culturally unique needs. The need for gender specific programs has also been highlighted as a way to improve on service accessibility and foster friendship and mutual support (McMillen et al., 2004; Bernard, 2001).

Addiction Prevention and Treatment Services (APTS) operates MATRIX Women's Treatment Services providing treatment and support to women with addiction problems. The Women Recovering from Addiction Program (WRAP) is a gender-

specific program that has been developed to provide support and treatment for women who are recovering from various forms of addiction including gambling. WRAP provides culturally sensitive programs and strives to meet the needs of all women, especially those from different ethnic/minority groups.

Another way to increase service availability is to conduct more research on problem gambling among African Nova Scotians (Njiwaji, 2011). This will reduce gaps in research and increase understanding of the needs of African Nova Scotians which will aid in the identification and implementation of better strategies to improve service accessibility.

While gambling is a socially acceptable activity that benefits communities by generating revenues, it also has negative effects on individuals, families, groups and communities. Although previous studies indicate that problem gambling is more prevalent among members of racialized and ethnic groups, there are limitations to these studies because only a very few of these studies have focused on problem gambling among members of racial and ethnic groups. In addition, the few studies that have focused on problem gambling among ethnic minority groups have used only a small sample, have focused on small localized communities or small geographic locations and most of them have been conducted outside of Canada. Thus it is not possible to draw conclusions based on these findings as they may not be representative of all minority groups in Canada and cannot be generalized to include people of African descent in Canada. There are also gaps in research in terms of help-seeking for problem gambling as

research in Canada has not focused on the reasons for the underrepresentation of people

of African descent and other ethnic groups in professional treatment services.

## CHAPTER THREE: RACISM, VIOLENCE AND HEALTH (RVH) PROJECT – GAMBLING AMONG AFRICAN CANADIANS

With the lack of gambling research focusing on African Canadians, findings of the Racism, Violence and Health Project (RVH) have provided information on the prevalence of gambling among people of African descent in Canada. The Racism, Violence and Health Project (RVH) investigated "the perceptions of both global and race-related stress in the indigenous and immigrant populations in African Canadian communities in Halifax, Toronto and Calgary" (Este and Bernard, 2006). The project examined the impact of witnessing and surviving violence and racism on the health and well-being of African Canadians in the three cities. While investigating the impact of violence, racism and coping mechanisms, gambling was identified as one of the coping mechanisms for dealing with racism and violence in the community.

A total of nine hundred (900) participants were interviewed, three hundred (300) participants from each city. Participants were classified by origin and placed into three categories; Caribbean, Canadian Black and African. In order to determine the level of gambling among participants, responses were analysed based on origin, city, gender, age, education, individual income and household income.

The following question was posed to participants: "*In the last three months, how often have you done more than your usual amount of gambling?*" Findings of the RVH Project revealed that 51.9% of participants gambled VERY OFTEN, 6.8 % gambled FAIRLY OFTEN, while a smaller proportion of participants indicated NEVER (30.1%) or ALMOST NEVER (3.7%). Thus, 59% of participants spent considerable time in the three months prior to the administration of the survey gambling more than they intended. Considering the proportion of participants who responded "fairly often or very often" to

the question, the results suggest that gambling is prevalent in the African Canadian communities and community members use gambling to some extent as a coping mechanism for dealing with violence and racism. In addition to this, African Canadian communities are at risk of developing gambling problems as their responses indicate that community members gambled more than their usual amount.

*Level of Gambling and Origin*

Table 1 shows the classification of participants' responses based on origin. The results revealed significant differences in the responses of participants of Caribbean, Canadian Black and African origins. Seventy-six point three percent (76.3%) of Canadian Black participants indicate a higher level of "fairly often or very often" responses to the question when compared with Caribbean and African participants. Canadian Black participants therefore gambled more, followed by participants of Caribbean origin, and those of African origin showing the lowest level of gambling with 35.7%.

| Table 1: Gambling by Origin | | | | | |
|---|---|---|---|---|---|
| *Origin* | *N* | *Never or Almost Never* | *Sometimes* | *Fairly Often or Very Often* | *Total* |
| **Caribbean (%)** | 373 | 33.5% | 6.2% | 60.3% | 100 |
| **Canadian Black (%)** | 283 | 9.2% | 14.5% | 76.3% | 100 |
| **African (%)** | 244 | 62.7% | 1.6% | 35.7% | 100 |
| **Total (%)** | **900** | **33.8%** | **7.6%** | **58.7%** | **100** |

A combination of the "sometimes" and "fairly often or very often" responses indicates that there is a higher proportion of African Canadian community members of Canadian Black origin (90.8%) who are gambling more than they intend to compared to those of Caribbean (66.5%) and African (37.3%) origins. Gambling more than usual therefore

puts community members of Canadian Black origin at increased risk of gambling problems.

*Level of Gambling by City*

An examination of the responses of participants on their level of gambling three months prior to the administration of the survey revealed significant differences in their responses. In response to the question "In the last three months, how often have you done more than your usual amount of gambling?" a higher rate of gambling was noted among respondents in Toronto compared to Halifax and Calgary as illustrated in Table 2.

| Table 2: Gambling by City of Residence | | | | | |
|---|---|---|---|---|---|
| City | N | Never or Almost Never | Sometimes | Fairly Often or Very Often | Total |
| Halifax (%) | 300 | 3.0 | 13.0 | 84.0 | 100 |
| Toronto (%) | 300 | 3.0 | 5.7 | 91.3 | 100 |
| Calgary (%) | 300 | 95.3 | 4.0 | .7 | 100 |
| Total (%) | 900 | 33.8 | 7.6 | 58.7 | 900 |

The percentage of participants who responded "fairly often or very often" was 91.3%, followed by African Canadian residents in Halifax with 84%. The responses of participants in Calgary indicated significantly low levels of gambling of 0.7% compared to the other two cities. A combination of the ''sometimes'' and ''fairly often or very often" responses revealed the same level of gambling for African Canadian community members in Halifax and Toronto with a combined percentage of 97 each significantly higher than Calgary with 4.7%. This shows that community members in Toronto and Halifax have gambled more than their usual amount which puts them at greater risk for gambling problems compared to community members resident in Calgary.

*Level of Gambling by Gender*

Table 3 shows the distribution of responses of male and female participants on the question of gambling. Although there are no significant differences in the responses of participants based on gender, the percentage of female participants who gambled more than their usual amount is slightly higher than that of male participants.

| Table 3: Gambling by Gender | | | | | |
|---|---|---|---|---|---|
| Gender | N | Never or Almost Never | Sometimes | Fairly Often or Very Often | Total |
| Male (%) | 421 | 35.2 | 9.5 | 55.3 | 100 |
| Female (%) | 479 | 32.6 | 5.8 | 61.6 | 100 |
| Total (%) | 900 | 33.8 | 7.6 | 58.7 | 100 |

While 55.3% of male participants responded ``fairly often or very often`` to the question, 61.6% of female participants responded in the same manner. There was also no significant difference in the percentage of men and women who reported ''never or almost never'' with 35.2% and 32.6% respectively. Combining the "sometimes" and "fairly often or very often" responses of male and female participants, the percentages are 64.8% for male participants and 67.4% for female participants. The findings thus indicate that irrespective of gender, African Canadian male and female community members engage in gambling and have gambled more than their usual amount, hence the risk for gambling problems. Female community members are also at higher risk for problem gambling.

While the results of the RVH project indicate that male and female community members are equally likely to develop gambling related problems and no significant differences were noted in the responses of men and women, this is not the case with the 2007 Gambling Prevalence study conducted in Nova Scotia. Based on gender, the 2007

prevalence study, which did not include African Nova Scotians in the sample, indicates significant differences as the overall risk for gambling problems reveal the risk of men developing gambling problems is two times greater than in women. This suggests that the risk of developing gambling problems is higher in Caucasian men than women, while it is slightly higher in female participants of African descent.

| Table 4: Gambling by Gender Controlling for Origin | | | | | | |
|---|---|---|---|---|---|---|
| Origin | Sex | N | Never or Almost Never | Sometimes | Fairly Often or Very Often | Total |
| Caribbean | Male (%) | 165 | 33.3 | 6.7 | 60.0 | 100 |
| | Female (%) | 208 | 33.7 | 5.8 | 60.6 | 100 |
| | Total (%) | 373 | 33.5 | 6.2 | 60.3 | 100 |
| Canadian Black | Male (%) | 126 | 7.1 | 20.6 | 72.2 | 100 |
| | Female (%) | 157 | 10.8 | 9.6 | 79.6 | 100 |
| | Total (%) | 283 | 8.9 | 15.1 | 75.9 | 100 |
| African | Male (%) | 130 | 64.6 | 2.3 | 33.1 | 100 |
| | Female (%) | 114 | 60.5 | 0.9 | 38.6 | 100 |
| | Total (%) | 244 | 62.5 | 1.6 | 35.8 | 100 |

Table 4 above gives the classification of the sample by gender, controlling for origin.  A review of the table reveals that both Caribbean and Canadian Black community members have a larger proportion of women than men and the African community has a larger proportion of men.  However, there appears to be no significant difference in responses of participants to the question on gambling when the sample is classified by gender and origin.  In the Caribbean sample, men and women say that they gambled more than their usual amount within 0.6 percentage points of each other, with women slightly more inclined to respond "fairly often" or "very often." Compared to African Canadian community members of Caribbean and Canadian Black origins, female and male

community members of African origin have lower levels of gambling involvement as illustrated in table 4. Men and women of Canadian Black origin therefore gambled more than the usual amount compared to those of Caribbean and African origin. There is therefore a higher risk for gambling problems among women and men of Canadian Black origin.

An examination of the responses of male and female participants across the three sites revealed differences in their responses. Table 5 below shows the relationship between gambling responses as indicated by participants by gender controlling for city.

| Table 5: Gambling by Gender Controlling for City | | | | | | |
|---|---|---|---|---|---|---|
| Origin | Sex | N | Never or almost never | Sometimes | Fairly often or very often | Total |
| Halifax | Male (%) | 139 | 1.4 | 17.3 | 81.3 | 100 |
| | Female (%) | 161 | 4.3 | 9.3 | 86.3 | 100 |
| | Total (%) | 300 | 2.8 | 13.3 | 83.8 | 100 |
| Toronto | Male (%) | 132 | 3.8 | 6.8 | 89.4 | 100 |
| | Female (%) | 168 | 2.4 | 4.8 | 92.9 | 100 |
| | Total (%) | 300 | 3.1 | 11.6 | 91.1 | 100 |
| Calgary | Male (%) | 150 | 94.7 | 4.7 | 1.3 | 100 |
| | Female (%) | 147 | 96.7 | 3.3 | 0.0 | 100 |
| | Total (%) | 297 | 95.7 | 4.0 | 0.6 | 100 |

Analysis of the responses of male and female participants in the three cities revealed no significant differences in responses of women and men in the cities. However, a comparison of the responses shows that there are significant differences; there is a larger proportion of men and women in Calgary who indicated that they do not engage in gambling more than they intend to. Also, unlike Halifax and Toronto where the responses suggest that women gambled more than their usual amount compared to men, the responses in Calgary indicated that there are higher levels of gambling in men than

women. Eighty-one point three percent (81.3%) of men in Halifax and 89.4% in Toronto responded ''fairly often or very often'' while 86.6% of women in Halifax and 92.9% in Toronto responded in the same manner. Meanwhile in Calgary, no female respondent responded ''fairly often or very often'' to the question and only 3.3 responded "sometimes." These results therefore suggest that African Nova Scotian community members in Halifax and Toronto are at higher risk of developing gambling related problems compared to Calgary.

*Level of Gambling by Age*

In terms of age, significant differences were noted among young, middle age and elderly participants of African descent and the level of gambling among elderly participants was higher than that of the other age groups.

| Table 6: Gambling by Age | | | | | |
|---|---|---|---|---|---|
| Age | N | Never or Almost Never | Sometimes | Fairly Often or Very Often | Total |
| 18-34 (%) | 408 | 38.5 | 6.6 | 54.9 | 100 |
| 35-54 (%) | 364 | 33.5 | 8.0 | 58.5 | 100 |
| 55+ (%) | 128 | 19.5 | 9.4 | 71.1 | 100 |
| Total (%) | 900 | 33.8 | 7.6 | 58.7 | 100 |

The levels of gambling among the three age groups were 54.9% for young participants between 18 and 34 years old, 58.5% for the middle age group (35-54 years old) and 71.1 for elderly participants 55 years and above. The results suggest that gambling involvement increases with age and elderly participants indicated gambling more than their usual amount more often than those of the other age groups. This finding is not consistent with the 2007 Adult Prevalence study conducted in Nova Scotia which reported that gambling participation and the risk of developing gambling problems declined with age. However, the 2007 Adult Prevalence study did not take into account

the cultural variable or ethnicity to determine if there are differences in gambling participation or risk of developing gambling problems among different ethnic groups. According to the results of the RVH project, the risk for gambling problems among African Canadians increases with age.

*Level of gambling by Education Level*

In regards to education, participants with lower levels of education (high school education or less) indicated that they gamble more than their usual amount more frequently than participants with higher levels of education (more than high school education).

| Table 7: Gambling by Level of Education | | | | | |
|---|---|---|---|---|---|
| Education Level | N | Never or Almost Never | Sometimes | Fairly Often or Very Often | Total |
| High school or less (%) | 309 | 27.5 | 10.4 | 62.1 | 100 |
| More than high school (%) | 587 | 36.8 | 6.1 | 57.1 | 100 |
| Total (%) | 896 | 33.6 | 7.6 | 58.8 | 100 |

The levels of gambling for participants with lower education who indicated that they gambled "fairly often or more often" was 62.1% while that of participants with higher education was 57.1%. The findings show that participants with lower education gambled more than their usual amount thus putting them at greater risk of having gambling related problems.

*Level of Gambling by Income*

In addition, distinctions were noted in the levels of gambling among people of African descent who fall under the lower, middle, and high income brackets in Canada.

| Table 8: Gambling by Individual Income | | | | | |
|---|---|---|---|---|---|
| Income | N | Never or Almost Never | Sometimes | Fairly Often or Very Often | Total |
| Under $20,000 (%) | 364 | 36.8 | 6.0 | 57.1 | 100 |
| $20,000-$39,999 (%) | 304 | 32.6 | 10.9 | 56.6 | 100 |
| >$40,000 (%) | 177 | 29.9 | 5.6 | 64.4 | 100 |
| Total (%) | 845 | 33.8 | 7.7 | 58.5 | 100 |

In relation to individual income, the findings revealed that the levels of gambling for participants who responded "fairly often or very often" were 57.1% for those with low income (under $20,000), 56.6% for middle income ($20,000 – $39.999) and 64.4% for higher income participants (more than $40,000). This indicated higher prevalence of gambling among community members with higher income and a higher risk for gambling problems. A combination of the "sometimes" and "fairly often and very often" responses revealed the rate of gambling among participants was 63.1% for low income, 67.5% for middle income and 70% for high income participants. Therefore, the rate of gambling involvement and risk for problem gambling among African Canadians increased with the level of income.

Furthermore, there were significant differences in household income between African Canadians in the different income groups.

| Table 9: Gambling by Household Income | | | | | |
|---|---|---|---|---|---|
| **Income** | **N** | **Never or Almost Never** | **Sometimes** | **Fairly Often or Very Often** | **Total** |
| **Under $40,000 (%)** | 431 | 37.4% | 7.7% | 55.0% | 100 |
| **$40,000 - $59,999 (%)** | 161 | 26.7% | 8.1% | 65.2% | 100 |
| **Over $60,000 (%)** | 210 | 31.0% | 6.7% | 62.4% | 100 |
| **Total (%)** | **802** | **33.5%** | **7.5%** | **59.0%** | **100** |

For household income, the levels of gambling were 55.0% for participants with low income (under $40,000), 65.2% for the middle income ($40,000 - $59,999) and 62.4% for high income participants (income over $60,000). While the results indicate higher levels among African Canadians in the higher individual income bracket, the level of gambling based on household is higher among those in the middle-income bracket.

