



## **An Exploratory Study through a Cultural Life Course Perspective: Gambling in Older Asian People in a Canadian Context**

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## Abstract

This research aims to 1) describe Chinese and Filipino seniors' perceptions of gambling, motivations to gamble, gambling behavior and patterns; 2) examine the role of culture in the development and maintenance of gambling over the life course; and 3) identify help-seeking behavior in these populations in Winnipeg. The research results from a mixed-methods study with qualitative data as a primary analysis base and quantitative data serving as secondary and supplementary. Fifteen older Chinese gamblers, 18 Filipino gamblers, four gambling-service providers and three intervention-service providers were interviewed individually.

Applying the grounded theory approach through a life-course perspective, the researcher describes gambling motives, behavior and help-seeking patterns. The life-course perspective encompasses personal, historical, cohort, social and network factors in individuals' lives. Older Chinese- and Filipino-Canadian gamblers are analyzed and presented separately in a life-course framework consisting of three categories—childhood and adolescence, adulthood, and older adulthood—after which the researcher presents a critical discussion of the interactions within gambling and life-course and cultural factors. For example, while older Filipino gamblers demonstrated more gambling behaviors commonly found in general gamblers than their Chinese counterparts, older Chinese gamblers seemed to have been affected more by trauma early in life. The study also includes suggestions for intervention and policy, based on insights expressed by older gamblers, gaming industry workers and intervention workers. The report concludes with a reflection on limitations and considerations for future studies.

Key words: older adults; Chinese; Filipino; gambling

## A. Introduction

The prevalence of gambling has increased in the last two decades due to greater availability of and accessibility to gambling facilities (Kim, 2012; Raylu & Oei, 2004; Lai, 2006). Older people are a growing group of gambling participants in various settings, and many of them are members of diverse cultural minority populations in Manitoba, which are related to the two major demographic characteristics in Canada: aging and immigrant (Raylu & Oei, 2004; Lai, 2006). Although much research on gambling has focused on gambling motivation and patterns in and impact on certain vulnerable groups (e.g., youth, women and Indigenous peoples), research efforts to understand the development and maintenance of gambling among older adults of diverse cultural backgrounds are scarce.

This research aims to 1) describe Chinese and Filipino seniors' perceptions of gambling, motivations to gamble, gambling behavior and patterns; 2) examine the role of culture in the development and maintenance of gambling over the life course; and 3) identify help-seeking behavior for these populations in Winnipeg. The project addresses the following 2015-2018 MGRP research priority:

13: "Investigate how economic, cultural/social, or jurisdictional factors influence gambling behaviour and what the implication may be for prevention and/or reducing gambling-related harm."

## B. Literature Review

There has been a consistent increase in the availability of legalized gambling venues and facilities in many Western countries in the last two decades (Raylu & Oei, 2004; Lai, 2006). In Canada, a government agenda supports the growth of the gambling industry in order to expand revenue resources, tourism development in new areas and entertainment destinations for tourist attraction, including the formation of unconventional gaming activities facilitated by new technologies (Kim, 2012; Lai, 2006). Because of the increased accessibility and availability of gambling facilities, the prevalence of gambling in the general population has increased (Kim, 2012; Raylu & Oei, 2004).

Asian Canadians are one of the fastest growing minority groups in Canada. In Manitoba, as of 2010, Chinese and Filipino people make up more than half of the visible-minority population aged between 55 and 64 (12.7 and 42.6 percent respectively), and almost half of the group aged 65 and over (17.4 and 32.5 percent respectively) (Centre on Aging, 2010).

Empirical studies have supported the argument that people tend to gamble more if they are exposed to more gambling opportunities (Kim, 2012). Cox and colleagues (2005) found a positive correlation between the availability of casinos and video lottery terminals and problem gambling. Cultural minority groups are among the vulnerable gambling populations as they are more likely to wager more heavily when gambling and gamble more frequently than the general gambling population, and less likely to seek help from professionals when at risk of disordered gambling (Raylu & Oei, 2004; Kim, 2012). For example, according to the review of the literature about seniors' gambling in Western countries (the US, Canada and Australia) by Raylu and Oei (2004), consistently higher rates of problem gambling had been found among Chinese populations (approximately 2.9 percent in Montreal, Canada, Hong Kong and Taiwan) compared to Caucasians (at 1.3 percent). The

greater than doubled rate of problem gambling within the Chinese population in comparison to that of the Caucasians, and the stereotypical image of Asian gamblers in society, has led to the perception that gambling is a way of life for Chinese and other Asian groups.

Culture has been pointed out as a significant factor in people's gambling motivation and patterns. Various understandings of "gambling" can be applied to any game or activity in which the outcome depends on chance. Raylu and Oei (2004) reported that different minority gamblers preferred different types of gambling. For instance, Vietnamese, Chinese and Korean people were more likely to visit casinos than play cards or gamble on sports in a pub or club. Chinese and Vietnamese people demonstrated lower participation rates than other Asian groups for gaming machines outside of the casino. In addition, regular gamblers (those who gamble at least once a week) were unlikely to buy scratch tickets (Victorian Casino and Gambling Authority, 1999).

The reasons why older adults gamble include distraction from life stress or challenging transitions such as the loss of a spouse, family members or friends; and chronic diseases or retirement, which often leads to a lack of socialization and boredom (Tse, Hong, Wang & Cunningham-Williams, 2012). Asian seniors may use gambling to reduce or block out depression or anxiety caused by the trauma of immigration, unrealistic expectations in making money, un- or underemployment, and family conflicts (Lai, 2006; Raylu & Oei, 2004). Raylu and Oei (2004) attributed Asian gamblers' preference for casinos to low self-esteem stemming from their migrations from East and Southeast Asian countries. While they felt discriminated against in and alienated by venues like bars or pubs, they were treated like royalty at casinos where they were surrounded by people who spoke their languages and played the games with which they were familiar. This sense of familiarity with environment, language and culture provided the gamblers with a sense of control and self-respect.

Associations between gambling and the acculturation process in Asian populations are compounded by cultural influences on gambling behaviors. For example, mah-jong (a four-player game of domino-like tiles) has been a traditional family leisure and celebration activity for many Chinese families, for generations (Lai, 2006). However, the intensity of participation in gambling activities seems to be a more important issue than traditional participation in those same activities. Like many peoples, Chinese people accept mild gambling behaviors but view disordered gambling (problem gambling and pathological gambling) as devastating (Lai, 2006). In Vietnamese culture, for example, people view gambling as a shortcut to making money (VCGA, 1999). Research shows that individuals from families or cultures with more tolerance for gambling begin gambling earlier than those from families or cultures that disapprove of gambling (Raylu & Oei, 2003). This evidence is important in relation to another finding: people who start gambling at a young age are at a high risk for problem gambling in their later adulthood (Tse, Hong & Ng, 2013).

Cultural values and beliefs not only play a role in a person's development and maintenance of gambling but also in individuals' self-seeking patterns. Despite the prevalence of gambling among Asian populations, the presentation of these groups has been scarce in intervention and treatment programs and services. In fact, 89–96 percent of interventional service users were Caucasian (Ciarrocchi & Richardson, 1989; Cuadrado, 1999). Shame has been identified as one of the obstacles in seeking help for minority gamblers, however, the direct cause of that shame varied across cultures. While some groups related the shame of gambling to their religious beliefs (e.g., Muslim), others (e.g., Chinese) felt disordered gambling caused whole families to lose face and create financial distress for other family members. Thus, minority gamblers and their families have preferred to conceal the problem and try to solve it within the family, rather than seeking outside help (VCGA, 1999).

It is evident that cognition, personality, psychological aspects and familial factors cannot explain all gambling behaviors, and cultural variables also play a role in the development and maintenance of gambling behaviors among older people (Tse et al., 2013; VCGA, 1999; Raylu & Oei,

2002). However, research in cultural minority gamblers and older gamblers is limited, and empirical studies on minority older gamblers are scarce. For example, a systematic review of literature identified 62 references in English over a five-year period that met the criteria of samples aged 55 years and older, any forms of gambling and original studies (Tse et al., 2012). Due to the lack of relevant literature about the cultural influence on gambling behaviors, cultural variables (e.g., cultural values and beliefs passed on by family; closeness to the family; parental attitudes; family configurations, etc.) identified in research on other mental health disorders, such as alcohol addiction or drug abuse, have been applied as substitutes for the variables that might affect gambling patterns in cultural minority populations (Raylu & Oei, 2003).

However, two aspects connected to culture that help us understand gambling behaviors in older immigrant populations, life history and social networks, have been studied. In a quantitative study of 149 pathological gamblers, Petry and Steinberg (2005) revealed high percentages of people who had experienced childhood maltreatment. Emotional, physical and sexual trauma and abuse in one's early years of life were found to be a significant predictor of age of gambling onset, and intensity and frequency of gambling participation (Petry & Steinberg, 2005; Kausch, Rugle, & Rowland, 2006). These findings were echoed by Lee, Solowoniuk and Fong (2007) in their comparative case study of four pathological gamblers who immigrated from Hong Kong to Canada. The researchers eloquently argued that the case study participants' experience of maltreatment and trauma before the age of 18 played a prevalent role in them developing pathological gambling behaviors later in life.

Not only have temporal transitions and life-cycle events been found associated with gambling behaviors (Lee, 2014), individuals' cross-sectional relationships with others are also entangled and interact with gambling behaviors, particularly in the case of pathological gambling, as has been found in several studies (McComb, Lee & Sprenkle, 2009; Lee, 2014). McComb et al. (2009) and Grant Kalischuk et al. (2006) have demonstrated the devastating impacts of pathological gambling on gamblers' spouses, children, parents and extended family members. Gambling problems either exacerbate or cause relational issues between a couple or within a family, and gambling and relational problems reinforce one another through "recursive self-perpetuating cycles" (Lee, 2014, p. 371). Furthermore, gambling is often noted in the literature as correlated with other addictions (Walker, Clark & Folk, 2010; Petry, 2002), including substance abuse (Cowlshaw, Merkouris, Chapman & Radermacher, 2014) and behavioral addictions (e.g., sex addiction) due to psychological factors such as novelty-seeking and impulsivity (Farre et al., 2014).

To understand gambling behaviors fully, we need to consider three important concepts: agency, structure and time (Wingens, de Valk, Windzio & Aybek, 2011; Mayer, 2004). Wingens et al. (2011) state that *agency* entails an individual's intrinsic capacity to make choices and take actions, and is determined by a person's characteristics, socioeconomic status, and social networks. *Structure* refers to the institutionalization of the life courses that modern societies have established. Structure includes *macro* structure, exerted by economics, politics and cultures (e.g., markets, laws, welfare, religion, societal norms and history), and *meso* structure, denoted by institutions and organizations (e.g., welfare eligibility or age norms). Both agency and structure seem to have played significant roles in the development of gambling habits among older immigrants. While individuals chose to gamble due to personal or relational reasons, structural factors such as immigration policy, establishment and legitimization of gaming facilities, acculturation challenges, as well as a lack of social support for both older adults and immigrants may have contributed to the prevalence of gambling among this particular population. The interplay of structure and agency over *time* further complicates the development of gambling habits among older immigrants, as one must take into consideration an individual's *biographical* time, *institutional* (social) time, and *collective historical* time. A Chinese man, escaped from Communist China through Hong Kong to Canada as a refugee in 1970s, who worked in restaurants or garment factories, whose wife also worked as a labourer, is likely to have an experience with gambling that is different from that of someone who immigrated to Canada from the Philippines in



late 1990s, worked as a technologist and was married to a registered nurse. So, individuals' gambling conduct could be a result of the interrelated effects of agency and structure on a temporal axis.

Also missing from the literature is a comprehensive depiction of gambling behavior, motivations for gambling and the impact of gambling on individuals and their families, presented from the *gambler's perspective*, as are the perceptions of intervention practitioners in terms of the suitability and accessibility of intervention methods for older gamblers of diverse cultural backgrounds. Among the 62 studies identified by Tse and colleagues (2012) in a systematic review of literature on gambling among older adults, most were quantitative studies—only five qualitative research studies were identified. Ninety-five percent of the references the author has located that studied gambling prevalence in Canada, the US and Australia are quantitative research or comprehensive reviews of the literature.

This study attempts to answer the following questions:

- 1) How have life-course factors (lifelong development, human agency, cohort, timing, and linked lives) affected older Chinese and Filipino gamblers in terms of their perceptions, motivations and gambling actions?
- 2) How have these life-course factors affected these individuals in terms of their perceptions of intervention/support services and help-seeking patterns?

### C. Methodology

The research was a mixed-methods study with qualitative data as primary analysis base and quantitative data as secondary and supplementary. Applying the grounded-theory approach through a life-course perspective, the qualitative component of this study aimed to describe gambling motives, behavior, and help-seeking patterns through a life-course perspective that encompasses personal, historical, cohort, social and network factors in individuals' lives. The quantitative component contained an assessment of participants' levels of involvement in gambling using the Canadian Problem Gambling Severity Index (Ferris & Wynne, 2001), as well as demographic information, including age, gender, marital status, education, occupation, income, language skills, country of origin, etc. Both types of data were collected in the face-to-face interviews with each participant.

The grounded-theory approach can be useful in exploring the development and maintenance of gambling behaviors in older Asian populations. Through multiple visits to the field, interaction between data collection and analysis, and a systematic set of procedures and techniques to analyze data, researchers attempt to discover or develop a theory that is grounded in the data from reality. The theory or a theoretical model is able to explain and interpret individuals' behaviors and patterns of thinking, reacting, and interacting in a particular phenomenon (Patton, 2002; Creswell & Plano Clark, 2007; Creswell & Poth, 2018).

The Canadian Problem Gambling Severity Index (CPGSI) (Ferris & Wynne, 2001) was employed to provide a more objective evaluation than personal reflection and description of the involvement of an individual in gambling. This assessment tool helped differentiate non-problem, problem, and pathological gamblers. Chinese-speaking respondents filled out a Chinese version of CPGSI administered by the interviewer, who spoke the same language as the respondent (Ohtsuka & Chan, 2014; Loo, Oei & Raylu, 2011). Demographic information was also gathered to depict respondents' ages, genders, marital status, education levels, occupations, language skills, lengths of residence in Canada, number of children and grandchildren, living arrangements, perceived health, income, and favorite form of gambling. Gambling-risk profiles generated by CPGSI is integrated into the analysis of the qualitative data as part of the understanding of respondents' gambling behaviors.

The quantitative component examined the phenomenon from different perspectives than those of the respondents. Together, the qualitative and quantitative data allowed the research to draw a relatively fuller picture than that generated by either type of data alone.

The *life-course perspective* allows researchers to view individuals' aging as a lifelong process in the context of history and social structure (George, 2007). There are five principles to this perspective (Elder & Johnson, 2003): 1) lifelong development and aging: human development and aging are lifelong processes; 2) human agency: an individual constructs his/her life course through choices and actions within the opportunities and constraints of history and social circumstances; 3) historical time and place: an individual's life course is embedded in and shaped by the historical times and places she/he experiences over a lifetime; 4) timing: the developmental antecedents and consequences of life transitions, events and behavior patterns vary according to their timing in a person's life; and, 5) linked lives: lives are lived interdependently and social-historical influences are expressed through this network of shared relationships. Covering "all of the events, discontinuities, and continuities that make up the unfolding trajectory of an individual's life" (Fry, 2003, p. 269), the life-course perspective connects macro factors such as historical events and social structure with individual elements (human agency and principle of timing) (Chappell, McDonald & Stone, 2008). The emphasis on linked life is another important characteristic of the life-course approach—while a person's life trajectory is affected by others in his/her life, the individual's decisions and actions generate tremendous impact on others as well (de Valk, Windzio, Wingens, & Aybek, 2011).

The research received an ethical approval from the Psychology/Sociology Ethics Board of University of Manitoba.

## C.1 Data Collection

Data was collected between January 2016 and November 2017. Four interviewers, three Filipino and one Chinese, were recruited prior to February 2016; one more Filipino interviewer and two more Chinese interviewers were recruited in April 2017. These interviewers were native speakers of the language(s) of respondents' first or second languages (Tagalog, Cantonese and Mandarin). The researcher's first language was Mandarin. Prior to data collection, the research conducted two half-day training workshops with all the interviewers to help establish recruitment skills and strategies, interview techniques, and cultural sensitivity in the data-collection process. In addition to frequent email and phone communication between the researcher and seven interviewers, we held debriefing meetings on a bi-monthly basis to discuss issues encountered and mitigation methods over the less than two years of research.

Two Filipino interviewers who had degrees in education (one master's, one bachelor's) and one Chinese interviewer (a doctoral student in social work) formed a translation team to translate the three instruments used in interviews (the poster, the questionnaire, and the letter of informed consent). The instruments were first translated from English to Tagalog and Chinese by one team member, then back-translated by another member of the same language category. Two interviewers/translators and the researcher read through the back-translated documents and considered whether or not the Tagalog and Chinese versions resembled the original English version.

### C.1.1 Sampling

As the quantitative data was supplementary to the qualitative data in this research, the sampling strategy accommodated the sampling requirements of the qualitative component. The sampling strategy of grounded-theory method requires working consistently with its data-analysis logic and procedures. Individuals who experienced the targeted *incidents* or *events* were sought to present

indicative data to the three levels of coding that would ultimately lead to a theory (Strauss & Corbin, 1990). In sampling for open coding (also called open sampling), because the object was to discover as many relevant categories as possible, the researcher was open to any variance in information provided by members of the target population (Strauss & Corbin, 1990). The researcher employed *relational* and *variational sampling* in axial coding to focus on the differences in conditions, context, actions and consequences of a phenomenon. At this stage, the researcher tried to “find as many differences as possible at the dimensional level in the data” (Strauss & Corbin, 1990, p. 185).

*Discriminate sampling* was applied in selective coding through selecting cases or respondents who could verify the identified relationships between categories or improve poorly developed ones. Sampling continued with data analysis until theoretical saturation was achieved (Strauss & Corbin, 1990). The general sampling strategy in this study was purposive and snowballing. The targeted populations were individuals who were

- older than 60 years;
- from one of the two largest visible minority groups in Manitoba, the Filipinos and the Chinese (including individuals who self-identify as Chinese descendants culturally but not necessarily from Chinese-speaking countries); and
- active gamblers who play one or more forms of gambling regularly (at least once week).

The interviewers posted recruitment posters in two immigrant-settlement service agencies, two Asian restaurants, one large ethnic grocery store, and one large Chinese community centre. One local Chinese newspaper advertised the project. One interviewer visited a cultural community centre to promote the project among seniors attending programs; and the other visited a coffee shop where Chinese seniors frequently gathered for socialization frequently. Nine times, the seven interviewers and the researcher went to the two major casinos in town to recruit potential respondents. The research team members also introduced the project to individuals they met in social scenarios such as doctors’ clinics or family gatherings. Thirty-three older gamblers were interviewed in their first or second language (because one respondent’s first language was Laotian, second language Cantonese), including 15 Chinese-speaking older adults, and 18 Tagalog-speaking participants. In addition, three gambling-intervention social workers and four gambling service providers members (gambling service providers) were interviewed in English. Each respondent received a monetary honorarium of \$50.

### C.1.2 Data Collection

The interviews with gambling respondents were conducted through a cultural life-course perspective that emphasizes cultural influence in all aspects of life course (Elder, 2000; Elder & Johnson, 2003). The Interview Guide can be found in Appendix II. The questionnaire (Appendix III) contains the Problem Gambling Severity Index and items to collect demographic data and was administered to each respondent by the interviewer at the end of the interview.

Gambling service providers were requested to provide information on gambling behaviors and patterns of the targeted research groups based on their observations and work experience. The Interview Guide is in Appendix IV.

Intervention service providers were asked about the targeted groups’ help-seeking patterns, as well as gambling attitudes, behaviors, and patterns of older Filipino and Chinese gambling respondents. The Interview Guide is found in Appendix V.

### C.1.3 Ethical Considerations in Data Collection

Before each interview, the participant was given a Letter of Informed Consent (Appendix VI, VII, and VIII), accompanied by the questionnaire and/or the interview guide that contains open-ended questions

that I will ask. Participants was provided time to read the materials and ask questions before signing the Letter. All participants were able to provide a written consent.

With the permission of the participants, interviews were digitally audio-recorded. The consent form also notified participants that the interview was expected to be an hour and a half to two hours long. It was stated in the consent form that they could withdraw from the study at any time, stop the audio-recording and/or refrain from answering any questions they preferred to omit, without consequence. All data would be analyzed collectively and no individual information was particular needed, and no information of individual participants' identification would be used in dissemination and publication of findings.

