



Asian Family Services
Together enriching lives

Voices of Lived Experience: Asian People's Journeys from Gambling Harm to Recovery Final Report

**Asian Family Services
for the Ministry of Health**

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Table of contents

Executive Summary	1
1 Introduction	10
1.1 Rationale.....	10
1.2 Research questions	11
2. Research Design and Methods	13
2.1 Target participants and sample size	13
2.2 Recruitment methods.....	14
2.3 Interview schedules.....	14
2.4 Ethical considerations	15
2.5 Data collection methods	16
2.6 Participant characteristics.....	17
2.6.1 Gamblers.....	17
2.6.2 Affected others.....	18
2.7 Data analysis methods.....	21
3. Breaking The Cycle: Journeys from Gambling to Recovery	23
3.1 How participants became involved in gambling	23
3.1.1 Novelty of gambling	23
3.1.2 Casino promotions/incentives.....	24
3.1.3 Easy access to gambling opportunities.....	24
3.1.4 Winning experiences	25
3.2 From recreational to harmful gambling	26
3.2.1 Gambling – the illusion of escape	26
3.2.2 Gambling as a solution to financial difficulties	27
3.2.3 'Gambling took over my life'	29
3.2.4 Co-occurring issues (e.g. alcohol, mental health issues)	29
3.3 The impact of harmful gambling.....	29
3.3.1 Financial impacts	30
3.3.2 Physical and psychological health impacts	30
3.3.3 Relationship and social impacts	32
3.3.4 Disruptions to work/study	32
3.3.5 Quality of life impact	33
3.4 Diverse paths to recovery	33
3.5 Self-managed recovery and factors facilitating or hindering treatment-seeking.....	34

3.5.1	Factors hindering treatment-seeking.....	34
3.5.2	Factors facilitating treatment-seeking	35
3.6	The cycle of relapse in gambling recovery	36
3.6.1	Influential factors in gambling relapses.....	36
3.6.2	Actions taken to break the cycle of relapse	40
3.7	The turning points for gamblers to stop gambling.....	45
3.7.1	Cognitive change/Rethink priorities in life	45
3.7.2	Life changing events	46
3.7.3	Financial crisis	46
3.7.4	Casino exclusion.....	47
3.7.5	Open up about gambling.....	47
3.7.6	Age	48
3.8	Key factors of gambling recovery	48
3.8.1	Acknowledge harmful gambling.....	48
3.8.2	A sense of agency	49
3.8.3	Effective goal setting	49
3.8.4	Implement financial control measures	50
3.8.5	Manage gambling urges.....	50
3.8.6	Address co-occurring problems and other life issues	51
3.8.7	Access counselling and support services	52
3.8.8	Build a support system	54
3.9	What does recovery mean?.....	56
3.9.1	Change their unrealistic beliefs about gambling	56
3.9.2	Learn a big life lesson and move forward	56
3.9.3	Reflect on the meaning of a gambling-free life.....	57
3.9.4	Gambling is a form of entertainment: it isn't about winning money anymore.....	58
3.10	What have gamblers learned from their lived experience?	59
3.10.1	What factors are important in recovery?	59
3.10.2	What is the most important message they want to tell Asian people experiencing gambling difficulties?	61
3.10.3	What advice would they give to family members experiencing gambling harm? .	62
3.10.4	What types of professional services might help to support Asian people experiencing gambling difficulties?	63
4.	Breaking the Silence: Stories of Family Recovery from Gambling Harm	66
4.1	Signs of harmful gambling identified by family members	66
4.1.1	Financial signs	66
4.1.2	Behavioural signs	68

4.1.3	Emotional signs	69
4.1.4	Social signs	70
4.1.5	Gambling family members confessing their gambling problems.....	70
4.2	Harmful impacts of gambling experienced by family members	70
4.2.1	Financial impacts	71
4.2.2	Physical and psychological health challenges	71
4.2.3	Relationship issues.....	72
4.2.4	Reduced quality of life	74
4.3	Navigating challenges in the family recovery journey	75
4.3.1	Self-care strategies to improve affected family members' own wellbeing.....	75
4.3.2	Financial control measures	76
4.3.3	Seek counselling services.....	76
4.3.4	Spiritual healing and faith-based support	78
4.3.5	Confide in trusted friends	79
4.3.6	Gambler-oriented actions and support.....	80
4.3.7	Unsuccessful efforts	81
4.3.8	Distance from gambling family members, separation or divorce	81
4.4	Factors facilitating or hindering affected family members' access to professional services and support.....	82
4.4.1	Factors facilitating help-seeking	82
4.4.2	Barriers to help-seeking	83
4.5	Family experiences of recovery	84
4.5.1	Improved family relationships	84
4.5.2	Improved mental wellbeing and quality of life.....	85
4.5.3	Improved family finances	85
4.5.4	Positive changes to the family members' gambling	86
4.5.5	Ongoing challenges.....	86
4.6	What does recovery mean for the family?	88
4.6.1	Relationship recovery: repair damaged relationships, build better connections... ..	88
4.6.2	Financial recovery: restore financial stability	89
4.6.3	An ongoing journey, not a destination.....	89
4.6.4	Building resilience and seeking support.....	90
4.6.5	Feeling empowered: taking ownership of one's life	90
4.7	What have family members learned from their lived experiences?	91
4.7.1	What are the most important factors for families affected by gambling harm to recover?	91

4.7.2	What is the most important message they want to tell Asian people experiencing gambling difficulties?	93
4.7.3	What advice would they give to family members experiencing gambling harm? .	94
4.7.4	What types of professional services might help to support Asian people experiencing gambling difficulties?	94
5.	Discussion, Implications and Conclusion.....	96
5.1	Factors that influence harmful gambling and help-seeking attitudes amongst Asian people	96
5.1.1	Migration, settlement and gambling environment	96
5.1.2	Asian superstitious beliefs in gambling	97
5.1.3	Cultural influences on help-seeking attitudes and behaviours	97
5.2	Cultural factors that contribute to Asian people's gambling addiction recovery	99
5.2.1	The centrality of family	99
5.2.2	Religion and faith-based support.....	100
5.2.3	Culturally appropriate services	101
5.3	Research implications.....	101
5.3.1	Targeted health promotion to improve early help-seeking	101
5.3.2	Community engagement and self-help resources to enhance access to early intervention.....	102
5.3.3	Provision of culturally responsive gambling harm counselling services and support	103
5.3.4	Support groups and strong support networks for long-term recovery maintenance	103
5.3.5	Cultural sensitivity in gambling harm recognition training to strengthen gambling host responsibility	104
5.3.6	Areas for future research	105
5.4	Conclusion	105
	References	106
Appendix 1:	Recruitment Advertisement	111
Appendix 2:	Participant Information Sheet	112
Appendix 3:	Consent Form	117
Appendix 4:	Interview Schedule – Gamblers	119
Appendix 5:	Interview Schedule – Affected family members	129
Appendix 6:	Confidentiality agreement.....	139



Tables and figures

Table 1 Number of interviews by interview method.....	17
Table 2 Participant characteristics: Recovered gamblers.....	19
Table 3 Participant characteristics: Affected others.....	20

Executive Summary

The overarching aim of this research was to examine the recovery experiences of Asian individuals with lived experience of gambling harm. Specifically, the study explored the factors influencing gambling initiation, the processes of change from harm to recovery, the barriers and facilitators to accessing support services, and the key determinants of successful recovery. The research questions were:

- How do Asian people become involved in gambling?
- When gambling escalates into a problem, what indicators of gambling harm are recognised by family members? What are the impacts of harmful gambling experienced by gamblers and their family members?
- What are the barriers and facilitators to accessing gambling harm support services for gamblers and affected family members?
- What are the influential factors of relapse? What actions are taken for relapse prevention?
- What are the turning points for gamblers to overcome their harmful gambling?
- When gamblers stop or reduce gambling, what changes are experienced by family members?
- What factors are important in recovery? What does recovery from gambling harm mean to individuals in recovery and to their affected family members?
- What roles does culture play in shaping gambling behaviours and recovery among Asian people?

The study used a qualitative inductive thematic research design. Participants included 28 recovered gamblers and 12 affected family members belonging to a range of Asian ethnic groups: Chinese, Filipino, Indian, Japanese, Korean, Thai and Vietnamese. Each participant was interviewed twice in their preferred language. The study used ethnicity/culture- and language-matched interviewers and the repeat interviewing method to build interviewer-participant rapport and to foster deeper understanding of participants' experiences. Interviews were conducted between August and November 2024.

Summary of findings: Asian people's journeys from gambling harm to recovery

Twenty-two of the 28 Asian gamblers in this study started gambling in New Zealand. Most of them came from Asian countries where gambling is generally prohibited or strictly regulated. Following migration to New Zealand, where various forms of legalised gambling are widely accessible and socially acceptable, they were exposed to increased opportunities for gambling. Participants reported that they started gambling out of curiosity and excitement-seeking. Peer influence, gambling advertising and promotions, proximity to gambling venues, early winning experiences and Asian beliefs in personal luck also played a role in encouraging gambling participation. A few participants were engaged in mobile games or online gambling where factors like 24/7 availability and the ability to conceal gambling behaviour made them more susceptible to increasing gambling activities. Participants initially felt that gambling was a social activity or a form of entertainment and had a general lack of awareness of the risk of becoming addicted to gambling.

Asian gamblers' transition from initial excitement to harmful gambling was a complex process influenced by a combination of factors that led to a loss of control and negative consequences. Some participants used gambling to escape from acculturation stress, boredom or negative emotions. Some turned to gambling as a solution to their financial problems, leading to a cycle of chasing losses and eventual compulsive gambling that took over their lives. Additionally, harmful gambling is often associated with other health issues like alcohol use, depression, or anxiety.

When gambling became a problem, the effects experienced by participants were multifaceted, impacting everything from finances and personal health to relationships, work or study performance and quality of life. A significant and often immediate consequence of harmful gambling was the financial strain it placed on family. This strain could manifest in various ways, including loss of savings, mounting debts, and difficulty covering essential expenses. The financial stress of gambling could fuel arguments between partners, strain family relationships and cause physical and psychological health problems. Thirteen participants revealed that gambling was a factor in the breakdown of their marriages.

When gambling became out of control, 20 participants had overwhelming feelings of regret, guilt and shame. In Asian cultures, stigma and shame involve an internalised fear of being judged and losing face and respect amongst members of the cultural group. This is a major factor preventing Asian families from seeking professional services and support. Other barriers to seeking help reported by participants were denial of problem severity, a desire to handle problems by themselves, privacy concerns, lack of service awareness and language problems. These barriers combined to cause delays in receiving gambling



help support. In this study, gamblers with less severe problems often relied on self-help measures to recover whereas those with more severe problems only entered treatment as a last resort, often after failing to handle the problems by themselves.

Gamblers' recovery journeys were highly personal and dynamic and could take many forms. For some participants, recovery was achieved without formal treatment interventions by following a path of self-managed healing. For others, professional counselling and/or peer supported recovery played an important role in facilitating their recovery. For some individuals, recovery followed a linear trajectory; however, for most gamblers, the recovery process was non-linear, involving cycles of progress and relapse. Moreover, the meaning of recovery varied among participants. For some, it involved complete abstinence from gambling, while for others it represented a reduction in harmful behaviour or a spiritual process of reconnecting with personal values and finding purpose beyond gambling. Most participants in this study experienced multiple relapses in their recovery journey, often triggered by negative emotions such as stress, anxiety and depression, significant life changes, financial pressures, loss of external support and environmental factors such as proximity to gambling venues and online gambling platforms. Despite experiencing cycles of progress and setbacks, participants described some crucial turning points in their recovery journey when they could break the cycles of relapse. Some participants had a moment of sudden realisation that they were experiencing addiction and decided they must stop gambling and rethink their priorities in life. Major life events like bereavement, job loss or change, relationship shifts, fraud and related crime were significant turning points for some participants to stop gambling. A few participants described how they reached an age when they no longer wanted to gamble. In some cases, participants stopped gambling when they realised the negative impacts of financial loss and debt on their lives. In other cases, being able to talk to family and trusted friends openly about their gambling issues was a turning point, marking a significant shift towards addressing their problems and a willingness to accept support and to begin a path towards positive change.

While each participant's journey to recovery was unique, there were shared experiences and common strategies used by the participants to overcome their gambling addiction. These strategies included setting limits or control over gambling behaviour, staying away from high-risk gambling settings, replacing gambling with alternative healthier activities, and practicing mindfulness and meditation. They also established a strong supportive environment through participating in faith-based activities, joining gambling support groups and seeking professional help. A few participants used positive self-talk to fight gambling urges.

Several key cultural factors that contributed to Asian people's gambling addiction recovery were identified in the process of analysing the research findings. Family played an essential role in gambling recovery. Many participants reported that their desire to break the cycle of gambling addiction stemmed from family, and that they became determined to stop gambling when they recognised the harm that was done to their

relationships or were worried about the impact of gambling on their children. By breaking the cycle, participants wanted to rebuild trust, relationship harmony and the reputation of the family, which are important cultural values in many Asian societies.

For some Asian gamblers, religion and faith-based support were powerful sources of healing and support during their recovery process. Participants reported that their religious faith significantly aided their recovery by providing spiritual guidance, emotional strength, and community support. Faith-based practices like merit-making, prayer and meditation offered them comfort, inner peace and a positive mindset during challenging times, which were crucial for recovery. Furthermore, connecting with faith-based support groups within churches or temples helped to reduce feelings of isolation by providing a culturally safe space to share experiences and foster a sense of belonging.

Asian gamblers in this study had a strong preference for counselling and support services provided by practitioners who share the same cultural and language backgrounds as their own. This was particularly useful for participants with limited English proficiency. Having culturally and linguistically matched practitioners helped to build rapport and trust in the counselling process and was a significant factor facilitating participants' access to, and engagement with services.

Summary of findings: Family experiences of gambling harm and recovery

The twelve affected family members in this study included four spouses/partners of recovered/recovering gamblers, four parents, two ex-wives, one daughter-in-law and one sister. Most participants reported that they were unaware of their loved one's gambling behaviour until the late stages of harmful gambling. Financial issues were often the first sign of a gambling problem that family members noticed, including unexplained missing amounts of money from bank accounts, overdue bills or borrowing money from friends and family. After that, they also recognised other behavioural signs like being secretive about money matters and telling lies to cover up gambling activities or losses. Major emotional signs noticed by most participants included mood swings, anxiety, emotional distress, and being restless, irritable or losing control when gamblers were stopped from gambling. Social withdrawal was also reported as a sign of harmful gambling. A few participants had not noticed any signs of harmful gambling until their loved one reached a point where the consequences of their gambling became too overwhelming to hide and confessed their gambling problems.



Delays in recognizing gambling problems had far-reaching consequences that significantly impacted family members. Financial harm was a common experience of affected family members, including debt and a reduction in available spending money and savings. Family members' relationships were damaged in multiple ways as a result of their loved one's harmful gambling. Many participants described how arguing and fighting with the gambler had significantly strained family relationships, causing tension, conflict, resentment, and even relationship breakdown. Participants also described the negative consequences of parental harmful gambling for children, including neglect, inadequate parenting and poor parent-child relationships. Emotional harm experienced by family members included chronic stress, anxiety and depression. Some participants also felt angry and shameful about the gambler's actions. Additionally, many family members reported increased isolation as they withdrew from social activities and distanced themselves from friends and support networks.

Family members' stories of recovering from gambling harm illustrated a multifaceted process where they navigated significant challenges to support their loved one's recovery while also protecting their own needs and family wellbeing. Actions taken by family members to support their loved one's recovery included providing emotional and financial support, encouraging help-seeking and assisting their loved one to set boundaries by managing money, avoiding gambling triggers, taking up new interests and establishing healthy habits during the recovery process. By providing a supportive environment, families helped recovering gamblers to stay committed to the recovery journey. Most family members experienced considerable improvements in family finances, relationships, mental wellbeing and quality of life as their loved one reduced or stopped their gambling behaviours. Two participants decided to divorce or separate from their gambling partners to protect themselves and their families from further gambling harm when efforts to reduce the impact on the family failed.

Alongside supporting their loved one's recovery process, family members also embarked on their own path of recovery, focusing on prioritising their own and their family's wellbeing. They reported using a range of self-help strategies to reduce the harm their loved one's gambling caused them, including practicing meditation and mindfulness, pursuing their own interests and participating in social activities that brought them joy and a sense of fulfilment. To reduce the financial harm caused by a loved one's gambling, some participants reported taking practical actions to protect family finances. These actions included cancelling bank accounts, taking on management of the household finances and limiting the gambler's access to cash.

Delayed help-seeking was common among family members, mainly due to cultural reasons. Eight of the 12 participants overcame cultural barriers to seek counselling as a last resort when they were desperate to find help to address the gambler's harmful gambling as well as their own individual needs. Language was not a barrier for those who had sought help because they were able to find counsellors who could speak their preferred languages. The four family members who did not seek professional services

were of Thai or Vietnamese ethnicities, which are smaller Asian ethnic groups in New Zealand and there are no such language specific counselling services for them. Participants identified shame, language barriers, and limited awareness of available services as key factors that prevented them from seeking professional help. A few family members had drawn on their religious faith to provide meaning, support and healing during their recovery journey. They reported that faith-based practices like prayer and meditation offered them comfort, encouragement and a sense of belonging during challenging times. Social support from faith-based communities also helped to combat feelings of isolation and loneliness and improved mental wellbeing.

Family members in the present study described gambling recovery not as a destination, but rather a continuous process that required ongoing attention and support. Many participants pointed out that concern about the potential for gambling relapse was an ongoing challenge. Relapses were emotionally devastating for families. Some participants felt a sense of failure or guilt, and some also experienced fear and anxiety about the future of their recovering partner, son or daughter, especially the potential negative impacts of gambling on their mental wellbeing and future employment. The two participants who had divorced or separated from their gambling partner had lingering concerns about the challenge of dealing with unresolved issues from their past relationships.

Implications of research findings

Targeted health promotion to improve early help-seeking

Cultural shame, social stigma, and fear of being judged present significant barriers to help-seeking among Asian communities. Reducing the stigma and shame associated with gambling harm can encourage Asian people to seek help without fear of shame or judgment. Targeted health promotion and awareness campaigns can focus on raising individual and community awareness of the harmful impacts of gambling, normalising help-seeking and creating safe environments for open conversations about gambling-related concerns. Ensuring that information about the risks and early signs of harmful gambling is more accessible can empower individuals to self-identify potential harm and families to identify those at risk. To mitigate language barriers, awareness campaigns should provide information and support in multiple languages, employing culturally appropriate terminology and communication strategies.

Community engagement and self-help resources to enhance access to early intervention

Early identification of gambling problems allows for timely intervention. A culturally and linguistically appropriate approach that emphasises community engagement and addresses specific cultural contexts and values, such as the importance of “face” in Asian cultures, is vital for building trust and making early intervention accessible. This can involve reaching out to GP clinics, schools, churches, temples, faith-based communities and ethnic community groups to raise awareness about the risks of gambling, providing access to self-assessment and encouraging early help-seeking and intervention. Screening for gambling, other addictions (smoking, drinking) and mental health issues (anxiety, depression) has the potential to identify individuals with multiple co-occurring issues and facilitate early access to professional services and support for at-risk individuals who may not have otherwise sought help.

Some individuals experiencing lower levels of gambling-related harm may prefer to pursue recovery through self-managed strategies. These individuals may benefit from guided self-help resources that provide practical tools and strategies for self-care, stress management, and the development of coping skills. However, targeted resources designed to support the recovery of affected family members remain limited and underdeveloped.

Provision of culturally responsive gambling harm counselling services and support

Language and cultural barriers can significantly hinder communication and understanding about accessing and utilising gambling harm support services. Asian families have a strong preference for gambling harm counselling and support services provided by practitioners who share the same cultural and language backgrounds, as this allows for a more nuanced and culturally sensitive approach to treatment, fostering a sense of safety and trust.

Asian communities in New Zealand are highly diverse, encompassing numerous ethnic groups, cultures and languages. Providing culturally responsive services to individuals in some smaller ethnic communities such as Cambodian, Thai and Vietnamese are challenging due to resource constraints and scarcity of culturally and linguistically matched staff. There is a need to develop and strengthen the cultural workforce, including peer and cultural support workers, to address the unmet needs of minority ethnic communities.

Support groups and strong support networks for long-term recovery maintenance

Building support for long-term maintenance of recovery is crucial for both gamblers in recovery and affected family members. This can include building a network of supportive family, friends, support groups and faith-based communities, developing healthy coping skills and maintaining a healthy lifestyle. Additionally, continuing counselling can provide a reliable support system to address underlying issues, foster deeper self-awareness and help build coping skills for managing ongoing life challenges.

Relapse is a common part of gambling recovery. Relapse prevention support groups are recognised services that can help Asian people to achieve long-term recovery from gambling and other related problems. Support groups also offer an ongoing support system that extend beyond professional treatment. Some affected family members in the present study expressed their wish to join mutual support groups for families impacted by gambling. This is an area to be considered for future service development.

For some Asian gamblers and their affected family members, religion and faith-based communities serve as important sources of healing and support throughout the recovery process. Faith provides a framework of meaning and purpose that can help individuals build inner strength and foster resilience and hope. Engaging in religious practices such as prayers, meditation and mindfulness can help regulate emotions and cultivate inner peace. However, the specific role of religion in gambling recovery can vary as not everyone seeking recovery identifies with a religion. Further investigation is needed to fully understand the complex interactions between religion and the development of harmful gambling and recovery.

Cultural sensitivity in gambling harm recognition and host responsibility training

Many harm prevention regulations rely on gambling venue staff observing players for specific signs of harm like prolonged gambling, repeated cash withdrawals, or visible distress. However, in contrast to the individualism prevalent in many Western cultures, emotional restraint is a valued norm in many Asian cultures which are shaped by collectivist values and prioritise group harmony over individual expression. This cultural emphasis on suppressing emotion, especially negative ones, could make it difficult for venue staff to identify Asian gamblers with problems who show no visible distress.

Improved host responsibility is required for early detection of at-risk Asian gamblers. Staff training on harm recognition can be enhanced to incorporate cultural sensitivity and competency, including understanding cultural differences in emotional expression, communication styles and help-seeking behaviours. Factors like cultural views on luck and chance, family dynamics, and the stigma associated with gambling harm can alter the



signs staff should look for and how they should intervene. Moreover, host responsibility policies should not focus solely on identifying individual “problem gamblers”. A broader approach that disseminates harm reduction information to all gamblers should be adopted, and all resources need to be culturally appropriate and easily accessible.

Areas for future research

The rapid growth of online gambling and gambling-like elements in video games poses high risks for vulnerable people and youth. Future research is required to inform better public health policies to regulate online gambling and gaming activities, improve consumer protection and reduce harm, particularly around the online environment and new and evolving forms of gaming and gambling.

Other potential areas of research include understanding culturally specific motivations and stigma surrounding gambling harm within diverse Asian communities, lived experience of children of gambling parents, the role of spirituality in harmful gambling recovery, and co-occurring problems in people experiencing gambling harm.

1 Introduction

This research project is funded through the Ministry of Health’s Gambling Harm Research Programme 2023/24 – 2024/25. It aligns with the research topic “What’s the journey to gambling addiction and recovery from a Lived Experience perspective - what can be learned for the purpose of harm prevention and minimisation”? This report presents research exploring the lived experiences of recovery among 28 Asian individuals who have personally experienced problematic gambling and 12 affected family members who have experienced gambling-related harm. The study examined the factors contributing to gambling participation among Asian people, their pathways from harm to recovery, the facilitators and barriers to accessing gambling support services, and their reflections on gambling harm, recovery, and wellbeing. Based on these findings, the report outlines key implications for gambling harm prevention and intervention.

1.1 Rationale

Within the addiction field, interest in the recovery model has grown considerably during the past two decades (White, 2007). The recovery model encompasses much more than reductions in gambling behaviours and symptoms, which are the primary focus of the medical model. A recovery approach encourages individuals to build a fulfilling new life beyond gambling by developing positive resources to achieve psychological health and wellbeing (Pickering et al., 2020). International research on the lived experience of recovery from gambling harm defines recovery as a personal journey that encompasses periods of improvement and decline, and occurs through developing personal resourcefulness, re-establishing a positive sense of identity and changes in social networks (Best et al., 2016; Nixon & Solowoniuk, 2006; Vasiliadis & Thomas, 2018). These studies also revealed similar and distinct social, relational and cultural factors influencing gambling recovery of different groups of participants (e.g. women, young adults, older people, affected family members) in diverse study contexts (see, for example, Azemi et al., 2023; du Preez et al., 2021; Kim et al., 2016; Nixon et al., 2005; Welte et al., 2009). Understanding the lived experiences of people in the recovery process has implications relating to the design of gambling harm prevention and minimisation services around service users’ needs, rather than around the needs of those providing services (Penfold & Ogden, 2022).

In New Zealand (NZ), Asian people are among the vulnerable groups that face higher burdens of gambling harm (Browne et al., 2017; Ministry of Health, 2022). Asian people living in a Western country, especially recent migrants, are likely to be vulnerable to harmful gambling because they face many challenges such as acculturation stress, isolation, loneliness, boredom, language barriers, as well as employment, housing and

financial difficulties (Colby et al., 2022; Sobrun-Maharaj et al., 2012). Many people experiencing gambling harm tend to use gambling as a form of escape from their problems. Moreover, the lack of a cultural tradition of seeking support outside the family is a key barrier to help-seeking among Asian gamblers and affected family members (Wong & Tse, 2003). However, current understanding of the recovery processes of Asian people with experience of gambling harm has attracted little research attention.

Zhang et al. (2022, 2024) recently undertook exploratory research into Chinese migrants' lived experience of casino gambling harm in NZ. In-depth interviews were held with eight participants who self-identified as gambling problematically and eight affected family members. They found that participants' pathways into, and out of, harmful gambling were varied. Their recovery involved a repetitive journey requiring the collective effort of both gamblers and family members and the support of the wider community and government agencies. Participants' experiences in their study echoed the theoretical model of gambling recovery; that recovery from harmful gambling does not only require absence from gambling but also improved quality in other areas of life (Adams, 2016; Granfield & Cloud, 2001).

The research by Zhang et al. (2024) opens a promising new direction for further study; one that steers away from the personal deficit model and focuses more on social and cultural influences. The present research extends Zhang's exploratory study by broadening the target group to include people of East Asian (Chinese, Japanese, Korean), South Asian (Indian) and Southeast Asian (Filipino, Vietnamese, Thai) ethnicities. The lived experience approach used in this research seeks to provide better understanding of the diverse views of gambling addiction and recovery within NZ's Asian communities, including people with experience of harmful gambling and family members affected by other's gambling.

1.2 Research questions

The research questions guiding this study are:

- How do Asian people become involved in gambling?
- When gambling becomes a problem, what are the signs of harmful gambling that family members have noticed?
- What are the impacts of harmful gambling experienced by gamblers and their family members?
- What are the barriers and facilitators to accessing gambling harm support services for gamblers and affected family members? What are the influential factors contributing to relapse? What actions are taken for relapse prevention?
- What are the turning points for gamblers to overcome their harmful gambling?

- 
- When gamblers stop or reduce gambling, what changes are experienced by family members?
 - What factors are important in recovery? What does recovery from gambling harm mean to individuals in recovery and to their affected family members?
 - What role does culture play in shaping gambling behaviours and recovery among Asian people?



2. Research Design and Methods

This chapter discusses the process of designing and carrying out a qualitative study involving participants from different Asian ethnic groups to explore their lived experiences of gambling harm and recovery. It addresses preparations for recruiting participants, developing the interview schedules, and identifying potential ethical issues for the research. It also describes the procedures for collecting data, the characteristics of research participants, and the steps in analysing interview data.

2.1 Target participants and sample size

The term 'Asian' does not describe a coherent ethnic group in New Zealand. It includes people not just of differing ethnicities, but also differing settlement histories, cultural practices, languages, religions and socio-economic status (Ho, 2015). This study aimed for diversity in participant composition. Prospective participants were recruited from East Asian (Chinese, Japanese, Korean), South Asian (Indian) and Southeast Asian (Filipino, Vietnamese, Thai) communities, including those who had received professional services for their gambling issues and those who had not. The inclusion criteria also contained factors such as age, gender, generational status (i.e. first, 1.5, second or higher generations), length of time experiencing harmful gambling and length of recovery. All eligible participants were required to have lived experience of recovery. They were either (a) recovered gamblers — individuals with a history of harmful gambling who had ceased gambling for at least three months — or (b) affected family members, including parents, partners, or siblings of recovered gamblers, who had experienced gambling-related harm. The use of triangulation, or obtaining information from multiple data sources, is a qualitative research strategy to promote a more comprehensive understanding of the phenomenon under study (Patton, 1999).

Sample size in qualitative research tends to be small in order to support the depth of analysis that is fundamental to this mode of inquiry; the goal is to provide analytic generalisation through intensive study of particular cases. As Levitt (2021) argued, the objective of generalisation in qualitative studies is “not to generalise from a sample to a larger population but to generalise from a map of variation developed through analysis to the larger experience of the phenomenon under study” (p.95). In this study, sample size determination is guided by the principle of saturation and pragmatic considerations such as time, finance and project resources. We aimed to recruit 25 recovered gamblers and 15 affected family members with sufficient diversity to reflect the complexity and variation of experiences and practices associated with Asian people’s journeys from harmful gambling to recovery.