**Discussion**

The findings of the RVH project conducted in Halifax, Toronto, and Calgary revealed that African Canadians engage in gambling as a coping mechanism for dealing with racism and violence, and other stressors. The results suggest that a large proportion of African Canadians gamble more than their usual amount and may be at risk of developing gambling related problems. Although people of Canadian Black origin have a higher prevalence of gambling engagement and are at increased risk for gambling problems, African Canadian community members of Caribbean and African origin are also at risk of developing gambling related problems in an attempt to cope with racism and violence.

In regards to city of residents, African Canadian community members who reside in Toronto have a higher rate of gambling compared to community members in Calgary and Halifax, with Calgary having the lowest level of gambling involvement. Furthermore, the findings revealed that irrespective of gender, African Canadian men and women are at risk for problem gambling as they gamble more than their usual amount. The risk for gambling problems is slightly higher among African Canadian women compared to men while the risk for gambling problems according to the 2007 gambling prevalence study is two times higher in male than female.

Based on age, the results of the RVH project suggest that the rate of gambling and risk of developing gambling related problems increase with age. This result is not consistent with the results of the 2007 Adult Prevalence study which indicates that the risk for gambling problems decreases with age. Considering the fact that the prevalence

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study did not include African Nova Scotians in the sample, it can be said that among African Canadians, gambling is more prevalent among elderly individuals and the risk for gambling problems increases with age.

Moreover, African Canadian community members with lower levels of education are more engaged in gambling than those with higher education levels. Also, individuals with lower individual income gamble more than those with middle and higher income, while in terms of household income, gambling is more prevalent among those within the middle income bracket. This therefore puts them at risk of developing gambling problems.

In conclusion, gambling appears to be a coping mechanism for African Canadians experiencing racism, violence and other stressors in their lives. Gambling more than their usual amount puts community members at increased risk for gambling problems. Irrespective of origin, city of residence, age, gender, level of education and income, African Canadians engage in gambling activities at increased levels. While many studies have not focused on problem gambling among members of this group, the RVH project reveals that African Canadians are also at risk for developing gambling related problems.

While prevalence studies have not included African Canadians, the results of the Racism, Violence and Health (RVH) Project reports that African Canadians engage in gambling activities. Although the RVH project presents findings based on a sample of African Canadians resident in Toronto, Calgary, and Halifax, the results indicate that a significant number of African Canadians in these areas are involved in gambling and they

are therefore at risk of developing gambling problems. Clearly, there is a need for prevalence studies in Canada to include this group specifically.

## CHAPTER FOUR: METHODOLOGY

**Research Design**

In order to provide an in-depth understanding of help-seeking from the perspectives of African Nova Scotians, an exploratory research design was used. An exploratory research design allows the use of powers of observation, inquiry, and assessment to form tentative theories of what we see and experience (Faulkner & Faulkner, 2009, p. 9). Additionally, an exploratory design is generally used to explore understudied topics by asking open-ended questions (Faulkner & Faulkner, 2009, p.9). The major emphasis of exploratory research design is on the discovery of ideas and insights (Churchill & Iacobucci, 2009, p.58). Employing an exploratory research design therefore provided insight into the lived experiences of African Nova Scotians with gambling problems, and an understanding of help-seeking behaviours for gambling related problems. Utilising an exploratory research design helped to identify the factors contributing to help-seeking, and helped identify solutions to the problem.

Qualitative research is the study of things in their natural settings, attempting to make sense of, or interpret phenomenon in terms of the meanings people bring to them (Denzin & Lincoln, 2000, p. 3). In other words, qualitative research is geared towards understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences (Merriam, 2009, p.7). Using a qualitative research method in this study provides a better understanding of the experiences of African Nova Scotians with gambling related problems and their

perceptions of treatment services for problem gambling.  This qualitative research method therefore proved to be appropriate due to the small sample size.

**Research Objectives**

This qualitative study was designed to explore the perceptions and experiences of help-seeking by African Nova Scotians who self-identify as problem gamblers, and individuals who have been impacted family members' excessive gambling. It sought to get the perspectives of African Nova Scotian community members who have knowledge of gambling and help-seeking concerns in the African Nova Scotian community. Furthermore, this research examined the impact of problem gambling and the structural and/or cultural factors that either promote or hinder help-seeking for African Nova Scotians with gambling related problems.

The following research questions were addressed:

    i.    What is the nature and impact of problem gambling on individuals, families and African Nova Scotian communities?

    ii.    What are the experiences and/or perceptions of individuals, family and community members in regards to professional treatment services for problem gambling? What are the preferred sources of support for African Nova Scotians with gambling related problems?

    iii.    What are the factors that may either promote or hinder professional help seeking? How do structural and/or cultural factors combine to influence help-seeking?

Before the interview, copies of the interview questions were given to participants who asked for them.

**Sampling**

Two sampling techniques were used in this research, purposive and snowball sampling. Purposive sampling consists of selecting a sample based on one's knowledge of a population or drawing a sample with some predetermined characteristics in mind (Faulkner & Faulkner, 2009, p.78). As such, participants chosen for this research were African Nova Scotians who had or are experiencing gambling problems, family members who have been impacted by gambling related problems and African Nova Scotian community members.

Snowball sampling is a technique wherein the researcher starts with one or more members of the group being studied to gain access to other members of the same group, through a referral system for the purpose of building the same (Faulkner & Faulkner, 2009, p. 78). Because problem gambling is a sensitive issue and African Nova Scotians with gambling problems and family members who have been impacted by problem gambling were difficult to locate, snowball sampling proved to be useful and appropriate.

Sixteen (16) participants were recruited for this study from the African Nova Scotian community. Research participants were made up of two (2) individuals with gambling related problems, five (5) individuals impacted by family members with gambling problems and nine (9) members of the African Nova Scotian community. All participants recruited in the study were above 18 years of age.

**Data Collection**

Semi-structured interviews (see Appendix H: interview guide) were used to collect data and the interviews were audio recorded. These interviews were conducted face-to-face and on the phone. Using semi-structured interviews allowed for two-way communication and the interviews were conducted with a fairly open framework. An interview guide with open-ended questions seeking detailed information about problem gambling, its impact and treatment seeking was used in the data collection process. Questions were related to the following;

- The nature of problem gambling – their understanding of problem gambling

- The impact on problem gambling on individuals, family members and perceived impact on the African Nova Scotian community.

- Their experiences with treatment services

- Challenges faced in seeking help for gambling related problems

- Structural and/or cultural factors that influence help-seeking

- Preferred treatment or support services

Participants were given the opportunity to talk about any issues they perceived as relevant to the research. The interviews were conducted in an ethical manner and in the most conducive atmosphere possible for the participant and the researcher.

**Instruments**

*Screening Instruments*

The Canadian Problem Gambling Severity Index was administered to individuals with gambling problems. This screening tool is a self-assessment guide used to determine whether an individual has a problem with gambling and to determine the degree of severity. It consists of 9 questions and includes a straightforward interpretation of the scores. Only individuals whose scores indicated medium or high risk of problem gambling participated in the study (See Appendix E). This screening tool was administered only to potential participants who self-identified as problem gamblers. A 10th question has been added to the screening tool to determine if potential participants have multiple addiction problems (See Appendix E: question 10).

The Addictions Foundation of Manitoba screening tool was used to identify family members impacted by problem gambling. This tool is made up of 14 questions that are used to determine if someone else's gambling is affecting a family member in some way. Family members chosen for this study were those whose scores indicate moderate and high levels of impact (See Appendix F). African Nova Scotian community members recruited in this study were individuals above eighteen (18) years of age who were willing to share their  perceptions of problem gambling, its impact on the African Nova Scotian community as a whole, and their views on available treatment services.

*Recruitment Instrument*

Posters and information sheets were distributed in African Nova Scotian communities to recruit participants. The posters and information sheets provided a brief description of the purpose of the research, name of the funder, inclusion criteria and exclusion criteria, time commitment and the contact information of the principal researcher (See Appendix C & D: recruitment poster & information sheet).

**Data Analysis**

The data analysis approach used in this research was a thematic analysis. "Thematic analysis involves the search for and identification of common threads that extend throughout an interview or set of interviews" (Morse & Field, 1995). Thematic analysis illustrates important themes in the description of a phenomenon under study. This is achieved through listening to tapes and re-reading transcripts for related categories with similar meanings (Daly, Kellehear, & Gliksman, 1997). This approach to data analysis was used to provide rich and insightful information on the perceptions and experiences of African Nova Scotians in regards to problem gambling and service accessibility.

Nviv0 9 was used to assist in the organization of data collected. In analysing the data, interview transcripts were read and reread closely a number of times in order to understand the psychological and social world of each participant and to find new insights into the experiences and perspectives of participants. Annotations about experiences and perspectives, similarities and differences, contradictions, and language

used were made on each participant's transcript. Nvivo was used to assist with annotations, note extracts from interviews and to identify emerging themes. The emergent themes were connected, clustered together and grouped into superordinate and sub-themes. Recurring themes were noted while emerging issues were analyzed as well.

**Ethics Consideration**

A research proposal was submitted to the Office of Research Ethics Administration at Dalhousie University for review. All relevant documents and research material (i.e. informed consent form, information sheet, recruitment poster, Canadian Problem Gambling Severity Index, interview guide, debriefing material, and list of support services and screening tool for family members) were submitted to the ethics review board. The Office of Research Ethics Administration is committed to protecting the dignity, rights, safety and well-being of all individuals involved in this research in order to ensure a high level of ethical research. Ethics approval was granted on August 3rd, 2011 (See Appendix A: approval letter).

During the data collection process and reporting of the findings, a number of measures were taken to maintain confidentiality and ensure the safety and comfort of research participants. Participants were informed about the main purpose of the research and were made aware that an audio recorder was being used during the interview and that direct quotations would be used in reporting the findings. They were also informed that the quotes would not be directly attributed to them.

Participants were given an option to either do a face-to-face interview or a telephone interview to ensure their comfort. Additionally, participants were told that they were not obliged to answer all the research questions and they were free to withdraw from the study at any time. Interviews were carried out in agreed upon locations to ensure privacy, and data collected was stored in a secured location (see Appendix B: informed consent form). In regards to the retention and destruction of the data, participants were

informed that the data collected will be retained securely for 5 years (2011-2016) and will be shredded in 2016. Audio recoded interviews were erased from the audio recorders after transcription.

Pseudonyms were assigned to participants to protect their identity and personal identifying information has been reported in the findings. Moreover, participants were made aware of the possible risks involved in participating in the study. Steps were also taken to minimize risk by notifying participants of the availability of some service providers of African descent and other support services. Participants signed an informed consent form and were compensated for taking part in the study. A lay summary of the results of the research study was sent to participants interested in the findings

In order to minimize risk, participants were reminded of the purpose of the research. They were reassured that interviews will be conducted in a non-judgmental way, and the information provided will be used solely for this research. Participants with gambling related problems and those impacted by family members with gambling problems were reminded of the availability of African Nova Scotian service providers and other support services. Close attention was placed on the body language of participants to ensure that they were not uncomfortable with the interview. Check-ins was done during the interview to ensure that participants had no concerns.

*Trustworthiness*

A literature review was conducted and extensive fieldwork was carried out prior to the interviews with participants. Workshops were conducted in African Nova Scotian communities and community members shared their views on gambling and problem gambling. Direct quotations were used to present the perspectives of participants. Moreover, checking was done with community members to ensure that the interpretation of the findings were valid. Continuous critical reflection was also used to prevent potential predispositions from affecting the research process and conclusion.

**CHAPTER FIVE: FINDINGS**

This chapter presents the results of the experiences of individuals with gambling problems and individuals who have been impacted by a family member with gambling related problems. It also presents the perceptions of African Nova Scotians in regards to gambling, problem gambling and treatment services. Additionally, the factors that prohibit help-seeking are presented, including recommendations made by community members to improve service accessibility.

**Participants' Demographic Profile**

The pie chart below shows the location of participants.

**Figure 1: Location of Participants**

- Halifax
- Dartmouth
- Cape Breton
- Preston
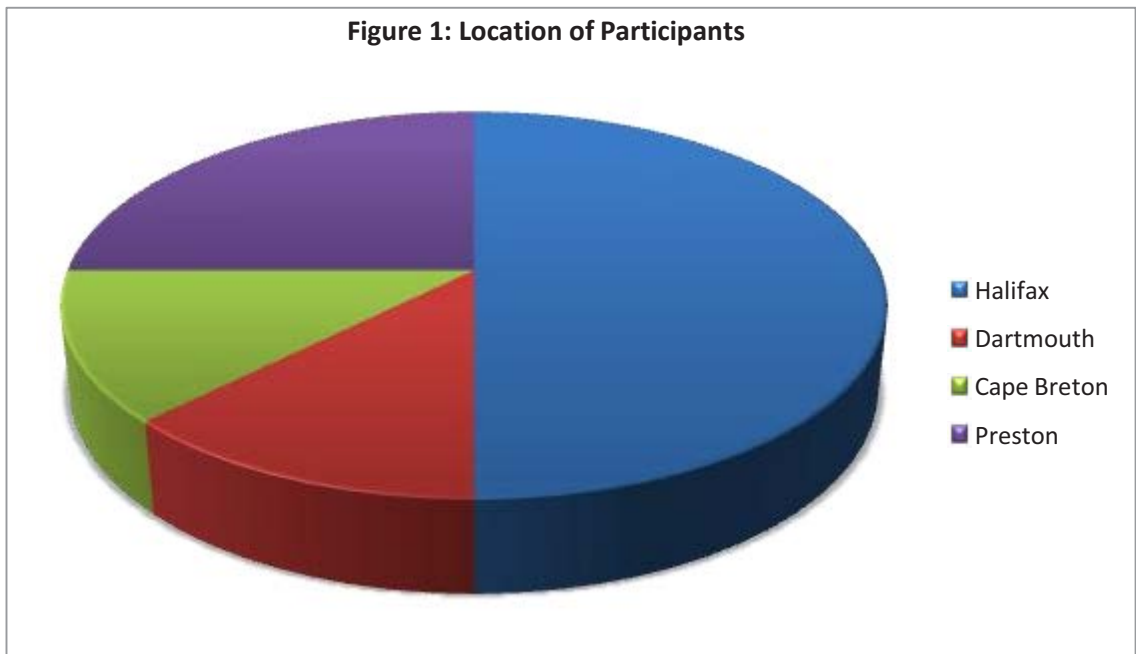
As illustrated in the chart above, the sample was made up of African Nova Scotian community members who resided in Halifax, Dartmouth, Preston (North and East Preston) and Cape Breton. Eight (8) participants were recruited from Halifax, four

(4) from the Preston area, two (2 from Dartmouth and two (2) from Cape Breton. The majority of the participants therefore resided in Halifax, followed by the Preston area.

The ages of research participants ranged from 25 to over 61 years old. The table ten (10) below shows the age range and gender of participants in this study.

**Table 10: Participant Age Range and Gender**

| AGE RANGE | GENDER | | NUMBER |
| --- | --- | --- | --- |
| | FEMALE | MALE | OF PARTICIPANTS |
| 25-30 | 2 | 1 | 3 |
| 31-40 | 3 | 1 | 4 |
| 41-50 | 3 | 1 | 4 |
| 51-60 | 3 | 0 | 3 |
| 61 AND OVER | 1 | 1 | 2 |
| TOTAL | 12 | 4 | 16 |

As illustrated in the table above, the majority of participants were between the age ranges of 31 to 40 and 41 to 50. Moreover, most of the female participants were between the agesof 31 to 60.