The researcher did not anticipate any risks for participants to take part in the research. However, preparing for that some participants might feel uncomfortable to reveal their gambling behavior due to the fear of social stigma of gambling in the mainstream culture, or experience difficult feelings after the interview due to recall of emotional moments or experiences, the research and the trained interviewers conducted interviews according to participants' reactions and pace, with sensitivity to their personal and cultural differences. All participants received a list of the names and contact information of relevant counselling agencies. Participants, if needed, would be encouraged to seek professional help from:

24-Hour Problem Gambling Helpline	1-800-463-1554
Provincial Adult Addictions Information	1-877-710-3999
Community Financial Counselling Services	204-989-1900 or 1-888-573-2383
<u>Gamblers Anonymous</u>	204-582-4823 or 1-800-463-1554
<u>Bettors Anonymous</u>	204-694-5231 or 1-800-463-1554
Klinic	204-784-4049

The interviewer could offer to call one or more of the above agencies to make an arrangement for professional help, if the interviewee agreed. No such situation happened during the process of data collection.

Only confidentiality could be guaranteed for research respondents although no name was required to collect the data. The audio record and the transcripts of interviews have been stored on the researcher's password-protected personal computers. Six research assistants (RAs) transcribed the recording. The RAs were required to sign the Research Assistant confidentiality Agreement.

All data were analyzed collectively and no individual information was needed, and no information of respondents' identification is or will be used in dissemination and publication of findings. Signed consent form, signed honorarium receipts, and hand-written notes have been stored in a locked cabinet in the researcher's office on University of Manitoba Fort Garry campus, and will be destroyed seven years after submission of publications on the findings. All research materials have been kept strictly confidential and can be accessed only by the researcher.

## C.2 Data Analysis

Qualitative data analysis was composed of three types: open coding, axial coding, and selective coding; and the lines between different types of coding are not cut and dried. In the beginning of the analysis process, the data was broken down to be examined closely, and each significant theme was given a name or "label". The second stage was axial coding, where a category was connected with its subcategories. *Selective coding* connects categories with a similar logic to axial coding, only it was "done on a higher more abstract level of analysis" (Strauss & Corbin, 1990, p. 117). Conducting analyses 2-4 times at each stage of coding, the researcher integrated major categories logically and tried to

formulate a *storyline* that presented multiple stories of different individuals collectively. Constant comparison was applied to compare cases and codes in *open coding* and *axial coding*, and eventually categories were compared in *selective coding*. *Memoing* was utilized to record preliminary propositions, emergent codes and categories, and some aspects of the logical connection of categories throughout the data collection and analysis stages (Creswell & Poth, 2018). The study did not achieve a theory or a theoretical framework, but a tentative model to understand the gambling trajectory of older Chinese-Canadian gamblers.

IBM SPSS Statistics 24.0 for Windows was applied to enter and organize the quantitative data. Demographic data was used not only to describe this group of gambling respondents but also to explore and identify patterns related to gambling behaviors within the sample.

Matrices and mapping illustrated by Miles, Huberman, & Saldana (2020) were applied to describe and synthesize the findings. In particular, *demographics and attributes tables* and *thematic array* will be utilized in Section D *Results and Discussion* to describe the researcher's synthesis and interpretation of older Asian-Canadian gamblers' behavior and mentality.

Strategies to increase rigor included: 1) *data triangulation*, where interviewers' journals, the researcher's meeting notes, and transcriptions were examined to identify themes and connections between certain factors; 2) *audit trial*, where the researcher and research assistants/interviewers continuously took notes in the process of recruitment, interviewing, and transcribing; and 3) the researcher and assistants/interviewers meeting on a regular basis to discuss emerging issues in data collection, and the observations of the participants and the gambling and interview environments that were not presented in the audio recordings. These materials were used to confirm and compare with the findings from the data.

## D. Results and Discussion

Altogether 33 older adults were interviewed, 15 Chinese and 18 Filipino, 12 males and 21 females. The majority (29, 87.9 percent) were aged between 60 and 70. The shortest period of residency in Canada among the respondents was 10 years, and the longest was 51 years. Most older adults (27, 75.8 percent) had been living in Canada for 30–46 years.

The Problem Gambling Severity Index (PGSI) indicates “score of 0 = non-problem gambling, score of 1 or 2 = low level of problems with few or no identified negative consequences, score of 3 to 7 = moderate level of problems leading to some negative consequences, and score of 8 or more = problem gambling with negative consequences and a possible loss of control” (Ferris & Wynne, 2001). Fifteen (45.5 percent) respondents obtained a score of 2 or lower; 9 (27.2 percent) were between 3 and 7; and 9 (27.3 percent) were 8 or higher.

It is worth noting that only one Chinese respondent (6.7 percent of the Chinese group) was in the highest category (a score of 9), while 8 Filipino respondents (44.4 percent of the Filipino group) were in this category (scores of between 8 and 16).



### gambling grouped

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	5	15.2	15.2	15.2
	1.00	10	30.3	30.3	45.5
	2.00	9	27.3	27.3	72.7
	3.00	9	27.3	27.3	100.0
	Total	33	100.0	100.0	

Note: 1 = score of 0; 2 = score of 1 or 2; 3 = score of 3 to 7; 4 = score of 8 or more

Table 1 Gambler respondents' PGSI scores

Three intervention service providers and four gambling service providers were interviewed, as well. Two intervention service providers had worked with older gamblers of diverse cultural backgrounds for over 20 years, and the third 2.5 years. They were all female, one with a Chinese cultural background, and the two others Caucasian. Two of the four casino workers were Caucasian, and the other two Filipino. They had been working in casinos for 9 to 21 years. One Filipino casino worker was male and a manager in the casino. The other three were female, working as table-game inspectors or customer-service workers at the slot machine department.

The interviews were 49 minutes to 3 hours long, all audio-recorded and transcribed verbatim. The analyses of the recorded interviews revealed significant differences between the two cultural groups represented by the older gamblers, Chinese and Filipino. This section will report the two groups separately to truthfully and clearly illustrate the life trajectories, gambling behaviors, and cultural influences of the respondents.

## D.1 Older Chinese-Canadian Gamblers

### D.1.1 Demographics

Fifteen Chinese-speaking older gamblers were interviewed, 4 males and 11 females. Most of the Chinese respondents (11, 73.3 percent) were born in the 1940s and 1950s, aged between 61 and 90. They had been living in Canada for between 23 and 51 years. They came from Hong Kong (5, 33.3 percent), Vietnam (6, 40 percent), Laos (1, 6.7%), and China (3, 20%). Two-thirds (10) spoke Cantonese at home, 3 seniors used Mandarin, 1 Chaozhou, and 1 Laotian. Most respondents (12, 80 percent) rated their English speaking and listening as *Not at all* or *A little*. Two seniors lived alone, while 12 (80 percent) lived with a spouse and/or an adult child (often times with the adult child's family). Two (13.3 percent) respondents had never received formal education, 6 (40 percent) had attended elementary school, 5 (33.3 percent) had some high school, and 2 (13.3 percent) had post-secondary educations. Their occupations included sewing-machine operator, technician, healthcare aide, tailor and jewelry repairer, food preparer, farm worker, community worker, and homemaker.

Three (20 percent) older Chinese adults' GPSI scores were 0, 9 (60 percent) scored 1–2, 2 (13.3 percent) 3–7, and 1 (6.7 percent) over the score of 8. The demographic information and the summary of gambling onset, intensification, and current situation of the participants (grouped by three

life course stages) are presented in Table 2 (factors directly relevant to the gambling trajectory are in red fonts; the only problem gambler's case is shaded.)

Case #	Sex	Age at Inter-view	Marital Status	# of years in Canada	Status as entering Canada	Education	Occupation	Monthly income	Income satisfies needs?	Income source	Religion	PGSI	Gambling onset	Gambling intensification	Current gambling behavior
C-1	Male	67	Married or common-law	46	International student, then immigrant	Post-secondary	Technical work	Over \$3,500	Very well	Pensions	Catholic	2	Childhood	Learned mah-jong  <u>Life course perspective:</u> Grew up in a middle class family; finished high school in home country	Visiting casino 5 nights/week, spending approx. \$900/month, budgeted under income.  Visiting casino with friends and giving friends rides; socializing and enjoying free drinks.  <u>Motivation:</u> Gambling as an entertainment; often feeling bored at home at night; mah-jong is too time consuming and tiring while casino is flexible.  <u>Life course factors:</u> gambling escalated by unsatisfactory marital relationship. Good relationships with parent and children
													Adulthood	Played mah-jong and visited gambling venues, using up to 10% income each time.  <u>Motivation:</u> wanting to win; believing he can win; being single, spent all for fun; mah-jong not gambling  <u>Life course factors:</u> attending university in Canada; met future wife at a mah-jong table, married for practical reasons	
													Older adulthood		
C-2	Female	61	Married or common-law	39	Immigrant by marriage	Elementary school	Labour	Less than \$500	Very well	Other	None	2	Childhood	Learned mah-jong from neighbours before 10.  <u>Life course factors:</u> Lived in poverty; started working at 12	Often desired for winning and felt anger when losing; happy in casino; visited casino with husband; played under a budget.  <u>Motivation:</u> For self entertainment, not for socializing with others.  <u>Life course factors:</u> Slowing down gambling due to caring for, travel, dance program, and using Ipad for games, news feds. Good relationships with husband and children. Children are understanding.
													Adulthood	Played mah-jong with co-workers in home country, and with other couples with children every weekend after moving to Canada. Later visited casino, spent up to \$600/week. Both husband and wife gambled.  <u>Motivation:</u> For fun & socializing. Convenient for both husband and wife when children were young. Later work schedule only allowed for visiting casino.	

C-3	Female	63	Widowed	35	Immigrant with family	High school	Labour	\$2,500 - -2,999	Adequately	Earnings from work	Buddhist	1	Older adulthood		<p><b>Life course factors:</b> Caring for children; worked long hours in restaurants; no other hobbies.</p> <p>Good relationships with parents; mother died when participant was 21</p>		
													Childhood				<p>Visiting casino with widowed mother and single sister daily. Played VLTs and watched others. She and others played in parallel. Spent up to \$50 /day everyday.</p> <p><b>Motivation:</b> Feeling lonely and bored; sometimes felt like screaming. Gambling made her forget husband's death. Casino's coupons is a big incentive.</p> <p><b>Life course factors:</b> Husband's death and his suffering of cancer treatment was devastating, and escalated participant's gambling.</p> <p>Good relationships with children who are neutral to mother's gambling.</p>
													Adulthood	Brought to casino occasionally by relatives in Canada.			
													Older adulthood		Started visiting casino frequently.		
C-4	Female	69	Single	36	Refugee	High school	Personal care worker	\$1,000 – 1,499	Very well	Pensions	Ancestor worship	1	Childhood	Introduced to gambling, lottery, & controlled playing by mother.			<p>Visiting casino with friends, after doing exercises at YMCA. Using only casino's coupons to play.</p> <p><b>Motivation:</b> Socialization. Casino's coupons is an incentive.</p> <p><b>Life course factors:</b> Never married but dated. Suffered from PTSD and chronic depression. Have been receiving intervention for depression. Stayed in touch with family in home country. Participant is wheelchair bound; but active in participating in YMCA and other social programs. <b>No significant change in gambling behavior.</b></p>
													Adulthood	Continued to buy lottery in Canada			
													Older adulthood		Motivation: Believed gambling was a way of creating a fortune.		
C-5	Male	67	Married	51	Immigrant	Post-secondary	Technical	More than	Very well	Pension	None	3	Childhood	Taught to play mah-jong by older brother			Visiting casino 1-4 times/week; playing in





C-7	Male	68	Married or common-law	37	Refugee with family	Elementary school	Farmer	\$2,000 – 2,499	Adequately	Pensions	Buddhist	1	<p>women's fellowship had ended</p> <p><u>Motivation:</u> Socializing</p> <p><u>Life course factors:</u> widowed, networking with other women in the community</p>	<p><u>Motivation:</u> To avoid loneliness</p> <p><u>Life course factors:</u> widowed; lived with adult children and cared for grandchildren; networked with other women in the community.</p>	
C-7	Male	81	Married or common-law	34	Immigrant with family	High school	Housewife	\$1,000 – 1,499	Adequately	OAS/Government supplement	Ancestor worship	9	<p>Childhood</p> <p>Learned to play mah-jong and pai gow before coming to Canada at the age of 36.</p> <p><u>Motivation:</u> Unclear</p> <p><u>Life course factors:</u> Satisfactory life before Communist regime.</p>		<p>Visit casino with long-time friends when no need to care for grandchildren on weekends - 3 half days or nights; played on VLTs. \$4-500 per month.</p> <p><u>Motivation:</u> To have fun and socialize with friends</p> <p><u>Life course factors:</u> Retirement; a network of friends; good relationships with wife and children. The level of gambling appears the same, but activities are different, for participant.</p>
													<p>Adulthood</p> <p>Played Mah-jong or cards with wife &amp; friends when children were young. Same friends who he visited casino with now.</p> <p><u>Motivation:</u> No other entertainment.</p> <p><u>Life course factors:</u> Stable work and income; good relationship with wife; raised 4 children. Parents died. Rough refugee experience.</p>		
													<p>Older adulthood</p>		
C-8	Female	81	Married or common-law	34	Immigrant with family	High school	Housewife	\$1,000 – 1,499	Adequately	OAS/Government supplement	Ancestor worship	9	<p>Childhood</p> <p>Learned mah-jong but rarely played. Visited casino in Canada</p> <p><u>Life course factors:</u> Lived in poverty and political conflicts</p>		<p>Participant and her husband visited casino frequently and separately in the last 3-4 years.</p> <p><u>Motivation:</u> Unclear, besides casino's coupon is an incentive.</p> <p><u>Life course factors:</u> Unclear. Participant lives with husband. Children and grandchildren have grown up and moved out. It seems her gambling is escalated.</p>
													<p>Adulthood</p>		
													<p>Older adulthood</p> <p>Participant and her husband started visiting casino.</p> <p><u>Motivation:</u> Unclear, besides casino's coupon is an incentive.</p> <p><u>Life course factors:</u> Unclear.</p>		

C-9	Female	71	Married or common-law	37	Refugee with family	Elementary school	Labour	\$1,000 – 1,499	Adequately	Pensions	Ancestor worship	2	Childhood	Learned gambling from mother  <u>Motivation:</u> Taught by mother "buying lottery is like buying a hope"  <u>Life course factors:</u> Lived in poverty and war; father died; started working at 13; 7 siblings		Visiting casino to play VLTs with husband or friends; often going to casino with friends after visiting YMCA.  <u>Motivation:</u> Casino's coupon is an incentive. Socializing with friends. Believed in "buying lottery is like buying a hope."  <u>Life course factors:</u> Good relationships with husband and children. Having other hobbies, such as doing exercises at YMCA. Having a good social network that shares similar interest, which results in more frequent casino visits.
													Adulthood	Bought lotteries regularly, with husband.  <u>Motivation:</u> Believed in "buying lottery is like buying a hope"  <u>Life course factors:</u> The breadwinner for 12 years; family affected by political conflicts; good relationships with husband; mother died		
													Older adulthood			
C-10	Male	78	Married or common-law	37	Refugee with family	High school	Labour	\$1,000 – 1,499	Adequately	Pensions	Ancestor worship	2	Childhood	Learned gambling, lottery from mother; worked in an illegal casino in home country  <u>Motivation:</u> similar teachings as his wife's (C-9)  <u>Life course factors:</u> 8 siblings died young.		Visited casino to play VLTs with wife and friends frequently.  <u>Motivation:</u> Unclear, other than casino's coupon is an incentive.  <u>Life course factors:</u> Good relationships with wife and children. Only other hobby is computer. He and his wife are visiting casino more frequently.
													Adulthood	Bought lotteries regularly, with wife.  <u>Motivation:</u> Believed in "buying lottery is like buying a hope"  <u>Life course factors:</u> Supported by wife for 12 years to avoid forced military service; cared for children; family affected by political conflicts; good relationships with wife.		
													Older adulthood			
													Childhood			

																Adulthood		<p>Invited by friends to visit casino in Canada, with husband.</p> <p><u>Motivation:</u> To socialize and have fun.</p> <p><u>Life course factors:</u> Married; 4 children; <b>experienced refugee camp and killing in political conflicts</b>; lost contact with family of origin; worked long hours in garment factories; <b>experienced racism from a manager</b> who was also a newcomer from a different culture</p>	<p>Visited casino to play VLTs with husband or friends, or by herself; gambled under a budget.</p> <p><u>Motivation:</u> Gambling as an activity like taking a walk; to avoid depressive feelings, kill time, and socialize; attracted by coupons.</p> <p><u>Life course factors:</u> <b>Good relationships with husband and children. Do not let children know about her gambling behavior, fearing young people may get addicted.</b> Participant visits casino <b>more frequently than before.</b></p>
		90	Widowed	23	Immigrant sponsored by children	No formal education	Labour	\$1,000 – 1,499	Adequately	OAS/Government supplement	None	0	Childhood	<p>Brought to casino by <b>foster mother who was addicted to gambling.</b></p> <p><u>Life course factors:</u> <b>An orphan who experienced wars; also lost grandmother after foster mother in the war.</b></p>		<p>Played VLTs and card games; socialized with friends. Played under a budget.</p> <p><u>Motivation:</u> To kill time and socialize with friends. Encouraged to go to casino by adult children for outings and mental stimulation. Coupon is an incentive.</p> <p><u>Life course factors:</u> <b>Widowed for 30 years. Living alone in apartment. With more spare time and reliable income, participant visits casino more frequently.</b></p>			
													Adulthood	<p>Knew how to play mah-jong but rarely played.</p> <p><u>Life course factors:</u> <b>Married for practical survival reasons; several babies died in Great Cultural Revolution; heavy labour work for long hours</b></p>					
													Older adulthood		<p>Brought and given rides to casino by friends, especially after qualified for GIS.</p> <p><u>Motivation:</u> <b>To kill time and socialize with friends. Not wanting to be addicted as foster mother. Encouraged to go to casino by adult children for outings and mental stimulation. Coupon is an incentive.</b></p>				
C-12	Female																		

C-13	Female	77	Married or common-law	31	Immigrant with family	Elementary school	Labour	\$1,000 – 1,499	Adequately	OAS/Government	None	0	Childhood	Not specified	Life course factors: Widowed for 30 years. Living alone in apartment.	<p>Visited casino with friends 3 days/ week, usually after visiting YMCA. Played VLTs &amp; walked, spent up to \$30 each visit.</p> <p><u>Motivation:</u> Forgetting pain &amp; enjoying life when can; brought food and fruit from home to save money.</p> <p><u>Life course factors:</u> Unclear. Possibly participant visits casino <b>more frequently</b>.</p>
												Adulthood	Not specified			
												Older adulthood				
C-14	Female	74	Single	37	Immigrant with family	High school	Labour	\$1,000 – 1,499	Adequately	Pensions	Buddhist	2	Childhood		<p>Visiting casino daily after visiting YMCA daily by bus; playing VLTs.</p> <p><u>Motivation:</u> Sad past, now wanted happy times, to avoid depression.</p> <p><u>Life course factors:</u> Unclear. Possibly participant visits casino <b>more frequently</b>.</p>	
													Adulthood			
													Older adulthood	<p>Started after retirement.</p> <p><u>Motivation:</u> To kill time. No places to go.</p> <p><u>Life course factors:</u> Unclear.</p>		
C-15	Female	67	Divorced /separated	37	Immigrant with family	Elementary school	Jewelry repair	\$500 - 999	Adequately	Pensions	None	0	Childhood	<p>Started visiting casino in spare time.</p> <p><u>Motivation:</u> Unclear.</p> <p><u>Life course factors:</u> Unclear.</p>	<p>Visiting YMCA and casino with friends, have free drinks, Socialize with friends, and walk; enjoying discounts in casino's restaurant and entertainment programs. Spending \$20-100 each visit. Husband spent more</p> <p><u>Motivation:</u> Sad past, now wanted happy times, to avoid depression. To kill time.</p> <p><u>Life course factors:</u> Unclear. Still driving herself. Possibly participant visits casino <b>more frequently</b>.</p>	
													Adulthood			
													Older adulthood	Not specified		

**Table 2 Older Chinese-Canadian Gamblers' demographics and gambling trajectories**

As the older adults described their lives in a retrospective manner, they generally were not able to provide accurate or detailed information about their age when certain events happened to them, but a period of time. To illustrate the life course of the older adults, findings of significant events are organized under three major categories: childhood and adolescence (0–18 years), adulthood (19–59), and older adulthood (60 and over) (Table 3).

### D.1.2 Childhood and Adolescence (0–18 years)

Many Chinese older adults reported that their childhood and adolescent lives were affected by wars or political conflicts. The Chinese Civil War (1946–50), following the Second Sino-Japanese War (1937–45), resulted in a lasting political and military standoff between the Chinese Communist government on the Mainland and the Republic of China in Taiwan. The Vietnam War (1955–75) took place in Vietnam but affected other countries, as well, including Laos and Cambodia. Chinese-speaking people, like many others who resided in those areas, typically found life harsh, and it was difficult to survive. Our respondents were born or brought up in Southeast Asian countries during these periods, so full of political and military conflicts.