2.2 Recruitment methods

Extensive preparations were required to access the relevant ethnic communities and potential research participants. Our recruitment methods included using Asian Family Services' (AFS) existing connections with gambling harm service providers, General Practice (GP) clinics with high Asian patient enrolment, relevant Asian community groups and ethnic social media groups, as well as interviewers' personal networks. A recruitment advertisement (Appendix 1) was created and provided to these organisations/groups, requesting them to display it physically (on noticeboards) and/or electronically (through their respective websites, social media pages). The advertisement provided information about the research and the research team's contact details. Prospective participants interested in the study were asked to contact the research team for further information and to assess their suitability. If they met the criteria for the study and agreed to participate, they were sent the Participant Information Sheet (PIS; Appendix 2), which set out why the research is being undertaken, what participants' rights are, what their participation would involve, and how data collected in the study would be used. Participants were also required to sign a Consent Form (CF; Appendix 3) before the interview started. The advertisement, PIS and CF were translated into several Asian languages including Chinese, Filipino, Hindi, Korean, Thai and Vietnamese.

The study's inclusion criteria required participants to self-identify as Chinese, Filipino, Indian, Japanese, Korean, Thai, or Vietnamese; be aged 20 years or older; and reside in Auckland, Christchurch, or Palmerston North. Eligible participants were either (a) individuals with experience of problem gambling who had ceased gambling for at least three months, or (b) affected family members of recovered gamblers who had experienced gambling-related harm. Individuals who did not meet these criteria were excluded from the study.

2.3 Interview schedules

Two in-depth interviews were conducted with each participant. The interviews were guided by semi-structured interview schedules to ensure consistency of information but were left sufficiently open for participants to offer viewpoints they thought were important. The repeat interviewing method helped to build interviewer-participant rapport and provide more opportunities for follow up questions, to gather more nuanced data and to foster deeper understanding of participants' stories (Goyes & Sandberg, 2024).

Appendix 4 provides the interview schedule for recovered gamblers. The initial interview focused on participants' lived experiences of gambling, exploring its beginnings, progression, critical moments, and eventual cessation.

The second interview provided an opportunity for participants to reflect more deeply on themes identified in their initial interviews. Discussion topics included strategies for managing gambling urges, experiences with support services during recovery, and personal insights or lessons derived from their lived experience.

Interviews with affected family members focused on their recovery experiences from the perspective of family and whānau. In the first interview, participants were asked to reflect on the effects of harmful gambling on their family or whānau, the ways they addressed gambling-related challenges, and the changes they experienced during the recovery process. The second interview invited participants to explore in greater depth the themes that had emerged from their initial narratives, including the self-care practices they adopted, their experiences of seeking support and services, and the key lessons and insights gained through their lived experiences. The interview schedule for affected family members is presented in Appendix 5.

2.4 Ethical considerations

Ethical approval from the Aotearoa Research Ethics Committee was obtained prior to conducting the interviews (AREC24_15). A Participant Information Sheet (PIS) about the research (Appendix 2) was provided to all potential participants. Individuals who consented to participate in the study signed a Consent Form (CF) (Appendix 3) before the commencement of interviews. This form acknowledged that participants' rights would be protected during all phases of the study. Elements of informed consent included the following:

- The purpose of the study, so that individuals understood the nature of the research and its likely impact on them.
- The study process, so that individuals could reasonably know what to expect in the research.
- The right to participate voluntarily and the right to withdraw up to two weeks after the second interview, so that an individual did not feel coerced into participation.
- The right to ask questions and have their privacy respected.
- The right to decline to answer any question.
- The right to decline audiotaping of the interview.
- The overall benefits and risks to the individual of participating in the study. (Creswell, 2003).

Before each interview, participants were reminded that if they felt uncomfortable from topics discussed in the interview, they were free to decline to answer any questions, and/or ask for the interview to be terminated at any time. Participants also had the right

to withdraw from the research up to two weeks after the second interview. In addition, information regarding free, confidential and professional counselling and psychological support services was included in the PIS.

Participants were also assured that their names and any other personally identifiable information would not be included in written reports or other publications arising from the study. To ensure confidentiality was maintained throughout the process, participants' interview recordings and transcripts were identified only by pre-assigned codes, using two upper case letters and a number – for example, FA01, GC15. The first letter was used to identify if the participant was a recovered gambler (G) or a family member (F). The second letter referred to the location of the participants: A for Auckland, C for Christchurch and P for Palmerston North. Additionally, the interviewers who conducted interviews, transcribed interview recordings and translated non-English language transcripts into English were all required to sign a confidentiality agreement (Appendix 6).

2.5 Data collection methods

A total of 40 participants (28 recovered gamblers and 12 affected family members) were interviewed between August and November 2024. Interviews were conducted by qualified counsellors, health promoters or cultural support workers from Asian Family Services (AFS) who have relevant education and practice experience in gambling harm prevention and minimisation services. They also came from similar cultural backgrounds as the participants and spoke English and a range of Asian languages including Filipino, Hindi, Korean, Mandarin, Thai and Vietnamese. Before interviews were conducted, a training workshop was held to help interviewers gain a comprehensive understanding of the selection criteria of participants, the interview schedules and ethical aspects of the research. Throughout the fieldwork phase, regular debriefing sessions between the Lead Researcher and interviewers were arranged during which they had the opportunity to share fieldwork experiences and get further support as needed.

Interviews were conducted in participants' preferred languages, which included English, Korean, Mandarin, Thai and Vietnamese. The study used ethnicity/culture- and language-matched interviewers in order to build rapport and improve understanding of participants' experiences. Each participant was interviewed twice, with each interview lasted between 1 to 1½ hours. The second interview was arranged 4-6 weeks after the first to give time for participants to reflect on their experiences and for the research team to organise follow-up interviews that would extend and deepen the dialogue participants had shared at the first interview. All interviews were audio-recorded with participants' consent. At the conclusion of the second interview, each participant received an \$80 supermarket voucher as a token of appreciation for their time and contribution to the study. About two-thirds of the interviews (62.5%) were conducted face-to-face in Auckland and Christchurch in AFS offices or at home where privacy could be maximised (Table 1).

Some interviews were conducted online via video conference or by phone due to scheduling challenges, especially for participants and interviewers in different locations (e.g. participant in Palmerston North and interviewer in Christchurch).

Table 1 Number of interviews by interview method

	In office	At home	Online	By phone	Total
Recovered gamblers	14	3	10	1	28
Affected family members	5	3	4	0	12
Total	19	6	14	1	40

2.6 Participant characteristics

2.6.1 Gamblers

Table 2 presents the socio-demographic characteristics of the 28 recovered gamblers who participated in the study. They comprised 15 males and 13 females belonging to a range of Asian ethnic groups: Korean (7), Chinese (5), Indian (5), Thai (5), Vietnamese (3), Filipino (2) and Japanese (1). Participants ranged in ages from mid-20s to mid-70s. Most of the participants were born overseas and had lived in New Zealand for varying lengths of time; the most recent one had been in New Zealand for under two years, the longest over 30 years. Half of the participants (14) were married or in de facto relationships, nine were separated, divorced or widowed, and five were never married. Most participants (18) lived with family members, four lived with other people and six lived alone.

The participants reported that they had been experiencing gambling harm for varying lengths of time: under 5 years (13), 5-9 years (6), 10-19 years (7) and 20 years and over (2). The Problem Gambling Severity Index (PGSI) was used to assess participants' gambling behaviour during the time they developed harmful gambling by scoring themselves against nine items (Appendix 4 Section B Question 15). Twenty-two participants could be classified as problem gamblers (PGSI scores ranging from 8 to 22) and six as moderate-risk gamblers (PGSI scores between 5 and 7) when their gambling was a problem. Their primary modes of gambling included casino games (e.g. pokies, baccarat, blackjack, roulette), poker games, TAB racing and sports betting, online gambling, mobile games, and lottery.

At the time of the interviews, 22 participants had stopped gambling completely and six had reduced their gambling to non-problematic levels. Among those who had stopped gambling completely, nine had stopped for 3 to 11 months, six for 1 to 4 years, three for 5 to 9 years, and four for 10 years or more (Table 2).

Fifteen recovered gamblers had used counselling services in their recovery journeys. Other services or support used by the participants included: gambling venue exclusion (14), self-help strategies such as replacing gambling with positive activities and keeping away from gambling venues and friends (18), religious support (10), peer support group (2) and blocking internet access to gambling sites (1) (Table 2).

2.6.2 Affected others

Table 3 gives the socio-demographic characteristics of the 12 family members who had experienced gambling harm. They comprised 11 females and 1 male from a range of Asian ethnic groups: Korean (3), Chinese (3), Thai (3), Indian (2) and Vietnamese (1). Participants ranged in age from 20s to 70s. Four of the participants were the spouses or partners of the recovered or recovering gamblers in their families, four were parents, two ex-wives, one daughter-in-law and one sister. The participants reported that their gambling family members had been experiencing gambling harm for varying lengths of time: under 5 years (5), 5-9 years (3), 10-19 years (1) and 20 years and over (3). At the time of the interviews, five gambling family members had stopped gambling completely and five had reduced their gambling to non-problematic levels. One participant divorced to rebuild her own life after her ex-husband's repeated gambling relapses. Another participant's husband left New Zealand with gambling debts, and the family had moved on to live healthier lives. Eight participants had sought counselling services in their family recovery journeys. Other services and support used by these families included self-help strategies such as taking control of the family finances (7), religious support (5) and third-party requests for gambling venue exclusion (3) (Table 3).

Table 2 Participant characteristics: Recovered gamblers

	Number	Percent		Number	Percent
Ethnic group			Living arrangement		
Korean	7	25.0	Live with parents & siblings	2	7.1
Chinese	5	17.9	Live with spouse/partner	8	28.6
Indian	5	17.9	Live with spouse & children	5	17.9
Thai	5	17.9	Live with spouse & parents	1	3.6
Vietnamese	3	10.7	Live with children	2	7.1
Filipino	2	7.1	Live with other people	4	14.3
Japanese	1	3.5	Live alone	6	21.4
Total	28	100.0	Duration of problematic gambling		
Place of residence			Less than 1 year	1	3.6
Auckland	26	92.9	1-4 years	12	42.9
Christchurch	2	7.1	5-9 years	6	21.4
Gender			10-14 years	3	10.7
Male	15	53.6	15-19 years	4	14.3
Female	13	46.4	20 years and over	2	7.1
Age group			Primary mode of gambling (multiple answers possible)		
20-24	2	7.1	Casino - pokie machines	10	35.7
25-34	5	17.9	Casino - Baccarat	7	25.0
35-44	6	21.5	Casino - Blackjack	4	14.3
45-54	2	7.1	Casino - Roulette	3	10.7
55-64	10	35.7	Casino - other games	5	17.9
65-74	3	10.7	Pokie bars	4	14.3
Country of birth			TAB stores	2	7.1
Korea	6	21.4	Poker clubs	2	7.1
China	5	17.9	Online gambling	7	25.0
India	5	17.9	Mobile games	2	7.1
Thailand	5	17.9	Lottery	1	3.6
Vietnam	3	10.7	Gambling problem severity (based on PGSI scores)		
Philippines	2	7.1	Moderate severity	6	21.4
Japan	1	3.5	Problem gambler	22	78.6
New Zealand	1	3.5	Support for recovery (multiple answers possible)		
Year of arrival to NZ (for participants born overseas)			Gambling venue exclusion	14	50.0
1980-1989	4	14.8	Counselling services	15	53.6
1990-1999	4	14.8	Self-help	18	64.3
2000-2009	8	29.6	Religious support	10	35.7
2010-2019	10	37.0	Peer support group	2	7.1
2020 and after	1	3.7	Block online gambling sites	1	3.6
Marital status			Achievement of recovery goals		
Never married	5	17.9	Stop gambling completely	22	78.6
Married	12	42.9	Non-problematic gambling	6	21.4
Separated	4	14.3	Years/months since stopping gambling (N=22)		
Divorced	4	14.3	3-6 months	4	18.2
Widowed	1	3.6	7-11 months	1	4.5
De facto relationship	2	7.1	1-4 years	10	45.5
Work status			5-9 years	2	9.1
Full-time employed	14	50.0	10-19 years	2	9.1
Part-time/casual work	3	10.7	20 years and over	3	13.6
Self-employed	1	3.6	Years/months since reducing gambling (N=6)		
Unemployed	5	17.9	3-11 months	2	33.3
Homemaker	2	7.1	1-4 years	2	33.3
Retired	3	10.7	5-9 years	1	16.7
			10 years and over	1	16.7

Table 3 Participant characteristics: Affected others

	Number	Percent		Number	Percent
Characteristics of affected others			Information about gamblers		
Ethnic group			Ethnic group		
Korean	3	25.0	Same as affected others' ethnicities		
Chinese	3	25.0	Gender		
Thai	3	25.0	Male	9	75.0
Indian	2	16.7	Female	3	25.0
Vietnamese	1	8.3	Age group		
Total	12	100.0	25-34	2	16.7
Place of residence			35-44	3	25.0
Auckland	10	83.3	45-54	3	25.0
Christchurch	1	8.3	55-64	2	16.7
Palmerston North	1	8.3	65 and above	2	16.7
Gender			Country of birth		
Male	1	8.3	Korea	3	25.0
Female	11	91.7	Thailand	3	25.0
Age group			India	2	16.7
25-34	1	8.3	China	1	8.3
35-44	1	8.3	Hong Kong	1	8.3
45-54	5	41.7	Malaysia	1	8.3
55-64	2	16.7	Vietnamese	1	8.3
65-74	2	16.7	Year of arrival to New Zealand		
75 and above	1	8.3	1980-1989	2	16.7
Marital status			1990-1999	3	25.0
Married	8	66.7	2000-2009	3	25.0
Separated	2	16.7	2010-2019	4	33.3
Divorced	2	16.7	Marital status		
Relationship with gambler in the family			Never married	2	16.7
Spouse/partner	4	33.3	Married	5	41.7
Ex-husband/wife	2	16.7	Separated	3	25.0
Father/mother	4	33.3	Divorced	1	8.3
Son/daughter-in-law	1	8.3	Widowed	1	8.3
Brother/sister	1	8.3	Work status		
Living with gambler?			Full-time employed	5	41.7
Yes	8	66.7	Self-employed	2	16.7
No	4	33.3	Unemployed	2	16.7
Outcome of family recovery			Retired	2	16.7
Gambler stopped gambling	5	41.7	Not stated	1	8.3
Gambler reduced gambling	5	41.7	Duration of problematic gambling		
Family moved out & started new life	1	8.3	Under 5 years	5	41.7
Gambler went overseas, family started new life	1	8.3	5-9 years	3	25.0
			10-19 years	1	8.3
			20 years and over	3	25.0
Support for family recovery (multiple answers possible)			Outcomes of gambling recovery		
Counselling services	8	66.7	Stopped gambling 1-4 years	2	16.7
Self-help	7	58.3	Stopped gambling 5-9 years	3	25.0
Religious support	5	41.7	Reduced gambling < 1 year	3	25.0
Gambling venue exclusion	3	25.0	Reduced gambling 1-4 years	2	16.7
			Gambler relapsed & divorced	1	8.3
			Gambler overseas, gambling behaviour unknown	1	8.3



2.7 Data analysis methods

The data analysis process started immediately after each interview was conducted with the participants. After the first interview, recordings were transcribed by interviewers and non-English language transcripts were translated into English. The Lead Researcher read each interview transcript and prepared a summary of the interview, focusing on each participant's story of gambling harm and recovery, including key events and turning points, as well as how the participant made sense of their experiences. The Lead Researcher then discussed each interview with the interviewer, who was also asked to carefully review the interview summary to ensure that it accurately reflected the main themes and important details of the first interview. The interviewer and the Lead Researcher also discussed key topics to follow up, expand or clarify in the second interview, and finalised the second interview schedule.

Before the second interview, each participant had the opportunity to review a written summary of their interview and make corrections. Any materials that they did not wish to be used were removed. After the second interview was transcribed, a final interview summary was prepared for each case.

A qualitative inductive thematic approach was used for data analysis, which involved repeatedly reading the texts generated from the interviews to enable the identification of themes relevant to the research objectives (Thomas, 2006). The Lead Researcher and a co-researcher in the research team reviewed all interviews independently, coded the interview data, identified recurring themes and patterns and prepared analysis notes separately. The two researchers then discussed their analysis notes and worked as a team to interpret the interview data to minimise any bias resulting from the perspective of a single researcher only. During analysis, the researchers distinguished between findings that were relevant to all (or many) participants, in contrast to aspects of the experience that were unique to particular participants. The recurring themes and distinct patterns identified were combined to construct syntheses of the underlying meanings of the lived experiences of recovered gamblers and affected family members as well as their change processes (van Manen, 2014).

After preliminary data analysis was completed, a "member checking" meeting (Creswell, 2003) was held with the interviewers during which a summary of the analysis was presented to find out whether the interviewers felt they were accurate. This process helped validate the emerging themes in the research. To ensure confidentiality was maintained during data analysis and presentation, care was taken in choosing quotes from the interview recordings used in any publication arising from the study. In addition to using a code name, names of specific people, groups, or places that could disclose confidentiality were replaced, while avoiding loss of context in the interview.



The main themes drawn from the interview data to address each research question of the study are presented in the next two sections. Section 3 discusses recovered gamblers' journeys to harmful gambling and recovery. Section 4 explores what it was like to be family members affected by others' gambling and their stories of recovery from gambling harm.



3. Breaking The Cycle: Journeys from Gambling to Recovery

This chapter presents and details the main themes drawn from interviews with 28 recovered gamblers who participated in the study. The themes are supported by participants' quotations and are organised to trace their gambling journeys—from how they became involved in gambling, to the point at which it became problematic, and finally, to how they broke the gambling cycle and moved towards recovery. Most participants' recovery journeys were characterised by fluctuations, including both progress and setbacks, rather than a simple, linear trajectory. This section also explores the turning points in participants' recovery processes, how they managed relapses, the factors that facilitated or hindered their access to and engagement with gambling help services and support, and their personal understandings of what recovery meant to them.

3.1 How participants became involved in gambling

Most participants started gambling as an exciting way to have fun. Novelty seeking, casino promotions, easy access to gambling opportunities and early winning experiences were the main reasons they provided for becoming involved in gambling.

3.1.1 Novelty of gambling

Twenty-two of the 28 participants (78.6%) who had recovered from gambling problems started gambling in New Zealand. Most of them came from Asian countries where gambling is generally prohibited or strictly regulated (e.g. China, India, Japan, Korea, Thailand and Vietnam). Curiosity was the primary motivation for participants' initial engagement in gambling in New Zealand, where gambling is legal, widely accessible, and socially accepted. At first, participants viewed gambling as a form of entertainment and a social activity.

I went to SkyCity to meet someone at a restaurant. I arrived early and looked around. Because gambling is illegal in Korea, I felt curious and went into the casino. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

I visited SkyCity casino for the first time to celebrate a special occasion with some friends. I played pokies during that visit. As Thai law prohibits gambling, I found going to a casino was a fun experience. (GA01, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 5-9 years, reduced gambling to non-problematic level for 10-14 years)

My first gambling experience in a gambling place in NZ was in 1996 when SkyCity casino opened on its first day. I went to the casino with my friends. We spent long hours in the casino, played poker, socialized, and had a great time. (GA24, male, 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)

3.1.2 Casino promotions/incentives

The first gambling experience in New Zealand for 21 participants (75%) was at a casino. Most of them had never been to a casino. They found casino promotions such as loyalty programmes and complimentary items, targeted advertising, reward features of casino games, as well as the attractive design and layout of casinos all encouraged excessive gambling and kept them going back to the casino after their first visit.

Initially we went to the casino just to have some fun. In the casino we were persuaded to get a casino premium membership card which offered discounts on hotel stays, free parking, special offers at selected restaurants and more. We joined and were given cash vouchers to play more games. We played different games at the casino, like a child who was given many new toys. (GA23, male, 35-44 years, Indian, problem gambling (PGSI 9) for about 10 years, stopped gambling for over one year)

When I became a VIP member at the casino, I was often invited to events such as ballet shows. I loved those events, free gifts and benefits. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

My primary mode of gambling was pokies which come with a range of features. My favourite feature was bonus rounds which offer free spins, double pay and other rewards. (GA01, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 5-9 years, reduced gambling to non-problematic level for 10-14 years)

I felt good. There were so many people, free drinks, and you met new people. It's like a theme park, probably it's the sounds, the lights, and everything. That's why I kept on coming. I felt I belonged there. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

3.1.3 Easy access to gambling opportunities

Some participants commented that physical proximity to gambling venues had made it easy and convenient to gamble.

My first gambling experience in NZ was in 2009. At that time, we lived 15 minutes from SkyCity. One day I went to the casino to have a look. I played pokies and felt a rush of excitement when I won. After that first visit, I became a regular customer at the casino and went there every weekend. (GA11, male, 45-54 years, Japanese, problem gambling (PGSI 17) for about 10 years, stopped gambling for over 5 months)

A few participants were engaged in mobile games or online gambling including activities like online sports betting. They found these activities highly addictive due to their 24/7 availability and the privacy and anonymity they offer.

Initially I went to the casino about four times a week. But that quickly escalated to going every night. Eventually I felt too embarrassed to continue visiting the physical casino, so I switched to online gambling, and it became a daily habit. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

Other than buying lotto tickets, I also played mobile games with prizes and instant lotto games online which had a shorter wait time to win. (GA25, female, 35-44 years, Indian, problem gambling (PGSI 9) for one year, stopped gambling for 8 years)

I started playing mobile games on my phone in the final year of my PhD study. I felt stressed constantly and wanted to find an outlet to relieve stress. Mobile games have addictive features such as the modes of play and the reward system. I can play these games not only by myself but also with friends. Moreover, the reward system is updated frequently, always offering something new. That novelty kept drawing me in. (GC16, female, 25-34 years, Chinese, problem gambling (PGSI 8) for one year, reduced gambling to non-problematic level for one year)

3.1.4 Winning experiences

The excitement of early wins and big winning experiences led many participants to increased gambling, believing that gambling was an easy way to make money. Winning experiences also led some participants to develop a strong belief in personal luck, which is considered to play an instrumental role in the maintenance of gambling behaviour (Joukhador et al., 2004).

As a first-time player, I placed a \$20 bet and won over \$60. The idea of making easy money without hard work thrilled me, and I began spending more money at the casino, hoping to earn more. (GA17, male, 35-44 years, Chinese, problem gambling (PGSI 12) for one year, stopped gambling for over 20 years)

I played Blackjack and won \$1,100. I felt lucky and excited. At that time, I was studying and working part-time. I felt how easy it was to earn money without too much hard work. (GA18, male, 25-34 years, Indian, problem gambling (PGSI 17) for 3 years, stopped gambling for 3 years)

My first gambling experience was playing online sports betting with my boyfriend. He got \$2,000 from me and played for me. We won. The first winning experience gave me an adrenaline rush and a feeling of great excitement and thrill. I was amazed how quick it was to make money and thought I could win more money fast by gambling. (GA07, female, 20-24 years, Korean, problem gambling (PGSI 14) for one year, stopped gambling for one year)

I won a car in 2004. After that, I visited the casino twice a week and gambled away more and more money. (GA10, female, 65-74 years, Korean, problem gambling (PGSI 22) for 20 years, stopped gambling for over 3 months)

I joined a Poker Club. That was my first time playing poker with real money involved. That experience was fun, as I won the most money I had ever won in my life. I felt money could come so easily. (GA27, male, 20-24 years, Korean, problem gambling (PGSI 17) for 2 years, stopped gambling for over 4 months)

3.2 From recreational to harmful gambling

The transition of participants from initial excitement in gambling to harmful gambling was a complex process influenced by a combination of factors that led to a loss of control and negative consequences. Some participants used gambling as a way to escape from stress, boredom or negative emotions. Some turned to gambling as a solution to their financial problems, leading to a cycle of chasing losses and eventual compulsive gambling that took over their lives. Alongside this, harmful gambling was often linked with other health conditions such as drinking, depression or anxiety.

3.2.1 Gambling – the illusion of escape

Eleven recovered gamblers (39.3%) in this study viewed gambling as a form of escape. They reflected that during their active gambling phase, gambling had provided them with a temporary escape from their real-life problems, or a sense of excitement when feeling bored.

Gambling was a form of escape. It was about relieving stress and escaping reality by forgetting being a mum, my children, business, etc. (GA22, female, 55-64 years, Korean, problem gambling (PGSI 15) for 13 years, stopped gambling for 6 years)

Gambling was an escape. It kept my mind off my busy life. I was working hard every day, and I had to do other things on weekends. (GA23, male, 35-44 years, Indian, problem gambling (PGSI 9) for about 10 years, stopped gambling for over one year)

Gambling gave me so much fun. The casino was like heaven: all joy, no worries. You forgot the stress at work, the stress about your family and the stress in your life. (GA24, male 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)

Existing literature suggests that acculturation stress may increase the risk of gambling and harmful gambling among Asian immigrants and international students in New Zealand (see, for example, Colby et al., 2022; Tse, Wong & Chan, 2007). Some participants in our study realised, in retrospect, that they had used gambling as a way to cope with the challenges of adapting to a new culture and other settlement difficulties.

I came to NZ alone. My parents and siblings still lived in Vietnam. After arriving for a month, I felt homesick and experienced culture shock. Gambling helped me to release feelings of loneliness and stress. (GA12, male, 55-64 years, Vietnamese, problem gambling (PGSI 17) for one year, stopped gambling for 13 years)

NZ life was not what I expected. The quality of life here was so different from my life in Korea. When I was gambling, I forgot all my worries and felt comfortable. (GA10, female, 65-74 years, Korean, problem gambling (PGSI 22) for 20 years, stopped gambling for over 3 months)

Gambling was a way out of the uncertainty of my life in NZ. When I stayed in the casino, I could forget about the reality and life difficulties and only gambled without any concern. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

3.2.2 Gambling as a solution to financial difficulties

Six participants (21.4%) acknowledged that during their active gambling phase, gambling was about winning or making money. They viewed gambling as a solution to their financial problems.

I felt like gambling was a way to make money. Other forms of entertainment cost money, but gambling has the potential to bring in money, which was especially appealing to me at that time when I didn't have stable employment. (GC15, male, 25-34 years, Chinese, moderate-risk gambling (PGSI 7) for 6 months, stopped gambling for over 3 months)

My first year of life in NZ was hard. I was adjusting to living in a new country with a baby and going through child custody issues. I had limited money and could barely make ends meet financially. I started to buy Lotto tickets online hoping that this was the way to get out of my financial difficulty. When I bought a lotto ticket, I felt I also brought hope. I would dream of the way the ticket might change the life of my child and myself. ... If I could win a life-changing amount of money in a single instant, that would be the way out. (GA25, female, 35-44 years, Indian, problem gambling (PGSI 9) for one year, stopped gambling for 8 years)

I made an investment in the Philippines and got scammed, losing around NZ\$8,500. I started gambling at the casino in an attempt to win back the money. (GA21, male, 35-44 years, Filipino, problem gambling (PGSI 12) for 2 years, reduced gambling to non-problematic level for 3 years)

However, when participants felt compelled to continue gambling in an attempt to win back the money lost, this often led to larger or more frequent bets and further losses, contributing to the development of harmful gambling behaviour.

Initially, I set a limit to the amount of money I could spend on each visit: \$300. If I lost the set amount, I would stop. But when I lost more money, I raised the limit. I thought, maybe \$300 more and I can win all my money back. Eventually there wasn't any limit. (GA18, male, 25-34 years, Indian, problem gambling (PGSI 17) for 3 years, stopped gambling for 3 years)

As I kept chasing my losses, I increased the amount of my bets, but I lost more: \$3,000, then \$5,000 and then \$7,000. Sometimes I won \$5,000, but I lost more. (GA22, female, 55-64 years, Korean, problem gambling (PGSI 15) for 13 years, stopped gambling for 6 years)

I promised that person I would pay back his money tomorrow, but I didn't have money. So, I went to the casino. When I couldn't pay my mortgage, or when I couldn't pay my bills, I went to the casino with whatever money I had in an attempt to win more money to pay off my mortgage or bills. And that went on and on... I started to chase losses because I was running out of money, and I had to find a way to get some money back. (GA24, male 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)



3.2.3 'Gambling took over my life'

Seven participants (25%) felt gambling had taken over their lives during their active gambling phase. They felt they had an uncontrollable urge to keep gambling despite the toll it had taken on their lives.