The annual individual income range of participants is illustrated below.

**Table 11: Annual Income of Participants**

| INCOME RANGE ($) | GENDER | | NUMBER |
| --- | --- | --- | --- |
| | FEMALE | MALE | OF PARTICIPANTS |
| $20,000-$30,000 | 6 | 2 | 8 |
| $31,000-$40,000 | 1 | 0 | 1 |
| $41,000-$50,000 | 3 | 1 | 4 |
| $61,000 AND OVER | 2 | 1 | 3 |
| TOTAL | 12 | 4 | 16 |

According to the table, most of the participants (8 out of 16) had an annual income range of $20,000 to $30,000, followed by those in the annual income bracket of $41,000 to $50,000. Two participants had struggled with problem gambling; the age range was 31 to 40 for the female participant and 41 to 50 for the male participant. Both participants had an annual income range of $20,000 to $30,000. In all the income groups, female participants were more represented than male participants.

African Nova Scotians in this research shared their experiences and perceptions of gambling, problem gambling and treatment services. The responses of participants focused on their understanding and perception of gambling and problem gambling, reasons for gambling, perceptions of treatment services, factors preventing help-seeking, preferred services and recommendations made by participants to improve on service delivery, and increase service accessibility. The emergent themes have been grouped into categories and are discussed in detail, with first voice accounts of individuals who have

been impacted by gambling related problems. In order to maintain confidentiality, pseudonyms are used to present the participants' experiences.

**African Nova Scotians' Perception of Gambling and Problem Gambling**

The results revealed that participants have various perceptions of gambling and problem gambling. These perceptions emerged in the following themes:

*Gambling as a form of entertainment*

*Problem gambling as an addiction*

*Problem gambling as a White man's issue*

*Silence around gambling in the African Nova Scotian community*

Each of these themes is discussed in detail with first voice accounts from participants.

*Gambling as a Form of Entertainment*

Ten participants in the study viewed gambling as a form of entertainment and indicated that community members "*do not see anything wrong with it*." Some of the participants indicated that many generations ago, gambling was a way for men in the Black community to get together and socialize; gambling always has been viewed as a normal social activity. It is therefore considered a part of everyday life for some participants. Becca, an individual who has been impacted by her father's gambling stated that:

> *Many people look at gambling very differently and they look at it mostly as*
> *a form of entertainment, as a way to make quick money and get rich. It could*

*be part of the Black culture because growing up, I remember men in my community used to get together and play card games almost every day and in the evenings. I think they still play card games today. It was seen as a form of socializing with neighbours, friends and other members of the community and there was nothing wrong with it.*

Individuals who have been impacted by gambling indicated that the types of gaming activities engaged in included casino gambling, VLTs, Lotto 649, super7, scratch tickets, bingo and horse racing. Bingo, VLTs, and lottery tickets were listed as the most common games that community members engaged in.

*Problem Gambling as an Addiction*

While participants viewed gambling as a social activity or form of entertainment, they indicated that gambling can become a problem when it is done in excess and has negative effects on individuals. They viewed problem gambling as a form of addiction like other addictions and recognize that a person with a gambling problem needs help just like any other person struggling with alcohol or drug addiction.

Although there has been lack of research on the prevalence of problem gambling among African Canadians, participants indicated that problem gambling may be a major problem in the African Nova Scotian community due to the fact that low income groups are at risk of developing gambling problems. An inference can be made that the prevalence of problem gambling is higher among African Nova Scotians because community members fall under the lower socio-economic stratum compared to other

groups in Canada. As illustrated in the income demographics, the majority of participants had an annual income of $20,000 to $30,000.

*Problem Gambling as a "White Man's Issue"*

The results also revealed that some participants perceive problem gambling as a hite man`s issue. One of the reasons for this is that some community members look at gambling in terms of economic status. Annie stated that:

*If you look at the whole field of addictions, gambling and the profile of the gambler is the white male with money. You know that middle class, middle age white man. It is the image that people have of a person who has problem gambling, who gambles away all his money and goes and commits suicide. Yes, that is the profile of someone with problem gambling.*

Participants stated that some members of the African Nova Scotian community therefore do not view problem gambling as having an impact on them. In addition to this, most of the social policy and the media messages around gambling do not reflect African Nova Scotians; this tends to affect their view of problem gambling. Marie67 said:

*So if the government of Nova Scotia looks at gambling and the gambling industry, that does not fit with the cultural reality of the Black folk. So it is the social messaging, social policy is about wording and Black folks are going to see that as a problem… So I think it is the way social policy and the larger white society has defined problematic gambling and the Black community*

*does not own that. So it's in their point of view because a lot of gambling*

*activities in the Black community is thought of as gaming, game playing.*

The lack of media messages that encompass the cultural reality of African Nova has therefore influenced the perception of problem gambling. As such, members of the community view problem gambling more as a form of entertainment than a problem and may not admit that problem gambling has negative effects on the life and well-being of members of the African Nova Scotian community.

*Silence around Gambling in the African Nova Scotian Communities*

Among members of the African Nova Scotian community, participants revealed that problem gambling is an addiction that community members do not talk about. There is a silence or secrecy around problem gambling which tends to minimize its impact in the community. Annie, an individual impacted by extended family members with a gambling problem revealed that:

> *… Part of the problem, which is why I decided to do this (interview), is this*
>
> *silence, the secrecy of the gambling problem…I think we live in a society*
>
> *where people don`t want to get involved in other people`s personal affairs, so*
>
> *no one wants to talk about it.*

The silence around problem gambling in the community made community members unwilling to acknowledge having gambling problems.

**Reasons for Gambling**

Participants who had gambling related problems and individuals impacted by family members with problem gambling discussed the reasons for gambling which eventually progressed to problem gambling. These reasons which have been grouped into themes include the following.

- Gambling for socialization

- Gambling to "make quick money"

- Gambling to cope with stressors

- Gambling to deal with relationship breakdown

*Gambling for Socialization*

Participants indicated that gambling is a form of socializing especially for seniors who are retired. Gambling is considered part of the daily activities of some community members and participants indicate that gambling is a way to interact with other members of the community. Given the perception of gambling as a form of entertainment, participants impacted by problem gambling reported that their decision to start gambling was mainly for fun and entertainment. Alfie stated that:

*I know that seniors especially gamble a lot since they are retired and need to get out of the house or find some form of entertainment. So there are many seniors taking part in bingo or going to casinos to gamble… My community views gambling as a form of entertainment, so most people do not see*

*anything wrong with gambling which is why people get addiction but still do*

*not acknowledge that gambling is affecting their lives in a bad way.*

Gambling is therefore viewed as a form of socialization or entertainment among some African Nova Scotian community members.

*Gambling to "Make Quick Money"*

Gambling to enrich one's self was also identified as one of the reasons for gambling. Given the low income of some members of the African Nova Scotian community, participants indicated that community members engaged in gambling to "*make quick money*" and solve financial problems. A female participant, Talia, who struggled with gambling problems for three (3) years, shared her experience with problem gambling.

> *I started gambling mainly to win some money. When I used to see people winning money on TV, I told myself I could get lucky and win a lot of money to solve all my financial problems. So I started to gamble and just became used to doing it. Winning money was a quick way to solve all the financial problems.*

Pascal, a male participant who also struggled with problem gambling for sixteen (16) years shared his reasons for gambling stating that he started gambling:

> *To make extra money. I actually started gambling when I used to go with my friends to hang out in casinos and we will play one or two games. I won a few times, not much money but then I thought there was a possibility of me*

*winning as I used to see other people who won millions of dollars. So I continued playing games, betting so that I could get lucky and win a lot of money to solve my financial problems… It is hard to get a good job that pays well so it is hard not to hope that you will win some money someday.*

The two participants who had gambling problems were within the age range of 31 to 50 years. Both participants had an individual annual income range of $20,000 to $30,000. One participant noted that community members who are unable to work as a result of disabilities and those who lacked life skills viewed gambling as an easy way to make money.

The results therefore revealed that the profiling of individuals in the media who won huge sums of money influenced individuals to gamble and reinforced the view that gambling is an easy way to get out of poverty. Although individuals with multiple addictions were not included in this research, individuals who had family members with gambling problems and community members revealed that gambling is a way for those with gambling problems to make money and feed other addictions like alcohol and drugs.

*Gambling to Cope with Stressors*

Participants acknowledged that members of the African Nova Scotian community experience various stressors in their daily lives and try to cope with these stressors in different ways. While exploring gambling as a coping mechanism, a number of sub-themes emerged.

The sub-themes include:

- *Gambling as a way to cope with illnesses/diseases*

- *Gambling to escape isolation/loneliness*

- *Gambling to deal with racial discrimination*

- *Gambling to deal with relationship breakdown*

*Gambling as a Way to Cope with Illnesses/Diseases*

Participants acknowledged that some African Nova Scotians struggle with illnesses and disabilities and gambling is a way to cope with the everyday stressors associated with health problems. A participant whose father had struggled with problem gambling for twelve (12) years revealed that her father was very ill and used gambling to take away some of his pain. Marlia said:

> *My father was a big gambler… I think gambling for him was also a way to escape some of the health problems he had. He had diabetes, cancer and went through a number of painful surgeries. So gambling was a way for him to take his mind off some of the pain and the illness. It was a difficult time for him especially for a person who was once very strong and the illness made him unable to work for years as it led to other disabilities. So in a way, gambling helped him cope although it was not a very healthy coping strategy.*

Lucy, another participant who had a close friend struggling with problem gambling stated that:

*A friend of mine goes often (to gamble), she refers to it as going to the*

*doctors. She is dealing with a serious health issue now. So that is one of*

*her coping mechanisms.*

Participants also stated that community members who have been unable to work due to disabilities and have experienced various forms of discrimination utilize gambling to deal with disabilities.

*Gambling is also a way to cope with different disabilities people have or*

*cope with the inability to work due to a disability. Having a disability*

*creates a lot of obstacles in a person's life like discrimination in*

*employment and the negative stereotypes people have out there about*

*individuals with disabilities. And for a Black person, this is much more*

*severe because on top of the disability, the person also experiences*

*everyday racism. So some community members see gambling as the way to*

*deal with these challenges the disability and their race brings.*

*Gambling to Escape Isolation/Loneliness*

Additionally, the results from participant's responses revealed that gambling is a way to escape loneliness or isolation especially among African Nova Scotian seniors who are retired or are struggling with disabilities. Annie revealed that gambling was a way for her extended family member to deal with isolation.

*He struggled with a disability and was very socially isolated and*

*marginalized because of that and I think started gambling as a way of*

*breaking his isolation. He used to play the VLTs and there was one just around the corner from where he lived and he lost everything.*

Gambling to deal with isolation was viewed as a reason why some seniors and individuals with disabilities gambled.

*Gambling to Deal with Racial Discrimination*

Racism and discrimination have been linked to gambling and participants indicated that some community members gamble in order to deal with the effects of racial discrimination. Simpa, a male community member stated that:

*Racism could be another factor because I see it as a sensitive topic but it's got a long residual effect, it's gone down from generation to generation. I do think racism plays a part in it, not entirely but I do feel that there are some people that are racist towards others.*

Participants also pointed out that individuals in the community experience internalized racism and use gambling as a way to cope with it. According to Lucy,

*I just think we don't feel accepted, we don't have a place, we've never named ourselves as people… We look at ourselves and we go to look for something to help me which even adds more to the fact that there is something wrong with me.*

Racism and discrimination therefore is a reason why members of the community engage in gambling activities.

*Gambling to Deal with Relationship Breakdown*

Participants reported that gambling was a way to deal with family and relationship breakdowns. For Pascal, gambling was a way to deal with the breakdown of his marriage. Recounting his experience, Pascal revealed that:

*Another thing that may have contributed to gambling for me is that my spouse left me some years back and while we were going through a divorce, it was really hard on me. So hanging out with my friends in casinos was a way to deal with the divorce and it helped me not to think about it. I was not gambling at the time, it (the marriage) just did not work out. So in a way, gambling was a way to deal with my marital problems and of course I hoped to win some money.*

Participants acknowledged that African Nova Scotian community members deal with a lot of stressors in their lives and while some individuals employ positive coping mechanisms, others do not. As such, when struggling with relationship problems in combination with other problems, gambling became a coping mechanism for some community members.

**Impact of Problem Gambling on Members of the African Nova Scotian Community**

The results of the research indicated that problem gambling had far reaching effects on individuals with gambling problems, family members (whether immediate or extended), and the African Nova Scotian community as a whole. The different impacts of problem gambling include financial problems, physical and mental health problems, suicide and suicide ideation, breakdown of family dynamics and negative reputation of the African Nova Scotian community.

*Financial Problems*

Financial problems were the most common theme identified by participants as an impact of problem gambling. Individuals who have been impacted by problem gambling revealed that problem gambling led to loss of businesses, inability to pay bills and increase in debt. Pascal said:

> *I have been unable to take care of some bills especially after losing a bet. There have been some times when I have gambled my pay cheques in hopes of doubling the money I have but it didn't go so well. So when you lose that kind of money, it is hard to get it back or take care of rent, bills, and groceries.*

Problem gambling also led to the loss of homes and participants noted that there are family and community members who are homeless and live in shelters as a result of problem gambling.

*Physical and Mental Health Problems*

The results also suggested that problem gambling led to mental health issues like anxiety and depression which led to other health problems. Mood swings and anger were also highlighted as common effects after the loss of a bet. Annie, a female participant who had six extended family members with gambling related problems stated that problem gambling has had health implications for one of her extended family members.

> *One other male in the family, I think the gambling addiction is in addition to other addictions and he has basically lost everything. He is basically living in the shelter and any money that he gets, what he typically will do is gamble to try to get more money to feed the other habits… He struggled with gambling for about 35 years. It is nothing short of a miracle that he hasn't killed himself already because he has just totally battered his body, drugs, alcohol and the gambling is just an added layer.*

Hence this participant revealed that gambling led to other addictions, fed other addictive behaviours and negatively impacted the health of individuals.

*Suicide and Suicide Ideation*

Participants noted that financial problems brought about depression and this sometimes led to suicide and suicide ideation as a way of trying to escape financial problems or other stressors due to problem gambling. Marie67 recounted her experience

with an African Nova Scotian who wanted to commit suicide as a result of problem gambling. She revealed that:

*They (some African Nova community members) grab a beer, sit down, get to the machines and engage in that kind of problematic gambling which has a higher rate of issues around depression, suicide, suicide ideation. I have one patient who came to the emergency department, she was suicidal, a Black woman, because she had just lost all her money in the VLT and did not know how to cope. Now she is three months behind in her rents, unable to afford a car, groceries and those kinds of things. So she came here ashamed saying that she wanted to kill herself but did not want to say that it was because of her gambling.*

Problem gambling therefore led to suicide or thoughts of suicide as a way to deal with the effects of problem gambling.

*Breakdown of Family Relationships*

In addition to the health effects of problem gambling, participants identified the breakdown of family relationships as another negative impact of problem gambling. Participants indicated that gambling led to the breakdown of family dynamics, including withdrawal from family members and mistrust of the individual with gambling problems. One of the participants Annie stated that:

*The third one (female extended family member) ended up stealing from her mother to support her habit… that was pretty devastating and I was the one*

*that uncovered that... Even when the theft was uncovered, people made excuses. They never confronted her; they almost acted as though they were afraid to confront her. And I believe it is still going on. It is not as easy to have access to the money now. She doesn't have access to the same amount of money but I believe she is still helping herself when she needs it. So that impacts family relationships, family dynamics, it impacts the level of trust, you don`t have it basically.*

Stealing money from other family members therefore contributed to the deterioration of family relationships.