The older respondents recalled many occasions in which they had to go with adults to escape bombs or invading troops. Some escaped Hong Kong, invaded by the Japanese army, and fled to Mainland China, others migrated to Vietnam from China during the Chinese Civil War, and a few were affected by the Vietnam War during their childhoods. Typically, these escapes resulted in the loss of their family's valuables as well as jobs and income resources. One female respondent remembered her parents' and her own feelings: "My mom was so scared," "the deepest memory was that we had to escape.... It was so miserable, so pitiful" (C-8). Many others seemed to prefer describing practical details than feelings. One senior (C-6) recalled, "My dad passed away. Before then, he had to run away to avoid being forced to become a military officer to force young people to join the army. There were people who wanted to murder him everyday....my mom told me this later. I was too young to remember." Another senior (C-3) reported that she regarded life in a refugee camp in Thailand as better than that in her home in Vietnam, where bombs would fall any time and mines were hidden under the ground. "A classmate of mine, very young, about 10 years old, was hit by a bomb....In 1960, we saw a lot of corpses, me and my younger sister. She was four or five, and I was five years older. I remember they came to collect those bodies after a battle."

Some of the respondents experienced separation from their family members, temporarily or permanently. Sometimes older or younger children were left with a family member in a hometown, while the parents escaped with other children to a safer place first before managing to bring the rest of the family together.

Many Chinese respondents' childhoods were spent in rural areas or small towns where a traditional community lifestyle allowed residents to interact frequently with neighbours. Doors usually were open to everyone, and children could play freely in the community. When something unfortunate happened to a family, neighbours, friends, and co-workers/employees would help the family go through struggles.

The respondents' parents often ran small business to generate income, such as providing tailoring work for neighbours or operating food booths (e.g., selling noodle soup). Some families lived in slums in the city; income included the salaries of all able-bodied family members who worked in factories that produced low-tech goods like matches, plastic flowers, or lightbulbs. Two seniors' families seemed to be doing better at certain points in terms of income because one ran a butcher's business (C-7) and the other specialized in a leather-softener that was valued by the leather industry. However, the comfortable financial situations did not last long, as the butcher's business came under the control of the military when war began, and the father who invented the leather-softener passed away early in his life due to excessive exposure to the chemicals in his product (C-4).

The respondents generally reported having had caring parents. Working hard to provide food and supplies for the children, parents were respected by their children. Recalling their parents, the respondents expressed affection and respect. However, it was not uncommon for parents to have

gone missing from the respondents' lives when they were young because of death caused by poverty, war, disease, or work. One male senior (C-5) did not see his father until he was 14, when he immigrated to Canada sponsored by his father who had been supporting the family with his income from working in a restaurant in Canada. Although he highly respected his father for his sacrifice for the family, the respondent admitted that he hardly had any feelings but respect toward this person who he heard from occasionally through telegrams. He said, "I don't think there was any impact [of missing a father] in my life....I got used to it."

Several other respondents noted that one of their parents passed away before they turned 11. They did not say much about what they thought or felt about the loss of a significant figure in life; rather, they immediately mentioned younger siblings, the labor they had to carry out at home or work, or some negative events. One senior (C-4) remembered that her father passed away when she was 10, leaving her and six siblings for her mother to raise. Another (C-9) stated, "My dad passed away when I was very little, when I was 11. I started working at 13 and became an employee in a factory at 15." Another female respondent (C-12) somehow accepted a superstitious belief that her parents' deaths were caused by her horoscope: "I lost my parents at a young age. Just like the old saying—the child's hard fate kills the parents. The Japanese occupied Hong Kong at that time, so I escape to the Mainland, working in construction or a farm.... was raised by my grandma and started working at 13." However, the participants and their families, despite the pain of losing loved ones, were commonly not engaged in any communication about grief, such as discussing the impact of the losses to their emotions and the relationships among family members. One female participant (C-2) described that she and her father and siblings were supportive to one another after her mother had passed away, but no one would talk about it. Eventually she moved away from the family of origin to Canada; hence, never had the chance to talk about how much she had missed her mother.

It was not surprising that most Chinese respondents had been involved in various forms of labor in childhood, helping with housework and/or engaging in paid work to support the family or themselves. Helping with the cooking was the most common housework mentioned by the respondents. Young girls often took care of younger siblings; they carried baby sisters or brothers, and they bathed and fed them as part of their daily work. Two young girls (C-3) were sent to a river nearby to wash cloth diapers. "Sometimes the current was so strong that it flushed away a couple of diapers. We rushed to catch them. Sometimes we could get them back, but other times [the current was too fast and] the diapers were just gone. It was funny." Adolescents generally were employed in paid labor jobs outside of the family. They might help with small, handmade products such as incense sticks or matches as part of the contract work for factories received by adult family members. As they grew older (e.g., at the age of 13 or 15), they were sent to start working full time at garment factories, fabric factories, radio assembly lines, and flashlight and lightbulb factories. One female senior (C-4) recalled that she had to carry and move 25-kilogram cans of oil for the family business on a daily basis, starting at the age of 12 or 13. Another female senior (C-6) described how she looked for food to care for her mother after her father had passed away: "My mom said to me, 'You have a harsh fate.' I cried. I went to the field to dig out some wild vegetables to bring home. Mom was so thin, not having enough nutrition. I also tried to catch frogs and snakes to cook for Mom. I didn't know what else to do. My mom and sister were sick, hospitalized. I went out to collect potatoes [left by others]."

Education, especially formal education, seemed insignificant in the respondents' childhoods. Two (13.3 percent) respondents had never received formal education. Six (40 percent) respondents' families managed to allow them to finish elementary schooling before they had to work, and five (33.3 percent) were able to obtain secondary education of some sort. The majority seemed to spend most of their childhoods and adolescent years doing paid or unpaid labor. The education level did not seem correlated with the level of gambling in this small sample. The only respondent who scored 9 in PGSI (and so at the "problem gambler level") had a high-school education background.

## *Gambling in childhood and adolescence*

When asked about exposure to any forms of gambling, almost half of the respondents (7, or 46.7 percent) reported a certain degree of exposure in childhood. Lotteries were reported to be common in Vietnam and Hong Kong. While two of them mentioned noticing adults playing mah-jong or Pai Gow (played with a set of 32 Chinese dominoes) in the family or at another household in the community during holidays, five indicated a strong connection between their mothers and gambling. Mothers either were heavy gamblers or introduced the idea of the “luck” of money to their children. One respondent (C-9) recalled her mother told her, “Just like if the God of Fortune arrive at our doorstep and we don’t even open the door, he’s not able to enter. This value might have influenced us [the respondent and her younger sister], and we believe the same thing. So, we buy 649, like buying a chance [to welcome the God of Fortune].” Another older adult’s (C-12) mother “would play any gambling games. She would bring us along with her to casinos. There was food there, and snacks like sunflower seeds and dry fruits.” These five seniors whose mothers seemed to have introduced gambling into their lives did not present high PGSI scores (i.e., 0–2).

The intervention service providers and gambling service providers echoed the early onset of some Chinese-Canadian seniors. They encountered many individuals of this group who told them that they had been gambling or knowing how to gamble since they were young. The information in the *Childhood and adolescence* stage, as well as in the other life course stages, that might have significant impact on the gambling motivation and behavior in older Chinese-Canadians is presented in red font. The only problem gambler (C-8)’s information is shaded in the table.

### D1.3 Adulthood (19–59 years)

Wars and political conflicts continued to affect individuals and their families as they aged. Among the ten (66.67 percent) respondents who mentioned such events in their adulthood, nine were Chinese-Vietnamese in South Vietnam who were directly affected by the Vietnam War. Some respondents recalled young men were forced to join the troops, and one male respondent (C-10) did not go out of his house but took care of his children at home for over 10 years, living on his wife’s salary, to avoid being caught and forced to join the army. Social life changed dramatically when the North Vietnamese Communist government won in the Civil War. Salaries were reduced to 1 percent of the amount before that point, and the food supply came under the strict control of the government. This change resulted in a huge wave of refugees from Vietnam to western countries, through Thailand, Laos or Malaysia. The respondents described various experiences of escape. Some paid human smugglers to ship them to the US, Canada or Australia: “Each person paid 13 *liang* [a Chinese weight unit, 50 grams] gold. Gold, 13 each. So we left. In late 1978, we boarded this boat, a big one. We lived on the boat for three months, and my dad died there” (C-14). Others tried to flee to Thailand or Laos by swimming or rowing a small boat to cross the river at the border, as trying to walk across the border would almost guarantee being shot to death. Once they were able to arrive safely in Thailand or Laos, they could apply for refugee status in a refugee camp and wait to be sent to a third country.

Because most respondents had extended family, siblings and relatives would flee in their own ways and then tried to reconnect when they had arrived in a refugee camp or in a third country. Many respondents had become parents at that time (one female respondent was pregnant with her second child [C-3]), and they brought their children to the refugee camps. Before they were assigned to reside in a third country permanently, the refugees had to wait for four months to six years (most waited years) in a camp where living space, food, water, and medicine were extremely limited. Sometimes members of one big family were accepted by different countries such as France, Australia, the US and Canada. If a family had a close member who had arrived in Canada earlier and was able to sponsor them, all the family members could reunite in Canada. Churches also sponsored some refugees to come to Canada.



Multiple respondents used the word *can* (惨, sorrowful, scary, brutal and inhuman) to describe their refugee experiences. Corpses lay on roadsides; people drowned or were shot when trying to cross the border river. One female senior (C-4) was on a fishing boat with 141 other people for seven days without much food, water and fuel. Because people on board could not move at all due to the lack of space in this small boat, they had to deal with everything sitting in their seats, napping, urinating, bowel movements, or bleeding when women had their periods. Luckily, they encountered an American boat once they entered the free zone, and they were saved.

Once the respondents arrived in Canada, they started looking for jobs and working as soon as possible to support themselves and their families, and to pay the government for their plane tickets to Canada. Women usually operated sewing machines, worked at restaurants or became homecare workers; men would work as shipping or packing workers at factories, cooks at restaurants or helpers on farms. None of the refugee respondents received further education in Canada, except for one female respondent who had been a nurse in her home country and underwent homecare training to become a homecare worker.

The respondents who were not refugees usually came from Hong Kong, immigrating to Canada after graduation from university or with their parents. The only two respondents with completed post-secondary education were both men and from Hong Kong. They attended university in Canada after having finished their high-school educations in their home countries.

The majority of the respondents (12, or 80 percent) had been in Canada for over 35 years, and all the Chinese respondents moved to Canada as adults. They mentioned they were shocked by the incredible amount of snow in the winter, the quietness of the environment (as opposed to the noisiness in their home country and the refugee camps), and language barriers. Language challenges not only indicated Chinese refugees' low English proficiency but also included dialect barriers within this group. Some of them had to learn Cantonese, for example, so they could communicate with fellow Chinese-Canadians. Yet they all got accustomed to the local circumstances quickly once they started working and being occupied with childcare and education. They slowly settled down, paying off debts, buying houses and cars, and sending children to university. Also, most of them became fluent in more than one language or dialect, such as Cantonese, Mandarin, Taishanese, Laotian, Vietnamese, and other languages.

All respondents but one (who had never married) got married between the ages of 18 and 28. Women tended to marry people they had known for a period, such as a neighbour or a co-worker or someone matched for them by others. Men seemed to take more initiatives in looking for mates. One male respondent chose his wife among over 300 female co-workers in a fabric factory, and the two men who completed post-secondary degrees in Canada picked their wives among newly arrived young women from Hong Kong. Once the respondents married, they usually had multiple children within several years.

Almost half (7, or 46.67 percent) of the Chinese respondents described the deaths of loved ones as the most negative events during their adult lives. Some lost their parents to poor health during or soon after their refugee periods. Two seniors mentioned they had lost a sibling after having resided in Canada, one to a car accident and the other to a carbon monoxide accident. Facing the deaths of the family members they felt close to, the respondents not only experienced the sorrow of losing loved ones but also regret for them not being able to enjoy life after having gone through the harshness and danger of wars.

One respondent's (C-12) reactions to her experience were different from the rest. An orphan, she was raised by her grandma in Hong Kong. She started working in construction, on fields, or on farms at 13. When Hong Kong was occupied by the Japanese during the Second World War, she fled

to Mainland China and did not find her grandma again upon return. She married a man in Mainland China and moved to live with him when food and other living supplies were strictly controlled by the government. "I married my husband because he could guarantee I had rice for meals, not because of love," she said. She gave birth to several children, but all but one daughter passed away soon after birth. "I did not know about sadness at that time. They all died soon after being born. I didn't even get to hold them much. So, I wasn't affected much." These "babies," though, affected her and her family in another way: "[During that time,] each of us was allocated 100 grams of cooking oil per month. When people's complaints became stronger, [each of] us was given 250 grams. Still not enough for one person; but it would be enough if all family members' oil was put together. Because those young babies of mine were still alive, we have several *jins* [Chinese measure unit, 500 grams] of cooking oil. But they all died, except for a daughter." She used to smoke two packs of cigarettes a day when she was working in an industrial factory, because it was very hard work for a woman to carry and move metal goods and she sought resting opportunities all the time. In the factory, resting was regarded as laziness and resulted in criticism and punishment, but smoking was a legitimate reason for taking a break from one's work.

Several respondents, in comparison to negative experiences in their lives, stated that living in Canada was their most positive experience. When asked about challenges related to language barriers, cold weather, employment, and childrearing, they typically considered those insignificant difficulties.

### ***Gambling in adulthood***

After they had arrived in Canada, some respondents resumed the habit of buying lotteries, and many of them started playing mah-jong on different occasions. A few of them had been aware of mah-jong since childhood, but the majority learned how to play after moving to Canada. Some respondents, when they had young children, took turns with their spouses to stay home and babysit. Stay-at-home parents brought their children to one parent's home to let the children play together while the adults played mah-jong. This socializing activity continued among close-knit families even when children grew older, as they would play mah-jong on weekends or when having birthday or holiday parties. Often, both husband and wife took turns at playing on such occasions. Recreational activities were limited for these groups, as they were unable to enjoy movies, concerts, sports games, and other entertainment due to language barriers. The respondent who obtained the highest degree of all was introduced to mah-jong by friends when he was attending university alone in Canada. He met his future wife at the mah-jong table.

A couple of respondents mentioned that they would play gambling games at a summer fair on the outskirts of the city long before casinos were legalized in that city. Once gambling facilities became legalized and permanent in the city, some respondents would visit casinos at the request of friends or visiting relatives. Going to the casino was suggested to, and apparently accepted by, them as an option for socialization.

C-3: "My aunt came to visit us from the US, and we showed her around. And you know there isn't much in Winnipeg, so we took them to a casino."

C-5: "Later a group of friends came to visit from another province and stayed with us. They said, 'Why don't you take us to a casino?' I said, 'OK.' ... I brought about 50 dollars with me to play. I lost 25 dollars, having about 20 left. I would stop if I spent another 20 dollars. But all of a sudden, I won the jet pot, a thousand dollars! ... I became fond of it, and proud of my winning."

The respondents stated that they did not visit casinos regularly before they were retired as they were occupied by work and childrearing. This was reflected in the interviews of the gambling-

intervention service providers. Chinese-Canadians were occupied by work and the responsibility of childrearing in their adulthood, which limited their opportunities to gamble. One senior recalled, though, that her husband and she would go to a casino together after the restaurant they worked at was closed at 11 p.m. They wanted to relax before going to bed, and casinos were the only place they could seek entertainment and relaxation at that time of night in the city. She stopped going to casinos when she discontinued her work at the restaurant.

Most spouses accepted the social gambling behavior described above or mild spending on gambling (e.g., for buying lottery tickets or spending in a casino). The respondents regarded their spending on gambling as under control. They would visit the casino or play mah-jong once a week or to keep visitors company, even the respondent who had won a jetpot. They would set limits for themselves, such as \$20, \$50, or \$100, for one night's play. However, the respondents stated they had seen or known other Chinese-Canadians who had lost their wealth to gambling.

#### D 1.4 Older Adulthood (60+ years)

It was common for Chinese-Canadian seniors to retire between the age of 55 and 60. They felt that it was time for them to rest after much hard work. "I am getting older, can't do any more. In old age, I am tired. Time to rest" (C-13). Some of them stated that they enjoyed retirement life, as they finally had time to do the things they had liked, such as travelling or organizing a dance group in a Chinese community centre. A few older women mentioned sometimes attending church or Buddhist temple services. One senior used to be active in organizing activities like reading and singing in a women's group in a Chinese church, but she stopped doing so when her health declined and a key organizer had moved away. Some seniors went to different social agencies for socialization and recreational activities, such as potluck parties and learning English, or swimming and doing exercises at a local YMCA. Almost all senior respondents helped take care of grandchildren at some point in their retirement life, except the one who had never had children.

Most respondents considered their health relatively good. One respondent who had suffered a tremendously harsh refugee experience was battling chronic depression and severe arthritis. Two female respondents reported they had lost their husbands to cancer several years ago and that they missed them. However, they did not report or demonstrate any clinical depressive symptoms during the interviews. Other respondents did not report any health conditions that had interfered with their lives.

When reviewing their personal relationships or marriages, the respondents described varied experiences. Several female respondents reported a positive and supportive relationship with their husbands; however, two of them were now widowed. Some respondents expressed dissatisfaction with their marriages because this cohort of Chinese tended to marry for practical reasons rather than for affection. One respondent stated that she had married her husband to have rice for food. Another (C-8) said, "My friend introduced us [the respondent and her husband] to each other. My type of girls wasn't actually his favorite, but his father liked me. He [my husband] must be thinking of doing what others did—getting married.... Probably because he did not feel love for me, he did not really care about me. I don't think my marriage is a happy one." Two male respondents expressed in detail the disagreements between their spouses and them. One said his wife complained about his active life outside of home, including going to the casino; and the other's wife was unhappy no matter what the respondent did. They both, however, found comfort in their children and grandchildren through frequent phone communication and babysitting. The younger generations seemed to be empathetic with their fathers/grandfathers.

## *Gambling in older adulthood*

All three groups of respondents reported in detail their experiences of gambling among older Asian-Canadians. The four interviewed gambling service providers had been working in casinos for 9, 15, 18 and 21 years. Based on their observations, more than half of their clientele were Asians and about 15–20 percent were older Asians.

All Chinese-Canadian respondents were casino-goers at the time of data collection. Visiting the casino became the major gambling activity for these Chinese-Canadians when they grew older. They visited casinos at different times. Those who went to the YMCA would go to the casino together after exercises and lunch. Those who needed to babysit grandchildren usually went to the casino on weekends or in the evening with friends of the same age, when their children were taking care of the grandchildren. Older seniors who found it difficult to go out on their own would wait for their children to give them a ride to or bring them along to the casino in the evening. A few who were in their 60s and were mobile could go to the casino alone, sometimes at midnight. Those who were alone were more likely to go to the casino almost every day. Most respondents reported that they had been introduced to the casino by friends, especially those who recently (over the past three or four years to the past several months) started going. Local casinos provided coupons in newspapers for seniors and ethnic communities; some seniors, who wanted to share, collected coupons to distribute among friends. Several respondents indicated that they would not have gone to the casino were there not such coupons that could be used to play.

The respondents (i.e., older Asian-Canadian gamblers, intervention service providers, and gambling service providers) mentioned multiple reasons for going to the casino that had been reported by the literature, such as the beautiful set up of the casino, polite staff, TV and other entertainment activities, and the practical convenience for people of all levels of ability to enter, move around, and play. The casino not only offered free drinks and food with points earned from playing games, but it also was a safe place for seniors, as security guards and staff would watch for players who might need attention.

Both older gamblers and gambling-intervention service providers indicated that casinos provided a convenient place for seniors to socialize almost any time of the day, without admission fees or registration. They could go either on their own, without needing company as they would for a game of mah-jong, or with pals if they were available at the same time. The respondents noted that they often played on slot machines, watched other people played on table games, and watched TV or chatted with friends in a casino. The gambling service provider respondents stated that Chinese and Filipino gamblers would sit down with fellow players to start a conversation and socialize, as opposed to white gamblers. Older gamblers, intervention service providers and gambling service providers all mentioned that some elderly people would go to the casino with their adult children, some of whom were older adults themselves. Five respondents usually went to the casino with their spouses. Thus, going to the casino could be seen as a family-bonding activities by some Chinese-Canadians. For those who liked to play on slot machines, they seemed to enjoy personal time in the casino, rather than socializing. They concentrated on playing on their own most of the time and were happy to receive brief congratulations from their neighbour players when they won.

To combat boredom was a common reason for going to the casino. When children and grandchildren had grown up, the seniors had little to do at home, and they felt they deserved to do something they were interested in doing. One intervention service provider observed that “when people are older, ‘because my responsibilities are done,’ I mean, ‘I don’t have any more [responsibilities of work and childrearing]’” (I-1), they started or resumed gambling activities. All four gambling service provider respondents observed some older Chinese-Canadians had been visiting the casino for decades as adults, even longer than the gambling service providers had been working there. Yet “you have folks who start gambling and running into problems later in life” (I-2) as well, due

to challenges related to relatively recent immigration such as intergenerational conflicts, cultural shock and isolation. Two gambling service providers (one Filipino and the other Caucasian) believed that gambling was in the “Asian blood” because they had seen many Asian-Canadians (young and old) gambling and bringing their children to the casino when they turned 18.