I couldn't stop thinking about gambling all the time. I didn't think about my career. I didn't think about saving money. I just wanted to go to the casino. (GA11, male, 45-54 years, Japanese, problem gambling (PGSI 17) for about 10 years, stopped gambling for over 5 months)

Gambling was taking over my life and I couldn't really focus on my studies. I was too stressed. I had too many problems and had too many debts. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

I couldn't control myself. I was caught in the gambling vortex and was unable to get out. (GA04, male, 55-64 years, Vietnamese, problem gambling (PGSI 8) for one year, stopped gambling for over 20 years)

3.2.4 Co-occurring issues (e.g. alcohol, mental health issues)

Harmful gambling has high comorbidity with mental health issues like depression, anxiety, or other substance abuse problems such as smoking and drinking (Goodyear-Smith et al., 2006; Grant et al., 2002; Smit et al., 2024). One affected family member observed an association between her husband's gambling and drinking problems. She believed that excessive drinking interfered with her husband's reasoning and judgment and led to his gambling getting out of control.

My husband's problem started from alcohol addiction. Excessive drinking had led to his gambling getting out of control. When he was drunk, he was hysterical and spent lots of money including gambling. (FA05, wife of recovered gambler, 45-54 years, Korean)

3.3 The impact of harmful gambling

When gambling became problematic, participants experienced a range of multifaceted effects that impacted their finances, personal health, relationships, work or study performance, and overall quality of life.



3.3.1 Financial impacts

The financial consequences of harmful gambling experienced by participants included loss of savings, mounting debts, bankruptcy and inability to pay bills and essential living expenses. These financial issues often stemmed from the compulsive nature of their gambling, where they prioritised gambling over their financial responsibilities and attempted to recoup losses by continuing to gamble.

After three months of gambling, I lost more than \$10,000 which was the money I had saved up to buy a car. I was in financial difficulties after losing all the money I had. I didn't have enough money to pay rent. Without a car, I had to walk in the wind and rain to work. (GA12, male, 55-64 years, Vietnamese, problem gambling (PGSI 17) for one year, stopped gambling for 13 years)

After losing \$9,000 on one bet, my gambling became more problematic. I started to borrow money to gamble. I also lied to my parents to hide my gambling activities and finances. I didn't allow my parents to look at my bank accounts anymore. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

3.3.2 Physical and psychological health impacts

Most participants revealed that the financial strain of harmful gambling led to serious impacts on their mental health. They often experienced chronic stress, mood swings, increased anxiety and depression during their active gambling phase. Some had suicidal thoughts.

I accumulated substantial debts with multiple financial institutions, which affected my ability to pay rent and manage basic needs. The burden of these debts led to stress, anxiety and insomnia. I faced severe emotional turmoil, even contemplating suicide during that period. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

I constantly felt nervous, stressed, worried, depressed, and tired. I had trouble sleeping at night and sometimes I went to work late. (GA12, male, 55-64 years, Vietnamese, problem gambling (PGSI 17) for one year, stopped gambling for 13 years)

When I lost money gambling, I would get lost in my own thoughts on how to get more money to gamble again. I wouldn't want to see anybody, and I felt absolutely drained. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

As I put larger and larger amounts of money towards feeding my gambling addiction, I didn't have enough money to make ends meet. I started to borrow from friends and

family, but that was the most shameful thing to do. I often felt stressed, depressed and shameful. Sometimes I had suicidal thoughts. (GA18, male, 25-34 years, Indian, problem gambler (PGSI 17) for 3 years, stopped gambling for 3 years)

When their gambling had become out of control, 20 participants (71.4%) had overwhelming feelings of regret, guilt and shame. In Asian cultures, shame is associated with losing face and respect amongst members of the cultural group and can bring disgrace to the whole family (Ha, 1995). Participants reported that chronic feelings of shame, often accompanying guilt, impacted their mental health, including depression, anxiety and stress.

I hid my gambling addiction from my husband out of shame and guilt. I showed him some money and told him I had won. That was a lie, because I wanted to continue to go to the casino. (GA22, female, 55-64 years, Korean, problem gambling (PGSI 15) for 13 years, stopped gambling for 6 years)

Due to gambling, I always argued with my wife, and my relationship with my son was strained. ... My wife and I decided to separate and now I live alone. I am extremely guilty. Gambling had completely damaged my family relationship. I broke the peace in my family. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

I often felt guilty using the money I needed for necessities to buy Lotto every week, especially after the draw and I knew I didn't win. I could have used this money to support myself and my child more: on day-care, better-quality food, better clothes, or savings. But I kept playing. I even spent more on Lotto to increase my chances to win. So, my budget hole got bigger, and my guilt got bigger too. I should not be spending on dead-end games. I knew this since day one, but I kept doing it. (GA25, female, 35-44 years, Indian, problem gambling (PGSI 9) for one year, stopped gambling for 8 years)

Some participants also experienced physical health issues due to the stress and anxiety their harmful gambling created.

My chronic stress put my health at risk. I have high blood pressure, diabetes and was diagnosed with breast cancer ten years ago. (GA10, female, 65-74 years, Korean, problem gambling (PGSI 22) for 20 years, stopped gambling for over 3 months)

I had gone through a hard time after my marriage broke up. My chronic stress had taken a toll on my physical and emotional health. I had several heart attacks and had bypass surgery ten years ago. When I was in the hospital, only my sister, a cousin and a few close friends came to see me. (GA24, male, 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)



3.3.3 Relationship and social impacts

Most participants reported that the stress and tension associated with their harmful gambling had resulted in increased conflict and arguments between partners, strained family relationships and disrupted social networks. They also raised the negative consequences of parental harmful gambling on children, including neglect, inadequate parenting and poor parent-child relationships. Thirteen participants (46.4%) in this study revealed that gambling was a factor in the breakdown of their marriages.

At that time, my relationship with my husband was very strained. We frequently had heated arguments about my gambling and debts. My uncontrollable mood swings also interfered with my relationship with my children, and my husband often blamed me for the impact of my problems on the children. Eventually we separated. (GA02, female, 45-54 years, Thai, problem gambling (PGSI 20) for 5-9 years, stopped gambling for 3-4 years)

My gambling was a factor leading to my separation from my ex-partner. ... I lost my children. I could only see them every two weeks. That was the greatest impact of gambling on my life. When you deviate from your path, that affects not only you but also your children, your community. It can affect everyone. It has a chain effect. (GA23, male, 35-44 years, Indian, problem gambling (PGSI 9) for about 10 years, stopped gambling for over one year)

Some participants also pointed out that borrowing money from friends, lying about the extent of their harmful gambling and failing to repay borrowed money had significantly fractured their friendships.

When I became very desperate, I told lies to borrow money from friends. But after a while, no one wanted to lend me any money because they knew I would gamble it away. (GA19, male, 55-64 years, Chinese, problem gambling (PGSI 21) for over 20 years, stopped gambling for one year)

3.3.4 Disruptions to work/study

A few participants experienced job loss or reduced performance at work or study due to a lack of motivation, absenteeism, stress or financial difficulties.

I often felt stress and had insufficient sleep, which affected my emotions, and I started to drink and smoke. After I was separated from my husband, I suffered from depression, which greatly affected my work performance, and I lost my job. (GA02, female, 45-54 years, Thai, problem gambling (PGSI 20) for 5-9 years, stopped gambling for 3-4 years)

The immediate consequence of my gambling addiction was the financial strain it placed on my business because I had used all my business money on gambling. This resulted in stress, leading me to gamble more to release my stress. (GA10, female, 65-74 years, Korean, problem gambling (PGSI 22) for 20 years, stopped gambling for over 3 months)

My job was not motivating because it was not a career I enjoyed. But for over 10 years when I was obsessed with gambling, I just kept working only because I wanted to earn money to go gambling. (GA11, male, 45-54 years, Japanese, problem gambling (PGSI 17) for about 10 years, stopped gambling for over 5 months)

3.3.5 Quality of life impact

Some participants felt, in retrospect, that gambling had reduced their overall life satisfaction, impacting their ability to enjoy activities, relationships and achieve personal growth.

I was the head of the family, but now I'm being cast out. After the divorce, I went flatting and had to adjust to living with other people. From living in your own home to flatting, you need self-respect and humility. This is so difficult. I lost everything. I must start from the beginning. (GA23, male, 35-44 years, Indian, problem gambling (PGSI 9) for about 10 years, stopped gambling for over one year)

When I lost, I couldn't sleep, I couldn't eat, and my energy was low. I isolated myself and only stayed in my room. (GA21, male, 35-44 years, Filipino, problem gambling (PGSI 12) for 2 years, reduced gambling to non-problematic level for 3 years)

3.4 Diverse paths to recovery

The recovery experiences of the participants in this study showed that gamblers' recovery journeys were highly personal and dynamic and could take many forms. For some participants, recovery was achieved without formal treatment interventions by following a path of self-managed healing. For others, professional counselling and/or peer support played an important role in facilitating their recovery. For some gamblers, recovery followed a relatively linear trajectory; however, for most participants, the process was non-linear, characterised by cycles of progress and relapse. Moreover, recovery held different meanings for different individuals. For some, it involved complete abstinence from gambling, while for others, it represented a reduction in harmful behaviour or a spiritual journey of reconnection with personal values and the pursuit of meaning beyond gambling.

While each person's recovery is unique, there are common factors that are important for initiating and maintaining recovery. In the following sections, different recovery pathways

taken by our research participants will be further explored, followed by findings on the main factors and strategies that have contributed to their recovery.

3.5 Self-managed recovery and factors facilitating or hindering treatment-seeking

In this study, ten participants (35.7%) reported recovering from harmful gambling without formal treatment or intervention. This group comprised three males and seven females who had maintained recovery from harmful gambling for periods ranging from one to 20 years. When their gambling was a problem, five of them could be classified as moderate-risk gamblers (PGSI 5-6) and the other five were problem gamblers (PGSI 8-17). For five of the participants, harmful gambling lasted for about one year, three for 5-9 years and two for ten or more years. These participants reported that they primarily used self-exclusion, a range of self-help strategies, their religious faith as well as support from families and friends to recover.

Six participants who achieved self-managed recovery said they did not feel the need to seek treatment because they preferred to handle the problem on their own.

I didn't seek social or professional support and only relied on self-help strategies to avoid relapse. At the beginning, I struggled with intense urges to return to gambling. To distract myself, I kept busy with gym workouts and work. After several months, I was able to regain control of my life and studies, and I never returned to the casino. (GA17, male, 35-44 years, Chinese, problem gambling (PGSI 12) for one year, stopped gambling for over 20 years)

3.5.1 Factors hindering treatment-seeking

The remaining four participants who achieved self-managed recovery cited barriers to seeking gambling help services. These barriers included stigma and shame, a lack of knowledge about services, concerns about confidentiality and trust, and language problems.

Most Thai people with gambling problems would attempt to hide their gambling problems to avoid feeling shame and stigma. (GA01, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 5-9 years, reduced gambling to non-problematic level for 10-14 years)

There are many Korean gamblers who do not want to let other people know they gamble because they feel shameful. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

I never knew such services existed. As an outsider [a new migrant] I wouldn't have a clue about these services and how they could help. (GA25, female, 35-44 years, Indian, problem gambling (PGSI 9) for one year, stopped gambling for 8 years)

When I applied for self-exclusion, someone had contacted me for counselling. But I had refused getting services due to privacy reasons. (GA22, female, 55-64 years, Korean, problem gambling (PGSI 15) for 13 years, stopped gambling for 6 years)

I didn't know any professional services such as counselling. Even if I had known, I might not have gone because of my limited English. (GA13, female, 25-34 years, Vietnamese, moderate-risk gambling (PGSI 6) for 8 years, stopped gambling for over 10 months)

3.5.2 Factors facilitating treatment-seeking

Eighteen participants (64.3%) reported using gambling help services and support, including counselling. This group comprised twelve males and six females. When their gambling was at problematic levels, 17 could be classified as problem gamblers (PGSI 9-22), and one was a moderate-risk gambler (PGSI 7). Three participants experienced harmful gambling lasting for about one year, four for 2-4 years, four for 5-9 years and seven for ten or more years. In comparison to participants who had self-managed recovery, participants who had used formal treatment interventions tended to have more severe gambling problems and longer duration of problematic gambling.

Eight participants sought counselling by themselves. They revealed that they initially attempted recovery without formal help but failed. After multiple relapses they finally sought professional help to address their gambling issues, emphasising that seeking gambling harm support services was their last resort because they were desperate to stop gambling.

I didn't have any cultural stigma. I lost everything. I am desperate to stop gambling. So, no shame to access services. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

Ten participants were referred for counselling either when they applied for self-exclusion from the casino, or when the casino issued an exclusion order.

The casino issued an exclusion order to ban me from the casino for two years when I was caught for gambling excessively. I was also referred for counselling... attending counselling marked the beginning of my recovery journey. (GA09, male, 35-44 years, Chinese, problem gambling (PGSI 17) for 15 years, reduced gambling to non-problematic level for 4 years)

Among the participants who had sought counselling, many said they would not open up and talk about their emotional issues if they could not find a counsellor who could speak their first language, because they didn't feel that they could be understood on a linguistic or cultural level. Thus, having culturally and linguistically matched counsellors was a crucial factor for them to engage in treatment. They felt that this shared understanding helped to improve communication, foster trust and enhance their engagement in treatment.

If I had not had a Korean counsellor, I would not have sought counselling support at all. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

Language barriers can hinder communication and understanding in counselling. Having a counsellor who can speak my language and understand my cultural values and beliefs is very important. I can open up and share personal experiences when I feel understood. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

3.6 The cycle of relapse in gambling recovery

Relapse is common in gambling recovery. Relapses happen when individuals stop maintaining their recovery goal of reducing or abstaining from gambling and lose control over gambling behaviours or resume compulsive engagement in gambling (Ledgerwood & Petry, 2006). This section presents the factors contributing to gambling relapses highlighted by our participants and the actions they eventually took to break the cycle.

3.6.1 Influential factors in gambling relapses

Twenty participants (71.4%) who had recovered from their harmful gambling had experienced multiple relapses in their recovery journeys. Some participants commented that they repeatedly relapsed because they lacked a strong motivation to change, had insufficient self-control and/or no skills to prevent relapses. Participants also experienced relapses triggered by financial pressures, loss of external support, negative emotions such as boredom, loneliness, stress, anxiety or depression, significant life changes such as job loss, divorce or the death of a loved one, as well as environmental factors such as the proximity to gambling venues and online gambling platforms.

Lack of strong motivation to change

Many participants noted that external attempts to prevent them gambling were often ineffective when they themselves lacked sustained motivation to change their behaviour. For example, some participants reported that being excluded from casinos or pressured by family members to apply for self-exclusion did not lead to lasting change. They often

resumed gambling once exclusion orders expired, as they had not yet developed a genuine desire to stop.

I was banned by the casino for one year and was referred for counselling. I didn't take that matter seriously, went back to the casino and got caught. This time I was banned for two years. (GA21, male, 35-44 years, Filipino, problem gambling (PGSI 12) for 2 years, reduced gambling to non-problematic level for 3 years)

Before my marriage broke up, I had applied for self-exclusion from the casino, but I never really wanted to quit gambling then, and only did that under the pressure of my ex-wife. I had applied for self-exclusion five or six times, but almost every time after the exclusion order expired, I would apply for re-entry to the casino. This required me to attend counselling. But in my mind, I went for counselling only to meet the requirements of returning to the casino. (GA19, male, 55-64 years, Chinese, problem gambling (PGSI 21) for over 20 years, stopped gambling for one year)

Some participants commented that when they were excluded from the casino, they would gamble at pokie bars instead.

As I couldn't go back to the casino, I went to pokie bars instead. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

Insufficient self-control to prevent relapses

Some participants considered that insufficient self-control was a reason for their repeated, unsuccessful attempts to prevent relapses. They provided examples to show how their inability to control or resist gambling led to relapses.

I set goals to cut back on playing mobile games, such as, "Today I've played 50 rounds. Tomorrow I will only play half of that." But that didn't work. When I lost, I couldn't stop because I wanted to win back the virtual currency. I got stuck. (GC16, female, 25-34 years, Chinese, problem gambling (PGSI 8) for one-year, reduced gambling to non-problematic level for one year)

One time, I set a small goal for myself like "only go gambling on rainy days." I managed to stop going to the casino on sunny days but relapsed after three months. Another time I managed to stop going to the casino during summertime when there were a lot of fun activities going on in the city. But when winter came and there were no more entertainment activities to go to, I went back to the casino to fill my time. (GA11, male, 45-54 years, Japanese, problem gambling (PGSI 17) for about 10 years, stopped gambling for over 5 months)

When the self-exclusion order expired, I applied for re-entry, went back to the casino and lost control again. I subsequently got into more debt and felt guilty for the relapse. (GA02, female, 45-54 years, Thai, problem gambling (PGSI 20) for 5-9 years, stopped gambling for 3-4 years)

Lack of skills/strategies to avoid relapses

Boredom and stress are common triggers for gambling relapses. Some participants reflected that their lack of coping skills for stress or lack of healthy alternatives to gambling had contributed to relapses in their recovery journey.

It was a linear journey for the first four months—I didn't gamble at all. But when my father found out about my gambling, I was scared and felt overwhelmed. I relapsed. (GA27, male, 20-24 years, Korean, problem gambling (PGSI 17) for 2 years, stopped gambling for over 4 months)

The next day after my relapse, I felt terrible. It was that feeling of impending doom that led me to gamble more. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

I thought I could quit it by myself. But when I could not go to a casino, I felt bored. So, I gambled again. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

Environmental triggers of relapse

Some participants experienced relapses triggered by environmental cues such as proximity to gambling venues and online gambling platforms or being with friends who gamble.

When the casino blocked me, I went to the TAB. Many times, when I had an uncontrollable urge to gamble, I would lock the door of my business and go to a TAB store nearby. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

I started online betting during COVID-19 lockdown and relapsed. (GA21, male, 35-44 years, Filipino, problem gambling (PGSI 12) for 2 years, reduced gambling to non-problematic level for 3 years)

If I met fellow gamblers, my gambling urges would increase. (GA27, male, 20-24 years, Korean, problem gambling (PGSI 17) for 2 years, stopped gambling for over 4 months)

I wanted to stop and didn't want to waste any more money on gambling, but if I met some friends going to the casino, I would follow them back to the casino again. (GA01, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 5-9 years, reduced gambling to non-problematic level for 10-14 years)

Emotional triggers of relapse

Some participants reported that their relapses were triggered by emotional factors such as boredom, loneliness, anxiety and depression.

I self-excluded myself from the casino and had stopped going to the casino. ... But when I felt down or bored, I would still go to pokie bars to gamble. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

The biggest challenge was dealing with the emptiness. I felt lost without my usual habit, especially in the evenings. (GA17, male, 35-44 years, Chinese, problem gambling (PGSI 12) for one year, stopped gambling for over 20 years)

Financial pressures

Some participants acknowledged that financial pressures had contributed to their gambling relapses. They considered that the stress and desperation associated with financial problems heightened their urge to gamble, especially when they believed that gambling could offer a quick solution to their problems.

For many years, I had made many attempts to quit gambling, but I kept going back to gambling. When my finances were messed up, all I wanted to do was to get some money to gamble again, then I could win more money to fix my financial problems. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

Significant life changes

Some participants' relapses were triggered by major life changes, such as job loss, divorce and the death of a loved one.

My close friend's death was a significant life event for me. When she passed away, I felt life was meaningless and I could not find a reason to stop gambling. I had been going to the casino with this friend for many years. I felt I needed to gamble to cope with my sadness and loss. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

In 2019 I applied for self-exclusion from the casino for one year. Then there was the COVID lockdown, I lost my job and went through a tough time. When COVID restrictions were lifted, I went back to the casino even though I was still under the exclusion order. I got caught. (GA18, male, 25-34 years, Indian, problem gambler (PGSI 17) for 3 years, stopped gambling for 3 years)

Loss of external support

Some participants experienced a loss of support during their recovery journey, which triggered them to return to gambling as a way to temporarily escape.

My son started to manage all the family income and finances. I transferred my income to him, and he paid the mortgage. I did not have money and that helped me to focus on my gambling recovery. However, due to a misunderstanding with my son, he moved overseas and stopped supporting me. Because my son gave up on me, I relapsed again. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

During the COVID-19 pandemic, in-person counselling stopped. When I was isolated at home I resumed my online gambling habit. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

However, some participants said although gambling might offer short-term relief, relapses often led to feelings of guilt, shame and regret, which made it harder for them to seek help again.

When I relapsed, I also stopped seeing my counsellor due to shame and embarrassment. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

3.6.2 Actions taken to break the cycle of relapse

Despite multiple relapses, participants managed to break the cycle of relapse using a combination of strategies. These strategies included setting limits or control over gambling behaviour, staying away from high-risk gambling settings, replacing gambling with healthier activities, practicing mindfulness and meditation, and building a strong supportive environment through participating in faith-based activities, joining gambling support groups and seeking professional help. A few participants created their own strategies to counter gambling urges.

Set limits or controls over gambling behaviours

Setting limits was a popular self-help strategy that many participants used to control their gambling behaviours. Some options included setting gambling limits, removing debit and credit cards, and monitoring the money and time spent on gambling.

The first few weeks were the most challenging as I had withdrawal symptoms. Every time I did something I had an urge to go to the casino. Initially, when I couldn't stop myself going to the casino, I would limit the amount of money I spent there, such as spending \$50 only. If I lost it all, I would leave. (GA07, female, 20-24 years, Korean, problem gambling (PGSI 14) for one year, stopped gambling for one year)

I set a time limit and an amount that I could afford to spend. I also left my bank cards at home to avoid impulsive gambling. (GA26, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 15 years, stopped gambling for 2 years)

Stay away from high-risk gambling settings

Some participants dealt with their gambling urges by staying away from situations in which they were at high risk of gambling. Some useful strategies they used included self-exclusion from gambling venues, moving away from gambling venues, blocking online gambling sites and saying no to friends who gambled.

To address gambling urges, I asked my husband to help me apply for self-exclusion from the casino for the maximum possible time (two years) as I wanted to prove to myself and my husband that I was determined to stay away from gambling. (GA28, female, 55-64 years, Thai, moderate-risk gambling (PGSI 6) for 5 years, stopped gambling for over 20 years)

My primary mode of gambling was pokie machines. I played pokies at the casino and in pokie bars. When I sought counselling for my gambling problems, the counsellor advised me to break my gambling habits by applying for Multi-Venue Exclusion (MVE). Applying for self-exclusion gave me a period to be gambling-free and helped to prevent the urge to gamble. (GA10, female, 65-74 years, Korean, problem gambling (PGSI 22) for 20 years, stopped gambling for over 3 months)

I moved out of the area where I used to go to pokie bars and changed my job which started from 2 pm and finished at 1 am so that I couldn't go to a pokie bar. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

I installed an app called Gamban which blocked my access to gambling sites. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

To stay away from gambling, I no longer went to SkyCity restaurants for lunch with my friends. I wanted to prove to myself and my family that I had self-control. I did not go back to the casino ever. Even after the exclusion order expired, I still tell my friends that I am still banned and can't go. (GA28, female, 55-64 years, Thai, moderate-risk gambling (PGSI 6) for 5 years, stopped gambling for over 20 years)

Create personalised strategies to combat gambling urges

Some participants used positive self-talk to fight the urge to gamble.

I trained myself to fight my gambling urges by closing my ears, eyes and mind not to think about gambling. When I walked past a pub, I would say to myself "I am not going in there again. Think positive! I can do it!" (GA03, female, 65-74 years, Thai, moderate-risk gambling (PGSI 6) for 10 years, stopped gambling for 1-2 years)

I used self-talk to remind myself to prioritise real-life responsibilities over gaming, such as "Playing games can't improve my grades or increase my income. It's just a virtual thing that provides occasional comfort" and "I have real-life responsibilities. I need to focus on my study and work. Playing games is just something extra. Without it, my life wouldn't be worse off." I gradually reduced my gaming time to focus on study and work. (GC16, female, 25-34 years, Chinese, problem gambling (PGSI 8) for one year, reduced gambling to non-problematic level for one year)

A few participants described visiting casinos without gambling as a strategy to reinforce their commitment to recovery. After observing others continue to gamble despite substantial losses, they consciously decided to remain focused on abstaining from gambling to avoid repeating those negative experiences.

When I had a strong urge of wanting to go to the casino, I went but did not gamble and only watched. When I saw someone losing lots of money who then kept gambling, it woke me up. It helped me to reflect on my gambling experiences. When someone lost all but kept doing it, it made me realise how harmful gambling was. (GA07, female, 20-24 years, Korean, problem gambling (PGSI 14) for one year, stopped gambling for one year)

Replace gambling with healthy activities

A useful strategy employed by many participants to deal with their gambling urges was to distract themselves with other activities, such as watching television, or engaging in healthy, enjoyable hobbies like exercise, music, sports and volunteering.

I spent time doing other activities to take my mind off gambling. At night, when I had spare time, I always wanted to go gambling, so I watched TV, and I planned night activities to divert my attention from gambling. (GA22, female, 55-64 years, Korean, problem gambling (PGSI 15) for 13 years, stopped gambling for 6 years)

I used my time to focus on hobbies I didn't have time for previously. I used to sing in class during school days; therefore, I began taking singing classes. I still take them. I also played sports during my school days. I began taking up sports again. As these were my passions while growing up, I didn't even feel like I was missing anything because I really enjoy music and sports. (GA24, male, 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)

Practice mindfulness and meditation

Another strategy participants found useful was practising stress management techniques such as deep breathing, mindfulness, and meditation. These activities helped distract them from gambling urges and enhanced their mental wellbeing.

I took mindfulness courses and used breathing exercises to relax my body and mind. These activities helped to boost my self-confidence, improve my self-esteem and gave me the strength to fight against my gambling urges. (GA23, male, 35-44 years, Indian, problem gambling (PGSI 9) for about 10 years, stopped gambling for over one year)

I started to go to the temple with my mother. I also practiced mindfulness and meditation which helped me to focus my mind on the present moment and reduce stress and depression. Mindfulness also helped to change my mindset towards gambling. I was able to control my gambling urges and stopped gambling successfully. (GA02, female, 45-54 years, Thai, problem gambling (PGSI 20) for 5-9 years, stopped gambling for 3-4 years)

Participate in faith-based activities

Some participants found that participating in faith-based activities provided a sense of purpose and a strong supportive environment for them to recover from gambling relapses.

Religious faith has played a critical role in helping me to recover from gambling relapses. To me, gambling was a war with soul and body. When I couldn't stop myself from gambling, I felt Satan was laughing at me. The pastor asked me to come and just worship God by singing worship songs. I listened to songs not to let Satan come near me. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

To reduce my gambling urges, I gather with church members for prayers. I am involved in lots of prayer time in the early morning and night prayer time or intercessional prayer group. (GA22, female, 55-64 years, Korean, problem gambling (PGSI 15) for 13 years, stopped gambling for 6 years)

Visiting the temple, talking to the monks and nuns there and practicing meditation helped me to let go of the gambling urges. (GA13, female, 25-34 years, Vietnamese, moderate-risk gambling (PGSI 6) for 8 years, stopped gambling for over 10 months)

Making merits at the temple and doing meditation helped me to return to a healthier life free from addiction. (GA26, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 15 years, stopped gambling for 2 years)

Join gambling harm support groups

For some participants, joining gambling harm support groups helped to reduce the risk of relapse and to develop healthier coping strategies through peer support.

I joined a lived experience group and found a group of people who understand me. Connecting with people who have similar issues with gambling increased my motivation to maintain abstinence and develop healthier coping strategies. I also share my story to provide steps for others to recover. I need to stay away from gambling. If I gamble again, how can I help others? (GA24, male, 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)

Telling other people about my gambling experiences and testimony about recovery helps to prevent relapses. After telling people about my gambling recovery, I don't think I can gamble anymore because I don't want to lose face. (GA10, female, 65-74 years, Korean, problem gambling (PGSI 22) for 20 years, stopped gambling for over 3 months)

Seek professional help

Many participants sought professional help to cope with relapses. They found counselling helpful by providing a supportive and safe space where they could discuss their gambling behaviour and explore difficult feelings without fear of judgment.

Going to counselling helped me to cope with relapse. Usually when I relapsed, I felt terrible and that could lead me to gamble more. Being able to discuss relapses during counselling allows me to realise that it's just a setback, like I'm just screwed now. Counselling helps me to feel better about myself. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

With professional support from a counsellor, I had stuck to my self-exclusion agreement. I kept seeing my counsellor after exclusion to prevent relapse. To me, professional support is crucial for relapse prevention. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

I wanted to stop gambling, but I feared relapse. Counselling helped me to release stress, provided support during my recovery journey and the start of a new life. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

3.7 The turning points for gamblers to stop gambling

For most participants, recovery from gambling addiction was not a linear process but one marked by fluctuations, including both progress and setbacks. Despite these challenges, many described key turning points that shaped their journey toward recovery.

3.7.1 Cognitive change/Rethink priorities in life

Some participants had a moment of sudden realization that they were experiencing addiction and decided they must stop gambling, re-evaluate what truly matters to them and redefine their priorities in life.