*Negative Reputation on the African Nova Scotian Community*

Most of participants asserted that problem gambling has a profound impact on the African Nova Scotian community as it destroys the community spirit and reputation of the community. Participants added that problem gambling prevents community members with gambling problems from contributing constructively for the good of the community. According to a male community member, Makiro:

*Every community is made up of different individuals. Where individuals are the building blocks of the community, the community well-being is heavily dependent on individual well-being. So when individuals cannot function and contribute positively to the community it does adversely affect the community I will think, and it may be that such effects may be seen in individuals who interest in volunteering. They may not be willing to*

*volunteer in initiatives such as after school programs or cultural events or other such initiatives. So their participation in the community activities would be reduced and that's how the community does not benefit.*

Due to financial problems and the need to get more money to gamble as well as feed other addictions, both male and female participants revealed that some individuals get involved in criminal activities like theft from family members, embezzlement from places of employment and theft from the church. Marie 67 revealed that:

*I think it (problem gambling) has increased issues around violence and how violence is now perpetrated in the community, lots of partner abuse, issues around criminal activities, murders in our community, playing with cards games and drinking. That stuff is getting out of control and the next thing you know, kids are shooting other kids because they owe them the money for a game or gambling activity that was in a social context.*

Another participant, Parsons, revealed that members of the African Nova Scotian community are viewed more as consumers as they are unable to contribute to the growth of the community as a result of problem gambling. Parsons said:

*As a whole, it (problem gambling) definitely depletes our ability to manage money well, not only are we unable to fight for our family property but we are also in a sense denying our children the kind of benefits they should have, for example in education, in a sense of self-esteem. It seems to minimize our ability to sort of manage business. We aren't seen as people who are in those*

*areas in that field; we are more consumers than producers. So it paints us*

*negatively as people who are consumers. So gambling is related to my ability*

*to be able to get more so I can spend more and that is the way I see it.*

Both male and female participants of all ages and income range who took part in the study highlighted violence and other criminal activities as perpetuated by gambling. Participants also asserted that problem gambling gave rise to other addiction problems like drug and alcohol abuse which also brought about criminal activities and violence. The diagram below illustrates the relationship between problem gambling and its overall impact on the African Nova Scotian community.

**Figure 2: Impact of Gambling on the African Nova Scotian Community**



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As illustrated in the diagram, the results revealed that problem gambling led to financial problems, physical and mental health problems and the inability of members of the African Nova Scotian community to contribute positively to the growth of the

community. These also give rise to criminal activities such as theft, embezzlement and murder in an attempt to get money for debts or to feed gambling habits. Criminal activities tend to destroy the spirit of trust and community spirit or connectedness shared by members of the African Nova Scotian communities. All these may in turn impact the reputation of the community. When community members become violent towards one another in order to reclaim gambling debts and indulge in other forms of addiction, it reinforces the stereotypes that exist about African Nova Scotians around issues of violence and addiction.

Makiro added that:

> *Also it (problem gambling) affects the reputation of the community. If you have a community in which there are a lot of problem gamblers, basically others may not necessarily look at the person that has a problem but at others as a community of gamblers. That is a negative reputation that comes with that. It will affect others in that community and how willing they are to interact with that community.*

The results therefore revealed that problem gambling does not impact only individuals and families; it has a greater implication for the African Nova Scotian community as a whole as it may lead to a negative portrayal of the community.

**Factors Preventing Help-Seeking among African Nova Scotians**

The length of time of problem gambling among individuals and family members impacted by problem gambling span from three (3) years to over thirty-five (35)years. One female participant struggled with gambling problems for three (3) years, and the other participants had experienced problem gambling for more than twelve (12) years, with some being as long as fifteen (15) to thirty-five (35) years. In spite of the length of time of struggling with gambling related problems, none of the participants reported that they had sought professional help for gambling related problems.

While a few participants acknowledged that they were aware of treatment services, participants did not perceive the treatment services as relevant to people of African descent. The two individuals who struggled with gambling problems for a number of years did not believe that accessing available treatment services would effectively meet their needs. The findings showed that personal, structural and cultural factors intertwine to create barriers to help-seeking for those experiencing gambling problems. Further, a great deal of emphasis was placed on structural and cultural factors preventing service accessibility. The personal barriers include the following:

- Lack of awareness
- Denial and shame
- Spirituality as a coping mechanism

*Lack of Awareness*

According to research participants, one of the reasons why community members with gambling problems do not access treatment services is the lack of awareness of problem gambling as a form of addiction. Considering the fact that most of the participants perceived gambling as a form of entertainment, the results showed that some members of the African Nova Scotian community failed to see the link between gambling and addiction as they viewed it solely as a social activity. Additionally, participants identified the lack of awareness of available treatment services as another obstacle to service accessibility.

*Denial and Shame*

An important factor that participants talked about is denial or the lack of acknowledgement that problem gambling is creating major problems in the lives of some African Nova Scotian community members. Denial was identified by all the participants as a major problem and participants noted that the first step to seeking help is to acknowledge that there is a problem. One participant, Alfie asserted that:

*Some of the problem will be that they don't want somebody to know, stubbornness, pretending that they don't have a problem, it doesn't exist. You know some people say to me, I don't have a problem. I like to gamble but I don't have a problem. So much of it is hidden; they don't want to accept responsibility… Some people tag themselves, if they can afford it (gambling), it really is not a problem. It is just something that I do. That would be a form of denial.*

Denial also is linked to shame as a result of the stigma that surrounds any form of addiction thus preventing members of the community from seeking help for gambling problems.

*Spirituality as a Coping Mechanism*

Another factor that prevents help-seeking is spirituality which plays an important role in the lives of African Nova Scotians. According to some participants, community members with gambling related problems relied on their faith in God as a way to cope with their gambling. Marie67 pointed out that:

> *...there are faith based initiatives for people of African descent who go to church. That's where they find their Balm in Gilead. That's where they find their healing. It doesn't mean that's where they find support, it doesn't mean that there can be behavioural change there.*

She added that in terms of spirituality, community members with gambling problems did not necessarily go to pastors for intervention but prayed about their problems with gambling.

> *They don't cope. They just manage. I don't think Black people go to pastors to talk about it (problem gambling). I think they go to church and pray about it. They don't necessarily discuss any intervention with pastors about those clinical issues because most of the pastors will not know what to do. They will just say, well pray about it.*

Another participant, Annie talked about an extended family member that was able to deal with problem gambling through spirituality.

*… This person is very much rooted in his faith. As part of his healing, he actually talked to his church about what he had done. Actually he had taken money from the church which is what he had done. And so he talked about that to the whole church and still received support, and for him I think that was incredibly healing.*

Spirituality, therefore, is a coping mechanism for individuals with gambling related problem and this prevents some individuals from accessing professional treatment services.

**Cultural Factors Prohibiting Help-Seeking**

Participants stressed a number of cultural factors which prevent service accessibility for African Nova Scotians. These factors include the following:

- Cultural perception of problem gambling
- Lack of culturally specific services for African Nova Scotians
- Underrepresentation of African Nova Scotian practitioners
- African Nova Scotian community as a close knit community
- Breakdown of community ties

*Cultural Perception of Problem Gambling*

Some of the participants indicated that problem gambling is sometimes perceived as a *White man's issue* because TV advertisements and prevention campaigns are not geared towards people of African descent. Prevention campaigns do not take into consideration multi-cultural differences, hence the messages do not reflect African Nova Scotian community members. Annie stated that:

> *One of the other barriers is really seeing gambling as a white man`s issue.*
> *That is the face of gambling that they see.*

Some participants viewed treatment services as geared towards Caucasians as most brochures and adverts do not represent or reflect people of African descent. This perception of gambling and treatment services combined with other factors therefore led to the perception of problem gambling as an issue that is not relevant to African Nova Scotians.

*Lack of Culturally Specific Services for African Nova Scotians*

The majority of the participants reported the lack of specific treatment services as a barrier to help-seeking. According to participants, community members feel uncomfortable in environments where treatment services are not culturally appropriate for them. Marie67 stated that:

> *Black folks tend to not want to come or feel uncomfortable engaging in an*
> *inappropriate program with mental health or addictions where service*

*delivery tends 90% of the time not to be culturally relevant, culturally competent and the strain of historical racism.*

Frida, another female participant also stated that some African Nova Scotians who had experienced racism lacked trust in treatment services.

*There are a lot of trust issues among African Nova Scotians, given their history and experiences with racism. Most African Nova Scotians are sceptical about services out there especially those who have experienced racism in schools, hospitals, employment. They just have a low opinion of treatment services and this may cause them to sometimes feel that they will not be treated fairly. So they just stay away and try to work on the problem on their own or get deeper in problems.*

Reiterating the lack of trust, Makiro, a male participant also asserted that service providers who are not culturally competent may also lack trust in African Nova Scotians which may impact service delivery. Makiro said:

*Some of those services are not delivered by African Nova Scotians… there may be issues of trust from the service providers themselves based on the history of the African Nova Scotian people's experience. So there is a lack of trust in institutions. So if the institutions are not well presented or have enough African Nova Scotians represented, it may act as a barrier to African Nova Scotians trusting those services or being willing to access them.*

According to the results, the lack of trust based on the perceptions and lived experiences of African Nova Scotians prevent service accessibility. In addition to this, the presentation of treatment services influenced the decision of African Nova Scotians with gambling problems to either access or not access treatment services. Marie67 revealed that:

> *When I walk into the door and there is nothing that is representative, there is nothing that speaks to my culture, my different visioning or my different cultural experience of mental health and addiction and how I frame my coping or my resiliencies or therefore lack of.*

The first impression individuals had of treatment services therefore affected the overall view of the services. Some participants revealed that treatment services were structured in such a way that the service providers did not take cultural differences into consideration and therefore community members were sensitive to the approach used. According to Makiro:

> *A key cultural barrier may be that the way in which the services are structured does not take into account the African Nova Scotian's way of communicating with each other and if those services are provided in a very paternalistic way, it may lead to alienation of African Nova Scotians…especially if the service provider is not an African Nova Scotian, then they are very sensitive to the paternalistic approach or an authoritative type of approach to providing services… Even where the services are*

*provided, the setting, tone of voice, things like that constitute part of the*

*structure of the service and if those are not tuned toward the comfort level of*

*the African Nova Scotian, they may act as a barrier.*

The structure of treatment services combines with other aspects to prevent service accessibility.

*Underrepresentation of African Nova Scotian Practitioners*

Furthermore, the results identified the underrepresentation of African Nova Scotian service providers as a factor preventing help-seeking. Community members felt uncomfortable in an environment where they were not represented. Moreover, community members did not trust treatment services and were reluctant to talk to practitioners who were not of African descent for fear that the cultural context of their problems would not be understood. Marie67 stated that:

*There are not enough of Black clinicians, so human resourcing is another*

*issue. And when you have one Black person or two Blacks working in mental*

*health or an addiction, that doesn't mean that the person should service the*

*whole community. They can be one of the champions to service the*

*community. If you have someone who is not culturally competent engaging*

*with that person (who has a gambling problem) there is a high propensity to*

*drop out of treatment.*

Hence, the underrepresentation of African Nova Scotian clinicians in treatment services poses a cultural barrier to help-seeking.

*African Nova Scotian Community as a Close Knit Community*

For many generations, the African Nova Scotian community has been a close knit community. While the closeness of the community is vital, it prevents some African Nova Scotian community members from seeking help due to confidentiality issues. In a community *where everybody knows everybody*, individuals stated that community members were worried that if one acknowledged a gambling problem everyone would hear about it. This community connectedness can *be a plus and negative* as individuals with gambling problems may benefit from the encouragement and support of family and community members, while on the other hand the stereotypes associated with any form of addiction may cause community members to worry about stigmatization.

Furthermore, participants revealed that this closeness sometimes prevented individuals from relying on pastors or the church for fear that their problems would not be kept confidential because the *church is part of the community and the people (community members) make up the church.* These findings suggest that the closeness of the African Nova Scotian community prevented help-seeking for gambling related problems.

*Breakdown of Community Ties*

As previously stated, the African Nova Scotian community is a close knit community and this may bring about confidentiality issues. Participants stated that in spite of this concern, the community spirit shared by African Nova Scotians has always been very instrumental for the survival of the community. However, participants noted

that the closeness of the community is in a state of decline as community members no longer care about the welfare of one another as they used to, and there is a lack of adequate support and encouragement. Parsons expressed this decline in this statement:

*We used to say it takes a village to raise a child…So I think part of our problem today is we have moved away from that, we don't look out for one another anymore, the communal fabric is torn and the sense of an elder looking and seeing me go the wrong way and be able to speak to me about it is no longer there because sometimes the elders are doing it… So there is that sense of brokenness, community brokenness that needs to be recaptured so that people can have that personal courage to talk about their issues knowing that they are heard for who they are and also accepted as a person even though their behaviour might be wrong.*

Hence, there is a relationship between the breakdown of community ties and criminal activities caused by problem gambling as it brings about lack of trust among community members. As a result of this lack of trust, the spirit of togetherness is negatively impacted and community members tend to *mind their business.* There is a lack of responsibility towards for another and a lack of encouragement to seek help for problem gambling.

**Structural Factors Preventing Help-Seeking**

In addition to the personal and cultural factors preventing help-seeking for problem gambling, there are also structural factors that hinder African Nova Scotians from accessing professional treatment services. The themes that were identified as structural factors include the following:

- Racial discrimination

- Geographic location of treatment services

- Inadequate prevention programs and campaigns

- Structure of programs and services

- Lack of collaboration between services and the community

Each of these themes is discussed in detail.

*Racial Discrimination*

Some participants revealed that experiences of racism and discrimination prevented them from accessing treatment services. Racial discrimination brought about lack of trust in participants and this lack of trust in institutions prevented them from seeking help. Pascal, who had been struggling with problem gambling, stated that:

*I have had many experiences of discrimination and racism in my life and it has left me with a very bad impression about services out there. My son has experienced racism in his school and in other areas. So I really do not trust most of the institutions be it health or education. So all these discourage me from even thinking about going out there to get some help.*

Experiences of systemic racism and other forms of racism also brought about internalized racism which prevented African Nova Scotians from seeking help. A female participant Lucy revealed that African Nova Scotians have never felt accepted in Nova Scotia. The ensuing negative self-perception has led to the belief that they will be rejected from treatment services.

> *The other part is being African Nova Scotians, a lot of the times we just go into something and we end up being rejected. We don't want to feel that rejection again because it is always like you are waiting for something to happen, whereby sometimes it's too painful for us to look at ourselves... And the other part I believe is African Nova Scotians have not ever been accepted in Nova Scotia. If you go back and look at our history, there's always been that part where nobody ever came out when we first came and said welcome. So for myself, I always used to feel I wasn't part of here, I did not belong here; I didn't know where I belonged... So I just think we don't feel accepted, we don't have a place; we've never named ourselves as people.*

Due to internalized racism, another participant noted some members of the African Nova Scotian communities do not go to services to seek help because talking to a practitioner who is not of African descent makes them feel inferior. Parsons stated that:

> *So if you have been marginalized and I am here to talk about services, then culturally speaking, you have it all, I don't have it. I will feel worse coming to where you are to get help. So the community bond is a strong part of our culture as Black people, and slavery and marginalization has only cemented*

*that sense of wanting, belonging because other people by virtue of their numbers can move anywhere, settle down and make it and you will have a problem because you are a minority, a smaller number. So there is that sense of I am less likely to go to the dominant culture and seek help than I would have gone to my own people if the resources were right there.*

Internalized racism also led to secrecy and some members of the community do not talk about their problems as they do not want to be perceived as not coping with the stressors in their lives. Experiences of systemic racism and discrimination have therefore led to poor perception of treatment services thereby preventing African Nova Scotians from seeking help for gambling related problems.