Some respondents expressed psychological reasons for going to the casino. One elderly woman (C-6) in her 80s said, “I am scared staying home alone. Daytime is OK. I am scared at night. This house has three floors; every floor is dark (if my daughter isn’t home). I am scared if a stranger comes to the door. So, I ask her [the daughter] to take me to the casino when she goes out to parties.” Two other elderly women admitted they had been suffering from a certain degree of depression and anxiety due to loneliness, and one talked about emotions she felt relating to the death of her husband (e.g., empathy for the pain her husband had to go through, guilt for not being able to be with him all the time before his death, and missing him). One woman (C-3) said, “When you see those slot machines, you will forget about painful things. You don’t need to think about them. Just have fun... because you feel bored at home, wanting to yell. It’s tiring to be upset and depressed.” An intervention service provider (I-1) agreed with this statement: “Some people would find that when they actually gamble, it’s to escape, escape whatever unpleasant, sometimes to escape the situations at home, the past.”

The mental impact of gambling on older Chinese-Canadian gamblers is complex. The gambler respondents indicated that they wanted to have fun and enjoy themselves in the casino. However, as the gambling service providers reported, the gamblers could not only lose money but also get stressed about those losses. One gambler respondent mentioned that she would feel upset if she lost money to the casino, though her reason for going to the casino was to enhance her mood. The intervention service providers pointed out that male gamblers would gain satisfaction from peers’ respect when they won. Successful gambling seemed to be a means through which male gamblers might show masculinity and the spirit of daring. They shared gambling techniques with one another, feeling “together we can beat the house” (I-1). Once they won, they would receive fellow gamblers’ respect and envy, as they would be regarded as smart and capable.

Five respondents reported on past winnings. A couple of them won jackpots, and others seemed to have frequent, small winnings that could add up to \$3,000. They admitted they were surprised but happy about their winnings. The memories of past winnings seemed to still bring them excitement. Nevertheless, none of these past winners scored higher than 3 in the PGSI Index.

The respondents expressed a relatively controlled and balanced attitude toward gambling, as most of them acknowledged that players usually lost money rather than make it. They treated going to the casino as entertainment or a leisure activity to kill time, and they thought of the money spent in the casino as similar to the costs of going to a concert or an arcade. Most respondents stated they would set budgets of between \$20 and \$100 before they visited the casino, and they would leave once that amount of money had been spent. This phenomenon was confirmed by the gambling-intervention service providers. They noticed that elderly gamblers usually played under a budget as their incomes were set, with little room for debt. Gambling service providers noticed that older Asian gamblers who came with their spouses were more likely to have a control over spending, as husband and wife would remind each other of their budget limits. Usually the wife had less money to spend and finished sooner than her husband, and she would wait for him to finish his games before they went home together.

Of course, gambler respondents might not have reported the accurate amount of financial resources they had put into gambling because of worrying about being judged. They did mention witnessing others spending large sums of money in the casino, or express hesitation in revealing their own financial decisions. One respondent asked the interviewer to reassure her about confidentiality before she admitted to a range of cash spent.

At least seven respondents, all intervention service providers and gambling service providers, mentioned they had witnessed others gambling huge amounts of money, ranging from \$500 to several thousand, on one bet. Those problem gamblers often lost their business (e.g., a Tim Hortons shop) or houses. The respondents noticed some differences between men and women. A female respondent (C-4) observed that males were more likely to get excited about losses as they were more serious about gambling. However, five older Chinese gamblers (two male and three female) described that some older women, including their friends, would spend thousands of dollars each time in the casino. According to some participants, men seemed more able to control their urge to gamble than women. "Women have less control when gambling than men. .... Men are able to leave the table when they have lost all their budgeted money; but women can't " (C-SL-6).

Some of the examples they had witnessed include one widow gambling away her late husband's business, an older Chinese woman bringing \$9,000 to the casino and losing \$3,000 one night through playing on slot machines for \$5 per game. Some women sold their houses without husband's consent, and ended up with divorce. (C-HL-2). Four out of six addicted female older gamblers mentioned in the respondents' interviews slowed down due to their husbands' intervention. One female older gambler spent up to \$1,000 per night; but her gambling behavior was supported by her husband "because she worked hard, and I want to make her happy and let her do what she wants. There won't be too many years (to live like this)" (C-SL-6).

Not many respondents reported other addictions, except two who would drink at social occasions, and another who smoked seven to eight cigarettes a day. The gambling service providers confirmed few other addictions could be observed in older Chinese-Canadian gamblers. However, it was worrisome to learn how older gamblers behaved in the casino and the potential impacts of those behaviors. Many of them, according to gambling service providers and intervention service providers, would remain seated in place for hours to play, particularly those at table games, since they might lose their seats if they left. They might stay in the same spots for longer than the eight-hour shift of the gambling service providers, not drinking much water, eating, or moving around. Sometimes ill elderly people were brought to or dropped off at the casino by their spouses or adult children. There, they would sit doing nothing or just walk around in the casino, waiting to be picked up again.

Family members' attitudes toward seniors going to the casino varied. Two respondents' wives accepted husbands' going to casino, though they would not go with the men. According to the intervention service providers, some older Chinese-Canadian gamblers did not have quality relationships with their spouses and children. They seemed to communicate very little with each other, particularly about gambling. "The only time they feel good in a relationship with somebody is when they are with somebody who they play with" (I-1). Older women or ill men appeared sad and lonely in the casino while their spouses were playing, seldom connecting with other people. The intervention service providers and gambling service providers believed that this sub-group of casino goers did not necessarily enjoy gambling activities, but they did not have any other place for entertainment if their spouses, the ones they depended on, wanted to go to the casino.

Most adult children supported their elderly parents in having fun and killing time in the casino, as the children knew the parents were able to control their spending, according to the respondents. One adult daughter did not approve of her elderly mother playing mah-jong at home but had no problem if she went to someone else's place to play or went to the casino. A couple respondents, however, chose not to mention their visits to the casino to their children, as their children lived in another city or country and had little to do with the respondents' daily lives.

Three gambler respondents stated they were Buddhist, two were Christian, and one believed in a "higher power" (i.e., the Nature of Heaven and Earth). They seemed to enjoy both religious and gambling activities. They liked casinos and found comfort from their beliefs or religions at the same

time. One (C-3) said, “People need to fit in where they are. I am like that. I have fun in the environment of fun and am quiet in the environment of calmness.” One respondent (C-14) found her Buddhist religion particularly helpful for her when she suffered from depression: “I don’t mind you recording our conversation or not, as I sometimes wish not living any longer. However, I believe in Buddhism, and I have this belief. Killing myself is killing a life, not good. My belief saved me.” She was the one who paid gold to a human smuggler to flee from Vietnam and arrived in Canada as a refugee. Her PGSI score was 2. Intervention service providers’ said that they rarely encountered Chinese-Canadian gamblers with strong religious backgrounds.

Table 3 summarizes the key findings of older Chinese-Canadian gamblers through a life course perspective: lifelong development, human agency, historical time and place, timing, and linked lives.

<b>Factors Motivating Gambling</b>	<b>Childhood (0-18)</b>	<b>Adulthood (19-59)</b>	<b>Older Adulthood (60+)</b>
<b>Personal Factors (Agency, Lifelong Development)</b>	<ul style="list-style-type: none"> <li>- Followed parents in gambling</li> <li>- Influenced by social networks on gambling [mental health]</li> <li>- Experience, risk &amp; fear of death &amp; loss of parents</li> </ul>	<ul style="list-style-type: none"> <li>- Gambled with or in family or friends’ as recreation &amp; relaxation from work &amp; family responsibilities</li> <li>- [mental health] Lost loved ones to diseases or accidents</li> </ul>	<ul style="list-style-type: none"> <li>- Gambling in parallel in casinos</li> <li>- Overall low PGSI: controlled gambling</li> <li>- Pulling factors: coupons, drinks</li> <li>- Desire to win money was secondary</li> <li>- [mental health] Depression; boredom; &amp; experience of losing loved ones or unhappy marriages</li> </ul>
<b>Social Grade/Roles (Timing)</b>	<ul style="list-style-type: none"> <li>- Housework</li> <li>- Paid labor</li> <li>- Limited education</li> </ul>	<ul style="list-style-type: none"> <li>- Worked for extensive hours</li> <li>- No further education, except for 2 respondents who were not refugees</li> </ul>	<ul style="list-style-type: none"> <li>- Early retirement</li> <li>- Caring for grandchildren</li> </ul>
<b>Family &amp; Social Networks (Linked Lives)</b>	<ul style="list-style-type: none"> <li>- Introduced to gambling by parents, family member, &amp; friends</li> <li>- Closely tied networks &amp; communities that accepted and provide gambling</li> </ul>	<ul style="list-style-type: none"> <li>- Lost networks and support in home country</li> <li>- Closely tied to immediate family that accepted recreational gambling</li> <li>- Lived and worked in the cultural community that accepted recreational gambling</li> </ul>	<ul style="list-style-type: none"> <li>- Marital problems that caused frustration and gambling</li> <li>- Supportive relationships with children who were neutral to parent’s gambling</li> <li>- To some, gambling was for family bonding (spouses, children)</li> <li>- Gambled with friends for socialization and recreation</li> </ul>
<b>Historical Time and Place</b>	<ul style="list-style-type: none"> <li>- Wars &amp; poverty in home country</li> </ul>	<ul style="list-style-type: none"> <li>- Wars and political conflicts in home country</li> </ul>	<ul style="list-style-type: none"> <li>- Safe environment; reliable pensions</li> <li>- Universal healthcare system</li> </ul>



	- Gambling culture in home country	- Stressful refugee or immigrant settlement in host country - Diaspora culture that accepted recreational gambling	- Chinese enclaves
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**Table 3 Older Chinese-Canadian gamblers over the life course**

## D 1.5 Discussion

Older Chinese-Canadian gamblers described their lives from childhood to present and how they were related to gambling. Many of them experienced wars, political conflicts and poverty early in life; strived to survive and raise a family in adulthood; and felt bored and unhappy in old age. To them, gambling was an activity they had been familiar with, in one way or another, throughout life. Gambling-intervention service providers, gambling service providers, and older Chinese-Canadian gamblers themselves together depicted a trajectory of the interaction between the seniors and gambling over a life span.

### *D 1.5.1 Trauma and gambling: Over a life span*

Many older Chinese-Canadians experienced extremely difficult situations during their childhood and adulthood years, whether life-threatening situations (e.g., bombing) or restricted living conditions (e.g., refugee camps). Although a few of them revealed their sorrow and emotions to a degree in the interviews, the respondents appeared to focus on practical details in the process of surviving rather than on their feelings. A typical case was a woman who lost her parents and was considered a curse to her parents in childhood, lost her grandma to war, worked in construction or factories from the age of 13, married a man for food, and lost most of her babies. She claimed she was not sad about those losses but remembered the joy she felt at receiving the extra cooking oil, which had been allocated for the babies.

These manifestations can be regarded as depersonalization (feeling outside oneself and observing one's experience as if it is occurring to another) or de-realization (feeling somehow distant from the reality of one's experience as though the experience is unreal or dreamlike), symptoms of post-traumatic stress disorder (PTSD) in the *DSM-V* (fifth edition) (APA, 2013). Previous research (e.g., Petry & Steinberg, 2005; Lee et al., 2007) identified the correlation between pathological gambling and childhood (before the age of 18) maltreatment and trauma (including emotional, physical and sexual abuse). It is evident from the findings of this study that trauma beyond childhood was also prevalent in many older Chinese-Canadian gamblers' lives due to continuous political-conflict situations in the historical times and places where the respondents were. Besides, all gambler respondents did not appear to be pathological gamblers but regular gamblers, as they seemed to be able to control their spending within their budgets. Evidently, both pathological and non-pathological gambling can be related to trauma and maltreatment in early life.

### *D 1.5.2 Attitude toward gambling: Historical time and place, linked lives, and culture*

It is consistent with the literature that gambling was common in the Asian-Canadian respondents' lives since their childhood years. Games like mah-jong were played by their families as leisure or holiday activities. However, a few respondents also reported that their parents had bought lottery tickets and visited the casino. According to the literature, Chinese people accept mild gambling behaviors but view disordered gambling as devastating, and Vietnamese consider gambling a shortcut to making



money (Lai, 2006; VCGA, 1999). The Chinese cultural communities (in Hong Kong, China, Vietnam and Laos) in which the respondents grew up generally accepted mild gambling behaviors; however, the respondents did not express strong negative opinions about addictive gambling behaviors. One-third of the gambler respondents related gambling to memories of their mothers. The respondents remembered the food and snacks in the casino, as well as what they were told about the connection between gambling and fortune.

The respondents generally reported strong attachments to their mothers, who worked extremely hard to raise children with or without a partner, in a time when life was harsh due to wars and poverty. They, as children, shared the burden of making a living with their mothers and shed tears for mothers' deaths. For them, gambling was not simply accepted by their culture but accepted by a most loved and trusted figure, and the mothers' practice of gambling seemed a strong, unspoken endorsement for the respondents, even though they all acknowledged heavy gambling could result in huge losses. This finding is consistent with the literature where gambling was found acceptable in different cultures including Hong Kong and Singapore Chinese, Maori, Brazilian and African-American (Breen & Hing, 2014; Medeiros et al., 2015; Ng, 2011; Ohtsuka & Chan, 2014; Subramaniam et al., 2015). These cultures tend to normalize gambling as a socializing activity in the family, community and society.

Playing games of chance in order to win money, and enjoying drinks and socialization in gambling settings have been playing a role in older Chinese-Canadians' lives and are an outcome of the combined impacts of the historical time and location, cultural norms, and attitudes and behaviors of loved ones.

Early exposure to gambling activities did not seem to have caused older Chinese-Canadians to become problem gamblers, but more likely, social gamblers who play for fun, entertainment, socialization, and killing time. When they had nothing to do, slipping into an old habit that they did not need to acquire new skills to enjoy seemed an easy, quick, and logical answer.

#### ***D 1.5.3 Interpersonal relationships and gambling: All life-course principles***

Previous findings of cross-sectional relationships with others (including spouses, children, parents and extended family members) that are entangled and interact with gambling behaviors (e.g., Lee, 2014; McComb, Lee & Sprenkle, 2014) were also found in this study. The older adult respondents seemed to carry their relational baggage from their early years.

The respondents seemed to have cut off many relationships in childhood due the deaths of loved ones and leaving home countries as refugees or immigrants. Some of them had siblings in other countries or provinces in Canada but did not have them in their current daily lives. The most important and common interpersonal relationships for the respondents were with their spouses, adult children, and sometimes grandchildren. Chinese-Canadians tended to marry for practical reasons, such as sufficient food supply or sharing the duty of raising a family. Most started their families in their early 20s and had children before or around the time they escaped to Canada. Once they arrived in Canada, both husbands and wives started looking for jobs immediately to generate income to pay off their transportation costs to Canada, which had been paid by the government, and to be financially independent from their sponsors. When they were not working, they took care of their children. It was not unusual for husband and wife not to see each other often due to different work schedules and childrearing. They did not have many leisure or entertainment activities besides playing mah-jong with friends on weekends or holidays.

In addition, several female respondents stated explicitly that they had not married their husbands for love; two males described the unhappy relationships with their wives in old age. The evidence to judge marriage quality of the respondents is not sufficient; however, it is fair to consider

that some older Chinese-Canadians might not have many opportunities and skills to nurture communicative and supportive relationships with their closest family members, their spouses. “The only time they feel good in a relationship with somebody is when they are with somebody who they play with.” (I-1) Several gambler respondents reported that female friends or acquaintances gambled so heavily that their husbands divorced them; gambling service providers noticed many older Asian women were regular and heavy gamblers; and intervention service providers described that some older adults, especially women, brought to the casino by their spouses, did not necessarily enjoy gambling.

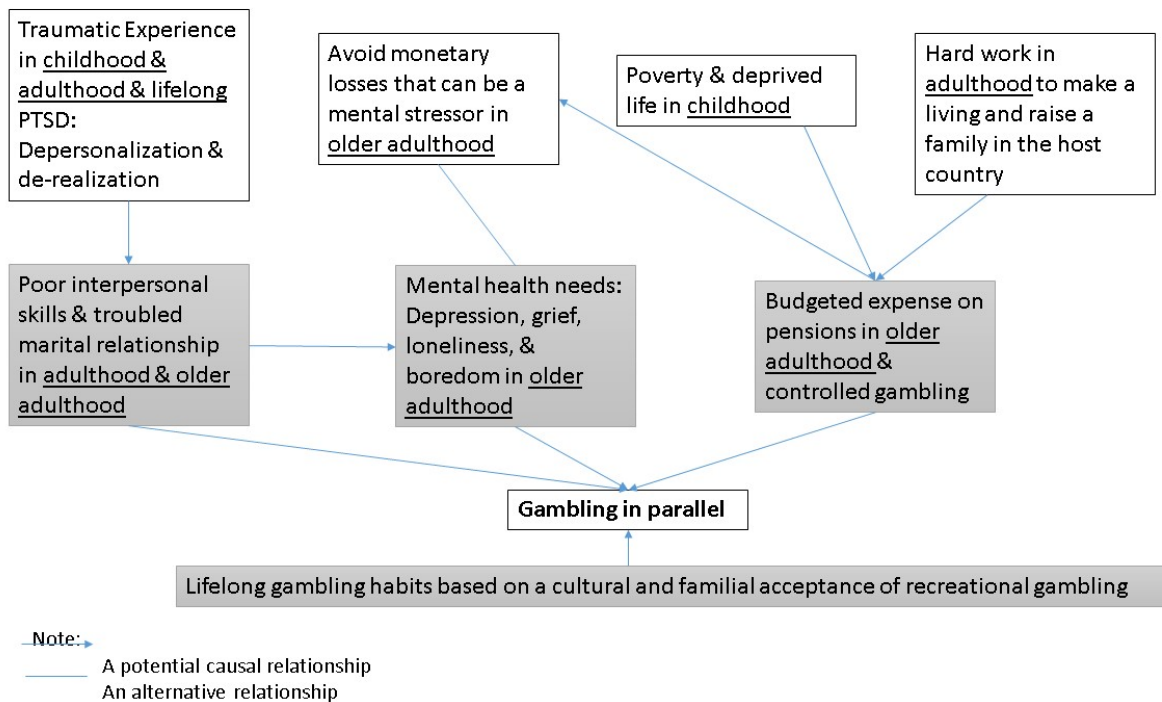
The literature points out that gambling problems either exacerbate or cause relational issues between a couple or within a family, and gambling and relational problems reinforce one another (Lee, 2014). In this study, the connection between gambling and relational problems started early in the respondents’ lives. When they were too busy with work and childcare commitments to nurture relationships, the respondents and spouses chose mah-jong as their family gambling activity. They did not seem to have extra time and energy to invest in hobbies or other activities they could both enjoy, nor did they have the time to think about what they wanted rather than what they needed to do to survive.

Now that the respondents had abundant free time in later life, relational problems seemed to have grown too great to deal with, or they found little comfort at home or any fun activities to do. Going to the casino to play games individually had become a convenient means to kill time. The casino provided opportunities for customized, different levels of socialization. They could play on their own or with friends, at different times, depending on their mood, without needing to register or commit to a structured program.

The structural factors (e.g., refugee policy and employment), the principle of historical time and place (wars, war-affected areas, host countries), the principle of lifelong development (getting married, raising children, retirement), the principle of human agency (familiarizing oneself to a new living environment, learning new skills and languages), the principle of timing (refugee or immigrant processes coinciding with getting married, raising children, working), and the principle of linked lives (spouses, children, parents, siblings, friends) came together to shape the lives of these older Chinese-Canadians in which gambling has played a significant role.

#### **D 1.5.4.      *A tentative model to understand older Chinese-Canadian gamblers***

Due to a lifelong developed patterns of lifestyle and gambling mentality and behavior, Chinese-Canadian older gamblers seemed to have established a controlled “parallel gambling” format that reassembles children’s *parallel play* (Kail & Cavaunaugh, 2007) and includes a fixed budget for playing. Integrated with essential findings from this study and the literature, a tentative model (Figure 1) could be helpful in understanding the trajectory and pattern found in older Chinese-Canadian gamblers.