Despite gambling's negative impacts on my life, I didn't recognise it as a problem until one day, I went to the casino with a friend. This friend had always been a disciplined student, but he had become a completely different person when he gambled. I remembered trying to stop him from repeatedly withdrawing money to place bets, but my friend, with red, furious eyes, pushed me away. This shocking moment made me realise how out of control I could also become if I continued to gamble. (GA17, male, 35-44 years, Chinese, problem gambling (PGSI 12) for one year, stopped gambling for over 20 years)

I failed many times before I stopped gambling completely. I was determined to stop this time because I came to realise that if I kept gambling, my children might become

unlucky or unfortunate because of me. So, I stopped for my children. (GA22, female, 55-64 years, Korean, problem gambling (PGSI 15) for 13 years, stopped gambling for 6 years)

I kept a diary of my wins and losses from each visit I made to the casino. Over time, the record showed that I had made more losses than wins, then I realised that my gambling had become a problem. I felt that Buddha wanted me to feel the badness that comes with gambling. So, I know I shouldn't do it again. (GA28, female, 55-64 years, Thai, moderate-risk gambling (PGSI 6) for 5 years, stopped gambling for over 20 years)

3.7.2 Life changing events

Life changing events, such as bereavement, losing or changing job, starting or ending a relationship, and experiencing crime, were the turning points for some participants to stop gambling.

My children decided to live with my ex-partner after our marriage breakup. All along, I didn't think my gambling was a problem because I had a job, I gambled within my budget, and I never borrowed money to gamble. However, at this point, I came to realise how gambling had affected my family and my mental wellbeing. (GA23, male, 35-44 years, Indian, problem gambling (PGSI 9) for about 10 years, stopped gambling for over one year)

I had wanted to stop gambling for years, but only in the last year did I seriously want to stop. At that point everything was getting really out of hand. [The participant had been involved in a legal case for fraudulently taking money from his workplace to fund his gambling and was sentenced to 10 months of home detention.] I saw my parents in the courtroom the day I was sentenced. They were very, very sad. I wouldn't want to see that to happen again. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

The turning point came after one year of playing Lotto when I got into a new relationship. He was a financially responsible man, and I didn't want to look stupid with my false hope. Basically, because I knew he was the one, secrets did not feel right. So, I stopped playing. (GA25, female, 35-44 years, Indian, problem gambling (PGSI 9) for one year, stopped gambling for 8 years)

3.7.3 Financial crisis

Some participants stopped gambling when they realised the negative impact on their lives of financial loss and debt.

After one year, I realised that I had lost all my savings by gambling. I was guilty about the way I gambled and felt really bad about losing money. Finally, I really wanted to

stop. (GA07, female, 20-24 years, Korean, problem gambling (PGSI 14) for one year, stopped gambling for one year)

I started to borrow money from various sources, including using my son's school money to gamble without his knowledge. ... The turning point came when my son discovered my gambling activities, prompting me to reflect on my actions. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

3.7.4 Casino exclusion

The turning point for some participants was triggered by venue-initiated exclusion orders.

I was caught by a casino staff member for staying in the casino for extended periods and gambling with large amounts of money. I was given a form to see a counsellor. At that point, I decided to stop gambling and sought exclusion from the casino. I also sought counselling from AFS. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

3.7.5 Open up about gambling

In some cases, being able to talk to family and trusted friends openly about their gambling issues was a turning point, marking a significant shift towards addressing their problems and a willingness to accept support and to begin a path towards positive changes.

I relapsed and lost more money. I then borrowed money from my friends to cover my spending, leading to a cycle of debt when I gambled more to pay off debts. ... When I felt completely overwhelmed by my debts, I turned to my father for help. He helped me to pay off \$10,000 of debts, on the condition that I handed over the management of my bank account to him. I also wrote a contract agreement to pay back the money to my father in one year. That became the turning point for me to overcome my gambling problem. (GA27, male, 20-24 years, Korean, problem gambling (PGSI 17) for 2 years, stopped gambling for over 4 months)

When my wife saw me losing our hard-earned money to gambling, she started to tell my friends and everyone in our family that I was a gambler. That was the turning point for me to stop my gambling because I didn't want to be stigmatised. My wife being vocal about my issues had helped me to find help and to rethink life. (GA24, male, 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)



3.7.6 Age

A few participants described how they reached an age when they no longer wanted to gamble.

I am now 64. As I get older, I start to consider more about my partner's expectations and my children's wellbeing. If you lose everything at the casino and must ask your kids for money, it's quite embarrassing. Maybe they'd give you some money the first time, but if you keep asking, how do you think they will feel? What do you think you would represent in their eyes? (GA19, male, 55-64 years, Chinese, problem gambling (PGSI 21) for over 20 years, stopped gambling for one year)

I had stopped working and felt that I shouldn't be wasting any more money gambling. As I grew older, I cared more about my physical health and wellbeing and didn't want to spend hours staying in the casino. (GA01, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 5-9 years, reduced gambling to non-problematic level for 10-14 years)

3.8 Key factors of gambling recovery

While each participant's journey to recovery was unique, there were shared experiences and common strategies used by the participants to overcome their gambling addiction and build a new life beyond gambling. Several key factors of recovery were identified in the process of analysing the research findings.

3.8.1 Acknowledge harmful gambling

The first step for participants to manage their gambling was to admit that they had a problem. This often happened when they reached a point of crisis, feeling overwhelmed by the severe impacts of gambling on their lives, such as financial problems, relationship issues, or deteriorating mental health. Accepting the existence of a problem was often a prerequisite for them to make changes. It helped to break the cycle of denial and opened the door to seeking help and implementing actions towards recovery.

When I realised that I had a serious problem, I knew I needed to make a change. I wanted to stop gambling completely and take back control of my finances and my mental wellbeing. I aimed to pay off my debts and regain the trust of my family, especially my son. I also wanted to create a life where I didn't rely on gambling for excitement or escape. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

3.8.2 A sense of agency

Having agency means having the ability to make one's own decisions and choices. It involves individuals coming subjectively to experience their actions in terms of internal motivational factors (Miller & Das, 2011). Many participants emphasised that gambling recovery is a decision that they must make on their own, rather than having it imposed on them by others. Having a sense of agency meant they were committed to take ownership of their journey, define their own goals and paths in recovery and actively engage in them, ultimately leading to greater resilience and long-term recovery.

I realised I had to stop. I lost my children due to problem gambling. My family is very important to me. I must stop gambling because I want to see my children. (GA23, male, 35-44 years, Indian, problem gambling (PGSI 9) for about 10 years, stopped gambling for over one year)

3.8.3 Effective goal setting

Goal setting helps people to stay focused on their recovery journey. Most participants experienced multiple problems associated with gambling, including financial losses, failed relationships and poor health outcomes. Other than changing gambling behaviour, their recovery goals often included rebuilding family relationships, addressing debt, managing stress and other negative emotions and cultivating a more positive lifestyle. Defining what they wanted to achieve in recovery provided the direction and motivation needed to stay committed to their recovery journey, even when facing difficulties.

My goal was to overcome my gambling urges entirely and to feel indifferent when faced with gambling opportunities. I want to eliminate the desire to gamble at its roots, even when people around me are gambling and winning. (GC15, male, 25-34 years, Chinese, moderate-risk gambling (PGSI 7) for 6 months, stopped gambling for over 3 months)

My goal was to rebuild my trust in the family. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

I wanted to stop gambling completely. I aimed to pay off my debts and to regain the trust of my family. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

My goals were to regain control over gambling and to maintain a healthy lifestyle. (GA26, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 15 years, stopped gambling for 2 years)

3.8.4 Implement financial control measures

Addressing the financial problems caused by harmful gambling is an essential part of the recovery process. For some participants, this process involved destroying credit cards and setting strict spending limits to protect themselves from impulsive gambling. In some cases, it involved asking a trusted person to take temporary control of their finances. When participants no longer spent money gambling, they could start to rebuild their finances and address gambling-related debts.

I put most of my spare money into the joint account. My partner has full control over the joint account. I don't allow myself to access it and only get enough to eat and on basic needs. This strategy helps to reduce the risk of me falling back into gambling. (GA11, male, 45-54 years, Japanese, problem gambling (PGSI 17) for about 10 years, stopped gambling for over 5 months)

My father took control of my finances, including checking my bank accounts regularly. (GA27, male, 20-24 years, Korean, problem gambling (PGSI 17) for 2 years, stopped gambling for over 4 months)

By handing over financial control to my son, I could only go to a pokie bar near home and spend \$20 to \$30 there in a week. When I didn't have money, I couldn't go. This strategy was a significant step in helping me to focus on my gambling recovery. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

3.8.5 Manage gambling urges

Overcoming urges or cravings to gamble is a vital part of recovery. Urges can feel different for different people. Counselling was viewed by many participants as important in helping them to develop strategies that worked for them; however, some participants discovered their own self-help strategies. The variety of strategies that participants used to manage their gambling urges included self-exclusion from gambling venues like casinos, pubs or TABs, blocking access to online gambling platforms, setting limits or control over gambling

behaviour, avoiding high-risk situations such as using gambling venues for socialising, replacing gambling with meaningful activities, practicing stress management techniques such as mindfulness and meditation, and building a strong supportive environment through joining gambling support groups, and participating in faith-based activities. See section 3.6.2.

3.8.6 Address co-occurring problems and other life issues

When participants' gambling was accompanied by other health conditions—such as substance misuse, anxiety, or depression—addressing these co-occurring issues was essential for achieving successful and sustainable recovery.

My son's gambling problem has far-reaching consequences, including financial losses, damaged family relationships and mental health issues. Due to the complexity of his situation, his treatment included both medication and psychotherapy... His recovery journey is not linear, with cycles of progress and setbacks, but he has gained a better understanding of his underlying struggles, and his self-control has improved. (FA10, mother of recovering gambler, 55-64 years, Chinese)

My husband's problem started from alcohol addiction. ... Due to high blood pressure and heart issues, he was advised by his doctor to stop drinking. When he stopped drinking, he stopped gambling. (FA05, wife of recovered gambler, 45-54 years, Korean)

Many participants' recovery goals included addressing other life issues such as rebuilding family relationships and making plans to pay back debts. They regarded addressing these issues as crucial for their overall recovery.

After my divorce, my son did not want to see me as I was responsible for breaking up the family. I thought rebuilding the relationship with my son would not be easy. But when I stopped gambling and changed, he moved in, and we live together now. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

My trust and relationships with my family was 0% when I was obsessed with gambling. I think I have restored 60% now. ... I am very regretful for getting into problem gambling, which led to my broken family. It is hard to rebuild broken trust and relationships; it is the grace from God that we are in peace in the end. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

I made plans to manage my debts, starting with a small number of people who had tried their hardest to chase me for their money back. I planned with these people to pay them weekly debt payments. For those people who didn't get in touch I would repay them later. I found taking these steps to pay off my debts helped to reduce my anxiety, although I am still repaying my debts to this date. But by not running away from debts, I have regained my respect and reconnected with people in my community. (GA24, male, 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)

I tried to fix what I'd ruined. I had borrowed money from friends, and some of them completely cut ties with me when they found out about my gambling. I apologised to everyone — I tried to explain what had happened to me. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

3.8.7 Access counselling and support services

Harmful gambling is a complex issue, and many individuals find it difficult to stop gambling independently due to its addictive nature and the psychological, emotional, and behavioural factors that sustain it. Participants in this study consistently reported that counselling played a vital role in their recovery, providing a safe and supportive environment in which they could explore their thoughts, feelings, and concerns without judgment.

Getting counselling was a turning point for me. It helped me to talk openly about things that I couldn't share with my wife and family. It's about talking in confidence. A friend can judge you. But in counselling you can speak about things you would otherwise not say to others. It is different. I changed gradually. (GA11, male, 45-54 years, Japanese, problem gambling (PGSI 17) for about 10 years, stopped gambling for over 5 months)

I could express my emotions during counselling sessions, which helped to release my stress. My counsellor listened to me carefully, so I felt comfortable disclosing all to her. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

Talking to a counsellor made me feel relieved and less frustrated. My negative thoughts stopped, and I can move forward. (GA07, female, 20-24 years, Korean, problem gambling (PGSI 14) for one year, stopped gambling for one year)

Participants also found that counselling had helped them to gain insight into gambling addiction, identify triggers, develop strategies tailored to their unique circumstances, and address the underlying issues that were contributing to gambling.

Through counselling, I received a detailed analysis on why gambling can be addictive, including the physiological mechanisms behind it. It was approached like a medical diagnosis rather than simply saying "it's bad, don't do it." The counsellor used both psychological and physiological perspectives to explain how the brain reacts to gambling. They also discussed concepts like 'chasing losses', illustrating how even a small amount lost can snowball into thousands. (GC15, male, 25-34 years, Chinese, moderate-risk gambling (PGSI 7) for 6 months, stopped gambling for over 3 months)

I didn't realise I had a problem until I started attending counselling. My counsellor helped me see that gambling wasn't just a game for me; it was an addiction. Through counselling sessions, I began to understand the severity of my situation. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

Through counselling, I reflected on what I had done and realised my mistakes, and that made a difference. I still have a desire to gamble, but I can resist it because of counselling. ... The counsellor helped me to explore further into the more deep-seated issues associated with my gambling problem and supported me to make changes. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

Counselling was useful and helped me to stop gambling. Over the past 20 years, I had never stopped gambling even for a week, so this was a huge change for me. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

Some participants also found that through counselling, they had gained a better understanding of themselves and had developed a clearer sense of purpose in life.

I'm much more in control of my own actions and how I feel now. In the past, when bad things or anything negative happened, they would absolutely ruin my whole day, a whole week or even a whole month. But now, I have got better tools to deal with them. ... I have better support systems and places where I can talk about my experiences and emotions. Talking to a counsellor about what I'm experiencing gives me a sense of calmness. When I am calm, I can make better decisions. And when I am making better choices, I feel like my life isn't getting worse anymore. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

Counselling definitely helped me to move forward and to focus on other important things in life, such as work and my career. (GA07, female, 20-24 years, Korean, problem gambling (PGSI 14) for one year, stopped gambling for one year)

3.8.8 Build a support system

A network of supportive family and friends is an important factor for reducing gambling and long-term maintenance of recovery. In many Asian societies, the family contains the most important relationships for individuals. Maintaining harmony within relationships is an important cultural value. Many participants in this study commented that the unwavering support from their family was the key motivator for them to seek help, stay in treatment and maintain positive changes throughout the recovery journey.

I stopped gambling for my family, especially for my husband and children. In Thai culture, family is everything, and I knew I had to be strong for them. (GA28, female, 55-64 years, Thai, moderate-risk gambling (PGSI 6) for 5 years, stopped gambling for over 20 years)

No one in my family trusts that I can stop gambling. Only my mother supports me. She took me to the temple. I listen to Dharma every day. I know how to chant, and I practice it silently in my mind. ... I have stopped gambling for my loved one, my mother. (GA02, female, 45-54 years, Thai, problem gambling (PGSI 20) for 5-9 years, stopped gambling for 3-4 years)

Throughout my recovery journey, my fiancé joined me for counselling, which brought us closer together. He learned more about my struggles and how to support me. This understanding really strengthened our relationship. I felt like I had a solid support system, and I was determined to make positive changes in my life. ... My son also played a huge role in my recovery. He recognised my efforts and was willing to give me a second chance. Our relationship is stronger now, and it's wonderful to have his love and support as I move forward. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

For some participants, peer support was a vital component in their recovery process. They said the peer support environment allowed them to both give and receive support with people who had faced similar challenges. Through the trust, support and encouragement they offered to one another, they learned that their gambling recovery was not a solo journey. Telling other people about their own gambling experiences helped to foster a sense of connection and validation that professional counselling might not have offered.

I joined a lived experience group in AFS. This group changed my life, and I found a way to help other people. Talking to people who have the same problem remind me that I am not alone. Counsellors have not experienced it, therefore they can only speak from their skills and not from the gambling experience that they don't have. ... I have found a group of people who understand me. I can share my story and no need to hide. By talking about the troubles gambling caused with others who are still struggling, I reaffirmed that this is not the road I wanted to turn back to. (GA24, male 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)

Ten participants (35.7%) highlighted the crucial role that religion and religious practices had played in their recovery journey. They comprised three Thai and two Vietnamese who practiced Buddhism, and four Korean and one Indian who were Christian. They acknowledged that religion gave them a strong moral framework, a supportive community and a sense of purpose in life, helping them to build inner strength and focus on values beyond the pursuit of material gain or excitement associated with gambling. Moreover, prayers and meditation offered comfort, guidance and hope, helping them to foster gratitude, resist the urge to gamble and stay committed to the recovery journey.

Religion and prayers have played an important role in my recovery. When I read the Bible, it let me believe I need to be good, but gambling is a bad thing, so I wonder why I had fallen. The reason why I stop gambling is for God, not for myself or others because I could gamble with my own money, so it would not be an issue, but I want to be a good child of God, so I try my best. (GA22, female, 55-64 years, Korean, problem gambling (PGSI 15) for 13 years, stopped gambling for 6 years)

God has been with me all the time. God, or my religion, helps me to get back to being myself. Without God, I might have chosen to live as a gambler, but being a Christian lets me live the standards of Christian life. ... My cultural value is about family. The concept of "we" helped me to suppress my gambling urges. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

My faith in Buddha has been a huge part of my recovery. I believe that Buddha made me go through this experience to help me understand the harm it brings and the lessons I needed to learn in order to stay away from it. I also draw on my cultural values. In Thai culture, family is everything, and that gave me the motivation to quit gambling, not just for myself, but for my children and my husband. (GA28, female, 55-64 years, Thai, moderate-risk gambling (PGSI 6) for 5 years, stopped gambling for over 20 years)



3.9 What does recovery mean?

At the time of the research, 22 participants had stopped gambling completely and six participants had reduced their gambling to non-problematic levels. When participants were asked what recovery meant to them, four main themes were identified from their responses.

3.9.1 Change their unrealistic beliefs about gambling

Some participants identified that their unrealistic beliefs about gambling had played a fundamental role in their gambling problems. These included believing that gambling could make them happy, believing that they could make easy money through gambling, believing in lucky numbers or rituals, or believing that they could control the outcomes of games of chance. Challenging these beliefs was perceived by participants as important in their recovery journey.

The happiness you get from gambling is temporary. Very soon you not only lose money but also your prestige, your identity, and your family. Gambling can destroy you completely. So, even spending a few dollars on gambling can turn into an addiction. (GA23, male, 35-44 years, Indian, problem gambling (PGSI 9) for about 10 years, stopped gambling for over one year)

Gambling was a dream. I had thought of making easy money through gambling, but I won't choose that way again. (GA01, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 5-9 years, reduced gambling to non-problematic level for 10-14 years)

In the past, I gambled because I wanted to control everything, and I wanted every outcome to be the way I wanted. But now I have become more realistic. When I accept that, I don't really feel I need to gamble. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

3.9.2 Learn a big life lesson and move forward

Some participants identified the specific lessons they had learned from their past experiences, acknowledged their mistakes and the circumstances that led to them, and moved forward with a renewed sense of purpose in life.

I have learned a big life lesson. It made me understand the consequences of greed. (GA18, male, 25-34 years, Indian, problem gambler (PGSI 17) for 3 years, stopped gambling for 3 years)

It was a choice I made in life due to the environment I was in, but it wasn't the right one. Luckily, I realised it was the wrong path before I went too far down it. (GA17, male, 35-44 years, Chinese, problem gambling (PGSI 12) for one year, stopped gambling for over 20 years)

I am a different person now. I am now in the best phase of my life, and I won't go back to gamble even if I have money. (GA24, male 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)

I would never return to gambling again. I am not young anymore. (GA10, female, 65-74 years, Korean, problem gambling (PGSI 22) for 20 years, stopped gambling for over 3 months)

Our culture teaches us that things that are here now can be gone later, like life and money. Gambling is just like that too. (GA18, male, 25-34 years, Indian, problem gambler (PGSI 17) for 3 years, stopped gambling for 3 years)

3.9.3 Reflect on the meaning of a gambling-free life

For most participants, a gambling-free life involves not just stopping gambling but also returning to a normal life and adopting a healthier lifestyle.

I'm in the best period of my life right now. When I play badminton with my friends, they treat me like a normal person. (GA19, male, 55-64 years, Chinese, problem gambling (PGSI 21) for over 20 years, stopped gambling for one year)

I'm on the right path. My health is better, and I don't feel lonely anymore. I have more energy knowing that I am not losing too much money anymore. (GA21, male, 35-44 years, Filipino, problem gambling (PGSI 12) for 2 years, reduced gambling to non-problematic level for 3 years)

I have made my mental health my priority, and I feel like I've got my life back to the way it used to be — back to before gambling took over. I'm committed to staying on this path. (GA20, female, 35-44 years, Filipino, problem gambling (PGSI 14) for 4 years, stopped gambling for one year)

I felt like a better person, not defeated by my temptation, but I became an "overcomer". (GA07, female, 20-24 years, Korean, problem gambling (PGSI 14) for one year, stopped gambling for one year)

Some participants described how they built a guilt-free and meaningful life beyond gambling, which includes financial stability, improved family relationships, and a strong social support network.

Stopping gambling changed my life. When I finally let it go, I slowly paid off my debts, and I don't feel that constant stress. I can pay my bills on time, I have extra money to spend, and I am able to enjoy things like travelling. (GA25, female, 35-44 years, Indian, problem gambling (PGSI 9) for one year, stopped gambling for 8 years)

I gained wisdom and learned how being emotionally stable can support me to navigate the ups and downs of life. (GA18, male, 25-34 years, Indian, problem gambler (PGSI 17) for 3 years, stopped gambling for 3 years)

I spend more time with my family, such as taking my grandson for a walk on the beach or spending a relaxing day with my husband. (GA03, female, 65-74 years, Thai, moderate-risk gambling (PGSI 6) for 10 years, stopped gambling for 1-2 years)

When I gambled, I did not want to see my friends, but now I even take the initiative to make new friends because I feel confident. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

I do volunteer work to help and support other people. Through these activities I make many new friends and improve my support network. (GA12, male, 55-64 years, Vietnamese, problem gambling (PGSI 17) for one year, stopped gambling for 13 years)

3.9.4 Gambling is a form of entertainment: it isn't about winning money anymore

Six participants had cut down on gambling. They viewed gambling as a form of entertainment and not a way to make money or solve deeper problems.

In the past, gambling was about winning. Now, it is a form of socialisation. It is a social pastime for me and my friends, but we spend more time eating than gambling. (GA21, male, 35-44 years, Filipino, problem gambling (PGSI 12) for 2 years, reduced gambling to non-problematic level for 3 years)

Gambling has become a normal pastime for me now. I play Mahjong weekly with my business partners as a way to socialise. It is no longer about big wins. (GA09, male, 35-44 years, Chinese, problem gambling (PGSI 17) for 15 years, reduced gambling to non-problematic level for 4 years)



3.10 What have gamblers learned from their lived experience?

At the end of the second interview, participants were asked to share the lessons they learned from their lived experience. Specifically, based on their lived experience, what factors were important in recovery? What is the most important message they want to tell Asian people experiencing gambling difficulties? What advice would they give to family members experiencing gambling harm? What types of professional services might help support Asian people experiencing gambling difficulties? Their responses are summarised below.

3.10.1 What factors are important in recovery?

Participants identified five key factors contributing to successful recovery.

- Self-awareness is the first step to change. Staying the course requires perseverance and a commitment to overcome challenges.

Recognising that you have a gambling problem is the first step to change. It helps you to see where you are and make meaningful decisions. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

Keeping the goal of quitting gambling at the forefront of your mind is the key. Overcoming gambling addiction is about making a personal commitment to stop. (GA09, male, 35-44 years, Chinese, problem gambling (PGSI 17) for 15 years, reduced gambling to non-problematic level for 4 years)

- Managing urges to gamble with practical strategies is an important step to regain control.

Limit your exposure to gambling opportunities. Once the urge to gamble decreases, the need for control is less challenging. (GA09, male, 35-44 years, Chinese, problem gambling (PGSI 17) for 15 years, reduced gambling to non-problematic level for 4 years)

Distance yourself from friends who ask you to gamble. Do meditation and mindfulness. Replace gambling with activities such as exercising, riding a bike, gardening and baking. (GA02, female, 45-54 years, Thai, problem gambling (PGSI 20) for 5-9 years, stopped gambling for 3-4 years)

- Providing support without blaming or criticising is very important to gamblers in recovery.

It is important to have support, to have people around you to give you hope and encouragement. (GA25, female, 35-44 years, Indian, problem gambling (PGSI 9) for one year, stopped gambling for 8 years)

Support without blaming or criticising is very important to gamblers in recovery. People gamble for many reasons. Understanding why they gamble and walking their path to recovery with them is important. When they are understood, supported and cared for, they have the motivation to take steps to stop gambling. (GA06, male, 55-64 years, Korean, problem gambling (PGSI 13) for 5 years, stopped gambling for one year)

- Opening up to trusted people, seeking professional support and joining gambling harm support groups are success factors in gambling recovery.

Starting a non-judgmental and honest conversation with your family and trusted friends would help prevent you from getting into a downward spiral of addiction. A lot of the time when I lost money, I didn't want anyone to know about my financial mess because I was worried about being judged. But that only took me back to gambling more. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problem level for one year)

Professional support is important in recovery. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problem level for 3 years)

Lived experience group is good. Not judgement. We can all talk and not feel judged. (GA11, male, 45-54 years, Japanese, problem gambling (PGSI 17) for about 10 years, stopped gambling for over 5 months)

Being around people who understand gambling is better than a trained counsellor who doesn't have any gambling experience. Same culture support is helpful too, because what's understood doesn't need to be explained. (GA24, male, 55-64 years, Indian, problem gambling (PGSI 15) for over 20 years, stopped gambling for 6 years)

- Religion plays an important role for some individuals in their gambling recovery.

Faith is important because it is all about soul. Without faith, I cannot be recovered. I had a greedy heart at that time of gambling, but now I am satisfied with my modest living. My pursuit of excessive material wealth let me gamble and live miserably. My faith teaches me how to be satisfied with life. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

My faith in Buddha has been a huge part of my recovery. Recovering from gambling addiction was a challenging journey; my faith gave me the strength to keep going. (GA28, female, 55-64 years, Thai, moderate-risk gambling (PGSI 6) for 5 years, stopped gambling for over 20 years)

3.10.2 What is the most important message they want to tell Asian people experiencing gambling difficulties?

Stop gambling was the key message conveyed by participants. Some participants highlighted the damaging consequences when gambling becomes a problem.

Gambling can't make you rich but can have damaging consequences including broken family and troubled relationships. Stopping gambling and connecting with positive people can make a difference for you. (GA02, female, 45-54 years, Thai, problem gambling (PGSI 20) for 5-9 years, stopped gambling for 3-4 years)

Don't gamble. Think about not only yourself but also the people around you and the future consequences of gambling. (GA07, female, 20-24 years, Korean, problem gambling (PGSI 14) for one year, stopped gambling for one year)

Gamblers never win but always lose. If you lose, don't try to recover that money. You'll only end up losing more and dig in deeper. (GA09, male, 35-44 years, Chinese, problem gambling (PGSI 17) for 15 years, reduced gambling to non-problematic level for 4 years)

Some participants gave advice on how to get out of gambling.

To quit gambling, the most important message is to get started and stay the course. (GA03, female, aged 65-74, Thai, moderate-risk gambling (PGSI 6) for 10 years, stopped gambling for 1-2 years)

People addicted to gambling often feel that the only way they can solve their problems is by gambling as they feel that there is no other way out. For myself, I had also seen gambling as a solution to my problems for six years. But when I started on my recovery journey, I didn't see gambling as the solution to my problems anymore. I realised that there are more realistic ways to do better, and that life is much better without gambling or worrying about gambling every day. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

A few participants highlighted how a pleasant pastime can turn into an addiction.

Gambling is supposed to be for fun, but it can cause harm. If you know your limit and play within it, it's okay. But if you can't, it can be dangerous. (GA11, male, 45-54 years, Japanese, problem gambling (PGSI 17) for about 10 years, stopped gambling for over 5 months)

Be self-aware: there is a fine line between entertainment and harmful behaviour. (GA26, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 15 years, stopped gambling for 2 years)

3.10.3 What advice would they give to family members experiencing gambling harm?

Participants' advice can be grouped into two areas. First, they acknowledged that family support is crucial during recovery.

There is one common factor which can help gamblers overcome their addiction, which is that at least one person supports them. Affected family members need to believe that their loved ones can change or are trying to change and have faith in them. Believing in them can really help them. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problematic level for one year)

If your family member is gambling, don't push them out, but help them and support them. Be patient. (GA07, female, 20-24 years, Korean, problem gambling (PGSI 14) for one year, stopped gambling for one year)

Gamblers need the support from family members to quit gambling. Do things together with them to take their mind off gambling. Your love and support can go a long way towards helping them overcome addiction. (GA22, female, 55-64 years, Korean, problem gambling (PGSI 15) for 13 years, stopped gambling for 6 years)

Secondly, some participants stressed the importance of family members looking after their own health and wellbeing and to seek support if needed.