*Geographic Location of Treatment Services*

Participants who lived in the Preston areas (North and East) and Cape Breton revealed that the distance to services posed a problem for them because treatment services are not located in African Nova Scotian communities,. Although this was also identified by male and female participants within different age ranges, the majority of participants within the income range of $20,000 to $30,000 talked about transportation as a factor preventing services accessibility. Transportation was cited as a problem; buses were not very accessible and community members could not afford alternate means of transportation in order to seek help for gambling problems. Makiro stated that:

*I know there are geographic barriers to accessing the services. I know some of the services are located too far from where the African Nova Scotian community members live.*

Another participant Talia stated that:

*People in my community have also complained a lot about not being able to afford transportation to go to services or hospitals. I think that is a problem because not everyone has a car to drive around so sometimes people do not make it to appointments because they do not have money for taxi fare because the services are just too far off. The buses also run by the hour so if you miss one bus, that may mean missing your appointment because you will have to wait another hour for the next bus. But in town, there are so many options with buses but in the Black community, we do not have that option.*

The low income levels of African Nova Scotians account for the inability of some community members to afford alternate means of transportation to treatment services. According to the Office of African Nova Scotian Affairs (ANSA, 2008), African Nova Scotian males and females have higher unemployment rates than the general population. The unemployment rate for African Nova Scotian males is 15.7% compared to 13.5% of males in the general population while that of African Nova Scotian women is 11.3% compared to 10.4% of females in the general population. ANSA (2008) also reports that African Nova Scotian children are more likely to be living in low income households with a percentage of 44% for Blacks in Canada compared to 19% for the general population.

James, Este, Bernard, Benjamin, Lloyd & Tunner (2010) assert that African Canadians who took part in the Racism, Violence and Health Project reported financial issues, followed by unemployment as the greatest overall stress they experienced in their lives. Hence, some community members are unable to afford transportation to treatment services. Makiro asserted that:

*I don't know of any other cultural barriers per se but I know that there are income barriers; if the geographic location is unfavourable it may involve some means of transportation. For some I am thinking of places as remote as Glace Bay, Sydney, so services that are available to them has to be accessed in the Metropolitan areas of Halifax, well there are transportation issues and I know for some services they are located very far away from where the community members live. And so income comes into play because they cannot really afford accommodation and travel or they cannot afford a bus either to downtown Halifax from North Preston. So there are those barriers to take into consideration.*

The location of services and low socio-economic status of participants combine to prevent African Nova Scotians from seeking help for problem gambling.

*Inadequate Prevention Programs and Campaigns*

Participants noted that a lot of emphasis has been placed on treatment with very little emphasis on preventing problem gambling. Annie said:

*It is supposed to be prevention and treatment services but I think there is more of an emphasis on treatment and less emphasis on prevention.*

The lack of adequate prevention programs and campaigns therefore led to the lack of encouragement for early intervention. Another participant noted that practitioners are more reactive to problem gambling and do not do a lot to prevent programs in the communities. According to Parsons,

*Look at the whole of social work, you have to fight to be preventive in social work. It is more reacting, oh there is a family problem, then we run to help them get the problem resolved. I will say for 75% in any program of social work should be prevention, it should be putting teams in place so that people get to those places where they need to take risk.*

The lack of prevention programs and campaigns therefore prevents individuals with gambling problems from seeking help as they may be unaware of problem gambling as an addiction and may not be aware of treatment services for gambling related problems

*Structure of Programs and Services*

Some participants pointed out that treatment programs and services are structured in a way that does not take into consideration the childcare issues which may be preventing individuals who cannot afford childcare from accessing treatment services. Participants stated that if community members had to attend intervention sessions a number of times, the problem of affording childcare could be a major problem for some community members. Makiro stated that:

> *And also a structural barrier could be within the services themselves, how are they provided, what is the duration of each intervention, is it something that you will have to attend many, many times? Once you do, what are the impacts, how possible is it for you to do that? If you are a single mom or a single dad, whatever your family situation is, you may need assistance with child care. It may be possible today but may not be possible the week after and the next week after that. So are the services provided with that in mind or within the structure of the services is there consideration given to alleviating the cost that the individuals may incur which are associated to access to the services? If those are not included within the structure of the services, then those may act as barriers too.*

Given the low income of some community members, affordable childcare was viewed as a factor preventing help-seeking for gambling problems because not every community member can afford childcare, especially single mothers and fathers.

*Lack of Collaboration between Services and the Community*

The results of the research revealed a lack of collaboration between treatment services and the African Nova Scotian community around issues of addictions including problem gambling. According to some participants, service providers did not make an effort to identify the barriers that existed in accessing treatment services in order to minimize them. Makiro said:

*The main structural barrier is a lack of a strong connection between the service and the communities that are being targeted. There is no direct effort to reduce the barriers whatever those barriers be it geographic, to bring services closer to the communities, be it economic, making the services affordable to the community. Those are some of the barriers that will definitely play a role or maybe cultural, having service providers who are servicing that community include individuals that the community can relate to such as other African Nova Scotians or African Canadians.*

This lack of collaboration between service providers and the African Nova Scotian community therefore prevents help-seeking for gambling related problems.

The results of the study therefore revealed that some members of the African Nova Scotian communities perceived gambling as a form of entertainment, and others acknowledged that gambling for fun can progress into problem gambling. Some participants also perceived problem gambling as a form of addiction. There are various reasons why members of the African Nova Scotian community gambled and these

reasons included the desire to make money, socialize with others and deal with stressors. The results also revealed that problem gambling had negative effects on African Nova Scotians who gambled, family members and community members, affecting the health and well-being of individuals and the community as a whole. It is important to note that the majority of research participants did not perceive available services as relevant to the needs of African Nova Scotians with gambling problems. Their negative perception of treatment services impacted their decisions about whether or not to access treatment services. The factors preventing treatment therefore include personal, cultural and structural factors which intertwine to prevent help-seeking for African Nova Scotians.

**CHAPTER SIX: ANALYSIS**

This chapter provides a critical analysis of the results of the study and focuses on the lived experiences of African Nova Scotians and their perceptions of gambling, problem gambling and treatment services. It also analyzes the impact of problem gambling and the factors preventing help-seeking for gambling related problems.

*Potential Increase of Gambling and Problem Gambling among African Nova Scotians*

The perception of gambling as a form of entertainment by members of the African Nova Scotian community may bring about a potential increase in gambling and problem gambling among community members. The reason for this potential increase is that some African Nova Scotians may fail to see the connection between excessive gambling and problem gambling. In addition to this, African Nova Scotians' perception of problem gambling as an issue not talked about in the community may also lead to a potential increase in problem gambling among community members. When there is a silence around problem gambling, some African Nova Scotian community members are reluctant to acknowledge that they have gambling problems and this may increase the severity of the gambling problem. Moreover, some African Nova Scotians perceive gambling as a *White man's issue,* which may bring about a potential increase in problem gambling and the lack of help-seeking as some community members may fail to see the impact problem gambling has on their health and well-being. Thus, the perceptions of members of the African Nova Scotian community may tend to reinforce denial or lack of acknowledgement that problem gambling has negative effects on the lives of individuals.

**Figure 3: Perceptions of Gambling and Problem Gambling**



The diagram above shows that the perceptions of African Nova Scotians and reasons for gambling may lead to a potential increase in gambling and problem gambling among African Nova Scotian community members.

The results also indicated that some community members gambled to socialize with others, make quick money, and deal with stressors in their lives. Gambling to make money was most cited among individuals with low income and by both male and female participants. The implication of this is that the level of income impacts gambling activities, and individuals with lower income tend to view gambling as a way to solve financial problems. The profiling of lottery winners in the media also creates false hope that they too can win, reinforcing the perception that gambling is a way to get rich. Hence, the results suggest that irrespective of the age, gender and geographic location, gambling to win money

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was a major motivating factor for African Nova Scotians. Moreover, a low income level is a motivating factor for gambling among research participants. This may lead to an increase in the level of gambling and problem gambling among African Nova Scotian community members. Saulnier (2009) stated that African Nova Scotian university graduates earn about $12,000 less on average than other Nova Scotian graduates.

According to research participants, gambling is used as a coping mechanism for dealing with racial discrimination, illness/disease, isolation/loneliness, and relationship breakdown. As discussed in chapter three, the findings of the Racism, Violence and Health (RVH) project conducted in Halifax, Toronto, and Calgary revealed that African Canadians engage in gambling as a coping mechanism for dealing with racism, violence, and other stressors in their lives. As a result of these stressors, large proportions of African Canadians gamble more than their usual amount and may be at risk of developing gambling related problems. James et al. (2010) state that there are multiple manifestations of racism experienced by African Canadians and this significantly affects their emotional health (p.66). African Canadians constantly worry about the safety of their family and friends due to racial profiling, police harassment and the impact of negative stereotypes on the lives of family members and friends (James et al., 2010, p. 66).

The responses of participants suggest that some members of the African Nova Scotian community experience multiple oppressions or stressors due to their race, health and level of income which influence gambling habits and help-seeking.

**Figure 4: Illustration of Multiple Layers of Oppression or Stressors**
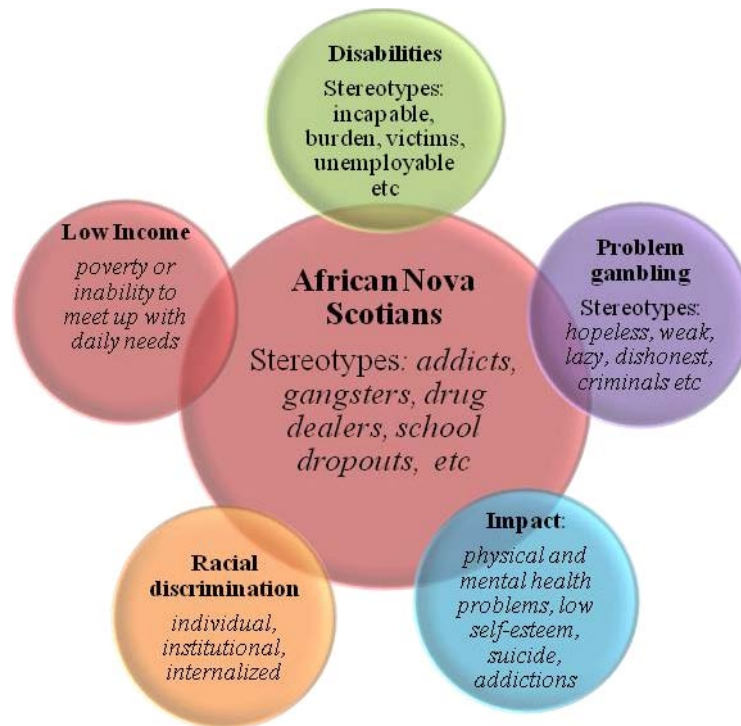


As illustrated in the diagram above, there are stereotypes about African Nova Scotians or people of African descent and these stereotypes include addicts, gangsters, drug dealers, and school dropouts (Henry, 2006). African Nova Scotians experience stressors as a result of these stereotypes which may lead to gambling as a coping mechanism. Similar to the literature review, participants reported that as African Nova Scotians they have experienced racial discrimination including institutional racism in employment,

education, healthcare, justice system, policy making decisions, distribution of resources (Etowa et al., 2011, Bernard, 2001) and this is reinforced by stereotypes. In addition to these stressors, participants indicated that individuals with disabilities are marginalized. As people of African descent, the struggles with racial discrimination and stereotypes about African Nova Scotians merge with stereotypes about individuals with disability thus leading to more stressors. The stereotypes about individuals with disabilities include incapable, burden, victims, unemployable (Henry, 2006), which creates additional stress that can lead to gambling.

Experiences of racial discrimination, disabilities, and low income level all intersect with stereotypes about African Nova Scotians creating multiple stressors. African Nova Scotians with disabilities not only struggle with the disabilities and related stereotypes, but also struggle with poverty due to lack of employment as a result of discrimination or their inability to work. Persons with disabilities are among the "most persistently poor of all groups in Nova Scotia" (Statistics Canada, 2007). They account for 20% of the Nova Scotian population – a higher proportion than in any other province – and higher than the national average of 14.3% (Saulnier, 2009, Stats Canada, 2007). The rate of unemployment among persons with disabilities is 11.2% compared to 8% for those without disabilities (Stats Canada, 2008). In the 2006 Census, the median income of people with disabilities in Nova Scotia was $18,231, compared to an average income of $24,959 for those without disabilities (Statistics Canada, 2008c). Apart from struggling with poverty, persons with disabilities also deal with racism and racial stereotypes about African Nova Scotians. When these intersect, African Nova Scotians with and without disabilities are negatively impacted in a number of ways and this can lead to low self-

esteem, internalized racism, physical and mental health problems, and/or addiction problems including problem gambling.

Some African Nova Scotians also deal with everyday discrimination in education, health and employment, which are closely related to poverty. James et al. (2010) assert that African Canadians experience multiple forms of racism which affect their quality of life. Individual, institutional and internalized racism, not only impact their physical and mental health but also their ability to get good quality jobs, housing and education (p.130). Kaufert (1996) also states that there is a relationship between health, poverty, racism, and gender, which affects the well-being of people of African descent. As stated in Chapter 3, the RVH project found that experiencing numerous stressors may lead to gambling as a coping mechanism. Gambling becomes a coping mechanism for some community members and may progress to problem gambling which also comes with other stereotypes such as hopeless, weak, lazy, dishonest and criminals (Henry, 2006). The implication of this is that some African Nova Scotians experience multiple and intersecting layers of oppression and stressors which may increase the level of gambling as a coping mechanism. Furthermore, experiences of multiple layers of oppression may also prevent help-seeking due to discrimination in existing structures or institutions.

*Impact of Problem Gambling*

As identified in the findings, problem gambling impacts the health and well-being of individuals, families and the African Nova Scotian community as a whole. African Nova Scotians with gambling problems face financial problems along with physical and mental health problems. These problems impact the family negatively in a number of

ways, including theft from loved ones to finance gambling, lack of trust and increasing debts. These also tend to impact the African Nova Scotian community negatively.

The diagram below illustrates the impact of gambling problems on the African Nova Scotian community.

**Figure 5: Illustration of the Impact of Problem Gambling on Individuals, Family and Community Members.**
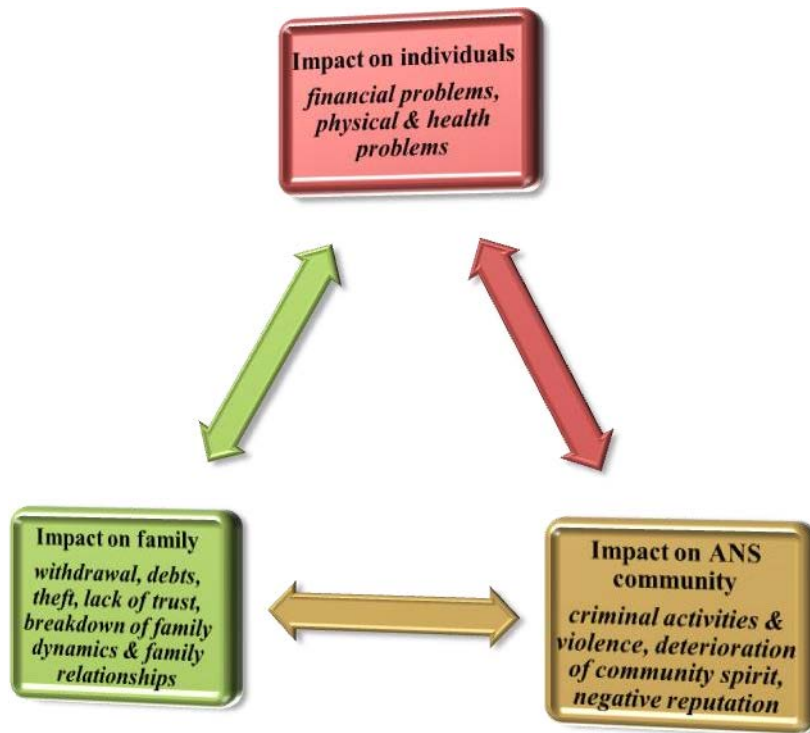


Individuals affected negatively by problem gambling are unable to contribute to the growth of the African Nova Scotian community. Similarly, families impacted by problem gambling also experience difficulties and may be unable to contribute in the community. The community is therefore impacted by the resulting increase in criminal activities, violence, lack of trust, and breakdown of community ties. The reputation of the community is also impacted as negative stereotypes are reinforced.