**Figure 1 A tentative model to understand older Chinese-Canadian gamblers**

In the model, four factors (in shaded cells) are directly related to older Chinese-Canadians' gambling, *poor interpersonal skills and troubled marital relationship in adulthood and older adulthood*, *mental health needs in older adulthood*, and *budgeted expense on pensions in older adulthood and controlled gambling*. Although many of these older adults experienced various types of traumas and violence in earlier stages of their lives, they did not receive any interventions for mental health issues. They developed the psychological mechanisms of depersonalization and de-realization on their own to combat lifelong inner struggles caused by fear of death, losses of parents or depended ones, and poverty and deprived life. Their "shut-down" of the past also led to the under-development of interpersonal communicative and interactive skills with others, particularly closely-related individuals like spouses. It was not surprising that many older Chinese-Canadian gamblers did not enjoy a satisfactory marital relationship. Thus, they might seek temporary escape from the mental pain in gambling activities.

Poor interpersonal skills and troubled marital relationship might contribute to some mental health issues that these older adults were presently struggling with, including chronic clinical depression due to lifelong PTSD and the lack of proper intervention, grief for spouses or loved ones to diseases or accidents, and loneliness and boredom caused by life and health changes related to age. Without consistent and supportive intervention to irreversible changes and events in later life, Chinese-Canadian older adults were suffering different levels of mental struggles. Unsurprisingly, casino was a convenient place where they could get their mind occupied. However, losing great amount of money in gambling could become a stressor to these older adults, which would be ironically against the gambler's wish of seeking mental comfort.

Interestingly, the majority of the older Chinese-Canadian gamblers were not problem gamblers. This might attribute to the older adults' deprived life early in life as well as the lifestyle in adulthood. The experience of deprived life taught the older adults to be careful with material supply, that is, basic food, housing, clothing and other necessities must be set aside before anything else. Having moved to Canada as refugees or family- or church-sponsored immigrants, the older adults worked diligently to

pay off the costs of coming to Canada (owed to the Government, smugglers, or families back home), raise children, and support relatives in home countries. Therefore, they must budget incomes for all the obligations they had to pay for. In to later life did a lot of them maintain this habit, which represented as a controlled playing pattern in gambling.

The lifelong gambling habit that had been accepted or even encouraged by these older adults' culture of origin was a fundamental factor to older adults' choice of gambling. To most of the older gambler, gambling was introduced to them by loved and trusted figures in their lives, from one's own mother to friends in a closely tied community or cultural enclaves in Canada. Although problem gambling is tabooed and criticized, recreational gambling was encouraged and practiced on a regular basis, as family and friendship bonding activities in holidays and spare time.

The gambling behaviors in casino were characterized similar to *parallel play* that was originally found among children, where children play alone but alongside with other children (Kail & Cavaunaugh, 2007). *Parallel play* is usually first evident among children aged 2-3; as growing older, children will also develop *simple social play* (playing and sharing) and *cooperative play* (involving different complementary roles and shared purposes) (Vasta, Haith, & Miller, 1995). Older Chinese-Canadian gamblers tended to gamble in a similar manner as parallel play where each gambler absorbed in his or her game, with limited interactions with the other players. Although some older adults visited the casino with a spouse, an adult child, or friends, they seemed to go play on their own after entering the venue. Many of them chose slot machines which were fundamentally solitary games; and others focused on a table game without talking to others.

"Parallel play is often viewed as characteristic of a developmental stage through which children pass as they develop from solitary to social players" (Bakeman & Brownlee, 1980, p. 873). Considering the solitary nature of parallel playing/gambling, older adults seemed to be withdrawing from social interactions or cooperative activities, a reversed developmental process observed in young children. *Disengagement theory* was proposed to explain an inevitable mutual disengagement that results in decreased interaction between older adult and others in the society (Cumming & Henry, 1961; Achenbaum, 2009; McInnis-Dittich, 2014). Although the disengagement theory has received extensive criticism for its oversimplification and overlook of social determinants (Fry, 2009; McInnis-Dittich, 2014), Chinese-Canadian older adults' gambling in parallel did appear to represent a concerning pattern of disengagement of social interactions and cooperative activities. Johnson (2009) points out the importance of understanding the mentality of *disengagement* in older adults. Many older adults in the fourth age may have been "out of the central economic and employment area for two decades or more" (p. 662), and they demonstrate decrements of psychological functioning, declining physical health, and reduced economic status. Even though some of the older Chinese gamblers were not in the fourth age, many prematurely demonstrated similar indicators of declines that are more commonly observed in older adults in the fourth age, particularly in psychological and mental health. This is worth consideration in the practice of intervention and support to older gamblers and their families.

## D.2 Filipino-Canadian Older Gamblers

### D.2.1. Demographics

Eighteen Filipino older gamblers were interviewed, eight males and ten females. The majority of Filipino respondents (17, or 94.4 percent) were born in the 1940s and 1950s, and were between 60 and 76. They had been living in Canada for between 10 and 45 years. All spoke Tagalog at home. Eleven (61.1 percent) older Filipino gambler respondents reported being fluent in English, and all spoke some English. Four (22.2 percent) of them lived alone, while 14 (77.8 percent) lived with a spouse and/or an adult child (often with the adult child's family). Sixteen (88.9 percent) respondents received formal education at senior high school, vocational school (10, or 55.6 percent), or post-

secondary (6, or 33.3 percent). Their occupations included sewing-machine operator, technician, healthcare aide, food preparer and community worker. Eleven (61.1 percent) of the 18 older gamblers received a monthly income that ranged between \$1,000 and \$2,499. Four respondents refused to reveal their monthly income.

Two (11.1 percent) older Filipino adults' PGSI scores were 0 (no problem), 1 (5.6 percent) scored 1–2 (low level of problems), 7 (38.9 percent) scored 3–7 (moderate level of problems), and 8 (44.4 percent) scored over 8 (problem gambler).

As the older adults described their lives in retrospective, they generally were not able to provide accurate or detailed information about the age at which certain events occurred, but they pinpointed the periods in early life when the events happened. The key information of each participant's life course related to gambling is summarized in Table 4 (factors directly related to gambling are in red fonts). To illustrate the life course of the older adults, findings of significant events is organized under three major categories: childhood and adolescence (0–18 years), adulthood (19–59 years), and older adulthood (+60 years).

Case #	Sex	Age at Inter-view	Marital Status	# of years in Canada	Status as entering Canada	Education	Occupation	Monthly income	Income satisfies needs?	Income source	Religion	PGSI		Gambling onset	Gambling behavior intensified	Current gambling behavior
F-1	Male	72	Divorced	39	Immigrant	High school	No answer	\$1,000 - -1,499	Adequately	Pensions	Catholic	16	Childhood	<p>Learned gambling from mother (heavy gambler) and friends on the street. Played poker with family.</p> <p><u>Life course perspective:</u> Lived with step family, sometimes beaten by step siblings; insufficient parents' attention &amp; care, sometimes ran away from home. Started working at 11.</p>		<p>Visiting casino by bus everyday, placing bet based on the money he has. Placed a self-ban for two years; tried to sneak in to casino but failed; went gamble in friends' houses.</p> <p><u>Motivation:</u> Bored at home, having nothing else to do. Aware of addiction of gambling and that gambling is losing money. <b>Ambivalent: Believing an enjoyable job can keep him away from gambling, and believing gambling is in his blood.</b></p>
													Adulthood	<p>Played mah-jong with wife and friends who had young children. Then wife got addicted and ignored participant. <b>Participant started visiting casino frequently 5 years after their divorce, got addicted, and lost a house and a car to gambling addiction. Participant operated a gambling facility with brother for 1 year.</b></p>	<p><u>Life course factors:</u> Living in a subsidised apartment. <b>gambling escalated by unsatisfactory marital relationship (divorce).</b></p>	

F-2	Male	65	Married or common law	42	Immigrant	Post-secondary	Technical	\$3,000 - 3,499	Adequately	Pensions	Catholic	3	Childhood										Visiting casino with wife almost daily, spending \$100 for two weeks based on bi-weekly pension. Sometimes don't play but watch or socialize. Playing different games in other country, e.g., cockfight in the Philippines.  <b>Motivation:</b> was curious  <b>Life course factors:</b> Retired at 56, physically capable of activities like fishing and hunting. Wife once lost a lot to gambling. Gambling was <b>most intense</b> at this stage.
F-3	Female	62	Married or common law	40	Immigrant	Post-secondary	Personal care worker	%2,000 - 2,499	Adequately	Pensions	Catholic	4	Childhood	Parents prohibited gambling among children.  <b>Life course factors:</b> Went to school and worked in family store.									Visiting casino with husband within a budget, up to \$50 per visit; usually playing Black Jack. Gambled with family at home once per month, playing within a budget.



F-4	Female	62	Widowed	35	Immigrant	high school	No answer	%2,000 – 2,499	Adequately	Earnings from work	Catholic	13	Adulthood	Invited to casino by friends in Canada.  <u>Life course factors:</u> Graduate from university; immigrated to, married, and had a child in Canada.	Started to gamble more regularly, twice/month; won a jackpot; left child with others to go to casino with husband. Gambled within a budget. Sometimes gambling caused financial stresses.  <u>Motivation:</u> Excited by the winning, wanted to win more. Participant was out of control once, and learned to control after that.  <u>Life course factors:</u> Daughter got pregnant at 17. Participant and husband ashamed and avoided seeing friends (in casino) for a while. Gambling was most intense at this stage.	Motivation: For family to have fun together. To avoid boredom; feeling happy in casino; liking to share winning with family and friends. "You can have fun but don't lose control."  <u>Life course factors:</u> Received city employee's pension. Visiting and staying in home country 4-5 months per year, which was costly because they paid for some costs for family at home. Good relationships with husband and daughter. Enjoying life, and gambling is part of it. Gambling is slowing down and stabilized at this stage.
													Older adulthood			
													Childhood	"Learned and inherited love for gambling from my parents" in teen years.  <u>Life course factors:</u> Both parents were gamblers and gambling organizers in the neighbourhood.	Visiting casino frequently and staying for 3-4 hours, using strategies to control. Sometimes gambling affects participant financially. But sharing winning with family. Participant in denial of addiction.  <u>Motivation:</u> To combat boredom due to lack of interactions. Enjoying playing and socializing with friends. No other hobbies. Believing gambling is helping physical and emotional health, and that she is not a heavy gambler.	
													Adulthood	Started gambling and visiting casino regularly when getting divorce and fighting with parents. Aware of own addiction to gambling in her 40's.  <u>Motivation:</u> To be distracted from life stressors. "Gambling was therapeutic".  <u>Life course factors:</u> Sponsored husband and parents to Canada; divorced due to husband's extramarital affair later. Gambling was intensified at this stage.	Believing gambling is helping physical and emotional health, and that she is not a heavy gambler.  <u>Life course factors:</u> Ex died. Still working, and taking care of grandchildren sometimes. Good relationships with children who are supportive; living with older daughter and family. Daughter encourages participant to visit casino to forget about depression.	

F-5	Male	76	Widowed	44	Immigrant	high school	Technical	\$1,500 – 1,999	Adequately	Pensions	Catholic	3	Older adulthood			<p>Gambling has been <b>stabilized at an intense level</b> since adulthood.</p>
													Childhood	<p>No exposure to gambling.</p> <p><u>Life course factors:</u> started drinking alcohol early</p>		<p><b>Organized with wife a bus tour to bring people to casinos</b> in U.S. and Alberta for 4 years. Participant and wife visited casino together, and played separately. Gambling within a budget up to \$100 per visit. Had a big winning at bingo once.</p> <p><u>Motivation:</u> <b>A fun thing to do with wife</b> who liked casino. Only for entertainment. Older people have nowhere to go to kill time. Good for cognitive and social wellbeing.</p> <p><u>Life course factors:</u> Wife became sick and wheelchair bound, and died. <b>Sad and missing wife. Business oriented.</b> Receiving double pensions. <b>Smoking and drinking.</b> Participant <b>gambles more frequently</b> at this stage.</p>
													Adulthood	<p>Started going to casino to play bingo with wife for wife’s interest.</p> <p><u>Motivation:</u> Gambled within a budget, because having witnessed other couple fighting and splitting because of gambling.</p> <p><u>Life course factors:</u> <b>Worked long hours</b> and save money to sponsor relatives for immigration. Good relationship with wife. <b>Alcohol drinking</b> due to homesick. <b>Operated small business well.</b> Used to do fishing and camping, but stopped after casino came out. <b>No other hobbies.</b> Wife fought him for drinking.</p>		
													Older adulthood			
F-6	Male	72	Married or common law	36	Immigrant	high school	Food preparation	\$1,000 – 1,499	Adequately	Pensions	Catholic	13	Childhood	<p>Play gambling games with small amount of money. No one else in the family gambled.</p> <p><u>Life course factors:</u> <b>Lived in poverty; started working early</b></p>		<p>Visiting casino 3 times/week, playing VLTs, using pension for gambling (as opposed to family money). Lost up to \$500 at one visit. Sometimes borrowed from friends to gamble.</p> <p><u>Motivation:</u> Had a <b>winning of \$2000</b> once and keeps returning to casino; but aware gambling is losing money. <b>To combat boredom and to socialize with friends.</b> Good for emotional and cognitive health. <b>Admitting addiction</b> of gambling.</p> <p><u>Life course factors:</u> Proud of 4 children; helping caring for grandchildren. Glad children had better education and life, and did</p>
													Adulthood	<p>Played mah-jong. Started going to casino with friends in Canada.</p> <p><u>Motivation:</u> <b>To combat boredom; no other places to go</b></p> <p><u>Life course factors:</u> Immigrated to make life better for family. <b>Worked hard. Addicted to alcohol drinking. Had a drink-</b></p>		





















															relatives and older siblings.		
															Adulthood	Brought to casino by friends. Visited casino occasionally. Played lotteries.  <u>Motivation:</u> To combat loneliness; also wish to win for extra money to send to relatives. Still a negative view about gambling because of parents serving a bad role model for children; witnessed families taking turns to babysit children in the van while others gambled in casino.  <u>Life course factors:</u> Immigrated with husband and 2 children. Most siblings in other countries. Obtained a Bachelor of Social Work in Canada; worked as a social worker.	
															Older adulthood		
F-18	Female	63	Widowed	43	Canadian citizen	Post-secondary	Personal care worker	\$2,000 – 2,499	adequately	Earnings from work	Catholic	0	Childhood	Played card games.  <u>Life course factors:</u> Family lived a comfortable life.		Visiting casino with friends.  <u>Motivations:</u> To socialize with and accompany friends.	
													Adulthood		No gambling at all in the family.  <u>Life course factors:</u> Had 4 boys. Husband died.		
													Older adulthood			<u>Life course factors:</u> Participant's sibling is addicted to gambling. She believes in using her money to enjoy gambling; but regrets afterwards. She works two jobs, the salaries of one is to pay for gambling costs. Husband does not gamble, but is understanding of wife. She hides losses from family. Gambling seems minimal at this stage.	

**Table 4 Older Filipino-Canadian Gamblers' demographics and gambling trajectories**

As the older Filipino gamblers described their lives in a retrospective manner, they generally were not able to provide accurate or detailed information about their age when certain events happened to them, but a period of time. To illustrate the life course of the older adults, findings of significant events are organized under three major categories: childhood and adolescence (0–18

years), adulthood (19–59), and older adulthood (60 and over). Table 5 summarizes the key findings of older Filipino-Canadian gamblers through a life course perspective: lifelong development, human agency, historical time and place, timing, and linked lives.

### D.2.2 Childhood and Adolescence (0–18 years)

The Filipino gambler respondents generally reported having regular family lives in their childhood years, with two parents and a number of siblings. Their families might have experience financial hardships at times, but no respondents were affected by wars or political conflicts. Parents worked various sorts of odd jobs to support families of up to 11 children (one family had 11 children, two others had 10 each), including taking in sewing work and working in small businesses like eateries. Naturally, the children (the respondents) were not unfamiliar with hard work. They either helped work at the family business and were responsible for housework, or they worked as newspaper deliverers outside the home. Most of the respondents obtained different levels of education. At this stage of life, 16 out of 18 had complete high-school educations. One respondent mentioned “going to the church” as part of his childhood routine; however, no others reported anything related to religious belief.

Many respondents described exposure to gambling at a young age, usually through two channels: the community and their parents. People in the community tended to gamble frequently as part of community life, and children would come to watch after school. “We watched someone gambling in our community. Almost all of the people in the community were gamblers” (F-1). Common games included bingo, card games (e.g., tong-its, pairs-pairs, and pusoy), cock fights, and mah-jong. Children often learned to gamble from their parents or grandparents. The family would play “old card games of the Filipinos” and mah-jong together. “I saw it already in my family,” said one respondent (F-15), “so you felt that was your focus.”

Yet only three respondents (16.7 percent) explicitly indicated that they played some of the aforementioned games frequently when they were young, with the family or friends. Not everyone started gambling during their childhood years. Indeed, a number of them indicated that they learned to gamble or started to gamble seriously after having moved to Canada.

No noticeable relationships between their exposure to gambling in childhood and the level of gambling at the time of the study was indicated by the PGSI scores. Those with scores higher than eight might or might not have had a parent who was a heavy gambler.

### D.2.3 Adulthood (19–59 years)

Most older Filipino respondents immigrated to Canada between the ages of 20 and 40 as experienced workers or sponsored by relatives. One came at the age of 19 and finished her high school in Canada, and a few took training programs to become employed as healthcare aides. Six (33.3 percent) of them completed university education, usually before moving to Canada.

All respondents immigrated with their extended families, including parents and/or siblings. They married other Filipinos (this is extrapolate from the data, since they did not explicitly report that their spouses were Filipino, but it was likely as they all spoke Tagalog at home), and had their own children. One respondent never married or had children because she was a lesbian and was in a same-sex relationship before immigrating to Canada. The respondents usually obtained employment quickly as they would seize the first jobs they could find through relatives or their networks. Some stayed at their first jobs until retirement. For example, a male older adult (F-6) worked in a food company that provided food catering since his arrival in Canada. A female respondent’s (F-3) first and only job was as a healthcare aide at Winnipeg Regional Health Authority (WRHA). Married couples worked and took turns looking after the children.

The respondents revealed various issues in personal relationships. The around-the-clock work and housework responsibilities could be problematic for some couples as they did not have sufficient time for effective communication, let alone quality time for themselves to nurture their marital relationships. It was not rare that the intensification of gambling behavior coincided with marital conflicts and decline of spousal relationships. One male respondent (F-1) reported that both his wife and he began to play mah-jong with friends in Canada. He eventually opened a gambling business with his brother, while both husband and wife were still working full time. Later, his wife had an affair, and the couple sought a divorce. After that, the respondent became a problem gambler, losing his property, car and money. A female respondent (F-4) also started going to the casino when she had separated from her husband: "At first we went to counselling. But in the end, it really didn't work. So, I can't forget what happened. I would come here and play in the casino."

A female respondent (F-3) noted that she and her husband had to receive marital counselling in middle age when their daughter became pregnant in high school. This family-shaking event also happened to a male respondent (F-1). Both respondents described not only the struggle their families went through but also the couples' dynamics, which had been stirred by different opinions about how to cope with the consequences of the daughters' pregnancies.

The respondents noted it was the depression caused by their divorces that led them into heavy gambling. A male respondent (F-1) said, "I got depressed when we got separated. I loved my wife but..." A female respondent (F-4) stated, "There was a time that my partner and I would often fight. So, I looked for ways to divert my attention, so I would join friends in playing bingo....Because of my stress in family issues I turned to gambling."

Some couples would go to the casino together and discuss how much each could spend. For other couples, although one spouse did not gamble, he/she could accept the spouse's gambling as long as the spending was under control.

Most respondents got married and had children in their 20s, and their children became adults and started having their own families and children before many respondents retired. The respondents' relationships with adult children were important to the respondents, and they continued to support their children financially or practically by babysitting grandchildren. Only one out of 18 (F-1) respondents (a male problem gambler, divorced) reported not having a satisfactory relationship with his children, who appeared to be maintaining close connection with their mother.

Though the respondents were generally occupied by work and childrearing (children and grandchildren) at this stage of their lives, they began to have some free time as their financial status was stabilizing. They might work only one job instead of two; and the younger generations would demand less time as they grew older. The respondents started to feel bored and look to having fun. They joined or initiated family parties that often involved playing mah-jong. They would also go with friends who invited them to go to the casino. A female respondent (F-6) indicated that when she was 30, "I have nowhere else to go. You get bored at home. So, this is the only place that we can go to, that's why this where I go," on her days off.

Several respondents indicated that past winnings had an impact on them in terms of gambling addiction: "After some time, because I have been winning, I became addicted to it" (F-4).

According to the respondents, some of them seemed to be able to control gambling behavior. They might set a budget every time they went to the casino, or they planned to go on certain days instead of every day, or they used coupons or points earned from playing to save money. As one respondent said, "I started betting for \$50. But I only do that during payday, not every day. Only payday twice a month." (F-3) Others reported on how gambling was interfering with their lives. One

respondent (F-3) described how her husband and she managed to care for their only daughter then went to the casino together. The daughter became pregnant at 16 while the couple's relationship was at risk. The respondent believed it was the daughter's friends, who all got pregnant in high school, who caused the problem, and up to the time of the research had been continuously supporting the daughter financially and practically. One respondent (F-1) sold the duplex he had bought with his share from his divorce due to gambling because he stayed in the casino all the time and could not keep up with the maintenance work of the duplex. Eventually, he gambled away all his money and car. Another respondent (F-4) admitted explicitly that gambling "has always been my priority. Whenever I need to do something, I can't do it, because I want to gamble. Or if I need to go somewhere, I would postpone it because I would rather go gambling." Among these Filipino respondents, those who gambled heavily and frequently seemed to continue to do so as they aged.