Stop it hard right from the beginning. Be decisive and cut the mess. Control the money. Spouses and children have the right to issue a ban on the family member from entering a casino. (GA19, male, 55-64 years, Chinese, problem gambling (PGSI 21) for over 20 years, stopped gambling for one year)

No matter what you do, gamblers themselves need to make changes themselves. You are not to blame for their behaviour. (GA10, female, 65-74 years, Korean, problem gambling (PGSI 22) for 20 years, stopped gambling for over 3 months)

If you can't cope with the stress that you are facing, seek professional help. (GA02, female, 45-54 years, Thai, problem gambling (PGSI 20) for 5-9 years, stopped gambling for 3-4 years)

Talk to trusted people or a professional counsellor about your concerns and what might work to reduce gambling harm in the family. (GA03, female, 65-74 years, Thai, moderate-risk gambling (PGSI 6) for 10 years, stopped gambling for 1-2 years)

3.10.4 What types of professional services might help to support Asian people experiencing gambling difficulties?

Culturally appropriate counselling services, support groups, gambling venue exclusion and health promotion activities were identified as useful services. Some participants suggested that combining different services could lead to better recovery outcomes.

AFS provides professional services close to your culture; you may find it easier to share your thoughts and experiences than talking to someone non-Asian who doesn't understand Asian cultures. (GA07, female, 20-24 years, Korean, problem gambling (PGSI 14) for one year, stopped gambling for one year)

Providing culturally sensitive services that can address stigma can facilitate Thai people to seek help. (GA01, female, 55-64 years, Thai, moderate-risk gambling (PGSI 5) for 5-9 years, reduced gambling to non-problematic level for 10-14 years)

There is a need for more Korean counsellors for Korean gamblers. They can offer services in the same language as their clients and build trust by demonstrating understanding of their clients' cultural values and beliefs. (GA05, male, 55-64 years, Korean, problem gambling (PGSI 20) for over 10 years, stopped gambling for 3 years)

Peer support groups are helpful because members have similar experiences, so they feel a part of a community. Support groups can help them to feel connected. (GA14, male, 25-34 years, Indian, problem gambling (PGSI 19) for 6 years, reduced gambling to non-problem level for one year)

Self-exclusion. I didn't know this word before coming to AFS. The casino does not tell us about it. The first month after exclusion was hard, and I used self-exclusion in conjunction with counselling to tackle my gambling problem. (GA11, male, 45-54 years, Japanese, problem gambling (PGSI 17) for about 10 years, stopped gambling for over 5 months)

Health promotion can raise awareness and helps to prevent gambling harm. But health promotion alone is insufficient for most people to change their choices or actions. (GA09, male, 35-44 years, Chinese, problem gambling (PGSI 17) for 15 years, reduced gambling to non-problematic level for 4 years)

Some participants raised concern about casino staff failing to identify subtle signs of harmful gambling among Asian gamblers. They explained that in many Asian cultures, emotional restraint is the norm. They had observed many Asian gamblers struggling in silence after losing a significant amount of money, as opposed to exhibiting obvious signs of distress, frustration or agitation commonly found among other people experiencing harm. They urged staff at gambling venues to be more aware of cultural differences in gambling behaviours, and to actively step in and intervene for anyone who has spent too much time or money gambling.

Some Asian people who gamble at the casino, especially students, don't talk much. They just keep losing money in silence. ... Casino should take a more proactive approach in monitoring players, like using surveillance or other means to observe how long they have stayed, how long they have been playing, and how much money they have spent. It would be best if casino staff can step in and intervene when they observe signs of gambling harm. (GC15, male, 25-34 years, Chinese, moderate-risk gambling (PGSI 7) for 6 months, stopped gambling for over 3 months)

Casinos need to monitor the time people spend on gambling and have players take regular breaks. (GA18, male, 25-34 years, Indian, problem gambler (PGSI 17) for 3 years, stopped gambling for 3 years)

Enforced measures, like exclusion orders. As soon as it's discovered that you have a gambling problem, you should be banned, and it shouldn't just be for three or six months—it should be for two years. Family, bosses, friends, and coworkers can all go to the casino and say that this person's gambling is affecting their work and family relationships, and they should be banned. (GA19, male, 55-64 years, Chinese, problem gambling (PGSI 21) for over 20 years, stopped gambling for one year)

Having experienced the addictive nature of gambling, one participant felt strongly that the minimum age to enter gambling venues should be raised and two participants held the view that all forms of gambling should be banned.

Age restrictions for entering gambling venues are important. Increase the minimum age to enter casinos. Students should not be allowed in casinos. Gambling at the casino will make them lose all they have. (GA11, male, 45-54 years, Japanese, problem gambling (PGSI 17) for about 10 years, stopped gambling for over 5 months)

Permission to build casinos and pokie bars are wrong. If problem gambling is taken seriously like drugs, get more serious about providing protection and support to gamblers. (GA08, female, 65-74 years, Korean, problem gambling (PGSI 10) for over 20 years, reduced gambling to non-problematic level for 3 years)

Building gambling places are wrong, totally wrong. Many lives are ruined by gambling, but despite that, gambling places still exist. (GA22, female, 55-64 years, Korean, problem gambling (PGSI 15) for 13 years, stopped gambling for 6 years)



4. Breaking the Silence: Stories of Family Recovery from Gambling Harm

The voices of family members impacted by another person’s gambling are rarely heard. This chapter presents and details the main themes drawn from interviews with 12 affected family members with experience of gambling harm. The themes are supported by participants’ quotations and are organised to explore their journeys of recovering from gambling harm—from recognising their family members’ harmful gambling, to taking steps to engage in the recovery process, and reflecting on what recovery meant to them. Their recovery stories were highly personal and non-linear, with two participants beginning their recovery following separation or divorce from their gambling partners. This section also examines the impact of harmful gambling on families, the factors that facilitated or hindered affected family members’ access to and use of gambling support services, and the key elements that contributed to family recovery.

4.1 Signs of harmful gambling identified by family members

Most participants reported that because their gambling family members gambled secretly, they were unaware of the extent of their gambling behaviour until the late stages of harmful gambling. Financial issues were often the first outward sign of a gambling problem that family members noticed. After that, they also recognised other signs of problematic gambling behaviour, and related emotional and social signs. A few participants only realised that their partners or adult children had problems with gambling when the gamblers confessed.

4.1.1 Financial signs

Many participants reported that they were unaware of the extent of their family members’ gambling problem because they had been secretive about money matters.

I didn't know how much X¹ spent on gambling. I didn't even know how much X earned, as he only gave me a small amount of money for household use. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

I didn't know the size of X's wagers because he did not tell me how much he spent on gambling. He never gave me enough money to cover the living expenses in the family, but he would waste money on gambling. (FA05, wife of recovered gambler, 45-54 years, Korean)

Some family members said they only discovered their loved one's gambling problem when they noticed unexplained missing amounts of money from bank accounts.

Checking the bank account, I could see that the funds were going down much faster than usual. When I confronted X about it, he finally admitted that gambling was the reason for the constant withdrawals. That was when I fully understood how serious his gambling had become. I could actually see the names of pubs on his bank statements, which confirmed where he spent the money. It was undeniable that gambling at these locations had become a regular habit for him. (FA12, wife of recovering gambler, 25-34 years, Indian)

I suspected that X's gambling began after we were married, but he had concealed the problem from me for many years. I found out the first sign of X's gambling when I checked our bank and credit card accounts. There were cash withdrawals of large sums of money from the accounts. When I confronted him, he eventually admitted to gambling. ... I felt like a fool. I had no idea when X started gambling or how much money he had gambled away. X had been withdrawing cash and transferring money from our bank accounts for years. I was completely in the dark until X could no longer hide it. But by that time, I had already been deceived for 20 years. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

Some participants also commented that their gambling family members did not want to spend money on anything apart from gambling.

He's an irresponsible person. He never told me exactly how much money he spent on gambling. He never confessed. He also refused to contribute even a cent towards our children's education fees. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

¹ In all quotes given by affected family members, the letter 'X' is used to represent the gambler.

X didn't want to spend any money on our children's education. I consider that children's education is important because I want them to do better in life. So, I started to work in a restaurant to show X that when he wasted all his money on gambling, I had to work to pay for our children's education. (FA05, wife of recovered gambler, 45-54 years, Korean)

X asked me to use my own savings to cover the rent. I felt I had no choice but to contribute, as he insisted that, since we were living together, we both needed to share the responsibility of paying bills and rent. ... After our baby was born, he questioned the need to buy new toys for our daughter. Even though it wasn't a large amount, it turned into a major issue between us. We ended up having a huge fight because he couldn't understand why I would make that purchase when we were already struggling financially. (FA12, wife of recovering gambler, 25-34 years, Indian)

A few participants reported that they first learned about their family members' gambling problems through friends from whom the gamblers had borrowed money and were unable to repay.

I only learned about my daughter's gambling problem through friends whom she had borrowed money from. When she was unable to pay back the money that she had borrowed, these friends approached me and asked for their money back. (FA01, mother of recovered gambler, 75+ years, Thai)

I only learned about my son's gambling problem when it was brought to my attention that he had borrowed large amounts of money but was unable to pay off the debts. I didn't know when his gambling behaviour started. (FA08, father of recovering gambler, 45-54 years, Indian)

4.1.2 Behavioural signs

Telling lies to cover up gambling activities or losses was a major behavioural sign of harmful gambling reported by most participants.

I found out about X's gambling problem after our marriage ended. He would tell me that he went to work or travel overseas, but actually he had gone to gamble. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

He told lots of lies and gave many excuses to borrow money from others. He behaved like he would die if he could not get what he wanted. (FA04, sister of recovered gambler, 45-54 years, Korean)

Another behavioural sign was a preoccupation with gambling. Participants noted that their family members often preferred gambling over other activities and frequently neglected family, work, or study responsibilities as a result. Although X wanted to keep his gambling secret, the family was aware of his gambling problem because when we asked him to go out with us on weekends, he refused and encouraged us to go out by ourselves. We knew after we left, he would go to gamble. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

X often spent more time away from home than with the family. I often waited for him at night and couldn't sleep. (FA05, wife of recovered gambler, 45-54 years, Korean)

X had dropped out of university completely. His gambling wins, sometimes substantial, reinforced his belief that he could achieve financial independence without a degree. (FA10, mother of recovering gambler, 55-64 years, Chinese)

4.1.3 Emotional signs

Major emotional signs of harmful gambling noticed by most participants included mood swings, anxiety and emotional distress.

When X won, she felt great. But when she lost, she became grumpy and depressed. By that time, I knew gambling had become a problem for her. (FA11, daughter-in-law of recovering gambler, 55-64 years, Thai)

When X lost all his earnings to gambling in three days, he started to show volatile mood swings and hostility towards us. The event perpetuated his negative thoughts, culminating in severe emotional distress, threatening behaviour, and eventual police involvement leading to his hospitalisation. (FA10, mother of recovering gambler, 55-64 years, Chinese)

Some participants also reported that their gambling family members could become restless, irritable or lose control when they were prevented from gambling.

When X desperately wanted to go to the casino and I tried to stop him, he could behave extremely aggressively and violently like turning into a monster. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

When he lost more and more money and I tried to stop him, he became grumpy and irritable more often. (FA05, wife of recovered gambler, 45-54 years, Korean)

Because of financial pressure, he seemed to have lost his mind and was always angry and furious. (FA04, sister of recovered gambler, 45-54 years, Korean)



4.1.4 Social signs

Social withdrawal was another sign of harmful gambling. Some participants reported that their gambling family members often avoided social activities and isolated themselves.

He's not interested in going out, thinking that any outing would lead to unnecessary expenses that we should avoid. It's like our financial struggles have not only impacted our finances but have also isolated us socially. (FA12, wife of recovering gambler, 25-34 years, Indian)

When I looked back, I realised that X had gone into his shell in the past year. He had become less willing to talk or take part in social activities. He was keeping things to himself. But at that time, we were not aware that these were the signs that he was in trouble. We assumed that he was just working hard. Now, I can see the reasons for his behaviours. (FA08, father of recovering gambler, 45-54 years, Indian)

4.1.5 Gambling family members confessing their gambling problems

A few participants reported that they had not noticed any signs of harmful gambling until their gambling family members reached a point where the consequences of their gambling became too overwhelming to hide and they confessed.

X had accumulated over \$60,000 in credit card debt after one year of gambling. At first, he didn't want to tell me about his debt and had borrowed money from his friends to pay off the credit card. But as his debt continued to rise, he struggled to keep on top of his expenses and debts. Eventually, he was unable to pay the credit card bill by the due date. When his credit card account exceeded its credit limit, he couldn't handle it anymore and confessed to me that he had a gambling problem. (FC07, wife of recovering gambler, 35-44 years, Chinese)

X's gambling problem came as a surprise to me, because I couldn't understand why my daughter had paid work but didn't have enough money to spend. It was then that X admitted to me that she had a gambling problem. (FA01, mother of recovered gambler, 75+ years, Thai)

4.2 Harmful impacts of gambling experienced by family members

Participants in this study emphasised that harmful gambling significantly impacted family members, causing financial hardship, physical and mental health issues, relationship problems and reduced quality of life.



4.2.1 Financial impacts

Financial harm was a common experience of affected family members in this study. Participants frequently reported that they experienced significant financial pressures within the family, including debt and a reduction in available spending money and savings.

X only gave me a small amount of money for household use. I couldn't take control of his finances, even when I had wanted to use his money to repair the house or buy certain things. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

Our family was in financial difficulties all the time although we earned a lot of money from our business. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

The biggest issue is a credit card. If you only use your wages to gamble, you can't rack up such high levels of credit card debt. It was credit card overdrafts that led to his debts. (FC07, wife of recovering gambler, 35-44 years, Chinese)

4.2.2 Physical and psychological health challenges

Alongside financial harm, family members also highlighted how their health had been impacted by their loved one's harmful gambling. Emotional or psychological harms represent the most prevalent harms experienced by participants in this study. They reported constantly feeling stressed, anxious and depressed. Some participants also felt angry and shameful about the actions of their family member who was gambling.

I called the Crisis Line. I told them I was scared because my son was outside, banging on the door and threatening me. I didn't know how to handle it. They kept talking with me to ensure my safety and suggested having a friend come to pick me up. My son was very agitated at that time, and we couldn't communicate. ... When I felt extremely low, I had thoughts of leaving. I stayed in my room, had no appetite, and didn't want to see my son. At my lowest point, I cried constantly and lost my appetite. (FA10, mother of recovering gambler, 55-64 years, Chinese)

I often felt stressed thinking of my mother-in-law's gambling behaviour. I am particularly affected by her mood swings when she loses money to gambling. (FA11, daughter-in-law of recovering gambler, 55-64 years, Thai)

I was stressed and annoyed and always felt angry at him. He made me feel miserable and shameful. (FA05, wife of recovered gambler, 45-54 years, Korean)

Alongside these impacts, some participants suggested that the stress associated with their emotional burden had led to other health problems such as high blood pressure and sleep disturbances.

I often felt exhausted, anxious and frustrated. When my stress level was high, my blood pressure went up. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

I constantly felt anxious, tense and irritable. I had difficulties concentrating at work and staying asleep. (FC07, wife of recovering gambler, 35-44 years, Chinese)

4.2.3 Relationship issues

Participants commented that there were multiple ways in which family members' relationships were harmed by a loved one's problem gambling. Many of them highlighted how arguing and fighting with the gambler had significantly strained family relationships, causing tension, conflict, resentment, and even relationship breakdown. Two affected family members in this study reported that gambling was a factor in the breakdown of their marriages. Another one planned to get divorced.

We had some intense arguments, especially about the money he spent on gambling. He would tell me, "It's my money. It's none of your business what I do with it." His reaction made it clear he didn't see how his actions were affecting us as a family. It's frustrating because he has the freedom to spend as he pleases, while I feel constrained and must justify even minor purchases. (FA12, wife of recovering gambler, 25-34 years, Indian)

On the day X's mother passed away, he was still gambling. Everyone in the family was looking for him, and even though he was informed that his mother was very ill and about to die, he still chose to gamble instead of staying at home. This made me very angry, and I even considered getting a divorce when this happened. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

When X returned home after gambling, we frequently argued and fought. I was angry at him for being unable to resist the impulse to gamble. I was angry because he never said sorry to me. He even said that before our marriage, I had already known his personality and accepted it. He blamed me for changing my attitude towards him after we got married. (FA05, wife of recovered gambler, planning to get a divorce, 45-54 years, Korean)

During those years, although I suspected X was gambling, I also worried he might be spending money on his parents or even someone else. Our relationship deteriorated. Although we lived together, we were emotionally distant. After a big argument, I moved out, realising I could no longer live in such conditions. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

When my daughter separated from her husband, she moved in with her three children. My relationship with my daughter was quite strained at that time. Due to financial stress, she often had mood swings and was grumpy and easily irritable. She constantly argued with me, and I became anxious and stressed all the time. (FA03, mother of recovered gambler, 65-74 years, Thai)

Participants also commented that harmful gambling and family conflict often led to children experiencing harm, including emotional abuse and neglect, feelings of insecurity and strained relationships.

Growing up, my daughter had struggled to cope with X's emotional and verbal abuse and was resentful towards him and the way he treated her and me. She had confronted him many times and this had further damaged their relationship. (FA05, wife of recovered gambler, 45-54 years, Korean)

Our conflict affected our daughter, who often felt fearful and insecure when we argued intensely. (FC07, wife of recovering gambler, 35-44 years, Chinese)

X manipulated our older son into believing that I was the cause of the family's problems, portraying himself as loving and caring. This emotional manipulation strained my relationship with my children, compounding the stress of the marital breakdown. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

Some participants reported increased isolation as they withdrew from social activities and isolated themselves from friends and support networks.

I had many friends in the past, but X didn't want me to go out alone, so I brought him with me and introduced him to my friends. But when he was obsessed with gambling, hanging out with my friends became boring for him. He looked grumpy when he met my friends and criticised them after we returned home. This made me stop seeing my friends as I felt sorry for them. ... X's gambling problem had the most negative impact on my social life. It was hardly restorable. (FA05, wife of recovered gambler, 45-54 years, Korean)

The family's financial stress also affected our social life. He's not interested in going out, and if there was a need to contribute to any occasion or event, he became very hesitant. (FA12, wife of recovering gambler, 25-34 years, Indian)

I did not want to tell the people around me about X's gambling issues, so everyone thought our relationship was fine. As a result, I had no social support and felt more isolated. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

4.2.4 Reduced quality of life

A few participants explained that their family members' gambling problems had diminished their quality of life, limited their activities and adversely affected their overall wellbeing.

Every time we talked about finances, it was always about how we couldn't afford anything — no house, no travel. Friends would suggest going on trips, and I always had to reply that we couldn't afford it. One friend, after learning about my ex-husband's gambling, said they had never believed us when we claimed to be poor. They thought I was lying because we both had jobs and lived a stable life, yet we couldn't afford even basic things. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

Our family was used to planning and managing the household budget properly, but with X in debt, I started to worry about the mortgage and the cost-of-living pressures... Our social life was also impacted. We cut off all our friends. We used to go out every weekend meeting friends. Last year we were not going out, just staying at home, working and coming home. We were going into our shells. (FA08, father of recovering gambler, 45-54 years, Indian)



4.3 Navigating challenges in the family recovery journey

Participants' accounts of recovering from gambling harm revealed a multifaceted process in which family members navigated significant challenges to support their loved ones in recovery while also safeguarding their own wellbeing and that of their families. The actions taken by participants during their recovery journeys can be grouped into two main areas. The first involved actions aimed at maintaining personal and family wellbeing, such as practising self-care, implementing financial control measures, and seeking counselling or faith-based support. The second focused on supporting their gambling family members to change. However, some participants noted that not all of their efforts were successful. Ultimately, a few participants chose to temporarily distance themselves, or to separate or divorce, in order to reduce the impacts of gambling harm on themselves and their families.

4.3.1 Self-care strategies to improve affected family members' own wellbeing

Participants in this study often reported feeling emotionally exhausted due to prolonged stress, excessive self-blame or overcommitment. They reported using a range of self-help strategies to reduce the harm their loved one's problem gambling caused them. Practising meditation and mindfulness was a common self-help strategy employed by participants. They commented that the strategy had helped them to reduce stress by promoting relaxation, improving emotional regulation, reducing negative thoughts and cultivating a more positive outlook.

I practiced meditation every day to improve my mental wellbeing. Meditation helped to reduce my stress, enhance mood, think positively and enhance my overall wellbeing. (FA01, mother of recovered gambler, 75+ years, Thai)

In the worst moments, I just allowed myself to rest and empty my mind while lying in bed. When I was feeling okay, I tried to reassure myself that my life is valuable and practice mindfulness. I attended several online mindfulness coaching courses. Slowly, I learned to care for myself and understood more about emotional healing. Mindfulness practice has also helped me to support my son and find confidence in myself. (FA10, mother of recovering gambler, 55-64 years, Chinese)

Some participants reported pursuing their own interests or actively participating in social activities that brought them joy and a sense of fulfilment.

I engaged in activities like teaching Chinese and joining a singing class to keep myself occupied. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

Going for walks and watching TV helped me to relax and distract me from stress. Over time I became less tense and felt less isolated during challenging times. I also took part in charity work which allowed me to focus on helping others, and which provided a sense of purpose and fulfilment. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

Doing exercises and making time to catch up with friends helped to reduce my stress. (FA11, daughter-in-law of recovering gambler, 55-64 years, Thai)

4.3.2 Financial control measures

To reduce the financial harm caused by a family member's gambling, some participants reported taking practical actions to protect the family finances. These actions included cancelling bank accounts, taking on management of the household finances and limiting access to cash for the family member who was gambling.

I made X cancel all bank accounts. As he had bad credits, he could not open any new bank account, thus limiting his access to money. (FA04, sister of recovered gambler, 45-54 years, Korean)

Previously, X kept all his salary while I only received a fixed amount to manage. I now keep the entire salary and manage all the expenses like rent and groceries, and I give X a set amount to spend on himself. ... I make him understand that he can't spend freely anymore because he has a family to take care of. (FA12, wife of recovering gambler, 25-34 years, Indian)

To help X take back control of her gambling, I limit the amount of money I give to support her. She also agrees to take a limited amount of cash to the casino and limit her time staying there. Limiting the amount of money I give to my mother-in-law helps her to avoid compulsive gambling when she has more money. (FA11, daughter-in-law of recovering gambler, 55-64 years, Thai)

4.3.3 Seek counselling services

Coping with a family member's harmful gambling could be very distressing. Eight participants in this study had sought counselling services to address the gambler's harmful gambling as well as their own individual needs. They explained how counselling provided a safe and trusting environment where they could discuss the challenges they faced. Many also reported how their family and friends were unable to provide the kind

of help and support they needed and stressed that confidentiality in counselling is crucial for building trust with a counsellor.

Counselling provided a safe space for me to talk about my issues, and the counsellor gave me advice and guidance. I didn't want to tell my friends about my problems, because I couldn't trust them, and feared that they might share what I had told them with my circle of friends, leading them to have a negative impression of me. (FC07, wife of recovering gambler, 35-44 years, Chinese)

My husband and daughter didn't have the capacity to help, so I often hid my feelings from them and cried alone. I have no other family or friends I can rely on for support. My counsellor has been my main support, offering essential encouragement, especially when I feel isolated. (FA10, mother of recovering gambler, 55-64 years, Chinese)

Some participants highlighted how counselling had helped them to manage their negative emotions and change the way they dealt with the family member who was gambling.

When my brother began to recover but still have other issues, I felt emotionally drained and mentally exhausted. I had negative thoughts and feelings of sadness and didn't know how to deal with these emotions. Counselling helped me see my needs, and what had made me frustrated and depressed. ... Counselling helped me to regain my energy to support X's journey to full recovery. (FA04, sister of recovered gambler, 45-54 years, Korean)

Counselling helped me to work through a lot of my negative emotions towards X. I now see X as a patient, and gambling addiction as a disease. As he has now recovered from the disease, I change my negative feelings to positive and break free from my chronic stress. (FA05, wife of recovered gambler, 45-54 years, Korean)

When I first found out about my son's gambling problem, I was so angry that I had many heated arguments and confrontations with X. Through counselling, I came to realise that getting angry could solve nothing and direct confrontation was detrimental to my relationship with X. I accepted that staying calm and having positive conversations with X would have been a better approach to use, as family support would be what my son needed most at that time. Slowly, I was making a conscious effort to have some natural conversations with X from time to time. I feel that my efforts are seen, and X is making changes. (FA08, father of recovering gambler, 45-54 years, Indian)

Counselling helped me to deal with X when he asked for money to gamble. I became quite firm not to give X money to gamble. At one point I called the Police when his behaviour became quite aggressive and violent. When X realised that I had changed because of counselling, he stopped his aggressive behaviour towards me. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

Some participants reported that counselling had provided the support they needed to address family safety concerns and make important decisions about their relationship with the gambler and their own future lives.

I got help from my counsellor and learned to protect the family. I told my children not to tolerate it and that it was okay to call the Police. I showed my children how to protect their safety. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

Counselling gave me the opportunity to talk about what I have been going through, be listened to and gain new perspectives. I also insisted that X attended couples counselling to improve our relationship for the sake of the family and our child. (FA12, wife of recovering gambler, 25-34 years, Indian)

Counselling helped to open my mind and see things from different angles. I went from a negative to a positive person. Seeing myself that way encourages me to live my life. My counsellor shows empathetic understanding of my situation. Knowing someone understands my difficulties gives me hope and the strength to start a new life. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

I sought counselling after I was divorced. Initially, I did not disclose X's gambling issues, and it was only through conversations with the counsellor that I realised how gambling was linked to the distress I and my family were experiencing. ... The counsellor explained to me that gambling can be the source of potentially serious and wide-ranging harms, affecting not only individuals' health, wealth and relationships, but also the whole family and community. For years, I had lingering doubts whether my miserable past was related to X's gambling or not. The counsellor's explanation indirectly helped me understand my ex-husband's actions over the years and resolved a long-standing question for me. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

4.3.4 Spiritual healing and faith-based support

Five participants in this study reported how they had drawn on their religious faith to provide meaning, support and healing during their recovery journey. They comprised two Thai and one Vietnamese who practiced Buddhism, and two Koreans who were Christian.

My religious faith has helped me through the family recovery journey. My faith helps me and gives me peace of mind. I was born in a Christian family but because of my husband, I hadn't gone to the church for many years. ... I prayed for God to cure him and help me to have hope. Without hope, I could not imagine how I had survived so many years of suffering. My prayer group and communities have helped me to keep praying. (FA05, wife of recovered gambler, 45-54 years, Korean)

I'm happy to see my daughter's improvement and makes merit at the temple to express my gratitude. Merit-making is to do goodness (forgive and let go). I learned to let go, practice mindfulness and meditation. I go to the temple on Buddha days and help with events. (FA03, mother of recovered gambler, 65-74 years, Thai)

They also reported that faith-based practices like prayer and meditation offered them comfort, encouragement and a sense of belonging during challenging times.

Going to the temple and practicing meditation have helped to improve my mental wellbeing. Buddhism offers practical tools like mindfulness and meditation that can help me let go of my attachments and find peace in the present moment. (FA01, mother of recovered gambler, 75+ years, Thai)

I have found peace and solace by visiting the temple regularly. I got the chance to talk to people and do some activities so that I didn't have to think about my husband's issues all the time. I have also adopted the practice of chanting and listening to Buddhist teachings which help me to stay grounded and offer guidance on how to handle difficult situations with compassion and patience. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

My prayer group has helped me through my family recovery journey. (FA05, wife of recovered gambler, 45-54 years, Korean)

4.3.5 Confide in trusted friends

Only a few participants reported that they had received support from their friends in their recovery process. One participant who had confided in trusted friends highlighted how support had provided a safe space for her to share her struggles and regain her resilience.

After divorce, I reached out to my close friends for emotional support. I have two good friends here, which isn't easy to find, and they were always there for me when I needed support. I could instinctively talk about my feelings, which helped to improve my mood. For about six months, I would call them whenever I felt overwhelmed, and they would come over and stay until late into the night until I felt better. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)



4.3.6 Gambler-oriented actions and support

Alongside actions taken to look after themselves and the family's wellbeing, participants reported that they also took actions to support the family member who was gambling, to reduce or limit their gambling behaviours. These actions included raising their awareness about gambling harm, providing financial and practical assistance, motivating them to take up new interests and initiating shared activities.

Due to COVID-19, I told X not to gamble because he could get the virus. I also told him that as I suffered from ill health, and if he got the virus and spread it to me, it would be dangerous. X feared the virus and feared of dying, so he stopped gambling. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

X started to live with me after separating from her husband. I also supported X financially to the best of my capability. (FA01, mother of recovered gambler, 75+ years, Thai)

I encourage X to join more group activities and adopt new pastimes to divert her attention from the allure of gambling. Currently, X plays Mahjong in a group; this activity provides a substitute source of excitement for her. (FA11, daughter-in-law of recovering gambler, 55-64 years, Thai)

When our son was accepted to the medical school, X started to go to church and so did his parents in Korea when he visited them. They went together and it was good for him. Since that time, he also goes to church with me, and he feels positive. In the past, he looked irritated, but now, he looks peaceful and tries to sing worship songs. (FA05, wife of recovered gambler, 45-54 years, Korean)

Some participants encouraged their family member who was gambling to seek professional help and supported them as they looked for help in their recovery journey.