The implication of this is that the African Nova Scotian community is made up of interconnected parts with individuals having an influence on the community. The negative effects of problem gambling on an individual therefore lead to the deterioration of the connectedness that exists in the family and community. Moreover, an increase in criminal activities, violence, and addictions leads to a negative portrayal of the African Nova Scotian community, which may reinforce stereotypes and lead to discrimination in the education, employment and criminal justice systems.

F*actors Preventing Help-Seeking*

**Figure 6: Relationship between the Perceptions of Participants and Help-seeking.**
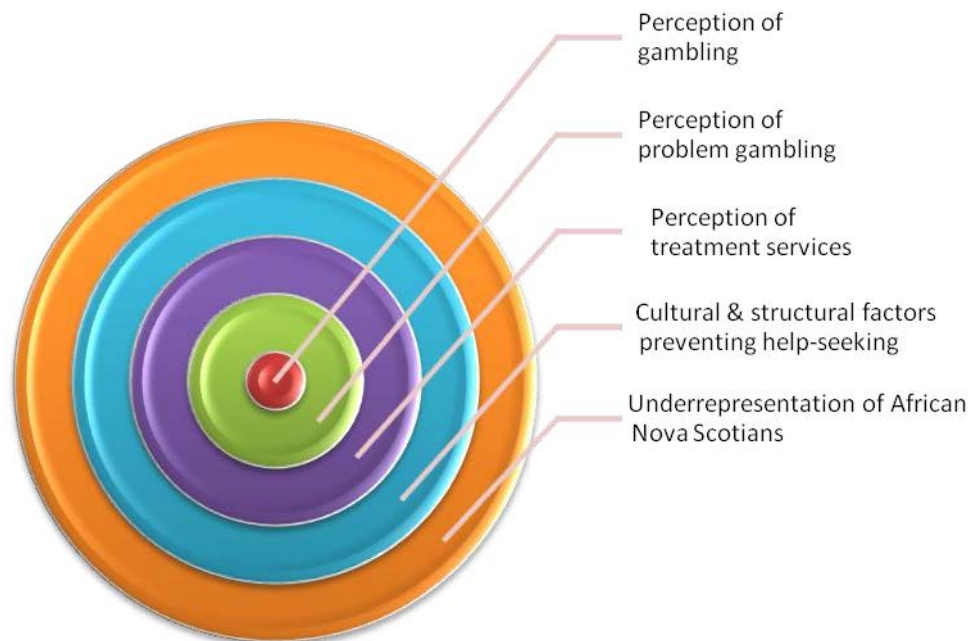


The diagram illustrates that participants' perception of gambling as a form of entertainment impacts their perception of problem gambling and their reluctance to seek help. Participant's perception of problem gambling treatment services as not being tuned

to the needs of African Nova Scotians prevents help-seeking. The negative perception of treatment services is as a result of the cultural and structural factors which participants identified as preventing service accessibility. Spirituality also plays an instrumental role in the lives of African Nova Scotians and some community members rely on their faith to overcome problem gambling rather than seeking the assistance of professional treatment services.

The lack of culturally specific treatment services for African Nova Scotians and the underrepresentation of African Nova Scotian practitioners in treatment services prevent help-seeking. Participants believe that the broader socio-economic context of problem gambling experienced by African Nova Scotians may not be understood by non-African Nova Scotian practitioners. Another cultural factor that prevents African Nova Scotians from seeking help is the breakdown of community ties, which may be caused by criminal activities and violence in the community. The deterioration of the community spirit leads to lack of support and encouragement to seek professional help for gambling problems. The key features of the Africentric theory include the spirit of oneness of being, and the notion of interdependence and harmonious fusion (Asante, 1988 as cited in Bernard, 2006). This underscores the need for people of African descent to work together to build and maintain the community. The lack of support among African Nova Scotian community members therefore prevents help-seeking for gambling problems as individuals fail to look after one another, and support and encourage others struggling with gambling problems.

While the deterioration of the connectedness among community members is a factor preventing help-seeking for problem gambling, participants stated that the closeness of the community is also a contributing factor preventing help-seeking. Being a close knit community, African Nova Scotians with gambling problems have concerns with confidentiality, which prevents some community members from accessing treatment services for gambling problems. This concern is closely linked to the breakdown of community ties in the African Nova Scotian community. The Nguzo Saba or seven principles which are based on the Africentric theory promote the spirit of togetherness and respect for self and one another. According to Bernard (2006), these principles are considered the foundation for African families and communities.

The first principle, Umoja (unity) states that individuals should "*strive for and maintain unity in the family, community, nation and race*." The third principle Ujima (collective work and responsibility) states that individuals should "*build and maintain the community together; to make sisters' and brothers' problems our problems, and to solve them together*." The deterioration of unity and responsibility towards one another in the African Nova Scotian community contributes to a lack of trust. Community members no longer feel they can share their problems with each other and get the support they need. Hence, the closeness of African Nova Scotians communities can be both a positive and a negative factor in terms of accessing treatment services. The reluctance to seek help for problem gambling is therefore rooted in part in African Nova Scotian family and community values as well as other social structures that prevent help-seeking.

There are structural factors which entwine with cultural factors to prevent help-seeking for gambling problems among African Nova Scotians. As stated in the results, racial discrimination prevents African Nova Scotians from seeking help for problem gambling. Racism has led to mistrust of institutions and some African Nova Scotian participants with gambling related problems are unwilling to access treatment services for fear of being discriminated against. There is a close link between the lack of help-seeking by African Nova Scotians with gambling problems and the dominant ideologies and social structures which act as sources of oppression in the society. Moreover, experiences of racism have led to internalized racism and some African Nova Scotians may tend to participant in their own oppression through "self-defeating beliefs." As a result of racism and racial stereotypes, some African Canadians deliberately attempt to live up to the negative stereotypes that a racist society has constructed for them (James et al., 2010, p. 66). These lead to the lack of help-seeking among African Nova Scotians with gambling problems.

The geographic location of treatment services also prevents help-seeking as treatment services are not located in African Nova Scotian communities and some community members are unable to afford transportation to access these services. The lack of affordable transportation is linked to the poor public transportation system and the low income of African Nova Scotians who are not able to afford taxi services to go to treatment services. Coupled with this is the fact that not all community members can afford childcare and service providers do not take into account the needs of single parents who may not be able to afford childcare. The issue of transportation and affordable childcare was stressed by participants who resided in Cape Breton and the Preston area,

as well as participants with lower income levels. The geographic location of participants and their financial resources prevent service accessibility.

There also is a lack of adequate prevention programs and awareness campaigns that might impede problem gamblers' ability to access help. Additionally, the lack of collaboration between treatment services and the African Nova Scotian community is a barrier to services. Some African Nova Scotians lack trust in institutions and therefore the lack of collaboration between treatment services and the community may make it difficult for the concerns of members of the community to be looked into and addressed in order to minimize gaps in services. This lack of collaboration is linked to a dearth of adequate prevention programs and campaigns in African Nova Scotian communities. This also may reinforce participants' perception of problem gambling as a white man's issue and underscore the negative view of treatment services. These factors combine to prevent African Nova Scotians from accessing professional treatment services.

The perceptions of research participants about gambling and problem gambling may lead to an increase in problem gambling among African Nova Scotians. Gambling to cope with stressors and win money reinforces participants' perceptions that gambling is a form of entertainment and a way to get out of poverty. There are interlocking layers of oppression and stressors experienced by African Nova Scotians which negatively affect gambling habits and the perception of treatment services. Due to the interconnectedness that exists among members of the African Nova Scotian community, problem gambling negatively impacts individuals, families and the community as a whole. The perceptions of African Nova Scotians about gambling, problem gambling, and treatment services

interlace with cultural and structural factors to prevent African Nova Scotians with

gambling related problems from seeking help. Cultural and structural factors may also

reinforce the negative perceptions community members have about treatment services.

**CHAPTER SEVEN: DISCUSSION AND CONCLUSION**

This chapter links the results of the current study with previous studies, and discusses the implications of the research findings for policy and social work practice. It also presents recommendations to improve service accessibility for African Nova Scotians. Finally, limitations of the study are highlighted. Considering the lack of research on problem gambling among African Nova Scotians and African Canadians in general, this research provided an opportunity for members of the African Nova Scotian community to share their experiences and perceptions. It allowed African Nova Scotian community members to identify the factors that prevent help-seeking for problem gambling from their frame of reference.

The results of this study, obtained using open-ended questions and semi-structured interviews, provided a pessimistic view of problem gambling among members of the African Nova Scotian community. Although the majority of participants reported struggling with problem gambling for more than ten (10) years, none of the participants had accessed treatment services to seek professional help for problem gambling. While other studies reported that most individuals with gambling problems sought help only when they 'hit rock bottom' or were on the verge of losing everything (Herriff, 2009), participants in this study revealed that even on the verge of losing everything or at 'rock bottom', most members of the African Nova Scotian community did not seek help for gambling problems. The perceptions of African Nova Scotians – along with cultural and structural factors – account for the lack of help-seeking among members of this group.

Interviews with participants provided a better understanding of the perceptions of African Nova Scotians on gambling and problem gambling. Gambling as a form of entertainment is a theme that was generally consistent with other studies (Doiron, 2006; Neighbours et al., 2002). While these studies suggest that gambling for fun or excitement is common among individuals who are at low risk of developing gambling problems, some inconsistencies exist with the current study. The results of the current study revealed that participants who had been gambling for more than ten (10) years also identified socialization or entertainment as a reason for gambling, even though these participants had experienced severe negative effects due to problem gambling. Identifying gambling as a form of entertainment may therefore be a form of denial that an individual has problems or may be due to the lack of awareness that excessive gambling is a form of addiction.

The perception of gambling as a way to make money and solve financial problems especially among participants with lower income is also consistent with other studies. Volberg (2002) reported that Blacks are less likely to report gambling for fun or excitement because Blacks view gambling more as a financial proposition or a way to make money. Considering the fact that gambling for financial gain was identified by a majority of participants with low income, this finding is therefore in line with studies which revealed that members of minority groups are at greater risk of developing gambling problems due to the lower socio-economic status of minority groups (Cunningham-Williams, 2007; Volberg, 2002; Moore, 2001; Stinchfield, 2000; Wallisch, 1995; Zitzow, 1996; Petry, 2005; Cunningham-Williams, 1998; Petry, 2005). Gambling to cope with stressors is another theme highlighted in other research studies as discussed

in the literature review and in Chapter 3 of the RVH project (Rockloff & Dyer, 2006; Rockloff et al., 2007; Loroz, 2004, RVH, 2006).

Financial and health problems as well as the breakdown of family relationships are themes that are generally consistent with the literature review (Ladoucer et al., 1994; NORC, 1999; Skinner, 2007; Abbott et al., 2006; Patford, 2007). The health implications of problem gambling have also been reported in studies, including physical effects such as heart attacks and gastrointestinal problems (Hirsch, 2000; Christen & Patsdaughter, 2004).

However, this study added that financial and health problems resulting from problem gambling led to the inability of community members with gambling related problems to contribute to the growth of the African Nova Scotian community and the society as a whole. The fourth and fifth Africentric principles, Ujamma (cooperative economics) and Nia (purpose), state that people of African descent need to work together to build and maintain their businesses for the good of all, and develop their community in order to restore the traditional greatness of people of African descent (Bernard, 2006, 190). Individuals with gambling problems therefore may be unable to play vital roles as community members in the development of the African Nova Scotian community, and this may have a negative effect on the overall growth of the community. In addition, the increase in criminal activities and violence as a result of problem gambling, which are similar to the effects reported in other findings, tend to erode the social fibre of the community thereby damaging community cohesion (Korman et al, 2007 & Smith et al., 2003; Hall et al.2000; Potenza et al., 2000 & Collins et al., 2007). Problem gambling

therefore has great implications for the African Nova Scotian community as a whole as its impact is felt not only by individuals who gamble but the community as a whole.

In regards to the factors preventing help-seeking for problem gambling, denial and shame are themes discussed in some studies as barriers to help-seeking (Rockloff & Schofield, 2004; Evans & Delfabbro, 2005). These themes are reinforced by the reluctance of members of the African Nova Scotian community to discuss issues around problem gambling. The current study suggests that denial or shame should be viewed in a broader context as the history, experiences of multiple oppressions or stressors, and the culture of African Nova Scotians may account for the silence around problem gambling. Spirituality, which plays a vital role in the lives of members of the African Nova Scotian community, is another factor preventing help-seeking and this is also highlighted in the literature review (Scull & Woolcock, 2005). James et al. (2010) assert that hope lies at the core of faith, whether faith is practised through organized religion or other expressions of spirituality (p. 159). Some African Nova Scotians struggling with problem gambling rely on their faith in God to overcome gambling addiction and cope with stressors caused by gambling.

With the use of a cultural lens to get an in-depth understanding of help-seeking among African Nova Scotians, the study identified cultural factors such as the lack of culturally specific programs or services and underrepresentation of African Nova Scotian practitioners as factors preventing service accessibility. These factors are consistent with barriers to help-seeking for problem gambling among minority groups identified in other studies (Bernard, 2001; Scull & Woolcock, 2005; Duong-Ohtsuka & Ohtsuka, 2001;

McMillen et al., 2004; ABSW, 2009). Additional cultural factors that prevent help-seeking identified by participants included the perception of problem gambling as a white man's issue, breakdown of community ties, and the closeness of the African Nova Scotian community. This closeness may either promote or hinder help-seeking.

Closely linked to the cultural factors are structural factors which combined to prevent service accessibility. These structural factors – which include racial discrimination, geographic location of treatment services, structure of programs and services and inadequate prevention programs – have been identified in some studies as factors impeding help-seeking among minority groups (Enang et al., 2001; Etowa et al., 2011, Bernard, 2001; Howard, 1997; Fraser et al., 1997; Underhill, 1998; Douglas, 1995; Njiwaji, 2011). A review of the literature and the current study therefore indicates that personal, cultural and structural factors combine to prevent help-seeking for gambling problems. In order to understand the reasons for the underrepresentation of African Nova Scotians in professional treatment services, it is important to examine all dimensions, personal, cultural and structural, which feed on one another and combine to prevent help-seeking. A better understanding of these factors may lead to the development of better strategies to reduce gaps in services and improve on service accessibility for members of the African Nova Scotian community with gambling related problems.