#### D.2.4 Older adulthood (60+ years)

Most respondents were retired, living on pension and government subsidies. They usually lived with their spouses and the oldest child and his/her family. On the one hand, they could relax, without worrying about work schedules; on the other hand, they felt bored, having few hobbies to fill leisure time. They seemed to maintain a satisfactory financial status, as they claimed that they kept up with their bills and gambled only with their own money (as opposed to borrowed money). One respondent and her husband were able to afford a costly trip to the Philippines every year after a whole year of saving, despite the couple having visited the casino regularly.

For this stage of their lives, the respondents did not report marital conflicts. Some did not have a partner (because of divorce, never having been married, or being widowed), and others appeared to be enjoying their spousal relationships. They might go to the casino with their spouses, or they would go along if they did not gamble. The gamblers who still had relationships tended to control their gambling behaviors and kept spending within budget. They also gambled more likely for fun and entertainment, instead of as a result of a psychological addiction.

Most gambler participants stated that their family members, adult children, siblings, aunts, uncles, and cousins accepted their gambling behaviors. As one respondent (F-3) said, "They [relatives] are OK if I go gambling because they know every time I come home I provide them with everything they need. My aunt would also tell me, 'Enjoy your life, do whatever makes you happy.'" However, an occasional gambler (F-18) expressed her disapproval toward her gambling-addicted sister: "She cannot control it. She says it makes her happy. Even my brother, he says, 'We can't do anything about our sister. She likes going there [the casino].' I said, 'Why do you want to go there?' Well, she works two jobs, OK, one job is for her casino. She said that to me."

Family members, especially adult children who had been raised by older gamblers, seemed to carry mixed feelings about their parents' gambling behaviors. A respondent (F-4) described how her daughter supported and even encouraged her to go gambling:

With my daughter, whenever she sees me sad, she will ask me, "Mom, do you have money [to go to the casino]?" If I say no, she will right away give me 30 bucks and will say, "OK, you go to casino." They [her children] know that makes me happy. If they see me staying home, sad, watching TV, they will ask me, "OK, here's \$30, you can go now." In that way, I am happy. Even though I lost \$30, I am able to give myself some enjoyment.

Statements like this clearly revealed the gambling addiction among Filipino older adults. Only a couple of respondents admitted explicitly that they were experiencing addiction problems, while the majority did not consider themselves problem gamblers. A respondent described problem gamblers:

F-4: Like those people who are sick, they say that when they're staying home, they feel sick.

Interviewer: Do you feel the same way?

F-4: Not really. I'm just bored. Because when I'm home I've been watching the same shows on television that I already know. I used to stay in the basement and so I get suffocated. All I do is sit, eat and sleep. My tummy grows big. I need to exercise and walk, while at the same time see people I know. That's how I feel when I come here [the casino].

This respondent's GPSI score was 13, the second highest among all Filipino respondents, and she visited the casino daily. Though she denied repeatedly being a heavy gambler, she described in detail how much time and energy she had spent on studying slot machines to decide which machine could let her win. She was clearly aware that gambling did not help gamblers make money but lose it; and she had been able to pay necessary bills, but she spent all the rest on gambling. Believing gambling could bring her happiness and meaning, she was determined to go to the casino whenever her financial situation allowed. Several other cases were like this respondent's, where gambling had clearly been interfering with their lives despite their verbal denials. They stated that they gambled within their budgets, but they also admitted that they had borrowed money from friends and received money from family members to gamble. Only one respondent (F-1) had used the two-year *self-ban* at the casino during which period he would gamble at friends' places or just sleep or watch TV at home. It was a lot easier for them to identify others' gambling behaviors, though, and they reported on problem gamblers in the casino or the community.

The respondents commonly acknowledged that they would not at all gain financially from gambling. What they sought was entertainment, killing time and distraction from stress. They had little to do or few responsibilities. "It's just pass time. I don't have a spouse or kids to say, 'Oh, I must be home!'" (F-15). If they did not go to the casino, they had no place to go and no goals to meet.

Being lonely and having nothing to do was a pushing factor for many older gamblers and socializing at the casino can be seen as a pulling factor for them. Older Filipino gamblers often went to the casino with friends, spouses and siblings. They would have parties and celebrations in the casino for the convenience of food and drink, and the entertaining games afterward. They made friends (among Filipinos) in the casino and hung out outside of the casino, as well. One female respondent (F-3) described extensively how she had shared her winnings at the casino with her daughter and husband, and her relatives in the Philippines.

Gambling, particularly going to the casino, might have made a positive impact on the respondents, as they could go out to walk around and see people. As for mental health, it seemed to have had a mixed impact on the older Filipino gamblers. On the one hand, they felt happy to go to the casino: "I always feel happy to come here. I don't want to stay home just staring at the wall or watching TV. Here you can walk; when you're hungry, you eat. You relax. If you reach my age, you would always want to go out. You wouldn't want to stay home. The more you get stressed, the more you'll get sick, high blood pressure. So far, our health is good" (F-3). On the other hand, many respondents mentioned that they would get upset when losing, which happened a lot more often than winning. "Just like what most of my friends here often say, whenever a person comes in the casino, he is happy. But going out, he's sad, because he has no more money. That's true for almost everyone here" (F-4).

One respondent (F-6), who was echoed by others, stated his belief that gambling addiction was part of a culture or the nature of an ethnic group: "Chinese and Filipinos are gamblers, mostly. Even the white, Indian. It's almost like, it's a sickness of people. When you learn how to gamble, until you keep going back. That's our sickness. Especially when you have money, you have something to gamble with."

	<b>Childhood (0-18)</b>	<b>Adulthood (19-59)</b>	<b>Older Adulthood (60+)</b>
<b>Historical &amp; environmental</b>	Poverty	- Immigration and settlement in the host country	- Safe environment; reliable but fixed pensions - Universal healthcare system -
<b>Personal</b>	Helped family to increase family income through hard work	- Depression - Marital and familial tensions - Felt bored besides work and childrearing -	- Good physical health - Depression - Experience of losing loved ones - Fewer marital and familial tensions (including being unattached due to divorce & widowhood)
<b>Family &amp; social network</b>	- Caring parents - Large family with multiple siblings - Closely tied networks & neighbourhood	- Usually immigrated with family - Got married & had children - Supported adult children and cared for grandchildren - Close tie with the cultural community  - Marital conflicts/problems (divorce, separation) - Tensions with or about (adolescence) children	- Marital problems - Supportive relationship with children - Friends for outing, recreation, and socials
<b>Social grade/roles</b>	- Housework - Paid labor - Proper education (high school)	- Immigrants - Obtained post-secondary education - Worked for extensive hours -	- Early retirement - Caring for grandchildren - Social & religious activities
<b>Gambling</b>	- Early exposure - Commonly accepted by social networks or communities	- Gambled with spouse - Gambled with family or friends - (recreational gambling) commonly accepted by social networks - Influence of past winning - Some gambled with a budget, others problematic	- Overall medium to high PGSI - High percentage of problem gamblers - Married gamblers more likely gambled within a budget - Accepted, sometimes encouraged, by family (adult children, relatives, siblings) with mixed feelings - Family bonding (spouses, children) & socializing with friends - Stressor: losing money

**Table 5 Older Filipino-Canadian gamblers over the life course**

## D.2.5 Discussion

Older Filipino-Canadian gamblers were more likely than the Chinese-Canadian respondents to demonstrate regular characteristics of problem gamblers indicated in the literature, such as distracting themselves from immediate stress in life, boredom, and addictive behaviors and thought patterns related to neuropsychology. When asked why they gamble, older adults in the general population commonly answer that gambling provides a distraction from life stressors related to aging, such as the loss of a spouse, family members or friends; chronic diseases; or retirement—all of which often result in a lack of socialization and boredom (Subramaniam et al., 2015; Tse et al., 2012). Older gamblers with different cultural backgrounds may gamble to reduce or block out negative moods like depression or anxiety caused by the trauma of migration and settlement-related issues such as under- or unemployment, family conflicts, and/or low self-esteem as a result of discrimination experienced at other public-entertainment venues (Lai, 2006; Raylu & Oei, 2004). Older Filipino-Canadian gamblers did not report much about stressors related to employment issues or discrimination, but they did speak about marital struggles, the loss of a significant other, and family conflicts and boredom. The older Filipino participants seemed to present more complex views and behaviors pertaining to gambling per se than older Chinese participants.

### D.2.5.1 *What is gambling: Conceptualization by human agency and culture*

Many individuals indicated that they had played games like bingo, cockfights, marble games, or card games in childhood; but they did not classify them as *gambling* because, according to them, no or small amount of money was involved in those games. It appeared that *gambling* was a term related only to “money”, the tangible outcome (loss or gain of money), rather than the nature of the game – winning or losing is depending on chances.

Rose and Loeb (1998) define gambling as the wagering of money or valuable goods on an event with an uncertain outcome, with the purpose of winning. Egerer and Marionneau (2015) adopt Caillois’s (1958) understanding of gambling where gambling remains a form of play until principles of chance are applied to real life. When gambling is corrupted by the everyday worlds, it becomes problematic from recreational.

Older Filipino gamblers considered a much narrower definition of gambling than what experts would. In fact, their perception of gambling applied merely to *problem gambling*, not recreational and social gambling. Considered that many individuals excluding other elements of gambling in their perceptions of gambling, it is likely that early exposure to gambling has been under-reported among older Filipino-Canadians. The oversight of recreational gambling may also lead to the various forms of gambling related harm (Langham, Thorne, Browne, Donaldson, Rose, & Rockloff, 2016) caused by all possible phases of gambling (Egerer and Marionneau, 2015).

### D.2.5.2 *Is gambling good or bad: Views related to Human agency, linked lives, and culture*

It seems that many older Filipino gamblers’ views about gambling are closely related to how they gamble, or, the level of their gambling severity. Some view gambling as a neutral leisure and entertainment activity, nothing good and nothing bad in it. As it involves money, the player must take the responsibility to control spending. “Gambling, there is nothing good that will happen to you, and it won’t have anything

bad. It's in you. It's in yourself. If you really want to get addicted to that, well then, that's on you" (F-5, PGSI 3).

Those who had extensive experience of gambling, either problem gambling due to which they lost huge amount of money or life-long gambling throughout childhood to older adulthood, expressed negative views about gambling, particularly problem gambling. They called it "a bad habit" (F-15), "a vice" (F-17), "cancer" (F-11), or "evil" (F-7). One female older gambler (F-16) expressed her anger towards gambling, "I don't like it anymore. I hate gambling. ... they're not giving you money. You always lose." And now, she was bitter about not being able to afford a coffee for \$2.

It interesting to note that those who had controlled gambling habits held much more positive views about gambling (e.g., F-2, PGSI 3; F-9, PGSI 3). F-9 stated "Casino is a stress reliever." When his wife was bereaving about her mother's sickness and the eventual death, he took his wife to the casino and taught her how to play VLTs. He said that his wife smiled and forgot about the sorrow over losing a loved one when she won. F-9 reported that he had a good control of the budget when he and his wife visited the casino. In addition, often older gamblers admitted that gambling, especially poker or card games that involve strategical thinking and human interactions, would keep the older player intellectually active and even improved cognitive ability in one occasion (F-10, PGSI 0).

Going to casino suffices *active leisure* (as opposed to passive leisure) (Novak, Northcott, & Campbell, 2018) for older adults who gambled with control. They meet and play with friends for *social leisure*; they walk around in the large setting inside the casino for *physical leisure*; and they play in games or watch other playing with remembering, thinking, and calculating for *cognitive leisure*. One older adult expressed that "in this interview I learned more about my gambling and realized that after all I'm not living a bad life. I can't ask for more. I don't think I need to change anything in my life now. My gambling is not affecting us badly. It's purely leisure activity because we do it with a limited budget. Gambling for us is not a problem in fact it is helpful for us" (F-2, PGSI 3).

Some respondents were exposed to various forms of gambling at young age, in the family and the community. They became familiar with gambling even though they might not gamble, which is consistent with the literature (Loo, Raylu & Oei, 2008; Raylu & Oei, 2004). All respondents in the study gambled after they immigrated to Canada, but they were brought into gambling by friends and relatives of their own culture. Gambling is considered acceptable in various cultures including Chinese, Maori, Brazilian, and African-American (Breen & Hing, 2014; Medeiros et al., 2015; Ng, 2013; Ohtsuka & Chan, 2014; Subramaniam et al., 2015). These cultures tend to normalize gambling as a socializing activity in the family, community and society. Retrospectively, many culturally diverse older adults reported positive memories of gambling with family and friends in their early years.

The respondents indicated that their culture of origin, like the aforementioned cultures, accepts mild gambling behaviors in general. Although gambling generally officially banned, it is allowed for funerals in some place in the Philippines. Income profit for organizing gambling in a funeral would contribute to the costs of the funeral. This type of fund-raising gambling activities were legally acceptable. The particular context of a funeral justified gambling. However, people would still set up gambling venues and go gambling when there are no funerals.

Those at a moderate to a severe level of problem gambling reported that their family members seemed to tolerate their heavy gambling behaviors, as long as (or if) the gamblers were able to provide material supply to family members (e.g., gifts or paying bills). When older Filipinos who lived with their adult children did not have the control over the family's major source of income (so, they could not devastate family finance with gambling behaviors), their children would provide funds to them to gamble. To both Chinese and Filipino gamblers and their families, financial consequences of gambling seemed more concerning than the impact on their health, relationships or spiritual beliefs. Concerns and restrictions about finances are considered by Luo and Ferguson (2017) as a buffering



factor for culturally diverse older adults. They generally do not gamble frequently, and if they do, most of them could not be called heavy gamblers.

### ***D.2.5.3 Adversities in life and gambling: over a life span***

None of the older Filipino participants had been affected by war or political conflicts to the degree of traumatization or change of life. Compared to their Chinese counterparts, they did not experience threats to life or refugee camps in their childhood or adulthood. However, various forms of adversities in life also could also created traumatizing feelings on individuals.

For example, the participant (F-7, PGSI 10) who spent all his and his wife's private pension on gambling regretted greatly for the money and time he had spent on gambling instead of on family. He lost his father who had barely lived with him to lung cancer when he was 10; then his mother got remarried but did not bring him to the new family. The participant had to live alone at home by himself. He described it was an extremely tough time for him, and he started smoking at 11. However, he quit smoking when his first child was born and the family doctor told him second-hand smoking was harmful to children's health. The mother operated a small business to support the participant till he graduated from the university. The participant started visiting the casino frequently, and sometime with his mother. His gambling addiction intensified after his mother had passed away. He had good relationships with his wife and four children, very proud of the children and saying that having children was fun. When the interview was taking place, the participant indicated that he had applied for voluntary self-exclusion "for a life time" (currently the options are 6 months, 1 year, 2 years, and 3 years), because "I think about, oh, this is the time that I should have spent with my family, the time, the money. The money I spent here, maybe I can buy one house for my, one of my kids."

Apparently, family and connections with loved ones had always been the focus of his life. The deep wound of being left behind by parents in the childhood seemed to have never been healed, or even addressed. The manifestation of depersonalization and de-realization found on older Chinese gamblers were also evident on older Filipino gamblers. Not every individual who gambles as a direct or indirect consequence of trauma or adversities will become a problem gambler; but many of them do turn to gambling for emotional conform and stress release because gambling is the form of play (separation from everyday life) (Caillois, 1958 in Egerer & Marionneau, 2017) that they are most familiar with.

### ***D.2.5.4 (Lack of) Cognitive control: Human agency***

It was interesting that heavy gamblers and several gambling service providers attributed problem gambling to "the nature" of Asian populations (e.g., F-4, PGSI 13; F-7, PGSI 10). F-7 stated that "it's true that gambling, there's so many Asians, mostly Chinese, Vietnamese, Filipinos". F-15 (PGSI 10) recalled that her grandma had been good at traditional card games for gambling and her mother played mah-jong frequently. She herself liked numbers therefore liked gambling. She said, "I saw it already in my family. ... so you felt like that was your focus."

F-7 described he started visiting casino twice a week with the intention for only recreational playing. However, once he had won, "you think every time you are gonna win. 'Oh, oh, I go back there', 'One more time', and after that, you find out you look for that (the urge to gamble)!" The participant's eyes lit up when he was describing the addictive feelings, "sometimes you win. Sometimes you lose. Sometimes you win. After that, you keep losing, you keep losing. And you come back again. 'Oh, maybe I'll win.' No. You'll see after that. It's not. It's not" (F-7). Eventually he F-7 spent all his own RRSP of \$160,000 and his wife's RRSP of \$40,000 in the casino.

The desire to win money was found by Luo and Ferguson (2017) to be the major extrinsic motive for culturally diverse older gamblers in a systematic review of older gamblers of diverse cultural backgrounds. In this study, it seems that the gamblers rationally acknowledged that it was more likely they would lose than win money; however, they could not help going to the casino with the intention to win. While only one Chinese respondent (6.7 percent of the Chinese group) was in the highest category (a score of 9), eight Filipino respondents (44.4 percent of the Filipino group) were in this category (scores of between 8 and 16). More older Filipinos were problem gamblers in comparison with their Chinese counterparts. Apparently, older Chinese gamblers were more likely social or light gamblers, and they might have experienced lifelong PTSD. Gambling reportedly did not usually interfere with their lives, especially their financial situations.

One participant (F-17) made a connection between the Philippines being an emigrant country and gambling in Filipinos, because the action of immigrating to Canada itself “is a gamble already, because you don’t know what’s going to happen to you when you get to another country.”

“We take chances. That’s the opportunity that we want to grab. Perhaps, like maybe, we can have a better life there. We don’t know, right? See, this is a foreign country, somebody came first, right? One of the members of the family, they say, “no, you don’t pick up gold here!” right? Something like that. you don’t just, you know... but, you still want to leave, right? It’s a gamble itself.” (F-17)

#### ***D.2.5.4 Other factors affecting older Filipino-Canadians’ gambling***

The majority (15, or 94.4 percent) of the older Filipino gamblers stated that their monthly income was adequate or very good in comparison to their spending. Among the three older Filipinos who indicated their monthly income as inadequate or not very good, two scored at the level of severe problems caused by gambling, although they were in the middle range of income in all Filipino respondents. Two respondents had a monthly income that was higher than \$3,500; one was at the severe level of problem gambling and the other at the moderate level. The relationships between gambling and socio-economic status (SES) are contradictory in previous research, as well (Christensen & Patsdaughter, 2004; Ng, 2011; Ohtsuka & Chan, 2014; Zaranek & Lichtenberg, 2008). Apparently, although gambling is often related to money, income is not correlated with gambling behavior.

It is worth pointing out that almost a quarter (four, 22.2 percent; two at the level of severe problems, one at moderate and one at low) of the Filipino respondents refused to reveal their monthly incomes, compared to the Chinese respondents, all of whom reported income. It might be because people were sensitive about their privacy; but it could also be a sign of problem gambling that gamblers tend to hide their financial situations.

Older Filipino gamblers frequently gambled or visited casinos with spouses, relatives and friends. Filipino men tended to go to the casino with their wives, while Chinese men would go there alone, according to the gambling service providers. This finding points to social networks and social supports as gambling enablers in culturally diverse older adults (Luo & Ferguson, 2017). Lai (2006) points out that Chinese seniors in Canada with stronger and broader social networks, for example, tended to gamble more frequently than those with fewer social networks. Marital relationships were also found to be significantly related to gambling behavior in urban African-American seniors (Zaranek & Lichtenberg, 2008) and Singaporean seniors (90 percent were Chinese) (Subramaniam et al., 2015).

Stress related to immigration and acculturation was not mentioned by the respondents in this study, although it was identified a plausible trigger of gambling for older immigrants in the literature.

For example, “people with higher levels of education may have adjusted better during immigration, with better language skills and financial resources, without having to rely on gambling as a way to acquire any needed comfort and excitement” (Lai, 2006, p. 138). In this study, two thirds (10, or 66.7 percent) of the Chinese respondents spoke no or only a little English, while half (9, or 50 percent) of the Filipino respondents were able to speak English very well. Language barriers should be a smaller challenge for these older Filipinos than for the older Chinese. Besides, more older Filipinos obtained some education (even post-secondary) than the older Chinese respondents, many of whom had been war-affected refugees and lived severely deprived lives. However, the older Filipinos, the group with less settlement challenge, revealed more problem gambling issues than the Chinese respondents.

Several studies correlate gender with gambling behaviors, but not with problem gambling; in particular, older men are more likely to gamble (Subramaniam et al., 2015; Zaranek & Lichtenberg, 2008). This study does not notice whether gender was a significant factor in gambling behaviors among older Filipino-Canadians, in fact familial/marital conflicts and psychosocial issues like loneliness and boredom were observed in both male and female respondents.