The family helped X to pay off debts, on the condition that X would seek counselling. I arranged for 10 paid counselling sessions for X, and he attended all of them. I think counselling was helpful for my brother. It let him realise how he did wrong, and he felt sorry for the family. At first, he did not think counselling was relevant for him, but after the 7th or 8th session, he looked different and told me that he felt heartache about his father. So, he finally understood how the family had suffered from his gambling problems. (FA04, sister of recovered gambler, 45-54 years, Korean)

I encouraged X to get professional help and support. Initially he seemed reluctant to get help. However, after I sought counselling support from AFS, X started to attend counselling sessions more regularly. Although X has never discussed with me what happened in his counselling sessions, I feel that counselling is good for X. (FA08, father of recovering gambler, 45-54 years, Indian)



4.3.7 Unsuccessful efforts

However, not all efforts made by family members to reduce gambling harm were successful. Whilst some participants reported that engaging in financial control actions were effective in reducing their loved one's gambling and the subsequent harms they experienced, a few participants highlighted how such actions did not work to address the problem.

X's problem gambling had spanned a long period of time, over 15 years. In all these years, I had tried many ways to stop X from gambling, but most attempts were unsuccessful. For example, I had tried many times to take control over the family finances to limit his access to money, but he would refuse fiercely by saying it was his money, not mine and so I couldn't touch them. (FA05, wife of recovered gambler, 45-54 years, Korean)

Initially I forgave X, and he promised to stop and gave me all his credit and debit cards. But after a while, he took back the cards using various excuses. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

I had tried many times to help X stop gambling, such as by not giving him money, and not depositing money in our bank account so he had no money to gamble. But X turned to borrowing money, and the people he borrowed money from would ask me to pay it back. I subsequently had to pay back the money from my own savings. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

Some participants also reported that the efforts they made to encourage their family members who were gambling to seek counselling, had not been successful.

Both my daughter and I had persuaded X to get counselling many times, but he refused to go. (FA05, wife of recovered gambler, 45-54 years, Korean)

4.3.8 Distance from gambling family members, separation or divorce

When attempts to reduce the impact of gambling harm on the family failed, some participants sought to distance themselves from their gambling family members. This involved temporary or permanent separation, or divorce.

After X moved in to live with me, we constantly argued. When my mental health continued to deteriorate, I had moved out from the house to live by myself for almost one year to focus on my own mental wellbeing. During that time, I went to the temple and practiced meditation to improve my mental wellbeing. I moved back to live with X after one year. (FA01, mother of recovered gambler, 75+ years, Thai)

Currently, I am living with my two children. X has returned to living with his parents in Korea for four years now. I think our family has moved on to living healthier lives. ... I don't think X has stopped gambling because he still borrowed lots of money. I don't want him to return to NZ, but it's fine if my children continue to keep in touch with X and their grandparents. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

After divorcing X, I focused on restoring a sense of normalcy in my life and building a supportive environment for my children. I've discussed with my children about their father: I don't want them to contact X, but I won't stop them if they choose to. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

I am planning to get a divorce. I am a valuable person. I don't want him to ruin my life. I think my children feel the same. We want to move on to live healthier lives, free from concerns about relapses and worries about gambling harm. (FA05, wife of recovered gambler, 45-54 years, Korean)

4.4 Factors facilitating or hindering affected family members' access to professional services and support

Counselling was an important source of help and support for affected family members in this study. Eight of the 12 participants had sought counselling services from Asian Family Services (AFS) which is the only service provider for Asian people who are affected by gambling harm and can provide gambling counselling services in a range of Asian languages.

4.4.1 Factors facilitating help-seeking

Most participants who had sought counselling reported that they had overcome cultural barriers to seek counselling services as a last resort, because they felt desperate to cope with the impacts of harmful gambling on their own.

I was desperate to find help at that time. In Korean culture, families with gambling issues don't open up to anyone and get isolated. But I was desperate and wanted to find ways and solutions to get on with my life. I found AFS through Korea Post promotion. I got help and learned to protect my family. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

Because I was desperate, I did not have any barriers. Also, the issue was about my husband, so I felt it was ok to access services. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

It is a huge thing to reach out for support. Especially in our culture, people feel shameful to ask for help. Yeah. You know how people will judge you. It's also about how you're going to share your thoughts and feelings in front of total strangers. It was not easy to seek support, but we overcame those barriers to reaching out for help. (FA08, father of recovering gambler, 45-54 years, Indian)

Previous positive experiences with counselling were another facilitating factor. One participant stated that her prior positive experience helped to reduce the stigma associated with seeking help and foster a sense of trust in the support process.

For me, stigma and cultural belief were not a barrier because my son, who had ADHD, had attended Child and Youth Mental Health Services. When I met the psychiatrist, she made me feel comfortable and relieved. She helped me overcome the stigma associated with seeking help. (FA04, sister of recovered gambler, 45-54 years, Korean)

Language was not a barrier for those who had sought help because they were able to find counsellors who could speak their preferred languages. The eight participants who sought services were of Chinese, Korean or Indian ethnicities and they all chose ethnicity- and language-matched counsellors.

No language barrier, as I always have access to Korean professionals. (FA04, sister of recovered gambler, 45-54 years, Korean)

4.4.2 Barriers to help-seeking

The four participants who did not seek professional services were of Thai or Vietnamese ethnicities, which are smaller Asian ethnic groups in New Zealand and there are no such language specific counselling services for them. Shame, language barriers and lack of service awareness were the reasons these participants gave for not accessing professional services.

I did not seek professional services because I didn't know such services exist. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

Language barrier. I don't speak English. (FA03, mother of recovered gambler, 65-74 years, Thai)

I encouraged X to seek counselling, but she refused. She felt ashamed to ask for help. (FA11, daughter-in-law of recovering gambler, 55-64 years, Thai)



4.5 Family experiences of recovery

Participants experienced recovery differently, with five problem gamblers in the family stopping gambling completely and five reducing gambling to non-problematic levels. One participant sought divorce after her ex-husband's repeated gambling relapses, and one participant's husband left New Zealand with gambling debts. In the ten families where gamblers had stopped or reduced their harmful gambling, participants highlighted positive changes in their families, including improved family relationships, improved mental wellbeing and quality of life, improved family finances and positive changes in the behaviour of the family member who was gambling. Despite these positive changes, some families experienced ongoing challenges related to potential relapses, limited social support, unresolved relationship issues and anxiety about an uncertain future.

4.5.1 Improved family relationships

Most participants reported positive changes in family relationships after the family member who was gambling, stopped or reduced gambling. The positive impacts included increased time together, a more stable family environment and improved communication.

X's problem started from alcohol addiction. Stopping drinking has helped him to recover from gambling and he has not had any relapse since. After he has stopped drinking and gambling, he is more willing to spend time and money with us. (FA05, wife of recovered gambler, 45-54 years, Korean)

There are positive changes in my husband's behaviour after he has reduced gambling. In the past, he often spent time away from home. Now he has become a family man. When he is off work, he likes to spend time at home with family. (FC07, wife of recovering gambler, 35-44 years, Chinese)

X has stopped gambling for two years. My relationship with X has improved significantly. There are no more arguments between us. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

One participant described how his efforts to rebuild open communication with his son had helped to create a more positive environment in the family.

I notice some positive changes in my relationship with my son. I learned to avoid turning every conversation with him into an argument, and I have tried to initiate positive conversations with him from time to time. Over time, I feel that my efforts are seen. Rather than just sitting by himself in his room, X has started to do housework such as washing dishes, and cooking food for his brother. He is doing small things that keeps himself busy, and he is taking care of himself. (FA08, father of recovering gambler, 45-54 years, Indian)

Another participant described how bringing her brother to New Zealand had helped him to start a new life. She considered the relocation also helped to strengthen her filial relationship with parents and foster a supportive relationship with her husband. Filial piety is a core Confucian principle emphasising respect and care for parents and elders, deeply rooted in East Asian cultures (Ikels, 2004).

After X moved to live in NZ, my parents' lives are better, although they feel sorry for me since I now need to look after X. ... What I have done is the best way to demonstrate my filial piety to my parents. I am also very grateful for my husband's support. Without his support, I and my whole extended family would not have survived. (FA04, sister of recovered gambler, 45-54 years, Korean)

4.5.2 Improved mental wellbeing and quality of life

Some participants reported improved mental wellbeing and increased life satisfaction after their family members stopped or reduced gambling.

Since X has stopped gambling, I am less angry and have more positive thoughts. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

Things have started to improve since we reached out for support. X has reduced gambling for about a year now. In the last few months, we have made a conscious effort to bring our lives back on track. We have started to take care of ourselves and started to go out and meet some friends, like we used to do in the past. (FA08, father of recovering gambler, 45-54 years, Indian)

4.5.3 Improved family finances

For some participants, when their family members stopped gambling, they could build back their family finances and work on paying down debts.

Since X has stopped gambling, our finances are improving. Self-control is our focus for now, and I have been checking our bank accounts regularly to monitor any unusual activity. (FA12, wife of recovering gambler, 25-34 years, Indian)

Over the past year X has been slowly paying off his debts, and we have a plan to buy a house. (FC07, wife of recovering gambler, 35-44 years, Chinese)



4.5.4 Positive changes to the family members' gambling

Many participants reported positive changes in the behaviour of their family member after they had stopped gambling. These positive changes included greater stability in their emotional state, a more balanced daily routine, and building new hobbies and social connections to replace gambling.

When X's financial stress lessened, she became less moody and hung out with her friends more often. (FA03, mother of recovered gambler, 65-74 years, Thai)

There are positive changes in X's daily routine, such as his intention to reduce screen time and engage in more productive activities like reading. (FA10, mother of recovering gambler, 55-64 years, Chinese)

Since X came to NZ, he has never gambled as he has no network, no fluent English, no money and can't borrow money from anyone. He has got involved in a local church, makes new friends, keeps busy by doing gardening and housework, and pursues new pastimes such as biking and fishing. All these activities are good for him. X loves the sea, so he has enjoyed biking to the beach every day and lost 20 kg. (FA04, sister of recovered gambler, 45-54 years, Korean)

My husband's friends have distanced themselves from him. I feel it's good that he can cut off all his friends who gamble. (FC07, wife of recovering gambler, 35-44 years, Chinese)

4.5.5 Ongoing challenges

Despite these positive changes, some families experienced ongoing challenges in their recovery journeys. Worrying about the potential for their family member to relapse, was one of them.

I have noticed some positive changes in X's behaviour. He is spending more time at home and is slowly paying off his debts. While he is excluded from the casino, his friends still invite him to go to other venues. Although X said these venues don't have gambling facilities, I don't believe he is telling the total truth. I remain concerned about his potential gambling relapse. (FC07, wife of recovering gambler, 35-44 years, Chinese)

Although X has stopped gambling for 7 years, the risk of relapse is still a concern for us. We just can't trust him completely. We still feel anxious all the time and cannot be fully relaxed because we are worried that he may relapse. (FA04, sister of recovered gambler, 45-54 years, Korean)

X's problem gambling spanned over 17 years. Although he has stopped gambling for four years, we are never free from worries and anxieties about gambling harm. I cannot trust X nor my children. We are concerned that he may gamble again anytime. (FA05, wife of recovered gambler, 45-54 years, Korean)

Although X has cut back on gambling, the family remain concerned about her risk of relapse. We will continue to raise her awareness of gambling harm and support her through her recovery journey. (FA11, daughter-in-law of recovering gambler, 55-64 years, Thai)

Although X has stopped gambling for three months, I am still unsure whether he will stop forever, or he will gamble again. My trust in him is low, and I can't be sure if he is being honest. So, I feel the need to keep a close eye on our finances. (FA12, wife of recovering gambler, 25-34 years, Indian)

Some participants experienced fear and anxiety about the future of their family member in recovery, especially the potential negative impacts of gambling on their mental wellbeing and future employment.

Things have started to improve since we reach out for support. But one thing always in the back of our mind is our son's future. We have accepted what happened, but what about his future, his career, his wellbeing? But that is something beyond our control and only time has the answer for that. So, there's still a long way to go. (FA08, father of recovering gambler, 45-54 years, Indian)

For the two participants who had divorced or separated from their gambling partners to protect themselves and their families from further gambling harm, they had lingering concerns about the challenge of dealing with unresolved issues from their past relationship.

I feel like I'm just surviving, not really living. One of my main concerns is my younger son, who is in his teenage years and sometimes behaves in ways I don't understand. He also faces unique challenges growing up without a father figure. He longs for a father and struggles to understand why he doesn't have one. I have tried to explain to him the changing family dynamics, but he may need time to come to terms with it. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

I do not want X to return to NZ. I don't believe he can stop gambling completely and I don't want to go back to my past sufferings. I don't know what our children's opinions are. They might want Mum and Dad to live together. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

Several family members reported that limited familial and social support presented an ongoing challenge for them, leading to feelings of isolation and loneliness.

My social life deteriorated, as friends had distanced themselves from me due to worries about X asking to borrow money. (FC07, wife of recovering gambler, 35-44 years, Chinese)

It's hard to rely on my family for help because they live in Malaysia. I don't want them to worry about me, so I don't share my troubles with them. (FC07, wife of recovering gambler, 35-44 years, Chinese)

I feel disconnected with my maiden family living in China. They generally refuse to address conflict. When tensions arise, they'd rather ignore them than seeking to resolve them. Since I can't communicate with anyone, I just avoid them. Thus, I often feel isolated, and find it difficult to rely on them emotionally. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

4.6 What does recovery mean for the family?

Participants were affected differently by their family members' gambling. Hence, the personal meaning of recovery among participants varied. Some participants focused on specific recovery goals of rebuilding relationships or restoring financial stability, while others described recovery as an ongoing process involving resilience-building and regaining control over their lives.

4.6.1 Relationship recovery: repair damaged relationships, build better connections

For some participants, recovery meant repairing damaged relationships and building better connections through learning how to support their loved ones, improving communication skills and rebuilding trust.

I understood that my daughter had gone through a tough time. So, when she was in a bad mood, I just kept quiet and walked away to give her the space to calm down. Doing this also helped to protect my own wellbeing. ... When she stopped gambling, our relationship improved and her relationship with her children also improved. Now X offers constant support to her children, cooks for them and sometimes dines out with them. I will keep supporting them, focusing on active listening and offering practical help in any situation. (FA03, mother of recovered gambler, 65-74 years, Thai)



4.6.2 Financial recovery: restore financial stability

Recovery also meant restoring financial stability in the family. This process often involved setting up financial boundaries around money management within the family, establishing spending limits and monitoring and controlling expenses within the planned budget.

I started to set some boundaries around managing money in the family. Our finances are improving, but it's essential to limit spending to build future savings. If we hadn't lost money to gambling, we'd be closer to affording a home. Instead, we're having to rebuild from scratch. (FA12, wife of recovering gambler, 25-34 years, Indian)

Restoring financial stability in the family requires ongoing effort and commitment. One family member emphasised that personal agency is crucial in this process. She highlighted how personal agency had helped her daughter to break free from gambling and stay motivated and focused on her financial recovery goals.

After separating from her husband, X was determined to stay away from gambling by stopping going to the casino and avoiding other situations where she might lose control. She worked very hard and stayed at home after finishing work. By staying focused on her work, she managed to pay off her debts in three years. (FA03, mother of recovered gambler, 65-74 years, Thai)

4.6.3 An ongoing journey, not a destination

Most participants in this study viewed recovery as an ongoing journey which often included setbacks and challenges, rather than a final destination to be reached. Celebrating progress along the recovery journey was a way some participants used to acknowledge the effort put into overcoming challenges and to stay motivated.

Supporting my son's recovery is a long emotional journey. I had a lot of traumas myself, so I struggled to be a supportive mother. I realised that while my son struggled with gambling, it's crucial to work on our relationship and my own emotions first. ... When I see some positive changes in X's behaviour, I feel a sense of relief, although I remain mindful of the challenges ahead. (FA10, mother of recovering gambler, 55-64 years, Chinese)

Although I divorced X four years ago, I am still struggling with the ongoing fallout from his gambling. I am still trying to restore a sense of normalcy in our lives, though it will take time. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)



4.6.4 Building resilience and seeking support

The recovery journey of some participants involved building resilience to manage ongoing challenges and seeking support to help themselves and other family members heal and cope.

Making merits, listening to sermon and doing good things have given me guidance and support through my family recovery journey. Going to the temple helps me to release worries and anxieties from my body, shift my perspective to focus on the present and the good things in my life and cultivate a light heart. (FA01, mother of recovered gambler, 75+ years, Thai)

Going to the temple has played a vital role in helping me to calm my mind and find inner strength. Buddhist teachings teach me how to appreciate life by looking things at different angles, stay positive and healthy. I also get emotional and social support from the temple and by talking to friends. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

4.6.5 Feeling empowered: taking ownership of one's life

For a few participants, recovery was a process of becoming stronger and more confident, especially in taking ownership of their lives.

Looking back on the ups and downs of my family recovery journey, counselling and my faith have provided me the greatest support through this journey. I had been in a deep pit, but I rescued myself. My faith gives me hope and strength during challenging times. ... Now I am keen to move on and make positive choices about the future. I am planning to get divorced and live my own life. (FA05, wife of recovered gambler, 45-54 years, Korean)

For many years I did not live my life. Counselling makes me care about my life and become confident to protect myself and my children. Now I feel like I live my own life, which I had never experienced during his gambling. Counselling lets me know I am precious and valuable. My previous life was wrong. (FA06, separated from gambling husband for four years, 45-54 years, Korean)



4.7 What have family members learned from their lived experiences?

At the end of the second interview, participants were asked to share the lessons they have learned from their lived experience. Specifically, what were the most important factors for families affected by gambling harm to recover? What is the most important message they want to tell Asian people experiencing gambling difficulties? What advice would they give to family members impacted by gambling harm? What types of professional services might help to support Asian people experiencing gambling difficulties? Their responses are summarised below.

4.7.1 What are the most important factors for families affected by gambling harm to recover?

Participants identified four key factors contributing to successful family recovery.

Prioritising self-care and family wellbeing

Participants acknowledged that gamblers' families needed to prioritise their own needs and wellbeing in the recovery journey, as they can become overwhelmed and burn out supporting family members in recovery. Prioritising self-care and developing coping skills can help affected family members to reduce stress and build resilience to manage ongoing challenges. They also commented that as children are affected by gambling it is essential to protect their safety and security.

Gamblers' families need to prioritise their own health and wellbeing. My counsellor helps me see that my life is as important as my family. (FA04, sister of recovered gambler, 45-54 years, Korean)

Supporting gambling family member is important but taking good care of ourselves is more important. (FA05, wife of recovered gambler, 45-54 years, Korean)

Family members affected by gambling should protect themselves and their children above all else. Legally, establish financial boundaries and safeguard your assets to avoid further loss. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

Restoring financial stability

Some participants considered that restoring financial stability is an important factor contributing to family recovery because it addresses the immediate financial consequences of harmful gambling and provides a foundation for overall family wellbeing.

Common strategies include setting boundaries in managing family finances and limiting access to cash for the family member gambling., The gambler's personal agency is also crucial in this process.

Restoring financial stability is an important factor contributing to family recovery. Financial control may need to shift from the gambling person to their family. However, the person must come to this realisation on their own. If they don't, forced restrictions may lead to arguments and make gambling even more appealing. (FA12, wife of recovering gambler, 25-34 years, Indian)

Don't let the gambler in your family rely on you financially. Ask them to keep track of how much their gambling is costing. My brother didn't know how much money he lost until I showed him, and he was surprised. This is because people with gambling problems often focus on the wins, which make them feel good and ignore the losses. Knowing the real cost of their gambling is the first step in taking control. (FA04, sister of recovered gambler, 45-54 years, Korean)

Supporting the recovery of a gambling family member.

Participants recognised that family members can play a vital role in gamblers' recovery while also prioritising their own wellbeing and resilience. They highlighted that family members can provide emotional support, encouragement, and guidance during the gamblers' recovery process, helping them to manage finances responsibly, avoid gambling triggers and establish healthy habits. By providing a supportive and understanding environment, families can help individuals in recovery to stay committed to recovery and improve their long-term wellbeing.

Facing things together with patience and understanding can make all the difference. It's essential not to react with anger or frustration but instead to try to listen and empathise with what they're going through. A supportive approach, showing them that they're understood and not judged, can be far more effective in encouraging positive changes. (FA12, wife of recovering gambler, 25-34 years, Indian)

Continue to raise awareness about gambling harm to your gambling family members, support them in their recovery journey and do activities together. (FA01, mother of recovered gambler, 75+ years, Thai)

Seeking support and education

Participants also highlighted that affected family members seeking support and education for their own needs is vital for family recovery. Formal support services like counselling, peer support and information resources are beneficial for families as they navigate challenges during their own recovery journey.

Counselling support is essential and actively seeking resources is also important. (FA10, mother of recovering gambler, 55-64 years, Chinese)

Social connection and support from professionals are important. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

Social support from trusted friends and faith-based communities can also help to combat feelings of isolation and loneliness and improve mental wellbeing.

Religious faith. I know everyone has different solutions, but for me, religion helps me the most. You need to have faith because it gives you hope and strength during challenging times, as well as positive mindset and compassion for your gambling family member. (FA05, wife of recovered gambler, 45-54 years, Korean)

Listen to Dharma, make merits at the temple, do meditation can give you strength and hope. (FA01, mother of recovered gambler, 75+ years, Thai)

4.7.2 What is the most important message they want to tell Asian people experiencing gambling difficulties?

The key message is don't gamble. Participants urged gamblers to consider the harmful impacts of gambling on the family before they gamble, change their unrealistic beliefs about gambling, and seek professional help.

Don't gamble. Gambling won't solve any of your problems and will only lead to more difficulties. (FA12, wife of recovering gambler, 25-34 years, Indian)

Stop gambling now. Don't wait until you lose everything including money, love and the support from your loved ones. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

Think about your family before you gamble. What you do can affect the whole family. You need to set a good example for your children. (FC07, wife of recovering gambler, 35-44 years, Chinese)

Stop gambling. No one can make you stop unless you acknowledge that you have a gambling problem and have a desire to change. (FA06, separated from gambling husband for four years, 45-54 years, Korean)

Seek counselling. Ask someone you trust (such as your doctor, a trusted friend or a family member) for a referral. Let them know if you are more comfortable talking to a language-, culture- and/or gender-matched counsellor. (FA04, sister of recovered gambler, 45-54 years, Korean)



4.7.3 What advice would they give to family members experiencing gambling harm?

Participants have two important messages for other Asian families experiencing gambling harm. The first message is to prioritise individual and family wellbeing.

Your health is your number one priority. Take care of your health, stay positive, change your perspective, talk to friends and do healthy activities to get your mind off the issues. (FA02, wife of recovered gambler, 65-74 years, Vietnamese)

Know your limits, set financial boundaries with your gambling family member. (FA03, mother of recovered gambler, 65-74 years, Thai)

Families affected by gambling harm should learn to take care of themselves, continue learning, understand self-love, and maintain good support systems. (FA10, mother of recovering gambler, 55-64 years, Chinese)

The second message is to encourage open communication and help-seeking for gambling problems.

Keep communication open with your gambling family member, even though it may be challenging. Facing things together with patience and understanding can make all the difference. (FA12, wife of recovering gambler, 25-34 years, Indian)

Gambling places financial stress on families and affects relationships. Get help for your gambling family member and yourself. (FA01, mother of recovered gambler, 75+ years, Thai)

Support your gambling family member, listen to them and encourage them to seek help. (FA03, mother of recovered gambler, 65-74 years, Thai)

4.7.4 What types of professional services might help to support Asian people experiencing gambling difficulties?

Counselling support for gamblers and affected family members along with public health approaches to raise awareness of gambling harm were identified as useful services. Participants also emphasised that services and support need to be accessible and culturally appropriate.

Easy access to counselling services is important. Counselling can help problem gamblers understand why they gamble and help them stop or change their gambling behaviour. Counselling can also help them to repair hurt feelings and regain trust with family members. (FA04, sister of recovered gambler, 45-54 years, Korean)

Counselling. Without going through counselling, people may not realise that they are staying in a deep pit. (FA05, wife of recovered gambler, 45-54 years, Korean)

Professional support for affected family members. It would be helpful to have regular counselling sessions where people like me can talk openly and connect with others. A gathering of those from the same background would be ideal, as it can help foster understanding. (FA12, wife of recovering gambler, 25-34 years, Indian)

Participants also highlighted that many Asian countries have strict gambling laws, so public health activities to increase individual and community awareness and actions to prevent and minimise gambling harm are paramount.

Health promotion. In NZ, many people see gambling as a hobby. I was surprised to see pokie machines in a family buffet restaurant in the past. It is important to raise awareness of the risk of problem gambling and educate people to stay in control when they engage in gambling. (FA04, sister of recovered gambler, 45-54 years, Korean)

Unlike many Asian countries, gambling isn't illegal in NZ. Organisations serving Asian communities need to make more outreach efforts and targeted engagement to communicate the harms associated with gambling and make support options more accessible for those unfamiliar with NZ's legal and social services. (FP09, divorced from gambling ex-husband for four years, 45-54 years, Chinese)

Gambling is too easy in NZ. There are less casinos in Malaysia and Singapore, but in NZ you can gamble even in a pub. I think there should be stricter gambling laws in NZ. (FC07, wife of recovering gambler, 35-44 years, Chinese)



5. Discussion, Implications and Conclusion

This chapter provides a place to synthesise and reflect on the main research findings and outline factors influencing harmful gambling and help-seeking attitudes and behaviours amongst Asian people in New Zealand. It also discusses cultural factors that contribute to Asian people's gambling addiction recovery and the implications for gambling harm prevention and intervention that can be drawn from the findings.

5.1 Factors that influence harmful gambling and help-seeking attitudes amongst Asian people

Gambling amongst Asian people is a complex issue that must be understood within the wider cultural, social and institutional contexts within which Asian people are located. The findings of this study highlight several key factors that influence Asian people's journeys to harmful gambling in New Zealand. These factors include migration and settlement experiences and the gambling environment in New Zealand, superstitious beliefs in gambling as well as cultural influences on help-seeking attitudes and behaviours. These factors interact with one another and influence Asian people's gambling behaviour and the prevalence of gambling problems.

5.1.1 Migration, settlement and gambling environment

In this study, 22 of the 28 Asian gamblers started gambling in New Zealand. Most of them came from Asian countries where gambling is generally prohibited or strictly regulated. Following migration to New Zealand, where various forms of legalised gambling are widely accessible and socially acceptable, they were exposed to increased opportunities for gambling. Participants reported that they started gambling out of curiosity and excitement-seeking. Peer influence, gambling advertising and promotions also played a role in encouraging gambling participation. A few participants were engaged in mobile games or online gambling where factors like 24/7 availability and the ability to conceal gambling behaviour made them more susceptible to increasing gambling activities. Participants initially felt that gambling was a social activity or a form of entertainment and had a general lack of awareness of the dangers of becoming addicted to gambling.

Past research has identified a broad range of factors influencing the progression from recreational gambling to harmful gambling in New Zealand (Clarke et al., 2006a). For Asian gamblers in our study, acculturation and settlement stress were reported as a major factor in the transition from recreational gambling to harmful gambling. Participants

suggested that gambling offered them a way to cope with settlement stress, a temporary reprieve from feelings of anxiety and depression, or a sense of excitement when feeling bored. Additionally, financial stress was both a cause and consequence of harmful gambling among some Asian students and migrants experiencing financial difficulty. The perceived ease of earning money through gambling made them view gambling as a solution to their financial problems, leading to a cycle of chasing losses, increased risk-taking and a downward spiral of escalating debts. Addressing underlying issues of harmful gambling is crucial because it helps individuals understand the function their gambling serves and find more adaptive solutions, leading to sustained recovery.

5.1.2 Asian superstitious beliefs in gambling

Superstitious beliefs in gambling have been shown to be a factor contributing to harmful gambling (Pravichai & Ariyabuddhiphongs, 2015). In our study, a number of Asian gamblers believed that personal luck was a significant factor in winning. Asian beliefs in luck (e.g. lucky wins, lucky numbers, signs, and rituals) can promote an illusion of control in gambling, where people believe they can influence the outcome of random events (Langer, 1975; Lim & Rogers, 2017), potentially leading to increased risk-taking and continued gambling despite losses. This belief also reduces gamblers' motivation to seek help and increases the likelihood of gambling problems.

5.1.3 Cultural influences on help-seeking attitudes and behaviours

Many Asian cultures emphasise collectivism, where the wellbeing and reputation of the group (family, community, etc.) are prioritised over individual needs and desires. The importance of family and community can lead to an emphasis on group harmony and avoiding actions that may bring shame or dishonour to the group (Wei & Li, 2013). Research suggests that cultural shame and stigma surrounding harmful gambling can influence an individual's help-seeking attitudes as well as the types of help they consider appropriate (Raylu & Oei, 2004; Ting & Hwang, 2009).

