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Hazardous Gambling among Women Court-Mandated to Batterer Intervention Programs

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Although it has been a profound source of controversy in the past,¹ it is now generally recognized that females are as physically aggressive as are their male counterparts.^{2–3} The prevalence of female-to-male intimate partner violence (IPV) perpetration has been found to be similar to, if not greater than, that of male-to-female IPV perpetration, with the most common form of IPV being bi-directional in nature.^{2,4} Many states have implemented mandatory arrest laws for domestic violence in which all parties found to be involved in the perpetration of IPV, including women, must be arrested when authorities arrive at a violent scene.⁵ Often, these individuals are further mandated to attend batter intervention programs (BIPs). Unfortunately, there is still very little known regarding women's use of IPV, and even less is known about women court-mandated to BIPs. Further, while there is a large body of research showing a strong association between alcohol use and violent behavior,⁶ alcohol use and gambling,^{7–10} and violent behavior and gambling,^{11–13} very little is known regarding the co-occurrence of all three of these variables. This is especially true of women who have been found to be intimately violent. Understanding the poly-morbid relationship between these three behaviors is an important step toward improving the effectiveness of BIPs, so that the constellation of issues relevant for these women can be more adequately addressed, which could have substantial implications for public health and policy. The aim of the current study was to address this gap.

The sample of women used in the current analyses comes from a larger study of women in Rhode Island court-mandated to BIPs, described previously in this journal.¹⁴ For the purposes of the current study, a total of 92 women who completed measures of gambling, alcohol use, and IPV were utilized. Females' gambling behavior was assessed with the South Oaks Gambling Screen (SOGS).¹⁵ Consistent with the published scoring protocol for the SOGS, hazardous gambling was defined as a cut score of five or greater, and problem gambling was defined as a score between one and four. Alcohol use was assessed with the Alcohol Use Disorders Identification Test (AUDIT).¹⁶ Hazardous drinking was defined as meeting one or more of the following three criteria: scoring eight or higher on the AUDIT; drinking four or more drinks on one occasion on a monthly or more frequent basis; or being intoxicated on a monthly or more frequent basis. Finally, perpetration of IPV was assessed with the Revised Conflict Tactics Scales (CTS2).¹⁷ Specifically, perpetration of psychological abuse, physical abuse, and sexual coercion were examined.

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The females utilized in the current analyses reported a mean age of 30.73 years ($SD = 10.25$), a mean of 12.27 years of education ($SD = 2.20$), and an average income of \$20,987 ($SD = \$18,590$). Of these women, 5.4% met criteria for hazardous gambling (i.e., obtained a score of five or greater on the SOGS). Although this is somewhat lower relative to reports of imprisoned females, it is higher than the rate of hazardous gambling among individuals in the general population, which has been shown to be about 1% to 2%.^{18–20} An additional 18.5% of the women in our sample met criteria for having some degree of problem gambling (i.e., obtained a score of between one and four on the SOGS). Again, this is a higher rate of problem gambling than is found in the general population, which has been shown to be about 3% to 4%.²⁰ Of the women who qualified as hazardous gamblers, 60% also met criteria for hazardous drinking (i.e., meeting at least one of the three criteria listed above). Of those women who qualified as having some degree of problem gambling, 52.9% also met criteria for hazardous drinking. There were no significant differences between hazardous gamblers and nonhazardous gamblers on frequency of perpetrated psychological abuse, $t(90) = 0.65, p = 0.52$, physical abuse, $t(90) = 0.68, p = 0.50$, or sexual coercion, $t(90) = -0.99, p = 0.33$. There were also no significant differences between women indicating some degree of problem gambling and nongamblers (i.e., individuals who did not endorse any items on the SOGS) on frequency of perpetrated psychological abuse, $t(85) = -0.07, p = 0.95$, physical abuse $t(85) = -0.18, p = 0.86$, or sexual coercion, $t(85) = -1.62, p = 0.11$.

Hazardous gambling was overrepresented in female perpetrators of IPV court-mandated to BIPs relative to the general population. Further, over half of the women meeting hazardous gambling criteria also met criteria for hazardous drinking. Although the prevalence of hazardous gambling was higher in this sample than in women in the general population, it is possible that the relationship between hazardous gambling and IPV was not significant in the present analyses due to a relatively small sample of women in BIPs. However, these results highlight the potential importance of screening for such difficulties upon females' entrance to BIPs. For example, it is plausible that hazardous gambling could contribute to relationship distress, thereby increasing one's risk of abusing alcohol and perpetrating IPV. Further assistance or referrals could be offered to women who meet criteria for pathological gambling, thereby potentially improving their outcomes.

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