#### **D.2.5.5**      *What gamblers have done for self-control and self-help*

Many older Filipino gamblers shared their experiences on how to control their gambling. The following suggestions for self-control and self-help are practical and doable from a first person perspective. The strategies can be used alone or in conjunction of others.

- Acknowledge that losing happens a lot more often than winning in gambling. Going to the casino is like “paying for entertainment costs”. Do not gamble to make up the losses.
- Buy groceries and pay bills before going to the casino.
- Set a daily budget, like \$50 per visit, and stay within the budget firmly. If I use up the budget, I can stay in the casino but only watch others playing, chat with friends, watch TV, or walk around.
- Set a bi-weekly budget, like \$150 for two weeks, and stay within the budget firmly. If I use up the budget before the end of the two-week period, I will not play until the next “pension day”.
- If I win, I will only part of the money for future playing, and save the rest in the bank.
- If I win, I will take the money out, and leave for a break of up to a day. Do not chase winning.
- Do not set the goals of winning too high. \$40-100 is good enough, instead of \$20,000 or higher. Lower goals require smaller amount of bet, which will allow me play longer.
- I will call the gambling hotline, if I need help.
- Acknowledge “I am addicted to gambling”, because gambling is my priority and I only want to go to the casino if I have money.
- Ask the casino have myself banned.

### **D.3 Intervention with Older Asian-Canadian Gamblers**

All three groups of respondents (older Asian-Canadian gamblers, intervention service providers, and gambling service providers) offered their opinions on intervention for this particular group of gamblers.

#### **First step for intervention: Acknowledgement of the problem**

Acknowledgement of gambling addiction and self-motivation for changing gambling behaviors was considered the primarily important factor, as many problem gamblers denied that gambling had interfered with their lives and that intervention was necessary. “Only if he admits he had problems [of

gambling] and agrees to accept intervention, you can help him. If you say, 'You have a problem,' he will scold you" (C-5). It was common among older Filipino-Canadian gamblers to deny they showed signs of addictive behavior but identify others' problems. Based on their years of observations, the intervention service providers also confirmed "the older adults that typically, the older adult gamblers, NEVER ever wanted to know or was interested in knowing about what the [gambling intervention] services to senior sector was like" (I-2).

### Knowledge of available resources

Only four (26.1 percent) out of 15 Chinese gamblers and one (5.6 percent) Filipino gambler mentioned being aware of information about intervention services and help line from the GameSense Information Centre in the casino or from peers. The literature has pointed out this long-lasting issue: even if the older gamblers were willing to admit their gambling problems and accept intervention, many of them are not aware of the availability of help. Ninety-seven percent of the respondents in a quantitative study (Ng, 2011) did not know where to look for help. As a result, the rate of seeking professional intervention was low among culturally diverse older gamblers (Breen & Hing, 2014; Clarke, Abbott, Tse, Townsend, Kingi, & Manaia, 2006; Tse, Dyll, Clarke, Abbott, Townsend, & Kingi, 2012; Tse et al., 2013).

The intervention service providers echoed the need of doing more outreach to potential service users, as did gambling service providers and family members of gamblers. They felt that distributing pamphlets and promoting intervention programs would be helpful. Some gambling participants offered advice on approaching problem gamblers. As problem gamblers tend to deny their problems, it would be more efficient and appropriate for family members to tell the gambler about intervention programs or workshops than the intervention service provider. Financial incentives to participating in a program can be another attraction for older gamblers. Hence, the promotion of intervention services could include carefully considered strategies to reach family members and include some tangible incentives.

### Current Intervention approaches: Community work, group work, and individual work

Interviewed intervention service providers described a successful community approach for working with older gamblers of diverse cultural backgrounds, based on their years of experience. They collaborated with another agency helping older adults to run a seniors' theatre program with several cultural communities (e.g., Vietnamese, Filipino, and Italian), reaching out to recruit playwrights, directors and actors from each community. All plays were gambling stories of cultural diverse older adults and their families, which tried to understand gamblers' challenges and seek solutions for gambling problems. The plays were shown to the community and recorded as an intervention tool for dissemination. As cultural community members had been involved in the plays from the beginning, the approach not only was highly culturally sensitive (exploring and demonstrating issues in respective cultural norms) but also involved stakeholders' participation to a great degree. This community-driven approach received positive feedback from older adults and their families; however, it was discontinued after three plays had been produced due to lack of funding.

Another effective intervention approach was a peer-support group in which older adults who had received intervention training worked with those who sought help. Peer volunteers' firm commitment to the program and a strong sense of spirituality seemed to be the key factors in the program's success. It was helpful to recruit past gamblers or controlled gamblers to interact with gamblers who were seeking help to reduce their gambling behavior. The former or currently controlled gamblers offered support and relate experiences to problem gamblers in the intervention process. The literature indicates that some older gamblers were greatly discouraged by the negative examples of other gamblers who had lost large sums of money, and even their lives, at gambling venues (Breen & Hing, 2014). Former gamblers' sharing of devastating consequences of problem gambling behaviors

could have been helpful in increasing gamblers' self-disciplining and reducing problem gambling behaviors.

Well-trained intervention service providers were considered critical in facilitating these programs. Knowledge of gambling addiction is a must, and so are gerontological information, cultural competence and community-development skills. One Filipino respondent advised intervention service providers to include cultural transition workshops (including money-management training) for newcomer gamblers, as many of them will not have had the same financial environment and spending style here as they did back home. Financial information could include how the credit-card system works and how the user is expect to pay in Canada, as well as how to budget one's expenses based on his/her income and payday.

Counselling about personal and interpersonal issues could be helpful to Chinese and Filipino older gamblers. The issues include interpersonal communication skills and marital relationship skills, intervention and support for individuals who have been suffering from PTSD over a life span, and life satisfaction. The level of life satisfaction has been found to be a significant buffer between culturally diverse older adults and gambling (Lai, 2006). Lai (2006) suggested that when culturally diverse older adults were content and had their needs sufficiently met, they were unlikely to gamble. For interpersonal relations and PTSD intervention, Lee et al. (2007) advise to include extensive and careful exploration of childhood and family histories in a safe environment in gambling counselling, as this is as important as the proximal cognitions and behaviors associated with gambling.

For example, the older adult (F-7) had experience a series of adversities in childhood and early adulthood and eventually gambled to losing both his and his wife's retirement funds. Although it is not clear how the previous adversities have impacted the participant's gambling addiction, the participant would be able to evaluate the important factors in his life through in-depth person-centred counselling. If he were given the chances and guidance to review his life trajectory, to understand his own emotional and life transitions, and to give a closure to unfinished "business" (e.g., attachment and resent towards parents, love for children, and gratitude toward wife), the participant would be able to have a clear view of his life, and, in turns, to commit to a meaningful lifestyle instead of focusing of gaining the "thrill" of winning. It seems that the participant had been turning to gambling to suffice his emotional needs than dealing with the real sources of emotional stresses.

Older Asian gamblers viewed counselling a controversial intervention approach because some older gamblers considered that a necessary buffer and the others believed they were ineffective. Several older adults (e.g., F-10, PGSI 0; F-7, PGSI 10) who were elaborative in the interview (taking up to 2 hours in each interview) usually considered counselling beneficial. Participants believed the counselling intervention need to be on-going and easy to access in order to be influential, because the impact of one counselling session/program may be limited. F-9 said, "they are getting counselling, are they going to last? That's my question.... One week, they're able to last. The next day, they gave up. Did they last? No, they went back, until they get killed."

### Considerations of diversities in intervention

The differences between older Chinese and Filipino gamblers were worth service providers' attention, as they would affect the choices of interventional strategies. As this research showed that older Filipino gamblers were more likely to demonstrate problem gambling behaviors than Chinese-Canadian gamblers (e.g., higher scores in assessment, hiding financial situations)—regardless of gender, socio-economic factors, and settlement issues—intervention could focus on improving gamblers' understanding of gambling psychology and behavior. Because gambling usually does not interfere with older Chinese gamblers' lives, especially the financial situation, stopping or reducing



gambling may not be the priority for them; but intervention and support for individuals with long-term PTSD would be appropriate.

The participants mentioned that it was not necessary to match the cultural or ethnic background of the intervention service provider or a volunteer support worker and an older gambler, because older gamblers who were involved in previous programs seemed enjoying communicating in multiple languages and cultural diversity, though speaking the same language did provide some convenience.

The intervention service providers pointed out that spiritual beliefs could be a protective factor for older Asian-Canadian gamblers as they might find strength in them to recover from problem gambling, or participation in religious activities could take the place of gambling. However, older gamblers might have a lot of guilt in relation to religious belief as well because Christian doctrines do not approve gambling and other forms of addictions.

### Suggestions for gaming facilities

Suggestions were given as to what a gambling facility could do to help reduce the possibility of problem gambling, such as setting a limit of time or amount of money one could play for certain games. The gambling settings can also organize and facilitate other programs that could attract older adults and keep them healthy. For example, running a walking group, organizing a karaoke night, building bowling facilities or a swimming pool in a casino, and operating an English language skills centre for seniors' programs at casino. It was also recommended to set up a gambling place that does not involve real money to play, but pseudo currency such as chips, points, or credits. It is the thrill of winning, not necessarily what is won, that excites people.

Programs like these can help older adults maintain physical and intellectual activity to a degree, without having to give up their gaming habits. In order to run such programs, the program facilitator not only needs to be familiar with not the operation of the gaming industry, but more importantly, should be equipped with thorough knowledge of human behavior, gerontological social work, intervention for addictions, as well as generic social work skills such as individual counselling and referral, group work intervention, and community development.

Provision of primary medical services, such as flu shots or blood-pressure monitoring stations, were viewed differently by older gamblers and intervention service providers. While intervention service providers believed that medical services could be useful for seniors, the gamblers themselves indicated very little interest as they would be occupied by the games and they all reported having convenient access to family doctors for any of the basic needs that a non-medical setting could possibly offer. Some of the aforementioned activities and programs can be run in a community or cultural centre, as well, in addition to activities like Zumba and gatherings and outings for older adults.

It was advised that the process of voluntary self-exclusion should be easy to access, and become effective immediately. However, the participants wondered how to make this protective approach effective because people can go to other countries or provinces, or to smaller venues, to gamble, should they have the mobility. Gamblers will also come back to gambling when the ban is over. Gaming facilities should consider revisiting the voluntary self-exclusion policy and increasing its effectiveness, such as collaborating with facilities across province or country, and proactively connecting problem gamblers with intervention service providers.

The intervention service providers reported little support from related provincial governmental departments including legislation, Manitoba Senior Secretariat, and the Addictions Foundation of Manitoba. Gambling addiction did not seem to be a priority issue for policymakers, in comparison to

policies for health and active aging, the positive and popular side of aging in this culture. Due to the lack of funding, most intervention programs for older gamblers have stopped, even though the demand for help remains strong in the community.

Intervention services that target specific issues and social services that aim to support certain sub-populations in the society tend to be reactive and responsive, and often not in a timely manner. Not only services need to be timely reactive, but they also need to be proactive. Issues related to older gamblers do not happen overnight. For example, *Poor interpersonal skills and troubled marital relationship, mental health needs* (including long-term PTSD), and *lifelong gambling habits* (Figure 1) foreshadow the gambling behaviors of older Chinese-Canadians. It will not be surprising to find that future older Chinese-Canadians will not be seeking mental comfort and socialization in gambling as much as the current ones, because future generations are anticipated to have received more formal schooling and have lived a relatively satisfactory life before entering the Third and/or Fourth Age. They would have been exposed more to education of interpersonal communication skills, personal counselling, intervention for depression, and other self-care approaches than the current generations. The gaming industry may expect to see the change of faces in their facilities in the future.

## E. Limitations

Some limitations of the proposed research are expected. First, the older gambling respondents are more diverse than the two targeted populations of Asian respondents; this research was not able to examine the differences between a higher level of cultural clusters (e.g., European vs. Asian) and the differences among other Asian groups (e.g., South Asian vs. East Asian). However, further research into between- and within-group diversity and commonality can be built on the empirical findings and methodological experience of this study. The findings will help improve the understanding of gambling and help-seeking behaviors from a minority cultural perspective.

Second, no problem gamblers in the Chinese-Canadian group were recruited. The life trajectory of older Chinese problem gamblers remains unclear. It will be useful to intervention service providers to know whether this group could benefit from intervention targeting gambling behavior (as for older Filipino problem gamblers) or from counselling for trauma over a life span (as for older Chinese gamblers with a low or moderate level of gambling problems).

Third, the challenge of grounded theory is how to determine if, and when, theoretical saturation is reached. How do we know if a theory is complete? How do we know enough details of all important aspects of a phenomenon are collected? The idea of saturation is related to generality, which grounded theory strives to obtain. The research does not aim to develop a comprehensive theory to be generalized to the entire population of older Asian gamblers, or even only the Chinese or Filipinos, but to depict gambling within the Manitoba Asian community and summarize gambling and help-seeking behaviors from a cultural life-course perspective. As a relatively small project, and one of the first attempts to investigate gambling issues among older cultural minority members, this study is more exploratory than explanatory.

Fourth, both older men and women gamblers participated in the study. However, no noticeable gender differences were found in the data. Consistent with the literature, there were more female than male gamblers (1.75:1) in the study. The larger proportions of older females in this and previous studies coincided with Volberg's (2003) argument about the feminization of gambling. This does not indicate more older women gamble than older men do; it could simply be because older women were more forthcoming and open to discussing their gambling behavior (especially if they considered mild gambling as an entertainment and socializing activity and if they were more attracted by the incentive than men), the repeated descriptions of older female problem gamblers (particularly in the Chinese-speaking sub-population) in this study are a concerning sign.

Although most studies did not explicitly indicate gender as a predictor in gambling behavior among older adults of diverse cultural backgrounds, it is notable that the findings were based on information gathered from a greater number of women than from men (Luo & Ferguson, 2017). How gender differences might affect Chinese and Filipino older gamblers remains unclear. We cannot assume that gambling motivations, behaviors and intervention strategies are the same for older male and female gamblers in these cultural groups. Findings of this study points to high possibility of problem gambling among older women of diverse cultural backgrounds. Because problem gamblers are much less likely to acknowledge their addictions, let alone discussing with others, greater efforts should be placed on identifying older problem gamblers, especially females, in Asian-Canadian populations to understand their gambling trajectories, life course factors, and potential intervention and support to this most hidden group of gamblers.

## **F. Conclusion**

Although much research on gambling has focused on gambling motivation, patterns and impacts among some vulnerable groups (e.g., youth, women, Aboriginal peoples), research efforts to understand the development and maintenance of gambling behaviors among older adults with diverse cultural backgrounds is scarce. The study is one of the first attempts to explore gambling among older Chinese- and Filipino-Canadian gamblers from a cultural life-course perspective.

The study described and analyzed the life trajectories of these two groups of older gamblers and how the life course interacted with gambling. Several intervention strategies were identified by three groups of participants (Chinese-Canadian older gamblers, Filipino-Canadian older gamblers, and intervention workers). Despite several notable intervention programs, what effective intervention strategies work well for older gamblers with diverse cultural backgrounds remains largely unanswered. Practitioners and policymakers may need step beyond focusing on “correction” to ask themselves a few questions regarding culturally diverse older gamblers. For example, can our services/programs meet their needs, in terms of affordability, accessibility and fun? If yes, what are the services we need to offer and how should we deliver them? How do we sustain these services/programs? And is it possible for social services to collaborate with the gambling industrial to provide for such programs?



## Appendix I           References

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**Interview Guide for Gambling Participants in One-on-One Face-to-Face Interviews**

Thank you for agreeing to talk with me about your life and experience related to gambling activities. Would you like to start with telling me ... (continue to the first interview question)?

**[Research topic 1: How have the life course factors (lifelong development, human agency, cohort, timing, and linked lives) affected older Chinese and Filipino gamblers on their perceptions, motivations, and actions of gambling?]**

Interview questions:

- 1) Please tell me about your life (following are probing questions).
  - a. Describe your life by decades: from birth to 10, teen years, 20s, until now.
    - i. A life road map may be constructed to facilitate visualization of the life trajectory and transition events (Parker & Bradley, 2014).
  - b. Describe important events/transitions in your life, including both joyful or painful memories, such as getting married, migration, births of children, changing jobs, loss of significant others or something important to you, threats or danger experienced.
  - c. What was happening to significant others of yours during those events/transitions?
  - d. What was happening in your community, country, and society during those times?
- 2) Please tell me your experience and thoughts about gambling.
  - a. When did you start gambling? And how did you start it? What happened to you and your significant others before and around that time?
  - b. What happened in your community, country, and society before and when you started gambling?
  - c. Has your gambling escalated or intensified since you started playing? If yes, when? What happened to you and your significant others before, during, and after the escalation?
  - d. What does gambling give you (financially, physically, emotionally, cognitively, & socially)?
  - e. What do your family members think of your gambling?
  - f. Do you have other addictions, such as drinking, smoking, or hoarding? How are they related to gambling in your life?

**[Interview topic 2: How have the life course factors affected individuals on their perceptions of intervention/support services and their help-seeking patterns?]**

Interview questions:

- 1) What do you think of existing programs/services that provide support and intervention to gambling participants?
- 2) In your opinion, how can support programs/services be helpful?

Then the researcher will ask about the meaning of these events to them in the context of their cultures and life courses. Older people have experienced much and may need help to put their many important memories into some chronology.

## Appendix III Questionnaire for Gambling Participants

### An Exploratory Study through a Cultural Life Course Perspective: Gambling in Older Asian People in a Canadian Context

#### QUESTIONNAIRE



- Your answers to the questions will help us understand why and how you like gaming
- You are free to refuse to answer specific questions
- All responses will be kept confidential

Thank you for participation!

## Part A

First of all, I would like to ask you some questions related to your personal background.

A1. Your gender      1. Male                     2. Female

A2. What is your year of birth? \_\_\_\_\_

A3. What is your current marital status?  
 1. Married or living common-law  
 2. Separated  
 3. Divorced  
 4. Single (never married)  
 5. Widowed

A4. Are you a .....?  
 1. Canadian citizen by birth  
 2. Naturalized Canadian citizen  
 3. Landed immigrant  
 4. Visitor  
 5. Others (Specify)\_\_\_\_\_

A5. How long have you been living in Canada? \_\_\_\_\_Years

A6. Which country/city did you live before migrating to Canada?  
 1. The Philippines  
 2. Hong Kong  
 3. Taiwan  
 4. Vietnam  
 5. Mainland China  
 6. Other (specify) \_\_\_\_\_  
 99. No answer

A7. What language(s) do you speak at home? \_\_\_\_\_

A8. Do you comprehend English?  
 1. Yes, I understand well.  
 2. Yes, I understand a little.  
 3. No, not at all.

A9. Do you speak English?  
 1. Yes, I speak well.  
 2. Yes, I speak a little.  
 3. No, not at all.

A10. Who are you living with now? \_\_\_\_\_

A11. In general, would you say your health is: (Check one answer only)  
 1. Excellent  
 2. Very good  
 3. Good  
 4. Fair  
 5. Poor



## Part B

B1. How close are the ties which you maintain with the Filipino/Chinese community in Winnipeg?

- 1. Very close
- 2. Moderately close
- 3. Not very close
- 4. Not close at all

B2. Do you usually think of yourself more (as a Filipino/Chinese, a Filipino/Chinese-Canadian or a Canadian)?

- 1. Filipino/Chinese
- 2. Filipino/Chinese-Canadian
- 3. Canadian
- 4. Some other groups (specify) \_\_\_\_\_
- 98. Don't know
- 99. No answer

B3. Is Filipino/Chinese culture important to you?

- 1. Very unimportant
- 2. Somewhat unimportant
- 3. Somewhat important
- 4. Very important
- 98. Don't know
- 99. No answer

B4. What is your religion? (Check all that apply)

- 1. None
- 2. Catholic
- 3. Protestant
- 4. Taoist
- 5. Buddhist
- 6. Ancestor worship
- 7. Muslim
- 8. Other (specify) \_\_\_\_\_
- 99. No answer

B5. How important is your religion to you?

- 1. Very unimportant
- 2. Somewhat unimportant
- 3. Moderate
- 4. Somewhat important
- 5. Very important
- 97. Not applicable
- 99. No answer

## Part C

*Thinking about the last 12 months...*

C1. Have you bet more than you could really afford to lose?)