Asian gamblers in this study often reported that they experienced significant emotional distress, stigma and shame related to harmful gambling. Stigma and shame involve an internalised fear of being judged and losing face and respect amongst members of the cultural group. Consequently, participants were often reluctant to disclose their gambling struggles, and many family members also reported that they remained unaware of their loved one's gambling problems until a late stage. Stigma and shame associated with harmful gambling are a major factor preventing Asian gamblers and affected family members from seeking necessary professional services and support groups (Suurvali et al., 2009). In our study, gamblers with less severe problems often relied on self-help measures to recover whereas those with more severe problems only entered treatment as a last resort, often after failing to handle the problems by themselves.



Culture also influences how emotions are experienced and expressed. Collectivist cultures tend to value low-arousal emotions like calmness and peacefulness, and encourage suppressing or modulating emotional expressions, particularly in public or social settings, to maintain harmony and social cohesion (Soto et al., 2011; Tamir et al., 2024). Some participants in this study observed that many Asian gamblers did not show visible distress and struggled in silence after losing a significant amount of money. Their emotional restraint could make it difficult for other people (e.g. friends, family members, staff at gambling venues) to perceive their distress or understand they were facing difficulties. This might result in missed opportunities for early identification of gambling problems, leading to a delay in help-seeking and late intervention.

In addition to the cultural variables discussed above, other barriers to seeking help commonly reported by Asian participants in our study were denial of problem severity, a desire to handle problems by oneself, privacy concerns, lack of service awareness and language problems. These barriers combine to cause delays in receiving necessary gambling help services and support. Delayed intervention can significantly increase harm, worsen the severity of problems and delay recovery.

The study's findings on informal recovery are consistent with existing studies which show that gamblers with less severe problems are more likely to recover without treatment whereas those with more severe problems are more likely to enter treatment (Hodgins & el-Guebaly, 2000; Vasiliadis & Thomas, 2018). These findings support the notion that there is a continuum of severity of gambling problems that require a continuum of responses. At the more severe end of the spectrum, organised and accessible treatment can be highly beneficial for individuals struggling with gambling problems. At the lower end of problem severity, individuals are more likely to engage in self-change or "natural recovery". Health promotion for gamblers with less severe gambling problems can focus on providing helpful information and education about recovery processes and self-help strategies as well as making support services more accessible and in a way that protects their privacy.



5.2 Cultural factors that contribute to Asian people's gambling addiction recovery

Harmful gambling has serious negative impacts not only on the individual who gambles but also the entire family unit. Nonetheless, as demonstrated in the current research, the recovery of individuals and families impacted by gambling harm is not only possible but attainable. Each person's recovery pathway is different due to a combination of factors including individual life experiences, personal needs and preferences, their support network, the gambling harm prevention and treatment services available to them, and the motivators or barriers to accessing services. These factors can significantly influence an individual's experience in the recovery journey. For example, barriers like stigma and lack of service awareness can prevent individuals from accessing needed services, leading to escalating harm. On the other hand, a supportive environment and accessible services can help individuals navigate the ups and downs of recovery.

The findings of our study highlight important cultural factors that contribute to Asian people's gambling addiction recovery. These factors are discussed in this section. Understanding the contribution of cultural variables, while also recognising individual differences, is crucial for the development of more effective gambling harm prevention and treatment strategies that are culturally informed and address the specific needs and practices of Asian communities.

5.2.1 The centrality of family

Families are central in Asian cultures, and they serve as the primary source of identity, support and social structure. This emphasis is built upon foundational concepts like collectivism, interdependence, filial piety, and the crucial role of family honour (Wei & Li, 2013). In Asian cultures, a person's actions are seen as a reflection on their entire family; the success or failure of one member can bring honour or shame to the whole family unit.

We have discussed in the last section that stigma expressed as a sense of shame have resulted in gamblers wanting to hide their gambling problems from their family. Many gamblers in this study also reported that their desire to break the cycle of gambling addiction stemmed from family. Some participants were determined to stop gambling when they recognised the harm that was done to their relationships or were worried about the impact of gambling on their children. By breaking the cycle, participants wanted to rebuild trust, relationship harmony and the reputation of the family, which are important cultural values in many Asian societies. Protecting children and creating a more stable future for the next generation was also a powerful internalised motivator for recovery.

Families can play an essential role in gambling recovery. Both recovered gamblers and affected family members in our study highlighted that families can provide essential emotional support, encourage help-seeking and help gamblers set boundaries in managing money, avoid gambling triggers and establish healthy habits during the recovery process. By providing a supportive environment, families can help recovering gamblers to stay committed to the recovery journey.

Alongside supporting the gambler's recovery process, family members also embark on their own path of recovery, focusing on prioritising their own wellbeing, addressing complex emotions such as shame, guilt, anger and anxiety, and developing resilience. Most family members in this study experienced considerable improvements in family finances, relationships, mental wellbeing and quality of life as their recovery journey progressed, although there continued to be fear and concerns regarding potential gambling relapses and the negative impacts of gambling on families which were not completely overcome. Furthermore, the emotional burden of supporting a loved one with gambling issues could be significant, and family members often reported limited social support, leading to feelings of isolation and loneliness. These findings highlight the need to develop relevant resources and interventions with a better focus on supporting families harmed by gambling, and in recognition that families are often critical to a gambler's successful and sustained recovery.

5.2.2 Religion and faith-based support

In this study, ten Asian gamblers and five affected family members reported that religious faith was a primary source of healing and support during their recovery journeys. They comprised six Korean and one Indian who were Christian, and five Thai and three Vietnamese who practiced Buddhism. According to the 2018 Census, Christianity is the largest religion among the Asian population in New Zealand, with large proportions of Filipino and Korean communities being Christian. Buddhism is a significant religion for some Asian communities in New Zealand, including Vietnamese, Thai, Sri Lankan and Cambodian.

Religious gamblers and family members in our study revealed that their religious faith significantly aided their recovery by providing spiritual guidance, emotional strength, and community support. Faith-based practices like merit-making, prayer and meditation offered them comfort, inner peace and a positive mindset during challenging times, which were crucial for recovery. Furthermore, connecting with faith-based support groups within churches or temples helped to reduce feelings of isolation by providing a culturally safe space to share experiences and foster a sense of belonging. These findings suggest that religion and spirituality can offer a pathway to recovery for some individuals with gambling problems and affected others, but further research is needed to fully understand the complex interactions between religion and the development of harmful gambling and recovery. However, not all individuals in recovery are religious. Recovery

can be achieved through different routes which are unique to everyone's cultural values, needs, strengths and preferences.

5.2.3 Culturally appropriate services

Evidence is emerging that culturally responsive services can result in improved service access, greater treatment satisfaction and better outcomes for ethnic minorities (see for example, Griner & Smith, 2006; Kim et al., 2001; Mortensen, 2012). Providing culturally appropriate services is a significant factor influencing Asian people's access to, and engagement with services. Asian participants in this study had a strong preference for counselling and support services provided by practitioners who share the same cultural and language backgrounds as their own. This was particularly useful for Asian people (especially recent migrants) when they were in the early stages of integrating into New Zealand society, or where a lack of English proficiency created barriers. Having culturally and linguistically matched practitioners helped to build rapport and trust in the counselling process and reduce cultural stigma surrounding harmful gambling, potentially leading to more effective outcomes.

Assurance of confidentiality is also important and can help to improve the effectiveness and acceptability of services. Many participants shared their concerns around confidentiality when they accessed gambling help services. They felt that it was important to reassure Asian clients that their conversations and visits are kept private without fear of them being shared with other people.

5.3 Research implications

New Zealand offers a range of gambling harm prevention and minimisation services and support, encompassing different approaches to help individuals and families experiencing varying levels of harm from gambling (Ministry of Health, 2025). This includes health promotion initiatives, early intervention services, specialist treatment options and support for long-term maintenance of recovery. This research, which focused on the lived experiences of Asian gamblers and affected family members, provided a nuanced understanding of the challenges that Asian families faced during their journeys from gambling harm to recovery and the key factors contributing to their recovery. The research's implications for gambling harm prevention and intervention are discussed below.

5.3.1 Targeted health promotion to improve early help-seeking

Cultural shame, stigma and fear of judgement are significant barriers for Asian people in disclosing gambling problems. These cultural pressures can lead to individuals suppressing their struggles, denying the severity of gambling issues, and often hiding the

extent of their gambling from family. Delays in recognising the signs of harmful gambling or the severity of the issue can result in missed opportunities for early identification of gambling problems. This lack of awareness can delay the ability of gamblers and affected family members to identify a need for help. Some individuals may continue gambling in an attempt to win back the money lost, further delaying the recognition that they need help.

Reducing the stigma and shame associated with gambling harm can encourage Asian people to seek help without fear of shame or judgment. Targeted health promotion and awareness campaigns can focus on raising individual and community awareness of the harmful impacts of gambling, normalising help-seeking and creating safe environments for open conversations about gambling-related concerns. Making information about the risks and early signs of harmful gambling more accessible can empower individuals to self-identify potential harm and families to identify those at risk. Promoting early identification of gambling problems within Asian families can empower individuals and their families to seek help earlier, which can potentially prevent problems from escalating.

Language barriers can prevent Asian people from accessing available services and understanding information related to gambling harm and support. Awareness campaigns need to offer support and resources in multiple languages, employing culturally appropriate terminology and communication strategies.

5.3.2 Community engagement and self-help resources to enhance access to early intervention

Early identification of gambling problems allows for timely intervention. A culturally and linguistically appropriate approach that emphasises community engagement and addresses specific cultural contexts and values, such as the importance of “face” in Asian cultures, is vital for building trust and making early intervention accessible. This can involve reaching out to GP clinics, schools, churches, temples, faith-based communities and ethnic community groups to raise awareness about the risks of gambling, provide for self-assessment and encourage early help-seeking and intervention. Screening for gambling, other addictions (smoking, drinking) and mental health issues (anxiety, depression) has the potential to identify individuals with multiple co-occurring issues and facilitate early access to professional services and support for at-risk individuals who may not have otherwise sought help.

Early intervention is crucial for both gamblers and affected family members. Some individuals experiencing lower levels of gambling-related harm may prefer to pursue recovery through self-managed strategies. These individuals may benefit from guided self-help resources that provide practical tools and strategies for self-care, stress management, and the development of coping skills. However, targeted resources

designed to support the recovery of affected family members remain limited and underdeveloped.

Seeking professional help early is crucial because it can prevent gambling issues from worsening and help individuals and affected others to build resilience and coping skills to manage challenges. By addressing issues promptly, early intervention reduces the risk of future relapses, increases the likelihood of successful recovery and minimises harms.

5.3.3 Provision of culturally responsive gambling harm counselling services and support

Language and cultural barriers can significantly hinder communication and understanding in accessing gambling help services. Asian families have a strong preference for gambling harm counselling and support services provided by practitioners who share the same cultural and language backgrounds, as this allows for a more nuanced and culturally sensitive approach to treatment, which can foster a sense of safety and trust. When clients feel understood and respected by their counsellor, they are more likely to develop a strong therapeutic alliance and engage more fully in the process.

Assurance of confidentiality is particularly important for Asian clients, as cultural values such as family harmony and collectivism may make individuals hesitant to disclose personal difficulties. Many Asian clients may also fear gossip within close-knit communities, where the sharing of personal information could lead to social stigma or other negative consequences. Recognising and understanding these cultural nuances is essential for building effective therapeutic relationships. Providing clear assurances of confidentiality helps foster a trusting environment in which clients feel safe to discuss sensitive issues without fear of their privacy being compromised. Asian communities in New Zealand are highly diverse, encompassing numerous ethnic groups, cultures and languages. Providing culturally responsive services to individuals in some smaller ethnic communities such as Cambodian, Thai and Vietnamese are challenging due to resource constraints and scarcity of culturally and linguistically matched staff. There is a need to develop and strengthen the cultural workforce, including peer and cultural support workers, to address the unmet needs of minority ethnic communities.

5.3.4 Support groups and strong support networks for long-term recovery maintenance

Building support for long-term maintenance of recovery is crucial for both gamblers in recovery and affected family members. This can include building a network of supportive family, friends, support groups and faith-based communities, developing healthy coping skills and maintaining a healthy lifestyle. Additionally, continuing counselling can provide a reliable support system to address underlying issues, foster deeper self-awareness and help build coping skills for managing ongoing life challenges.

Relapse is a common part of gambling recovery. Relapse prevention support groups are recognised services that can help Asian people to achieve long-term recovery from gambling and other related problems. Support groups work by creating a safe space for people facing similar challenges to share experiences, develop knowledge and strategies around harm reduction, relapse prevention, stress management, communication and self-care (Ho et al., 2022). Support groups also offer an ongoing support system that extend beyond professional treatment. Some affected family members in the present study expressed their wish to join mutual support groups for families impacted by gambling. This is an area to be considered for future service development.

For some Asian gamblers and their affected family members, religion and faith-based communities serve as important sources of healing and support throughout the recovery process. Faith provides a framework of meaning and purpose that can help individuals build inner strength and foster resilience and hope. Engaging in religious practices such as prayers, meditation and mindfulness can help regulate emotions and cultivate inner peace. Moreover, connecting with faith-based support groups within churches or temples provide a vital network of support, encouragement and a sense of belonging, creating a strong foundation for maintaining long-term recovery. However, the specific role of religion in gambling recovery can vary as not everyone seeking recovery identifies with a religion. Further investigation is needed to fully understand the complex interactions between religion and the development of harmful gambling and recovery.

5.3.5 Cultural sensitivity in gambling harm recognition training to strengthen gambling host responsibility

Many harm prevention regulations rely on gambling venue staff observing players for specific signs of harm like prolonged gambling, repeated cash withdrawals, or visible distress. However, in contrast to the individualism prevalent in many Western cultures, emotional restraint is a valued norm in many Asian cultures which are shaped by collectivist values and prioritise group harmony over individual expression. This cultural emphasis on suppressing emotion, especially negative ones, could make it difficult for venue staff to identify Asian gamblers with problems who show no visible distress.

Improved host responsibility is required for early detection of at-risk Asian gamblers. Staff training on harm recognition can be enhanced to incorporate cultural sensitivity and competency, including understanding cultural differences in emotional expression, communication styles and help-seeking behaviours. Factors like cultural views on luck and chance, family dynamics, and the stigma associated with gambling harm can alter the signs staff should look for and how they should intervene. Moreover, host responsibility polices should not focus solely on identifying individual “problem gamblers”. A broader approach that disseminates harm reduction information to all gamblers should be adopted, and all resources need to be culturally appropriate and easily accessible.



5.3.6 Areas for future research

The rapid growth of online gambling and gambling-like elements in video games pose high risks for vulnerable people and youth. Future research is required to inform better public health policies to regulate online gambling and gaming activities, improve consumer protection and reduce harm, particularly around online environments and new and evolving forms of gaming and gambling.

Other potential areas of research include understanding culturally specific motivations and stigma surrounding gambling harm within diverse Asian communities, lived experience of children of gambling parents, the role of spirituality in problem gambling recovery, and co-occurring problems in people with gambling problems.

5.4 Conclusion

The objective of the present investigation was to study the lived experience of gambling and recovery of a sample of Asian individuals living in New Zealand who had successfully overcome serious gambling problems. The experience of gambling harm and recovery of a small number of family members affected by another person's gambling was also explored to develop a better understanding of the ripple effect of harmful gambling on the entire family unit. Through gaining the perspectives of both recovered gamblers and affected family members, the research has identified important factors influencing harmful gambling and help-seeking behaviours amongst Asian people in New Zealand, as well as key cultural factors contributing to Asian people's gambling addiction recovery. The implications of these findings include the need for targeted health promotion to improve early help-seeking, community engagement and self-help resources to enhance access to early intervention, provision of culturally responsive gambling harm counselling services, support groups and strong support networks for long-term recovery maintenance, and cultural sensitivity in gambling harm recognition training to strengthen gambling host responsibility.

References

- Adams, P. J. (2016). Switching to a social approach to addiction: Implications for theory and practice. *International Journal of Mental Health and Addiction*, 14(1): 86–94.
- Azemi, F., Avdyli, M., & Bytyqi, V. (2023). Understanding gambling in the United Kingdom: A qualitative study on the experiences of gamblers' families. *Frontiers in Psychology*, 14:1009923.
- Best, D., Beckwith, M., Haslam, C., Alexander-Haslam, S., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research & Theory*, 24(2): 111–123.
- Bond, K. S., Jorm, A. F., Miller, H. E., Rodda, S. N., Reavley, N. J., Kelly, C. M. & Kitchener, B. A. (2016). How a concerned family member, friend or member of the public can help someone with gambling problems: a Delphi consensus study. *BMC Psychology*, 4:6.
- Browne, M., Bellringer, M., Greer, N., Kolandai-Matchett, K., Rawat, V., Langham, E., Rockloff, M., Du Preez, K. P., & Abbott, M. (2017). Measuring the Burden of Gambling Harm in New Zealand. Central Queensland University and Auckland University of Technology.
- Clarke, D., Tse, S., Abbott, M., Townsend, S., Kingi, P. & Manaia, W. (2006a). Key indicators of the transition from social to problem gambling. *International Journal of Mental Health and Addiction*. 4: 247–264.
- Clarke, D., Tse, S., Abbott, M., Townsend, S., Kingi, P. & Manaia, W. (2006b). Religion, spirituality and association with problem gambling. *New Zealand Journal of Psychology*. 35(2: 77-83.
- Colby, M. H., Hires, B., Le, L., Sauma, D., Yau, M. Y., Chu, M. T. & Rubin, H. L. (2022). Unpacking the root causes of gambling in the Asian community: Contesting the myth of the Asian gambling culture. *Frontiers in Public Health*, 10: 956956.
- Creswell, J. W. (2003). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. (2nd ed.). Thousand Oaks, CA: Sage.
- Dowling, N. A., Hawker, C. O., Merkouris, S. S., Rodda, S. N. & Hodgins, D. C. (2025). Addressing gambling harm to affected others: A scoping review (part II: Coping, assessment and treatment). *Clinical Psychology Review*, 116: 102543.

- du Preez, P. K., Landon, J., Maunchline, L., & Thurlow, R. (2021). A critical analysis of interventions for women harmed by others' gambling. *Critical Gambling Studies*, 2(1): 1–12.
- du Preez, P. K., Lowe, G., Mauchline, L. R., Janicot, L., Henry, N., Garrett, N. & Landon, J. (2020). Enhancing Support for Family and Affected Others in New Zealand Gambling Services: An Exploratory Mixed Methods Study. Final Report. Auckland: Auckland University of Technology Gambling and Addictions Research Centre.
- Goodyear-Smith, F., Arroll, B., Kerse, N., Sullivan, S., Coupe, N., Tse, S., Shepherd, R., Rossen, F. & Perese, L. (2006). Primary care patients reporting concerns about their gambling frequently have other co-occurring lifestyle and mental health issues. *BMC Family Practice*, 7:25
- Goyes, D. R., & Sandberg, S. (2024). Trust, nuance, and care: Advantages and challenges of repeat qualitative interviews. *Qualitative Research*, 1-20.
- Granfield, R., & Cloud, W. (2001). Social context and “natural recovery”: The role of social capital in the resolution of drug-associated problems. *Substance Use & Misuse*, 36(11): 1543–1570.
- Grant, J. E., Kushner, M. G. & Kim, S. W. (2002). Pathological gambling and alcohol use disorders. *Alcohol Research & Health*, 26(2): 143-150.
- Griner, D. & Smith, T. B. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy*, 43(4): 531-548.
- Ha, F. I. (1995). Shame in Asian and Western cultures. *American Behavioral Scientist*, 38(8): 1114-1131.
- Ho, E. (2015). The changing face of Asian peoples in New Zealand, *New Zealand Population Review*, 41: 95-118.
- Ho, E., Feng, K., Prasad, S., Choi, K., Law, R. (2022). Helping self, Helping others: A support group project for Chinese and South Asian people with experience of harmful gambling. Report for the Ministry of Health Gambling Innovation Research and Evaluation 2018/19
- Hodgins, D., & El-Guebaly, N. (2000). Natural and treatment-assisted recovery from gambling problems: A comparison of resolved and active gamblers. *Addiction*, 95, 777–789.
- Ikels, C. (Ed.) (2004). *Filial Piety: Practice and Discourse in Contemporary East Asia*. Stanford, CA: Stanford University Press.

- Joukhador, J., Blaszczynski, A. & Weccallim, F. (2001). Superstitious beliefs in gambling among problem gamblers and non-problem gamblers: Preliminary data. *Journal of Gambling Studies*, 20(2): 171-180.
- Kim, B. S.K., Atkinson, D. R. & Umemoto, D. (2001) Asian cultural values and the counselling process. *Counselling Psychologist*, 29(4): 570-603.
- Kim, S., Kim, W., & Dickerson, S. S. (2016). Recognizing the two faces of gambling: The lived experiences of Korean women gamblers. *Journal of Korean Academy of Nursing*, 46(5): 753-765.
- Langer, E. J. (1975). The illusion of control. *Journal of Personality and Social Psychology*, 32(2): 311–328.
- Ledgerwood, D. M. & Petry, N. M. (2006). What do we know about relapse in pathological gambling? *Clinical Psychology Review*, 26 (2): 216-228.
- Levitt, H. M. (2021). Qualitative generalization, not to the population but to the phenomenon: Reconceptualizing variation in qualitative research. *Qualitative Psychology*, 8(1): 95–110.
- Lim, M. S. M., & Rogers, R. D. (2017). Chinese beliefs in luck are linked to gambling problems via strengthened cognitive biases: A mediation test. *Journal of Gambling Studies*, 33(4): 1325-1336.
- Miller, J. G. & Das, R. (2011). Culture and the role of choice in agency. *Journal of Personality and Social Psychology*, 101(1): 46-61.
- Ministry of Health (2025). Strategy to Prevent and Minimise Gambling Harm 2025/26 to 2027/28. Wellington: Ministry of Health.
- Mortensen, A. (2012). Models and Approaches to Working with Intergenerational Issues in Asian Families. Auckland: Waitemata District Health Board.
- Nixon, G., & Solowoniuk, J. (2006). An insider's look into the process of recovering from pathological gambling disorder: An existential phenomenological inquiry. *International Journal of Mental Health & Addiction*, 4: 119–132.
- Nixon, G., Solowiniuk, J., Hagen, B., & Williams, R. J. (2005). "Double trouble": The lived experience of problem and pathological gambling in later life. *Journal of Gambling Issues*, 14.
- Patton, M. Q. (1999). Enhancing the quality and credibility of quantitative research. *Health Services Research*, 34(5): 1189-1208.

- Penfold, K. L., & Ogden, J. (2022). Exploring gamblers' experiences of problem gambling interventions: A qualitative study. *Cogent Psychology*, 9(1): 2138805.
- Pickeringa, D., Spoelmaa, M. J., Dawczyk, A., Gainsbury, S. M., & Blaszczynska, A. (2020). What does it mean to recover from a gambling disorder? Perspectives of gambling help service users. *Addiction Research & Theory*, 28(2): 132–143.
- Pravichai, S. & Ariyabuddhiphongs, V. (2015). Superstitious beliefs and problem gambling among Thai lottery gamblers: The mediation effects of number search and gambling intensity. *Journal of Gambling Studies*. 31:1633–1649.
- Raylu, N. & Oei, T. P. (2004). Role of culture in gambling and problem gambling. *Clinical Psychology Review*, 23: 1087–1114.
- Salmons, J. E. (2012). Designing and conducting research with online interviews. In J. E. Salmons (Ed), *Cases in Online Interview Research*. Thousand Oaks, CA: Sage.
- Smit, K., Jiang, H., Rockloff, M., Room, R., MacLean, S., Dwyer, R. & Laslett, A. M. (2024). Exploring the Relationship between Alcohol Use and Gambling Participation and Their Impacts on Associated Harms. Melbourne: Victorian Responsible Gambling Foundation.
- Sobrun-Maharaj, A., Rossen, F., & Wong, A.S.K. (2012). The Impact of Gambling and Problem Gambling on Asian Families and Communities in New Zealand. Commissioned report for the Ministry of Health. Centre for Asian & Ethnic Minority Health Research & UniServices, University of Auckland.
- Soto, J. A., Perez, C. R., Kim, Y. H., Lee, E. A., & Minnick, M. R. (2011). Is expressive suppression always associated with poorer psychological functioning? A cross-cultural comparison between European Americans and Hong Kong Chinese. *Emotion*, 11(6): 1450–1455.
- Subramaniam, M., Chong, S. A., Satghare, P., Browning, C. J. & Thomas, S. (2017). Gambling and family: A two-way relationship. *Journal of Behavioral Addictions*, 6(4): 689-698.
- Suurvali, H., Cordingley, J., Hodgins, D. C. (2009). Barriers to seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies*. 25(3): 407–24.
- Tamir, M., Ito, A., Miyamoto, Y., Chentsova-Dutton, Y., Choi, J. H., Ciecuch, J., Riediger, M., Raters, A., Padun, M., & Kim, M. Y. (2024). Emotion regulation strategies and psychological health across cultures. *American Psychologist*, 79(5): 748-764.
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2): 273–246.
- Ting, J. Y. & Hwang, W. C. (2009). Cultural influences in help-seeking attitudes in Asian American students. *American Journal of Orthopsychiatry*, 79(1): 125-132.

- Tse, S., Wong, J., & Chan, P. (2007). Needs and gaps analysis: Problem gambling interventions among New Zealand Asian peoples. *International Journal of Mental Health & Addiction*, 5: 81–88.
- van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Left Coast Press.
- Vasiliadis, S., & Thomas, A. (2018). Recovery agency and informal recovery pathways from gambling problems. *International Journal of Ment Health and Addiction*, 16: 874–887.
- Wei, X. & Li, Q., (2013). The Confucian value of harmony and its influence on Chinese social interaction. *Cross-Cultural Communication*, 9(1): 60-66.
- Welte, J. W., Barnes, G. M., Tidwell, M-C O., & Hoffman, J. H. (2009). Legal gambling availability and problem gambling among adolescents and young adults. *International Gambling Studies*, 9(2): 89-99.
- White, W. L. (2007). Addiction recovery: Its definition and conceptual boundaries. *Journal of Substance Abuse Treatment*, 33(3): 229–241.
- Wong, J. & Tse, S. (2003). The face of Chinese migrants' gambling: A perspective from New Zealand. *Journal of Gambling Issues*, 9: 69-88.
- Zhang, W., Fouché, C., & Adams, P. J. (2022). Chinese migrants' experiences of responding to gambling harm in Aotearoa New Zealand. *Aotearoa New Zealand Social Work*, 34(2): 16–29.
- Zhang, W., Fouché, C. B. & Adams, P. J. (2024). A process model for responding to casino gambling harm experienced by Chinese migrants, *International Gambling Studies*, 24(2): 232-248.

Appendix 1: Recruitment Advertisement

GETTING OUT OF THE TROUGH OF LIFE



We want to learn from Asian people's experience of **Recovering from problem gambling**

You are invited to take part in this study if you are Chinese, Filipino, Indian, Japanese, Korean, Thai, or Vietnamese, aged 20 years or over, living in Auckland, Christchurch or Palmerston North, and

- You have experience of problem gambling and have stopped for over three months; or
- You are an affected family member (recovered gambler's partner, adult child, parent or sibling) who have experience of gambling harm.

We want to find out about:

1. How do Asian people get into gambling?
2. When gambling becomes a problem, what are the impacts experienced by the gamblers and their family members?
3. What are the influencing factors of relapse?
4. What are the turning points for gamblers to overcome problem gambling?
5. What factors are important in recovery?

If you agree to take part, two 60-90 minutes interviews with you will be conducted.

You can ask for the interviews to be conducted in your preferred language (e.g. English, Cantonese, Hindi, Japanese, Korean, Mandarin, Filipino, Thai, Vietnamese).

It is your choice whether you want to take part in this study or not.

All interviews are confidential.

Each participant will receive \$80 voucher for your time.

Your success stories will help us improve our services to prevent or reduce gambling harm among Asian individuals and families.

If you are interested in taking part or would like more information, please contact Dr Wardah Ali, **Phone: [REDACTED INFORMATION] or Email: [REDACTED INFORMATION]**

This study is funded by the Ministry of Health and has been assessed and approved by the Aotearoa Research Ethics Committee (AREC24_15).

Appendix 2: Participant Information Sheet



GETTING OUT OF THE TROUGH OF LIFE: Asian people's journeys to problem gambling and recovery

Participant Information Sheet

We would like to invite you to take part in our research study on Asian people's lived experience of recovering from problem gambling. This Participant Information Sheet will help you decide if you would like to take part. It tells you why we are doing this study, what your participation involves, possible benefits and risks to you, and what would happen after the study ends. Please let us know if you have any questions you would like to ask.

What is the study about?

Problem gambling is a serious concern of the Asian communities in New Zealand. People have different reasons to engage in gambling activities. However, obsessive gambling can cause severe harm to people who gamble and to their families. Some families have successfully overcome problem gambling and rebuilt their lives, but many individuals and families are still suffering.

We are collecting stories about Asian people's journeys to gambling addiction and recovery. We want to hear these stories from people who have recovered from problem gambling as well as affected family members with experience of gambling harm. The information we gather during this research will help us to develop more cultural appropriate services to prevent or reduce gambling harm in Asian communities.

This study is funded by the Ministry of Health and carried out by research staff at Asian Family Services.