**Recommendations**

Mindful of the factors identified by African Nova Scotians community members as preventing help-seeking for problem gambling, recommendations are proposed to address gaps in services and increase service accessibility. These recommendations include:

- Education

- More representation of African Nova Scotian practitioners

- Implementation of more culturally relevant services/programs

- Establishment of mentorship programs

- Bringing services closer to the communities

- Collaboration between treatment services, churches and the African Nova Scotian community

*Education*

In order to reduce the lack of awareness of the impact of problem gambling and available treatment services for problem gambling, there is the need for more education to be carried out in schools and communities to minimize the rate of problem gambling among members of the African Nova Scotian community. One of the research participants, Makiro stated that an increase in awareness can be done:

> *By first of all, public awareness and education, using the channels that are familiar to the African Nova Scotian., One of those channels will be the church and the community associations and the cultural affiliations that they*

*have, school for those who are parents, maybe some parent workshops that could include primary prevention and education about gambling and the negative impacts and how to deal with it. So awareness and education campaigns using channels of delivery and modes of delivery that are familiar and accessible to African Nova Scotians will be one way.*

Education also is needed to reduce the stigma associated with problem gambling which prevents service accessibility. Educational workshops should therefore be carried out and the media can also be used as a vehicle to disseminate information and raise awareness. With a lot of focus placed on treatment, treatment services should therefore place more emphasis on preventing problem gambling by helping community members better understand the signs and symptoms of problem gambling. Makiro added that:

*... So it is not just how to treat or deal with the problem but it's how to help identify that that problem exists, help in a very effective way. In every case bring the message as close to the people and as accessible to the people as possible. TV may be good for some but may not be good for others who do not have enough money to pay for cable.*

While the media is a very influential channel in the dissemination of information on gambling and problem gambling, it is important to use all channels, radio, television, print (newspaper, billboards) to reach out to listeners, viewers and readers. Workshops should be organized in various African Nova Scotian communities and schools in order to have one on one interaction with community members and educate the younger generation earlier on the impact of problem gambling. Another participant, Annie,

emphasized the following:

> *I think that early education will be very, very helpful. I think of it in a similar way when we were trying to raise awareness around violence against women and we started doing education in the school system, making young kids aware, what was violence and how it was inappropriate. I think we can do the same around gambling. We've done that kind of public education around seat belts and the use of seat belts. We've done that around not talking on the phone while driving, not texting while driving. Like huge public awareness campaigns that get people earlier, not waiting. We've done that around drunk driving, huge awareness campaigns around those issues. I think we can do that around gambling if there is a political will. It is difficult to get the political will since the government makes so much money from gambling.*

Lottery advertisements and media profiles of lottery winners are prevalent, therefore it is important to have warning messages to make individuals aware of the effects of problem gambling and promote early treatment for those already impacted. Social marketing campaigns should emphasize financial loss and other health problems associated with problem gambling and prompt listeners, viewers, or readers to reflect on their gambling habits in order to prevent problem gambling and encourage those with gambling problems to seek help.

Moreover, education programs conducted in various communities should be conducted by members of the African Nova Scotian community. Spirituality plays an instrumental role in the lives of people of African descent as stated in the literature

review and the findings. As such, churches in African Nova Scotian communities should be involved in educating African Nova Scotians on issues around problem gambling.

*Increase Representation of African Nova Scotian Service Providers*

African Nova Scotians have culturally unique needs and it is vital to understand the broader cultural, historical and socio-economic context of the lived experiences of members of the Africa Nova Scotian communities. Therefore, more African Nova Scotians should be represented in services. Frida asserted,

> *There also has to be more Black service providers in treatment services and they should reach out to the African Nova Scotian community and encourage people to seek help, enlighten them about gambling and problem gambling.*

In order to reduce feelings of distrust, discomfort, and encourage more members of African Nova Scotian communities to access treatment services, it is important to have more service providers of African descent represented in treatment services.

*Implement More Culturally Relevant Programs/Services*

More culturally relevant services are needed to meet the needs of African Nova Scotians with gambling problems and to encourage treatment seeking. It is important for treatment services to ensure that service providers are culturally competent to understand and be able to effectively address the needs of African Nova Scotians with gambling problems. Marie67 stated that:

*For individuals, the recommendation I will make will be to seek help and for individuals in communities I think they need from a systemic thing, mental health and addictions, culturally relevant, health equity models of care that allows them to access that help. So I don't think it is the person's sole responsibility because if I come to seek help, and the help that I need, even though it is evidence based for everyone else doesn't mean that it is evidence based for me. So there is the need for programs within the Capital District to develop culturally competent equity based treatment programs that can be researched and then has to be made evidence based to meet the needs of African Nova Scotian community and the Diaspora community. For me it's an issue of good health policy that allows for health equity.*

Culturally relevant treatment services and programs that are evidence based should therefore be implemented to reduce the gaps that exist in services and to encourage help-seeking among African Nova Scotians.

*Establishment of Mentorship Programs*

Participants recommended that mentorship programs should be established so that individuals with gambling problems can learn from other community members who have been able to stop gambling. Elaine stated,

*And another thing I just thought of is almost like mentors like if you had people that had had the addiction conquered it, something like alcoholics anonymous and people had someone that they could rely on to help them*

*through the process when they decided they want to get the help, then I think*

*that would go a long way because I really think people need another person*

*alongside them, not just a big agency working in some room like this.*

*Everybody does not function in a group, there are support groups but*

*everyone does not function well in a group, are not used to being in groups.*

*So I think some sought of mentoring program of some kind of program where*

*you have like a buddy that would help you through the process, help you*

*understand what to expect, where to go where this happens you and other the*

*different things.*

An establishment of a mentorship program within the African Nova Scotian community may help in the provision of one on one support and encourage more community members to seek help as they may be able to easily identify with other individuals who have been able to overcome gambling addiction.

*Collaboration between Treatment Services and the African Nova Scotian Community*

Another important recommendation is the need for treatment services to work in collaboration with various groups in African Nova Scotian communities. These groups include seniors groups, churches/pastors, and community centers. Working in collaboration with these community groups will enable service providers to reach out to members of the African Nova Scotian community and establish relationships with community members. This may pave the way for educational programs and encourage more community members to seek help.

*Bringing Services Closer to the African Nova Scotian community*

Geographic location of treatment services has been reported as a factor preventing help-seeking for gambling problems among members of the African Nova Scotian community, therefore efforts should be made to bring services closer to the communities. Makiro asserted that:

> *the African Nova Scotian communities spread across the entire province and for those who are too far removed from where those treatment services are, are there satellite clinics or mobile clinics that could be conducted maybe every once a month. So try as much as possible to bring services closer to the people and to design them in such a way that they are representative of the people's culture and elicit trust from those of the community who need those services.*

It is important for service providers to break away from some rigid roles of providing services to clients only in work locations and strive to meet clients in their social environments or communities. While it may be challenging to establish services within the African Nova Scotian communities, mobile clinics can be used to reach out to individuals within their communities to solve the issue of transportation.

**Implications for Social Policy and Social Work Practice**

This study is the first of its kind to explore help-seeking for problem gambling among African Nova Scotians. It has laid the ground work for further research to be carried out on problem gambling among members of this group. It provided an opportunity for African Nova Scotians to share their perceptions on gambling, problem gambling and service accessibility, taking into account their lived experiences with gambling, history, culture and socio-economic context. The identification of the cultural and structural factors preventing help-seeking for problem gambling by African Nova Scotians provides an in-depth understanding of issues around problem gambling amongst members of this group. This has great implications for policymakers and social work practitioners.

Problem gambling has to be redefined and social messages reframed to include African Nova Scotians in order to reflect the cultural reality of members of this group and other minority groups. While gambling generates substantial revenue for the government, more campaigns should be organized to make people aware of the pitfalls of excessive gambling. In addition, future studies in various provinces across Canada should include people of African descent in order to acquire statistics on the prevalence of problem gambling among African Canadians.

For social work practice, the implication is that practitioners have to be more proactive in their work and carry out more outreach strategies to reach community members in their social environments. Moreover, the negative impact of problem gambling is harmful to individuals, their family members and the African Nova Scotian

community as a whole. Therefore the importance of using a holistic approach in treatment services to effectively meet the needs of members of the African Nova Scotian community is essential. Taking a holistic approach is a core principle of Africentric theory and practice which will allow practitioners to examine and gain a better understanding of how problem gambling among African Nova Scotians is linked to social structures in society which bring about oppression. Africentric theory and practice also enables practitioners to take into consideration the family and community values and beliefs of African Nova Scotians in order to meet their needs better. The provision of treatment for problem gambling should focus on the broader context of the experiences of African Nova Scotians as multiple layers of oppression intersect to bring about gambling problems and all these layers must be addressed.

**Limitations of the Study**

A primary limitation of this research is that it was difficult to recruit individuals who had gambling related problems, so only two individuals with gambling problems participated in the study. As such, the majority of the sample was made up of individuals impacted by family members with gambling problems and community members shared their perceptions on problem gambling and treatment services. As a result of this limitation, only a small sample was used in this research. As a result, the findings of this study cannot be generalized. In order to gain a broader perspective, more research including African Nova Scotians with gambling related problems is required.

A gender imbalance is present in the sample as the majority of the sample was made up of female participants. The sample included only four male participants, most of

whom were community members. Hence, the perspective of male community members impacted by gambling was limited. Further research therefore should include more male participants as they may have different views of problem gambling and treatment seeking or treatment services.

Moreover, the study did not recruit participants from all African Nova Scotian communities across Nova Scotia due to time constraints and the reluctance of community members to take part in the research. Including community members from more communities across Nova Scotia may provide a more in-depth understanding of problem gambling and help-seeking.

**Conclusion**

Limitations aside, the results of this research suggest that African Nova Scotians' perceptions of gambling, problem gambling and available treatment services lead to an increase in problem gambling, along with the reluctance to seek help. Due to the interconnectedness or closeness of the African Nova Scotian community, the effects of problem gambling are felt not only by individuals who gamble but by their family members and community at large. Moreover, cultural and structural factors combine with each other and with the perceptions of community members to prevent service accessibility. Thus, the study identifies the need for more proactive approaches and broader examination of problem gambling among African Nova Scotians as well as the implementation of strategies to address factors that prevent service accessibility. Meanwhile, more research to examine the prevalence of problem gambling in the African Nova Scotian community and among African Canadians is required. Further research also is needed to include the voices of more African Nova Scotians with gambling related problems in order to gain a broader perspective.

The findings of this research will be shared with African Nova Scotian community members, agencies and other service providers. A summary of the findings will be sent to all research participants. In collaboration with the Association of Black Social Workers (ABSW), educational workshops will be organized in African Nova Scotian communities. Presentations will be delivered at the 2012 seniors' conference organized by the Association of Black Social Workers, the 2013 Canadian Association of Social Workers conference, and the 2013 National Association of Black Social Workers' (NABSW) conference in Florida. Furthermore, a summary of the results will be sent to

Gambling Awareness Nova Scotian (GANS), Addiction Prevention and Treatment Services in each of the regions in Nova Scotia and the Department of Health and Wellness. This research will also be published to make the results accessible to a larger number of people.

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**DALHOUSIE UNIVERSITY**
*Inspiring Minds*

## Health Sciences Human Research Ethics Board
### Letter of Approval

Date: August 8, 2011.

To: Marok N. Njiwaji, School of Social Work
     Dr. Wanda Thomas Bernard, School of Social Work

The Health Sciences Research Ethics Board has examined the following application for research involving human subjects:

**Project # 2011-2481 ( version 3 )**

**Title:** Exploring Help-Seeking by Problem Gamblers, Family and Community Members in African Nova Scotian Communities

and found the proposed research involving human subjects to be in accordance with Dalhousie Guidelines and the Tricouncil Policy Statement on *Ethical Conduct in Research Using Human Subjects*. This approval will be in effect for 12 months from the date indicated below and is subject to the following conditions:

1. Prior to the expiry date of this approval an annual report must be submitted and approved.
2. Any significant changes to either the research methodology, or the consent form used, must be submitted for ethics review and approval *prior to their implementation*.
3. You must also notify Research Ethics when the project is completed or terminated, at which time a final report should be completed.
4. Any adverse events involving study participants are reported immediately to the REB

Effective Date:   August 3, 2011.                    signed:
Expiry Date:       August 3, 2012.                    Dr. Gordon Flowerdew / Dr. Gail Dechman
                                                        ( Acting Co-Chairs HSHREB )

### IMPORTANT FUNDING INFORMATION - *Do not ignore*

**To ensure that funding for this project is available for use, you must provide the following information and FAX this page to RESEARCH SERVICES at 494-1595**

Dalhousie Research Services • Research Ethics • 6299 South Street, 2nd Floor, Suite 231 • Halifax, NS, Canada • B3H 4H6
Tel: 902-494-1462 • Fax: 902-494-1595 • Email: Catherine.Connors@dal.ca • www.dal.ca/~research

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**School of Social Work**

**<ins>Informed consent form</ins>**

Name: _____     Pseudonym: _____

*Please read this consent document carefully before deciding to participate in the study.*

You are invited to take part in a research study titled: *"**Exploring Help-seeking by Problem Gamblers, Family and Community Members in African Nova Scotian Communities".*** This research study is being conducted by Marok Njiwaji, who is a graduate student at Dalhousie University in partial fulfillment of her Masters of Social Work degree program. Your participation is voluntary and you may withdraw from the interview at any time. The research study is described below. This description tells you about the risks, inconvenience, or discomfort which you might experience. Participating in the study might not benefit you, but we might learn things that will benefit others. You should discuss any questions you have about this research study with Dr. Wanda Thomas Bernard who is my thesis supervisor and a professor at Dalhousie University.

<ins>Sponsor</ins>

This study is funded by Gambling Awareness Nova Scotia (GANS) and a report detailing the findings of this research study will be sent to GANS.

<ins>Purpose of the study</ins>

The purpose of this study is to use a cultural lens to look at the experiences and views of problem gambling and help-seeking by African Nova Scotians. It examines the impact of problem gambling on individuals, family and community members in the African Nova Scotian community. This study also looks at the structural and/or cultural factors that either encourage or prevent those with gambling related problems from seeking professional help.

<ins>Study design</ins>

An interview will be conducted with you to get information about your experiences or views about problem gambling and treatment services for gambling related problems. A face-to-face or telephone interview will be done depending on which is more convenient for you. 20 volunteers from the African Nova Scotian community will take part in this study.

<u>Who can participate in the study?</u>

You may participate in this study if:

a) *<u>You self-identify as a problem gambler</u>*

- You have been negatively impacted by gambling related problems.
- You have sought help for gambling problems
- You are seeking help for gambling problems
- You realize you have gambling problems but you have not sought help.
- You meet the criteria of the severity of problem gambling
- You do not have multiple addiction problems

b) *<u>You are a family member who has been affected by the gambling behaviour of another family member</u>*.

- You have been negatively impacted by harmful gambling of a family member.
- You meet the criteria of the screening tool for family members.
- You have sought help for yourself or for a family member who has gambling problems.
- You are seeking help for yourself or for a family member with gambling problems.
- You have been impact by problem gambling but have not sought help for yourself or a family member.

c) *<u>You are an African Nova Scotian community member</u>*

- You are willing to share your views about problem gambling and seeking help for gambling problems.

*All participants must be:*

- 18 years old and above.
- A person of African descent
- You consent to the use of an audio recorder for interviews.

**<u>Informed Consent</u>**

<u>Who will be conducting the research?</u>

This study will be conducted by Marok Njiwaji who is a Masters of Social Work student at Dalhousie University. She is a person of African descent and will conduct the interviews, record them, and analyze the findings of the research.

<u>What you will be asked to do</u>

Interviews will be done face-to-face and/or on the phone depending on which method you are most comfortable with. If you are comfortable meeting for a face-to-face interview, you are free to choose a location that is most comfortable and private for you so that others cannot hear the conversation. This could be in your home, a church hall, community centre, a place outside your community, a group study room at a library etc. You will be asked to take part in one interview which will take approximately 60 to 90 minutes. The total time commitment required for in this research study will be approximately 60 to 115 minutes. You will be asked to talk about the effect of problem gambling, experiences while seeking help for problems gambling and views on what encourages or discourages you or other people from seeking help for gambling problems. Please note that you are not required to answer all questions. Feel free to ask for clarifications if any of the questions are not clear.