- Never
- Sometimes
- Most of the time
- Almost always

- C2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?  
 Never       Sometimes    Most of the time       Almost always
- C3. Have you gone back another time to try and win back the money you lost?  
 Never       Sometimes    Most of the time       Almost always
- C4. Have you borrowed money or sold anything to get money to gamble?  
 Never       Sometimes    Most of the time       Almost always
- C5. Have you felt that you might have a problem with gambling?  
 Never       Sometimes    Most of the time       Almost always
- C6. Have you felt that gambling has caused you any health problems, including stress or anxiety?  
 Never       Sometimes    Most of the time       Almost always
- C7. Have people criticized your betting or told you that you have a gambling problem, whether or not you thought it was true?  
 Never       Sometimes    Most of the time       Almost always
- C8. Have you felt that your gambling has caused financial problems for you or your household?  
 Never       Sometimes    Most of the time       Almost always
- C9. Have you felt guilty about the way you gamble or what happens when you gamble?  
 Never       Sometimes    Most of the time       Almost always

#### Part D

- D1. What is your highest education level?  
 1. No formal education  
 2. Elementary school  
 3. High school or technical/professional college  
 4. Post-secondary school
- D2. What is/was your major occupation in life? \_\_\_\_\_
- D3. In general, how well does your income and investments currently satisfy your need?  
 1. Very well  
 2. Adequately  
 3. Not very well  
 4. Very inadequate
- D4. Think of all your resources of income, which is your **MAJOR** source? (Choose ONLY ONE answer)  
 1. Son/daughter in household  
 2. Son/daughter not in household  
 3. Daughter-in-law/son-in-law in household  
 4. Daughter-in-law/son-in-law not in household  
 5. Earnings from work  
 6. Pension/Retirement  
 7. Personal savings  
 8. Investment (i.e., from renting, savings, or yield from stock or properties, from stock or estate exchange)  
 9. Social security/welfare/public assistance

- 10. Old Age Security/Government Supplement
- 11. Disability Allowance
- 12. Other, please specify \_\_\_\_\_
- 99. No answer

D5. What is your personal average monthly income, including old age security payment?

- 1. Less than \$500
- 2. \$500 - \$999
- 3. \$1000 - \$1499
- 4. \$1500 - \$1999
- 5. \$2000 - \$2499
- 6. \$2500- \$2999
- 7. \$3000 - \$3499
- 8. \$3500 and over
- 99. No answer

## Appendix IV Interview Guide for Gambling Service Providers

### Interview Guide for Gambling Service Providers

[Gambling service providers will be requested to provide information on gambling behaviors and patterns of the targeted research groups based on their observations and work experience.]

Thank you for agreeing to talk with me about your experience related to some of your customers' gambling activities. [Continue to the first interview question.]

#### **Interview questions:**

1. Based on your observation, what are the characteristics of your clients of a Chinese or Filipino background?
  - a. Demographic factors: gender, age, & marital status
  - b. Cultural factors: language, cultural background, & religion
  - c. Socioeconomic factors: income, education, occupation, & residence
  - d. Health/ability (visible disabilities)
  
2. Based on your observation, what are their gambling patterns?
  - a. Type of gambling
  - b. Time of the day
  - c. Amount of time spent
  - d. Individual or group visit
  - e. Communication with others or not
  - f. Amount of money spent
  
3. What else do you know or have you observed about them?

## Appendix V Interview Guide for Intervention Service providers

### Interview Guide for Intervention Service providers

[Intervention/support service providers will be asked about the targeted groups' help-seeking patterns, as well as gambling attitudes, behaviors, and patterns of older Filipino and Chinese gambling participants.]

Thank you for agreeing to talk with me about your experience related to some of your customers' gambling activities. [Continue to the first interview question.]

#### **Interview questions:**

1. Based on your observation, what are the characteristics of your clients of a Chinese or Filipino background?
  - a. Demographic factors: gender, age, & marital status
  - b. Cultural factors: language, cultural background, & religion
  - c. Socioeconomic factors: income, education, occupation, & residence
  - d. Health/ability (visible disabilities)
2. Based on your observation, what are their gambling patterns and pathways?
  - a. Type of gambling
  - b. Time of the day
  - c. Amount of time spent
  - d. Individual or group visit
  - e. Communication with others or not
  - f. Amount of money spent
3. Based on your observation, do they seek help for intervention? If yes, how?
4. What intervention do you think works or does not work for Chinese or Filipino gamblers?
5. What else do you know or have you observed about them?

## Appendix VI Consent Letter for Chinese-Canadian Gambler Respondents



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### LETTER OF INFORMED CONSENT (for Gaming Participants)

**Research Project Title:** Exploratory Study through a Cultural Life Course Perspective: Gambling in Older Asian People in a Canadian Context

**Researcher:** Hai Luo, PhD, RSW  
Faculty of Social Work, University of Manitoba  
Ph: 204-474-8543 Email: Hai.Luo@umanitoba.ca

Dear Research Participant:

This consent form, a copy of which will be left with you for your records and reference, is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more information about something mentioned here, or not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

#### **What is the project about?**

This project aims to find out how older Filipino and Chinese people think about gambling and how it is related to their lives including the environment in which they grew up, the culture they are most familiar with, and their relationships with family members and friends. This research has been approved by the Psychology/Sociology Research Ethics Board at the University of Manitoba.

#### **What are you requested to do?**

You are requested to fill out a questionnaire of personal and cultural background information and gaming behavior, and tell your life stories and your experience and thoughts about gambling. You are free to refuse to answer any specific questions either in the questionnaire or in the interview. The whole interview may take 1 – 2 hours.

You do not have to take part in this research, fill out the questionnaire, and/or answer any questions. There will absolutely be no repercussions for you. However, your contributions to the research are highly appreciated.

We may need to contact you after we have analyzed the information from our interview and others', for you to check whether our understanding is reflecting your experience and hear your feedback, as well as to ask new questions that emerge from first round interviews. Will you be willing to be contacted for a second interview? If so, please leave your phone number and/or email at the end of the letter.

#### **How is your privacy protected?**

All the information you give us will be kept strictly confidential. Your name and contact information will not be released to any individuals or organizations (including your employers and/or family members)

outside the research team. The interviews will be audio recorded, and the recordings and their transcription will be downloaded to a password protected file on Dr. Luo's computer in her office at the University. Your name will not, but a number code will, appear on the questionnaire or the transcript of the interview recording. Your name, names of other people mentioned in the interview, locations, dates, or any information that could identify you personally will be carefully removed or replaced with aliases in data analysis, writing, and publication.

Like any service provider agencies, we are obligated by law to report any unreported cases of child abuse or abuse of persons in care. We will not ask questions about abuse to children or persons in care, but should you reveal it, we would have to report it.

### **What are your rights as a participant?**

Agreeing to fill out this questionnaire does not waive your legal rights nor release the researcher or involved institutions from their legal and professional responsibilities. Your participation is voluntary. You are free to stop filling out the questionnaire at any time, or refuse to answer any specific questions, without any consequence. Please feel free to ask the researcher for clarification or new information throughout your participation. If you have any questions please contact:

Coordinator of Human Ethics  
Office of Research Services, University of Manitoba  
Ph: 204-474-7122                      Email: [humanethics@umanitoba.ca](mailto:humanethics@umanitoba.ca)

### **What are the benefits for you?**

The information you provide us will help service providers and stakeholders better understand the concerns and needs of Older Asian people who gamble. You will receive a gift care of \$50 as an honorarium for your time and participation in this project.

### **What may be the risks for you?**

We do not anticipate any risk for you to take part in the research. However, if you have any upset feelings after the interview due to recall of emotional moments or experiences, you may contact any of the following counselling agencies for help. Your interviewer may offer to help connect you with one or some of the agencies, if appropriate. You may also request your interviewer to call and make an arrangement, if you wish.

24-Hour Problem Gambling Helpline	1-800-463-1554
Provincial Adult Addictions Information	1-877-710-3999
Community Financial Counselling Services	204-989-1900 or 1-888-573-2383
<u>Gamblers Anonymous</u>	204-582-4823 or 1-800-463-1554
<u>Bettors Anonymous</u>	204-694-5231 or 1-800-463-1554
Klinic	204-784-4049

### **How can you access the research findings?**

The final report will be submitted to the Manitoba Gambling Research Program. Copies of the summary of the research findings can be obtained upon request to the researcher at 204-474-8543 or [Hai.Luo@umanitoba.ca](mailto:Hai.Luo@umanitoba.ca).

Please check "yes" or "no" for each of the following questions. If you agree with a statement, please place a check mark in the "yes" box. "No" means you do not agree to that statement.

在下面所列的情況描述中，如果您同意的話，請在 " 同意 " 的括號中打勾 (√)；如果您不同意的話，請在 " 不同意 " 的括號中打勾 (√)。

Yes	No
同意	不同意

I have read or have had read to me the details of this consent form. ( ) ( )  
我已經讀了（或聽取了）本同意書的詳細內容。

My questions have been addressed. ( ) ( )  
我的問題都得到了解答。

I agree to participate in this study. ( ) ( )  
我同意參與本項目。

I agree to have the interview audio-recorded. ( ) ( )  
我同意採訪可以被錄音。

I agree to be contacted by phone or e-mail if further information is required after the interview. ( ) ( )  
採訪結束後,如果需要進一步的信息,我同意研究員可以通過電子郵件或電話跟我聯系。

My phone number \_\_\_\_\_; my email \_\_\_\_\_  
我的電話號碼 \_\_\_\_\_ 我的電子郵件地址 \_\_\_\_\_

I agree to have the findings (which may include quotations) from this project published or presented in a manner that does not reveal my identity. ( ) ( )  
我同意在不泄露我的個人身份的情況下公布本項目的研究成果（包括引文）。

I wish to receive a summary of the findings? ( ) ( )  
我想獲取一份項目研究成果的總結。

I wish to receive the summary by ... ( ) E-mail ( ) Mail  
您希望通過.....獲得這份總結 電子郵件 普通郵件

Email or mailing address  
我的電子郵件或普通郵寄地址: \_\_\_\_\_

Participant's Signature \_\_\_\_\_  
受訪人簽字

Date \_\_\_\_\_  
日期

Interviewer's Signature \_\_\_\_\_  
採訪員簽字

Date \_\_\_\_\_  
日期



## Appendix VII Consent Letter for Filipino-Canadian Gambler Respondents



UNIVERSITY  
OF MANITOBA

Faculty of Social Work

521 Tier Building  
Winnipeg, Manitoba  
Canada R3T 2N2  
Telephone (204) 474-7050  
Fax (204) 474-7594  
Social\_Work@UManitoba.CA

### LETTER OF INFORMED CONSENT (for Gaming Participants)

**Research Project Title:** Exploratory Study through a Cultural Life Course Perspective: Gambling in Older Asian People in a Canadian Context

**Researcher:** Hai Luo, PhD, RSW  
Faculty of Social Work, University of Manitoba  
Ph: 204-474-8543 Email: Hai.Luo@umanitoba.ca

Dear Research Participant:

This consent form, a copy of which will be left with you for your records and reference, is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more information about something mentioned here, or not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

#### **What is the project about?**

This project aims to find out how older Filipino and Chinese people think about gambling and how it is related to their lives including the environment in which they grew up, the culture they are most familiar with, and their relationships with family members and friends. This research has been approved by the Psychology/Sociology Research Ethics Board at the University of Manitoba.

#### **What are you requested to do?**

You are requested to fill out a questionnaire of personal and cultural background information and gaming behavior, and tell your life stories and your experience and thoughts about gambling. You are free to refuse to answer any specific questions either in the questionnaire or in the interview. The whole interview may take 1 – 2 hours.

You do not have to take part in this research, fill out the questionnaire, and/or answer any questions. There will absolutely be no repercussions for you. However, your contributions to the research are highly appreciated.

We may need to contact you after we have analyzed the information from our interview and others', for you to check whether our understanding is reflecting your experience and hear your feedback, as well as to ask new questions that emerge from first round interviews. Will you be willing to be contacted for a second interview? If so, please leave your phone number and/or email at the end of the letter.

#### **How is your privacy protected?**

All the information you give us will be kept strictly confidential. Your name and contact information will not be released to any individuals or organizations (including your employers and/or family members)

outside the research team. The interviews will be audio recorded, and the recordings and their transcription will be downloaded to a password protected file on Dr. Luo's computer in her office at the University. Your name will not, but a number code will, appear on the questionnaire or the transcript of the interview recording. Your name, names of other people mentioned in the interview, locations, dates, or any information that could identify you personally will be carefully removed or replaced with aliases in data analysis, writing, and publication.

Like any service provider agencies, we are obligated by law to report any unreported cases of child abuse or abuse of persons in care. We will not ask questions about abuse to children or persons in care, but should you reveal it, we would have to report it.

### **What are your rights as a participant?**

Agreeing to fill out this questionnaire does not waive your legal rights nor release the researcher or involved institutions from their legal and professional responsibilities. Your participation is voluntary. You are free to stop filling out the questionnaire at any time, or refuse to answer any specific questions, without any consequence. Please feel free to ask the researcher for clarification or new information throughout your participation. If you have any questions please contact:

Coordinator of Human Ethics  
Office of Research Services, University of Manitoba  
Ph: 204-474-7122                      Email: [humanethics@umanitoba.ca](mailto:humanethics@umanitoba.ca)

### **What are the benefits for you?**

The information you provide us will help service providers and stakeholders better understand the concerns and needs of Older Asian people who gamble. You will receive a gift care of \$50 as an honorarium for your time and participation in this project.

### **What may be the risks for you?**

We do not anticipate any risk for you to take part in the research. However, if you have any upset feelings after the interview due to recall of emotional moments or experiences, you may contact any of the following counselling agencies for help. Your interviewer may offer to help connect you with one or some of the agencies, if appropriate. You may also request your interviewer to call and make an arrangement, if you wish.

24-Hour Problem Gambling Helpline	1-800-463-1554
Provincial Adult Addictions Information	1-877-710-3999
Community Financial Counselling Services	204-989-1900 or 1-888-573-2383
<u>Gamblers Anonymous</u>	204-582-4823 or 1-800-463-1554
<u>Bettors Anonymous</u>	204-694-5231 or 1-800-463-1554
Klinic	204-784-4049

### **How can you access the research findings?**

The final report will be submitted to the Manitoba Gambling Research Program. Copies of the summary of the research findings can be obtained upon request to the researcher at 204-474-8543 or [Hai.Luo@umanitoba.ca](mailto:Hai.Luo@umanitoba.ca).

Please check "yes" or "no" for each of the following questions. If you agree with a statement, please place a check mark in the "yes" box. "No" means you do not agree to that statement.

*Sagutin ang mga sumusunod na katanungan. Lagyan ng tsek (✓) ang OO kung sumasangayon kayo; at lagyan ng tsek (✓) ang HINDI kung kayo ay tutol.*

Yes      No  
Oo      Hindi

I have read or have had read to me the details of this consent form. ( ) ( )  
*Nabasa ko o binasa sa akin ang nilalaman ng pahintulot na ito.*

My questions have been addressed. ( ) ( )  
*Nasagot ang aking mga katanungan.*

I agree to participate in this study. ( ) ( )  
*Sumasangayon akong makilahok sa pag-aaral o pananaliksik na ito.*

I agree to have the interview audio-recorded. ( ) ( )  
*Sumasangayon akong i-record ang aking mga sasabihin sa interbyung ito.*

I agree to be contacted by phone or e-mail if further information is ( ) ( )  
required after the interview.  
*Sumasangayon akong matawagan sa telepono o i-email ako kung kakailanganin pa ang ibang  
impormasyon matapos ang interbyung ito. .*

My phone number \_\_\_\_\_; my email \_\_\_\_\_  
*Numero ng aking telepono ang aking email*

I agree to have the findings (which may include quotations) from this ( ) ( )  
project published or presented in a manner that does not reveal my identity.  
*Sumasangayon akong mailathala ang mga matutuklasan sa proyektong ito sa paraan na hindi  
maibubunyag ang aking pagkakakilanlan.*

I wish to receive a summary of the findings? ( ) ( )  
*Nais kong makatanggap ng buod ng kung anuman ang matutuklasan sa pag-aaral na ito.*

I wish to receive the summary by ... ( ) E-mail ( ) Koreo  
*Nais kong matanggap ang buod sa pamamagitan ng email o koreo*

Email or mailing address  
*Email o Tirahan: \_\_\_\_\_*

Participant's Signature \_\_\_\_\_  
*Lagda ng Kalahok*

Date \_\_\_\_\_  
*Petsa*

Interviewer's Signature \_\_\_\_\_  
*Lagda ng tagapakistanayam*

Date \_\_\_\_\_  
*Petsa*

## Appendix VIII Consent Letter for Intervention or Gambling Service Provider Respondents



UNIVERSITY  
OF MANITOBA

Faculty of Social Work

521 Tier Building  
Winnipeg, Manitoba  
Canada R3T 2N2  
Telephone (204) 474-7050  
Fax (204) 474-7594  
Social\_Work@UManitoba.CA

### LETTER OF INFORMED CONSENT (for Gambling Intervention Service Providers)

**Research Project Title:** Exploratory Study through a Cultural Life Course Perspective: Gambling among Older Asian People in a Canadian Context

**Researcher:** Hai Luo, PhD, RSW  
Faculty of Social Work, University of Manitoba  
Ph: 204-474-8543 Email: Hai.Luo@umanitoba.ca

Dear Research Participant:

This consent form, a copy of which will be left with you for your records and reference, is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more information about something mentioned here, or not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

#### What is the project about?

This project aims to find out how older Filipino and Chinese people think about gambling and how it is related to their lives including the environment in which they grew up, the culture they are most familiar with, their relationships with family members and friends, and their help seeking patterns in relation to intervention for problem gambling. This research has been approved by the Psychology/Sociology Research Ethics Board at the University of Manitoba.

#### What are you requested to do?

You are invited to share your experience, observations, and thoughts about gambling among older Asian individuals, especially Filipino and Chinese, as well as their help seeking patterns. You are free to refuse to answer any specific questions in the interview. The whole interview may take 1 - 2 hours.

You do not have to take part in this research and answer any questions. There will absolutely be no repercussions for you. However, your contributions to the research are highly appreciated.

We may need to contact you after we have analyzed the information from our interview and others', for you to check whether our understanding is reflecting your experience and hear your feedback, as well as to ask new questions that emerge from first round interviews. Will you be willing to be contacted for a second interview? If so, please leave your phone number and/or email at the end of the letter.

#### How is your privacy protected?

All the information you give us will be kept strictly confidential. Your name and contact information will not be released to any individuals or organizations (including your employers and/or family members) outside the research team. The interviews will be audio recorded, and the recordings and their

transcription will be downloaded to a password protected file on Dr. Luo's computer in her office at the University. Your name will not, but a number code will, appear on the questionnaire or the transcript of the interview recording. Your name, names of other people mentioned in the interview, locations, dates, or any information that could identify you personally will be carefully removed or replaced with aliases in data analysis, writing, and publication.

Like any service provider agencies, we are obligated by law to report any unreported cases of child abuse or abuse of persons in care. We will not ask questions about abuse to children or persons in care, but should you reveal it, we would have to report it.

**What are your rights as a participant?**

Agreeing to fill out this questionnaire does not waive your legal rights nor release the researcher or involved institutions from their legal and professional responsibilities. Your participation is voluntary. You are free to stop filling out the questionnaire at any time, or refuse to answer any specific questions, without any consequence. Please feel free to ask the researcher for clarification or new information throughout your participation. If you have any questions please contact:

Coordinator of Human Ethics  
Office of Research Services, University of Manitoba  
Ph: 204-474-7122                      Email: humanethics @umanitoba.ca

**What are the benefits for you?**

The information you provide us will help service providers and stakeholders better understand the concerns and needs of Older Asian people who gamble. You will receive a gift card of \$50 as an honorarium for your time and participation in this project.

**What may be the risks for you?**

Participating in this study poses no risk to you personally or professionally. If, however, you have any upset feelings after the interview due to recall of emotional or stressful moments in your work experience with older gamblers, you may discuss the issues with supervisors, supportive colleagues, or professional counsellors specializing in intervention of burn-out, without revealing in any form fellow participants' identity. You may wish to contact the Manitoba College of Social Workers (Manitoba Institute of Registered Social Workers) at 204-888-9477 or Klinik at 204-784-4049 for such services or referral.

**How can you access the research findings?**

The final report will be submitted to the Manitoba Gambling Research Program. Copies of the summary of the research findings can be obtained upon request to the researcher at 204-474-8543 or [Hai.Luo@umanitoba.ca](mailto:Hai.Luo@umanitoba.ca).

Please check "yes" or "no" for each of the following questions. If you agree with a statement, please place a check mark in the "yes" box. "No" means you do not agree to that statement.

	Yes	No
I have read or have had read to me the details of this consent form.	( )	( )
My questions have been addressed.	( )	( )
I agree to participate in this study.	( )	( )
I agree to have the interview audio-recorded.	( )	( )
<b>I agree to be contacted by phone or e-mail if further information is required after the interview.</b>	( )	( )

My phone number \_\_\_\_\_; my email \_\_\_\_\_

I agree to have the findings (which may include quotations) from this project published or presented in a manner that does not reveal my identity.      ( )      ( )

I wish to receive a summary of the findings.      ( )      ( )

I wish to receive the summary by...      ( ) E-mail      ( ) Mail

Email or mailing address

\_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_