Who will be invited to take part?

You are invited to take part in this study if you are Chinese, Filipino, Indian, Japanese, Korean, Thai or Vietnamese, aged 20 years or over, living in Auckland, Christchurch or Palmerston North, and also meet **one of the criteria below:**

- You have experience of problem gambling and have stopped for more than three months; **or**
- You are an affected family member (recovered gambler's partner, adult child, parent or sibling) who have experience of gambling harm.

Whether or not you take part in this study is your choice. If you do not want to take part, you do not have to give a reason, and there will be no negative consequences. If you do want to take part now, but change your mind later, you can withdraw from the study up to two weeks after the second interview.

What will my participation in the study involve?

If you agree to take part, you will need to attend two interviews. Each interview is expected to take about 1 to 1½ hours. You can ask for the interviews to be conducted in your preferred language (e.g. English, Cantonese, Hindi, Japanese, Korean, Mandarin, Filipino, Thai, Vietnamese). The interviews will take place at a mutually agreed upon time and location.

To ensure voluntary participation, you will sign a Consent Form at the first interview. You will be given a copy of both the Participant Information Sheet and the Consent Form to keep.

The interview is like a conversation. Interview topics for recovered gamblers will include:

- How did you get into gambling?
- When did the gambling become a problem for you? What are the impacts experienced by you?
- Have you experienced any relapse despite having wanted to stop gambling? What are the factors influencing relapse?
- What made you want to stop gambling?
- What factors are important in recovery?

Interview topics for affected family members will include:

- How did problem gambling affect you and your family?
- Did you do anything during that time to reduce the impacts of problem gambling on you and your family?
- What changes had you experienced when the gambler in your family sought to move away from problem gambling? What was your experience when the gambler relapsed?
- What have your experiences been like going on a journey of family recovery? What factors are important in this journey?

With your permission, the interviews will be audio-recorded and transcribed. You will have the opportunity to review and comment on a written summary of your interviews and make corrections. Any material that you do not wish to be used in the study will be removed.

After the two interviews, you will receive a \$80 supermarket voucher to thank you for your time in taking part in the study.

What are the benefits and risks of this study?

The interview process has the potential to benefit participants by providing a chance to reflect on their experience of gambling harm and recovery in a private and supportive environment.

The results of the study can help problem-gambling service providers to develop more targeted, culturally appropriate interventions and recovery support for Asian people with problem gambling issues and affected family members.

As the topics explored in the interviews include discussing personal experiences, there is a possibility that you may experience some emotional discomfort when discussing sensitive issues during the interviews. If you feel uncomfortable from topics discussed in the interviews, you may ask for the interviews to be terminated at any time. If you do not want to answer any particular question, just let us know. You can also request that the recorder be turned off at any time during the discussion.

If, after the interview, you feel that you would like support and/or counselling about the issues that have been raised, a list of counselling or support services is provided at the end of this Participant Information Sheet.

What are my rights?

You do not have to participate in this study if you don't want to. If you do decide to participate, you have the right to:

- choose not to answer any question.
- ask for the recorder to be turned off at any time during interview.
- withdraw from the study up to two weeks after the second interview.
- ask questions about the study at any time.
- review and comment on a written summary of your interviews.
- receive a summary of the findings.
- read any reports of this research on the AFS website, afs.org.nz

What will happen to the information that I share?

All the information that is collected from you will be kept confidential. Your interview recordings and transcripts will be assigned a unique identifying number and all personally identifiable information (e.g. name, phone number) will be removed. All documents containing your personal details and the consent form will be stored separately from data.

Research assistants may be used to transcribe the audio recordings and translate the transcripts, and they will be required to sign confidentiality agreements. It will not be possible for you to be individually identified in any reports or publications arising from the study.

A participant's identity will not be disclosed to a third party, unless they disclose information that suggests that the participant poses a threat to their own safety (or the safety of others). In such events, we have a duty to report our concerns to a third party, e.g. the police.

Security and storage of study data

All data collected in this study will be stored securely on a password-protected computer, or in a locked cabinet on Asian Family Services premises. Only the researchers will be able to see or use the data. The data will be kept for 7 years. After this time, all data will be destroyed.

What will happen to the results of the study?

A report summarising the results of the study will be prepared after the study ends. Conference papers and journal articles may also be prepared. You will be able to download the study report from the Asian Family Services website, <https://www.asianfamilyservices.nz/>

You can also request for a summary of the findings after the final study report is produced. The summary report will be translated into different Asian languages as needed.

Who do I contact if I have any questions or concerns?

If you wish to get more information or ask questions about the study at any stage, please contact:

- Dr Wardah Ali, Research and Project Lead, Asian Family Services (phone **[REDACTED INFORMATION]** or by email **[REDACTED INFORMATION]**) or
- Ms Kelly Feng, Chief Executive, Asian Family Services (phone **[REDACTED INFORMATION]** or by email **[REDACTED INFORMATION]**)

This research has been assessed and approved by the Aotearoa Research Ethics Committee (AREC24_15). If you have any questions or concerns, you can also contact the Manager of AREC, Dr Keely Blanch, on **[REDACTED INFORMATION]**

Information on support services

Below is a list of support agencies that provide free, professional and confidential telephone and/or face-to-face counselling and support services:

Asian Helpline: 0800 862 342 (Cantonese, Hindi, Japanese, Korean, Mandarin, Thai, Vietnamese, English) Monday to Friday 9:00 am to 8:00 pm

- Telephone counselling
- Appointment for face-to-face counselling

Vagus Centre: 0800 56 76 666 (Cantonese, Mandarin, English)

- Monday, Tuesday, Wednesday, Friday 12:00 noon – 2:00 pm
- Telephone counselling

Lifeline Aotearoa: 0800 543 354 (English) 24 hours

- Telephone counselling

Appendix 3: Consent Form



GETTING OUT OF THE TROUGH OF LIFE: Asian people's journeys to problem gambling and recovery

Consent Form

Please read the following carefully before signing and dating this Consent Form

- I have read or have had read to me in my first language, and I understand the Participant Information Sheet.
- I have been given sufficient time to ask questions and consider whether or not to participate in this study.
- I am satisfied with the answers I have been given regarding the study and I have a copy of the consent form and information sheet.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study up to two weeks after the second interview.
- If I withdraw, I understand that the information I have shared will be destroyed and will not be used in any reports on this study.
- I understand that I will be asked to take part in two interviews.
- I understand that my participation in this study is confidential and that no material, which could identify me or my family, will be used in any reports on this study.
- I understand that identifiable information I have provided will be destroyed after 7 years.
- I understand that the topics discussed in the interviews may cause emotional distress and I am aware that there are counselling services available to assist me if required.
- I know who to contact if I have any questions about the study in general.
- I agree to my interviews being audio-recorded. Yes No
- I wish to review my interview summary. Yes No
- I wish to receive a summary of the findings. Yes No

Name and Signature of participant:

Date:

Email address for transcripts/ findings:

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Name and Signature of interviewer:

Date:

This research has been assessed and approved by the Aotearoa Research Ethics Committee (AREC24_15). If you have any questions or concerns, you can also contact the Manager of AREC, Dr Keely Blanch, on [REDACTED INFORMATION]

Appendix 4: Interview Schedule – Gamblers



Participant

ID number

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Interviewer: _____

Date of Interview: _____

Interview venue: _____

THE LIVED EXPERIENCE OF ASIAN PEOPLE’S JOURNEYS TO PROBLEM GAMBLING AND RECOVERY

Interview Schedule – First Interview

Introduction

Hello, my name is _____ I am part of a team of people who are doing a study about Asian people’s journeys to problem gambling and recovery. This is the first of the two interviews you are invited to attend. In this interview, I would like to learn about your gambling story: how you began to gamble and how your gambling changed over time, including details on how gambling had become a problem for you. I am also interested in your recovery journey, why you wanted to stop gambling, whether you had experienced any relapses, and what actions you had taken to overcome your gambling problem. I will also ask you questions about your family, and your views and experiences about what supports and what impedes your recovery.

The interview will last for approximately one to 1½ hours. Your participation in the study is entirely voluntary. If you don’t want to answer any particular question, just let me know. With your permission, the interview will be audio-recorded and transcribed. You can ask me to pause or stop the audio-recording at any time. You also have the right to withdraw from the study up to two weeks after the second interview without giving a reason.

Do you have any questions before we start?

[Check if the participant has read, understood and signed the Consent Form. Give a copy of PIS and a signed copy of the consent form to the participant to keep]

Section A: Background information

First of all, I want to get some information about you and your family.

1. What gender do you identify with?
 Male Female Transgender
 A gender identity not listed here (Please specify) _____
 Prefer not to answer

2. What age group are you?
 20 – 24 years 25 – 34 years 35 – 44 years
 45 – 54 years 55 – 64 years 65 – 74 years
 75 years or over

3. What ethnic group or groups do you belong to? _____

4. In what country were you born? _____
If not New Zealand, in what year did you first arrive in NZ? _____

5. What is your marital status?
 Never married Married Divorced
 Separated Widowed De facto relationship

6. Including yourself, how many people are living in your house?
Number of people: _____
What is your relationship with each of the people who live with you?
 My spouse or de facto
 My son(s) and/or daughter(s) How many? _____ Their age/s? _____
 My mother and/or father
 My sister(s) and/or brothers
 My grandchild(ren)
 My other relatives (Specify) _____
 Other people (Specify) _____
 I live alone

7. At present, do you have paid work in New Zealand?
 Yes, full-time employment
 Yes, part-time, temporary or casual employment
 Yes, self-employed
 No, I am not employed but searching for work
 No, I am studying
 No, I have retired
 Other (Specify) _____
If yes, what is your current occupation or job? _____

8. Do you have a long-term condition or health problem? Long-term is something that has lasted or is expected to last six months or more.

No Yes

If yes, what is the condition or health problem? _____

Because of the condition or health problem, how much difficulty do you have:

- a. with getting around?
- b. doing daily activities?
- c. with education or training?
- d. with your paid work or finding a suitable job?
- e. socializing or mixing with others?

Section B: Your gambling experience

This section is about your gambling experience, from the beginning of your gambling to the progression of your gambling activities over time, including when and how gambling had become a problem for you.

9. Please tell me when, where and how you started gambling

[Probe: the mode(s) of gambling; with whom; when, where and why gambled; the size of wagers]

10. What was it like when you gambled for the first time?

11. If your first gambling experience was not in New Zealand, what was your first gambling experience in New Zealand? *[Probe: the mode(s) of gambling; with whom; when, where and why gambled; the size of wagers]*

12. What do you remember most about your first gambling experience in NZ?

13. How often did you engage in gambling activities after you first gambled in NZ?

14. When did you recognise that gambling had become a problem for you?

When and how did your gambling problem start?

What was the primary mode of gambling that contributed to your gambling problem?

15. Below are some questions about your behaviour or feelings during the time when your gambling was a problem. Please give the answer that best describes your behaviour or feelings during that time.

Think of the time when your gambling was a problem, how often ...

- a. Had you bet more than you could really afford to lose?

Never Rarely Sometimes Often Always

- b. Had you needed to gamble with larger amounts of money to get the same feeling of excitement?
 - Never Rarely Sometimes Often Always
- c. Had you gone back on another day to try to win back the money you lost?
 - Never Rarely Sometimes Often Always
- d. Had you borrowed money or sold anything to gamble?
 - Never Rarely Sometimes Often Always
- e. Had you felt that you might have a problem with gambling?
 - Never Rarely Sometimes Often Always
- f. Had people criticized your betting or told you that you had a gambling problem, whether or not you thought it was true?
 - Never Rarely Sometimes Often Always
- g. Had you felt guilty about the way you gambled or what happened when you gambled?
 - Never Rarely Sometimes Often Always
- h. Had gambling caused you any health problems, including stress or anxiety?
 - Never Rarely Sometimes Often Always
- i. Had your gambling caused any financial problem for you or your household?
 - Never Rarely Sometimes Often Always

16. Based on participant's answers to Q15, explore further the impacts of problem gambling had on the participant. Possible topics that could be covered include:

Think of the time when your gambling was a problem, how did gambling affect:

- a. Your employment or study?
- b. Your physical health?
- c. Your emotional/mental health?
- d. Your household finances?
- e. Your relationship with family (including family members who reside overseas)?
- f. Your relationship with friends?

17. Which of the above area(s) had the most intensive impacts on you? Can you recall specific event(s) that was/were important to you?

18. What did gambling mean to you during that time?

Section C: Your recovery experience

Now we will turn to look at the ways that you moved away from problem gambling, how you coped with relapses and what kind of support or services you have sought during your recovery process.

19. When and why did you want to stop gambling?

What were your goals for recovery?

20. Please tell me about your recovery story. What are the challenges? What are the positive changes?

What do you think has contributed most to the positive changes?

21. Was your recovery a linear process or one that had involved moving in and out of problematic gambling behaviour over a period of time?

22. How did you cope with relapses in the recovery process?

What were some ways you used to prevent relapses? Had they been successful?

23. What support and/or services, if any, that you had sought during your recovery process.

- a. Self-help strategies [Probe: give examples]
- b. Social support [Probe: from whom; what kind of support]
- c. Professional services, e.g. counselling [Probe: what, where and when]

24. Are there any barriers or difficulties which have prevented you from accessing the support and/or services that you required?

If yes, what are those barriers or difficulties?

25. Reflecting on the recovery goals you talked about earlier, to what extent do you think these goals have been achieved? [What goals are achieved? What goals are not met and why?]

26. What are the views of your family (e.g. spouse, children, parents) on your recovery?

27. How would you describe your relationship with your family now?

28. How do you feel about your life now?

29. What does gambling mean to you now?



Closing the interview

Thank you very much for taking the time to share with me about your experiences. Do you want to add anything else to what we have covered in this interview?

Before ending this interview, I would like to arrange with you for a second interview*. The second interview will extend and continue the dialogue that you have shared with me in this interview. We will discuss in more depth notable events and experiences that have influenced your gambling behaviour, the turning points in your recovery journey, as well as key lessons or valuable insights that you have gained from your lived experience.

*Arrange the second interview 4-6 weeks after the first interview.

Date, time and location of the second interview: _____

Fieldnotes by interviewer:



Participant

ID number

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Interviewer: _____

Date of Interview: _____

Interview venue: _____

Interview Schedule – Second Interview

Introduction

Thank you for agreeing to take part in this interview. In this interview, we will discuss in more depth some of the specific themes that had emerged from your stories in the first interview.

As in the previous interview, you have the right to:

- choose not to answer any question.
- ask for the recorder to be turned off at any time during the interview.
- withdraw from the study within two weeks of this interview, and
- ask questions about the study at any time.

Do you have any questions before we start?

Summary of the first interview (800 – 1000 words)

[Ask the participant to review the written summary of the first interview and let the interviewer know if they want to make any amendment, or if they have any comments or concerns.]

Possible topics that could be covered in the second interview

[Before the second interview, the interviewer and the Lead Researcher will make a preliminary review of the data collected in the first interview. Together they will select key topics and refine/reframe the questions to follow up, expand or clarify during the second interview]

1. Clarification and follow-up

- Seek clarification or additional information about certain points raised (or missed) in the first interview.

2. The recovery journey

- During your recovery journey, did you gamble again after you had quit gambling for some time?
 - If yes, what were the circumstances that had led to excessive gambling reappearing?
 - What makes you worried that a person with a history of gambling addiction will be at risk of relapse?
- Dealing with gambling urges is a major challenge for gamblers in their recovery journey.
 - What were the methods you used to fight your urges to gamble?
- During the period that you had stopped gambling,
 - What alternative activities did you engage in to fill the gap from quitting gambling?
 - How effective were these methods? Did you encounter any challenges trying to replace gambling with alternative activities?
 - How long did it take for you to stop gambling completely?
- Track the progress of your other recovery goals: rebuild financial recovery / manage debts.
 - What were the methods you used to manage your finance more efficiently / pay off your debts?
 - How effective were these methods? To what extent do you think this goal has been achieved?
- Track the progress of your other recovery goals: rebuild relationships impacted by gambling / regain control over your life.
 - What were the steps you took to rebuild relationships with your family members and friends?
 - To what extent do you think this goal has been achieved?
- Track the progress of your other recovery goals: maintain a healthy lifestyle.
 - What were some methods you used to improve your lifestyle and health?
 - Are you happy with your health now?

3. Life after recovery

- Currently, what regular activities do you do together in the family?
- Looking back, what are the positive changes you have experienced in your relationship with family after you have stopped gambling?
- What are the activities you regularly make time for with your friends?
- Looking back, what are the positive changes you have experienced in your social life after you have stopped gambling?
- Is there any voluntary work that you regularly do?
- How satisfied are you with your social support system now? Do you have people (including family, friends and peers) whom you can turn to for emotional and practical support?
 - If yes, who are they? How have they helped you?

4. Counselling support for gambling recovery

Reflect on your experience of seeking support or counselling services.

- How did you know about counselling services?
- How did counselling help to:
 - improve your self-understanding
 - deal with your emotional issues
 - change your gambling behaviour / prevent gambling relapses
 - help you set and reach your recovery goal(s)
 - start a new life
 - connect you to other services and support.

5. Peer support for gambling recovery

Reflect on your experience in the lived experience group.

- How did you join a lived experience group?
- How did the group help to:
 - improve your self-understanding and self-acceptance
 - get support on your gambling recovery
 - support others on their recovery journeys
 - connect you to other services and support.

6. Religious and cultural support for gambling recovery

- You mentioned that going to the temple, practicing meditation and mindfulness have helped you quit gambling. Can you tell me more about how your religious faith gives you the strength and support through your recovery journey?
- You mentioned that religion and prayers have played an important role in your recovery from gambling. Can you share with me some experiences about how your religious faith has given you the strength and support through your recovery journey?
- Are there other cultural values that have given you guidance and support through your recovery journey?

7. Perceived barriers to accessing services and support

Explore the participant's views on the barriers to accessing services and support. Possible topics that could be covered include:

- Stigma, cultural beliefs and attitudes
- Family/intergenerational issues
- Health system barriers (e.g. lack of knowledge of services; lack of culturally responsive services)
- Language issues
- Other barriers

8. Other topics of interest that had emerged from the first interview

9. Lessons and insight from the participant's lived experience

- Based on your lived experience, what factors are important in recovery?
- What would be the most important message you want to tell Asian people experiencing gambling difficulties?
- Is there any advice that you want to give to family members experiencing gambling harm?
- In your opinion, what types of services might help to support Asian people experiencing gambling difficulties?

Closing the interview

Close the interview by briefly summarising the interview and thanking the participant for their time and participation in the study.

Give out gift voucher.

Appendix 5: Interview Schedule – Affected family members

Participant

ID number

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Interviewer: _____

Date of Interview: _____

Interview venue: _____

THE LIVED EXPERIENCE OF ASIAN PEOPLE'S JOURNEYS TO PROBLEM GAMBLING AND RECOVERY

Interview Schedule – First Interview

Introduction

Hello, my name is _____ I am part of a team of people who are doing a study about Asian people's journeys to problem gambling and recovery. The study also explores the perceptions and experiences of family members affected by other's gambling. This is the first of the two interviews you are invited to attend. In this interview, I would like to learn about your family situation, and how gambling problems have affected yourself and the family. I am also interested in your family's recovery journey, including how family members overcame gambling-related problems, what changes were experienced during recovery, and what services and support, if any, that your family had sought during the recovery process.

The interview will last for approximately one to 1½ hours. Your participation in the study is entirely voluntary. If you don't want to answer any particular question, just let me know. With your permission, the interview will be audio-recorded and transcribed. You can ask me to pause or stop the audio-recording at any time. You also have the right to withdraw from the study up to two weeks after the second interview without giving a reason.

Do you have any questions before we start?

[Check if the participant has read, understood and signed the Consent Form. Give a copy of PIS and a signed copy of the consent form to the participant to keep]

Section A: Background information

First of all, I want to get some information about you and your family.

1. What gender do you identify with?

- Male Female Transgender
 A gender identity not listed here (Please specify) _____
 Prefer not to answer

2. What age group are you?

- 20 – 24 years 25 – 34 years 35 – 44 years
 45 – 54 years 55 – 64 years 65 – 74 years
 75 years or over

3. What ethnic group or groups do you belong to? _____

4. What is your marital status?

- Never married Married Divorced
 Separated Widowed De facto relationship

5. At present, do you have paid work in New Zealand?

- No Yes

If yes, what is your current occupation or job? _____

6. How are you related to the person in your family who has experienced problem gambling?

- Husband / Wife / Partner
 Father / Mother
 Child
 Other (Specify) _____

7. Ask the participant what name or word he/she prefers to use to call his/her _____ (husband/wife/ father/mother/child) in this interview.

_____ (X)

8. What age group is X?

- 20 – 24 years 25 – 34 years 35 – 44 years
 45 – 54 years 55 – 64 years 65 – 74 years
 75 years or over

9. What ethnic group or groups does X belong to? _____

10. In what country was X born? _____

If not New Zealand, in what year did X first arrive in NZ? _____

11. What is X's marital status?

- Never married Married Divorced
 Separated Widowed De facto relationship

12. At present, does X have paid work in New Zealand?

- Yes, full-time employment
 Yes, part-time, temporary or casual employment
 Yes, self-employed
 No, not employed but searching for work
 No, studying
 No, retired
 Other (Specify) _____

If yes, what is X's current occupation or job? _____

13. Do you and X live in the same house?

- Yes No

14. How many people are living in X's house?

Number of people: _____

What is X's relationship with each of the people who live with him/her?

- Spouse or de facto
 Son(s) and/or daughter(s) How many? _____ Their age/s? _____
 Mother and/or father
 Sister(s) and/or brothers
 Grandchild(ren)
 Other relatives (Specify) _____
 Other people (Specify) _____
 X lives alone

Section B: Family impacts of problem gambling

This section is about X's gambling journey and the impacts of X's gambling problems on the family. I would like to know how X's gambling started, and when and how you recognised that he/she had a gambling problem.

15. Please tell me when, where and how X started gambling.

[Probe: the mode(s) of gambling; how often; with whom; when, where and why gambled; the size of wagers]

16. If X's first gambling experience was not in NZ, can you tell me when, where and how X started gambling in New Zealand?

[Probe: the mode(s) of gambling; how often; with whom; when, where and why gambled; the size of wagers]

17. When did you recognise that gambling had become a problem for X?

What were the signs of problem gambling that you or the family had noticed?

What was the primary mode of gambling that had contributed to his/her problem gambling?

18. When X's gambling became a problem, how did problem gambling affect you and the family? Possible topics that could be covered include:

- a. Your physical health?
- b. Your emotional/mental health?
- c. Your household finances?
- d. Your work or education?
- e. Your social life?
- f. Your relationship with X?
- g. Domestic conflicts, arguments and/or fighting?
- h. X's relationship with other family members (e.g. children)?

19. Which of the above area(s) had the most intensive impacts on you? Can you recall specific event(s) that was/were important to you?

20. Did you or the family do anything during that time to reduce these impacts? Possible topics that could be covered include:

- a. Set boundaries in managing money
- b. Protect yourself physically
- c. Manage your emotions
- d. Seek any help for yourself
- e. Encourage X to seek help; support X to change his/her behavior
- f. Other actions (specify)

Were these actions successful?

Section C: Changes experienced during recovery and relapses

Now we will look at the recovery journey, including the ways that X moved away from problem gambling, what changes you had experienced through the recovery journey and when X had relapsed. We will also discuss what kinds of support or services, if any, that have been sought in your family's recovery journey.

21. Please tell me when, and how you noticed that X had sought to change his/her problematic gambling behaviour.

In your opinion, what prompted the change?

22. Was X's recovery a linear process or one that had involved moving in and out of problematic behaviour over a period of time?

23. Please describe the changes you have experienced when X is in recovery.

[Probe: your physical health; emotional or mental health; household finances; your work or education; your social life; relationship with X; domestic conflicts, arguments or fights]

24. What changes did you experience when X had relapsed?

25. How did you and the family cope with relapses?

What were some ways you or the family used to prevent relapses? Had they been successful?

26. Please tell me more about the support and/or services that you and the family had sought during X's recovery process. Possible topics that could be covered include:

a. Services and support focusing on the needs of the family

[Probe: Self-help strategies – give examples

social support – what kind of support, from whom

professional services – what kind of services, where and when]

b. Services and support focusing on the needs of the gambling relative

[Probe: social support – what kind of support, from whom

professional services – what kind of services, where and when]

27. How do you feel about your life now?

How do you feel about your family life now?

28. Are there any other concerns that you might have for X and for your family now?



Closing the interview

Thank you very much for taking the time to share with me about your experiences. Do you want to add anything else to what we have covered in this interview?

Before ending this interview, I would like to arrange with you for a second interview*. In the second interview, we will discuss in more depth the experiences and feelings of recovery from the perspective of family members, and the insights that you have gained from your lived experience.

*Arrange the second interview 4-6 weeks after the first interview

Date, time and location of the second interview: _____

Fieldnotes by the interviewer:



Participant

ID number

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Interviewer: _____

Date of Interview: _____

Interview venue: _____

Interview Schedule – Second Interview

Introduction

Thank you for agreeing to be interviewed for a second time. In this interview, we will discuss in more depth some of the specific themes that had emerged from your stories in the first interview.

As in the previous interview, you have the right to:

- choose not to answer any question.
- ask for the recorder to be turned off at any time during the interview.
- withdraw from the study within two weeks of this interview, and
- ask questions about the study at any time.

Do you have any questions before we start?

Summary of the first interview

[Ask the participant to review the written summary of the first interview and let the interviewer know if they want to make any amendment, or if they have any comments or concerns.]

Possible topics that could be covered in this interview

[Before the second interview, the interviewer and the Lead Researcher will make a preliminary review of the data collected in the first interview. Together they will select key topics and refine/reframe the questions to follow up, expand or clarify during the second interview]

1. Clarification and follow-up

- Seek clarification or additional information about certain points raised (or missed) in the first interview.

2. Participant's mental wellbeing and self-care methods

- Supporting your gambling relative on their recovery journey can be emotionally draining.
 - When you are supporting X, you can think a lot about their wellbeing and not about your own. What are some self-care practices that you take to look after yourself?
 - How effective are these methods?
 - Have you used any professional services to support your mental health when you are supporting X?

3. Counselling support for family recovery

- In what year did you seek counselling support? For how long? How did you know about counselling services?
- Reflect on your experience of seeking support and counselling services. In what ways was counselling useful to you? Explore how it helped to:
 - deal with your physical and mental wellbeing
 - change the way you deal with X's gambling behaviour
 - make positive choices about your own future
 - connect you to other services and support
 - any other issues that need to be addressed

4. Religious and cultural support for family recovery

- You mentioned that going to the temple, practicing meditation and mindfulness are some of your self-care methods. Can you tell me more about how going to the temple has helped you to find peace of mind?
- You mentioned that you often make merit at the temple. What is the meaning of merit-making in Buddhist practice?
- What specific Buddhist teachings offer you guidance on how to handle difficult situations with compassion and patience?
- You mentioned that religion and prayers have played an important role in your family recovery journey. Can you share with me some experiences about how your religious faith give you the strength and support through the family recovery journey.
- Are there other cultural values that have given you guidance and support through your family recovery journey?

5. Perceived barriers to accessing services and support

Explore the participant's views on the barriers to accessing services and support. Possible topics that could be covered include:

- Stigma, cultural beliefs and attitudes
- Family/intergenerational issues
- Health system barriers (e.g. lack of knowledge of services; lack of culturally responsive services)
- Language issues
- Other barriers

6. Life after family recovery

- Have you experienced any change in your family life after X has stopped/reduced gambling?
- Currently, what regular activities do you do together in the family?
- Have you experienced any change in your social life after X has stopped/reduced gambling?
- Currently, what are the activities you regularly make time for with your friends?
- Is there any voluntary work that you regularly do?
- How satisfied are you with your social support system now? Do you have people (including family, friends and peers) whom you can turn to for emotional and practical support?
- What have your experiences been like going on a journey of family recovery? What are the challenges? What are the positive changes? What do you think has contributed most to the positive changes?

7. Other topics of interest that had emerged from the first interview

8. Lessons and insight from the participant's lived experience

- In your experience, what are the most important factors for families affected by gambling harm to recover, and move on to a healthier life?
- What would be the most important message you want to tell Asian people still experiencing gambling difficulties?
- Is there any advice that you want to give to family members experiencing gambling harm?
- In your opinion, what types of professional services or support might help to support Asian families affected by gambling harm?



Closing the interview

Close the interview by briefly summarising the interview and thanking the participant for their time and participation in the study.

Give out gift voucher.



Appendix 6: Confidentiality agreement

Confidentiality Agreement

Project Title: The lived experience of Asian people’s journeys to problem gambling and recovery

I agree to assist in the transcription of the audio-recordings for the above research project and/or to translate non-English language transcripts into English. I understand that the information contained within the interviews and audio-recordings is confidential and must not be disclosed to, or discussed with, anyone other than the researchers. I also agree to keep the anonymity of the research participants and their family members discussed.

Name: _____

Signature: _____

Date: _____



Asian Family Services
Together enriching lives