<u>Possible Risks and Discomfort</u>

In the course of this research, there is a possibility that you may experience emotional triggers when talking about your experiences or views. These include anxiety, guilt/shame, fear of being labeled, and you may feel uncomfortable answering some questions. Please be assured that interviews will conducted in a non-judgmental way. If you are not comfortable with any question, you can choose not to answer. You may also decide to discontinue the interview or withdraw from the interview and counseling services will be made available to you if needed. There is also a possibility that you may reveal information that indicate abuse, or neglect of a child or adult in need of protection. If this occurs, Marok Njiwaji has a duty to discuss this information with her supervisor and notify the appropriate authorities.

<u>Possible Benefit</u>

Participants who have not yet sought help for gambling problems may benefit from counseling services that will be made available. For those who have sought help or are seeking help for gambling problems, there are no personal benefits for taking part in the research study.

## Compensation/reimbursement

You will be given a $10 grocery gift card as compensate taking part in the study. However, compensation will not be provided for participants who do not complete the interviews. Taxi, parking, and babysitting costs which may be incurred by participants when meeting for interviews will not be reimbursed. Bus tickets will be provided if you need them to take care of transportation to interview locations. Marok Njiwaji will call you for a telephone interview and there is a possibility that you may incur long distance charges or lose minutes. In case this happens, there will be no reimbursement of the cost incurred.

## Confidentiality

Pseudonyms (false name) will be used to protect your identity. You may assign a name for yourself if you choose to do so. Your name and any information that could identify you will not be used or recorded during the interviews and in reporting the findings of the study. Direct quotations will not be attributed to you and you can decline to have your direct words used in the findings. If your do not want your direct words to be used, the information you provide will be summarized and examined to look for relevant themes.

Your privacy will be protected throughout the study. The information you provide and consent forms will be stored in my thesis supervisor's office at the School of Social Work, Dalhousie University. Copies of the audio recorded interviews will be transcribed (written out) and erased from the tape recorder. The transcribed interviews will be stored on my computer and the computer and files will be encrypted (coded) to ensure that no one can read the information on it. A hard copy of the transcribed interviews and a backup electronic copy will be stored on a password protected memory stick and the files on it will also be coded and stored in my supervisor's office. It is important to note that Dalhousie University Policy on Research Integrity requires that the data should be securely maintained for 5 years. As such, the data will be stored for 5 years by my supervisor and later destroyed.

## Questions

If you have any questions or concerns regarding this study, please contact Dr. Wanda Thomas Bernard, Dalhousie University's School of Social Work professor, (902) 494-1190 or via email Wanda.Bernard@dal.ca. You can also contact me via email: Marok.Njiwaji@dal.ca or call (902) 221-0204. If you need clarification regarding ethical approval of those research study, please contact the Research Ethics Board, Dalhousie University at (902) 494-8075.

## Informed consent form

*I have read this consent form and I am aware of what I will be asked to do. I am also aware of the risk involved if I choose to participate in the study and I can withdraw from the study at any time. I understand that any information I provide will be kept confidential. I have been given an opportunity to ask questions about this study.*

*By signing this form, I give my voluntary informed consent to participate in the research as it has been explained to me. I also acknowledge receipt of a copy of this form for my own personal records. I consent to the use of an audio recorder in the interviews and the use of quotations but the quotes will not be directly attributed to me.* Please circle "NO" if you do not want your direct quotations to be used.

_____        _____        _____

    Participant initials                          Print Name                         Date


_____        _____        _____

    Researcher Signature                        Print Name                         Date

<div style="border:2px solid">

**PARTICIPANTS NEEDED FOR RESEARCH ON PROBLEM GAMBLING IN AFRICAN NOVA SCOTIAN COMMUNITIES**

</div>

I am Masters of Social Work Student at Dalhousie University and I am looking for African Nova Scotian volunteers to take part in a research study on problem gambling. The research is funded by Gambling Awareness Nova Scotia. As a participant in this research study, you will be asked to talk about your experiences and views on problem gambling. You will also be asked to talk about the things that encourage or prevent you or other individuals from seeking help for gambling problems.

Participants in this study should be members of the African Nova Scotian community. There will be 20 participants in this research study made up of;

➢ 4 individuals who have been affected by gambling. This will include
- people who have sought help for gambling problems
- people who are already seeking help for gambling problems
- people who have gambling problems but have not gambling problems but have not yet sought help.

➢ 8 family members who have been affected by gambling. This includes;
- Persons who have been affect by a family member's gambling behaviour
- Persons who have sought help for themselves or a family member with gambling problems.
- Persons are already seeking help for themselves or for a family member
- Those who have not yet sought help for themselves or a family member.

➢ 8 Community members who are interested in sharing their views about problem gambling and support services.

➢ All participants must be over 18 years old.

➢ Individuals who have other addictions problems apart from gambling will not be allowed to take part in the study.

People who call will be asked questions on the phone about their gambling behaviour and effects to help verify if they qualify for this research study. One interview will be conducted and it will be about 60 to 90 minutes in duration and the interviews will be audio recorded. Only participants who complete the interviews will be compensated.

If you are interested in this research study, please contact
**Marok Njiwaji, Masters of Social Work Student, Dalhousie University**
**Phone: (902) 221-0204 Email: Marok.Njiwaji@dal.ca**

# Are You Interested in Participating in Research on Help-seeking for Problem Gambling?

I am a Masters of Social Work student at Dalhousie University.I am doing research on seeking help for African Nova Scotians who have been affected by gambling. The research is looking at the experiences of individuals, family and community members who have been affected by problem gambling. It is also looking at the reasons why African Nova Scotians seek help or do not seek help for gambling problems. This research will provide an understanding of problem gambling and help-seeking from the viewpoint of African Nova Scotians. It may also help to inform service providers on ways to improve problem gambling services. This research study is funded by Gambling Awareness Nova Scotia (GANS).

Participants for this research study will be:
➢ 4 African Nova Scotians who have gambling problems. This includes;
   - Persons who have sought help or are seeking help for gambling problems.
   - individuals who have gambling problems but have not yet sought help for gambling problem.
➢ 8 Family members who have been affected by gambling. This includes;
   - Individuals who have sought help or are seeking help for themselves or for a family member.
   - Individuals who have family members with gambling problems but have not yet sought      help.
➢ 8 Community members who are interested in sharing their views about problem gambling and support services.
➢ Over 18 years old
➢ Individuals with other addiction problems apart from gambling will not be allowed to take part in the study.

Interested individuals are invited to take part in this research study. Persons who call will be asked questions on the phone regarding their gambling behaviour to find out if they can take part in the study. One interview will be conducted which will last for about 60 to 90 minutes. The interviews will be audio recorded. To participate in this study, please contact Marok Njiwaji, Masters of Social Work student, Dalhousie University at:
Telephone: (902) 221-0204
Email: Marok.Njiwaji@dal.ca

Best regards,
Marok Njiwaji

## APPENDIX E: Canadian Problem Gambling Severity Index

This self-assessment is based on the Canadian Problem Gambling Index. It will give you a good idea of whether you need to take corrective action.

**Thinking about the last 12 months…**
 1. Have you bet more than you could really afford to lose?
0 Never        1 Sometimes        2 Most of the time        3 Almost always.

 2. Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?
0 Never        1 Sometimes        2 Most of the time        3 Almost always.

 3. When you gambled, did you go back another day to try to win back the money you lost?
0 Never        1 Sometimes        2 Most of the time        3 Almost always.

 4. Have you borrowed money or sold anything to get money to gamble?
0 Never        1 Sometimes        2 Most of the time        3 Almost always.

 5. Have you felt that you might have a problem with gambling?
0 Never        1 Sometimes        2 Most of the time        3 Almost always.

 6. Has gambling caused you any health problems, including stress or anxiety?
0 Never        1 Sometimes        2 Most of the time        3 Almost always.

 7. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
0 Never        1 Sometimes        2 Most of the time        3 Almost always.

 8. Has your gambling caused any financial problems for you or your household?
0 Never        1 Sometimes        2 Most of the time        3 Almost always.

 9. Have you felt guilty about the way you gamble or what happens when you gamble?
0 Never        1 Sometimes        2 Most of the time        3 Almost always.
 10. Apart from gambling related problems, do you have any other addiction problems?
        ___Yes     ___No

**TOTAL SCORE:** _____

Total your score. The higher your score, the greater the risk that your gambling is a problem.

Score of 0 = Non-problem gambling.

Score of 1 or 2 = Low level of problems with few or no identified negative consequences.

Score of 3 to 7 = Moderate level of problems leading to some negative consequences.

Score of 8 or more = Problem gambling with negative consequences and a possible loss of control.

**APPENDIX F:  Screening Tool for Family Members**

*These questions are used by the Addictions Foundation of Manitoba (AFM). They may help you determine if someone else's gambling is affecting you in some way:*

1.  Do you deny a family member has a gambling problem, or do you deny the extent of the problem?
    __Yes   __No
2.  Do you try to control the other person's gambling?
    __Yes   __No
3.  Do you argue and fight more frequently?
    __Yes   __No
4.  Do you make excuses to the children and/or others?
    __Yes   __No
5.  Do you work harder to fill the financial, social, and emotional gap left by the gambling person?
    __Yes   __No
6.  Do you blame the gambler's friends?
    __Yes   __No
7.  Do you secretly wish for the "big win" yourself?
    __Yes   __No
8.  Do you express anger in unhealthy ways, like displacing it toward the children and others?
    __Yes   __No
9.  Have you come to the point of hiding money needed for living expenses, knowing that you and the rest of the family may go without food and clothing if you do not?
    __Yes   __No
10. Do you feel guilty when you don't trust or are suspicious about the other's activities?
    __Yes   __No
11. Do you search this person's clothing or go through his or her wallet when the opportunity presents itself, or otherwise check on his or her activities?
    __Yes   __No
12. Do bill collectors constantly bother you?
    __Yes   __No
13. Do you attempt to anticipate this person's moods, or try to control his or her life?
    __Yes   __No
14. Has the gambling ever brought you to the point of threatening to break up the family unit?
    __Yes   __No

*A score of **one** is allocated for each **yes** response*

**TOTAL SCORE:** _____
Score of 0 = No impact
Score of 1 to 3 = Low level of impact.
Score of 4 to 6 = Moderate level of impact.
Score of 7 or more = High level of impact.

## APPENDIX G: Telephone script for individuals not eligible for the research

Thank you for showing interest in this research study on problem gambling. I am sorry to inform you that you do not meet the criteria for this research study. Thank you so much for taking the time to go through the screening process. Thank you for your time and interest. Have a great day.

## A. <u>Individuals who self-identify as problem gamblers</u>

**Demographics**

– What is your age? (19-21, 22-25, 26-30, 31-40, 41-50, 61 or over)

– What is your gender?

– What is your annual income?

**Nature**

– What is your understanding of problem gambling?
– Why did you start gambling?
– What types of gambling activities do you take part in? (types of games)
– How long have you struggled with problem gambling?
– What made you realise that you may have a gambling problem?
– What are your values and beliefs about gambling and problem gambling?
– How does your community view gambling? What impact does this have on you?

**Impact**

– How has excessive gambling affected your life? How has it affected your relationship with family members and interaction with community members?
– How have you been able to cope with the effects of problem gambling on your life?

**Help-seeking**

– What treatment or support services have you sought for gambling related problems?
– What are your experiences of the treatment or support services?
– If you have never sought help, what are your reasons for not doing so?
– What are some of the factors that (may) motivate you to seek help or make you want to seek help?
– What challenges do you face or think you will face in accessing treatment services?

– How do your family members influence you in terms of help-seeking?

– What role do members of your community play that may influence help-seeking?

– What support services do you prefer for gambling problems and why?

– What support and professional treatment services do you think will effectively meet your needs?

## B. Family Members Impacted by Problem Gambling

**Demographics**

– What is your age? (19-21, 22-25, 26-30, 31-40, 41-50, 61 or over)

– What is your gender?

– What is your annual income?

**Nature**

– Who is/was the family members with gambling problems? (spouse, son, daughter, sibling, grandchild, extended family member)

– What type of gambling did the person take part in?

– What is the length of time of the family member's struggle with gambling problems?

**Understanding of problem gambling**

– What is your opinion of problem gambling or individuals with gambling related problems?

– How does the community view problem gambling?

**Impact**

– How have you been impacted by the gambling behaviour of a loved one?

– How has the family member been impacted by problem gambling?

**Help-seeking**

– Have you ever sought help for yourself or a loved one for gambling related problems? If yes why? If no, why not?

– What are your experiences of treatment or support services for gambling problems?

– What challenges do you face in terms of seeking help either for yourself or for a family member?

– What factors encourage you to access treatment services?

– What support services do you prefer for gambling problems?

– What kinds of services do you think are needed to effectively meet the needs of African Nova Scotians with gambling problems?

**C.** **Community Members**

**Demographics**

– What is your age? (19-21, 22-25, 26-30, 31-40, 41-50, 61 or over)

– What is your gender?

– What is your annual income?

**Perception of Problem Gambling**

– What do you think problem gambling is?

– How prevalent do you think it is in your community?

– What is your opinion of individuals who struggle with gambling related problems?

– How does the community view gambling or problem gambling?

– What impact has problem gambling had on your community?

**Help-seeking**

– Are you aware of the availability of treatment services for gambling problems?

– What is your opinion of available treatment services for African Nova Scotians with gambling problems?

– In your opinion, what factors influence help-seeking?

– What kind of support do community members provide for those who have been negatively impacted by gambling?

– What do you think can and should be done to encourage more people to seek help and to reduce the impact of problem gambling on your community?

**APPENDIX I: Debriefing Form**

**Title of Project:** *Exploring Help-seeking by Problem Gamblers, Family and Community Members within African Nova Scotian Communities*

*Researcher:* Marok Njiwaji, Masters of Social Work student, Dalhousie University

I would like to thank you for your contribution to this study and for willingly sharing your experiences. Your participation has been very helpful in this research. The main purpose of the research is to get an understanding of the experiences and perceptions of individuals, family and community members on problem gambling and help-seeking for African Nova Scotians. In appreciation for your commitment in this research, you will receive a $10 grocery gift card.

Please do not hesitate to contact me or my thesis supervisor if you have any questions or concerns about the study in general or the interviews conducted. If you still feel uncomfortable or have had emotional triggers as a result of taking part in this study and wish to access support services, the contact information of counseling services is attached to this form. You can also be linked to African Nova Scotian counselors to provide support if you prefer.

You can contact me at:

**Phone: (902) 221-0204 Email: Marok.Njiwaji@dal.ca**

**or contact my thesis supervisor**

**Phone: (902) 494-1190 Email: wanda.bernard@dal.ca.**

## AVAILABLE PROBLEM GAMBLING   PREVENTION AND TREATMENT SERVICES IN NOVA SCOTIA

### Addiction Prevention and Treatment Services
**Central Information and Referral**
Phone: (902) 424-8866 or toll-free1-866-340-6700

### Addiction Services Cape Breton District Health Authority
Addiction Services, Prevention and Community Education
Telephone: (902) 563-2590

### Annapolis Valley Health
Addiction Services, Prevention and Health Promotion
Eastern Kings Memorial Community Health Centre
Tel: (902) 542-6370

### Problem Gambling Helpline
Toll free 1-888-347-8888 • 1-888-347-3331 (TTY)
Gambling Intake Line: (902)424-8866 or toll-free at (866)340-6700

### Nova Scotia Office of Health and Wellness
Provides educational and resource information to assist individuals, families and friends
with gambling related problems.
Phone: 902-424-4807 or 1-866-231-3882 (toll free)

### Names of African Nova Scotian counselors

Christie Ezurike (Halifax) - Christie.Ezurike@cdha.nshealth.ca, Ph: (902) 473-1951

Oluronke Taiwo (Halifax) - Taiwooa@dal.ca Ph: (902) 494 2210

Phyllis Marsh Javis (Sydney) - pmarshja@aol.com or eleazermarsh@hotmail.com

Ph: (902) 564-5255 or (902) 562-6656