

## **CENTRE FOR GAMBLING RESEARCH**

# **HELP-SEEKING BY PROBLEM GAMBLERS, FRIENDS AND FAMILIES: A FOCUS ON GENDER AND CULTURAL GROUPS**

**OCTOBER 2004**

**COMMISSIONED BY  
ACT GAMBLING AND RACING COMMISSION**

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Thanks are also extended to the numerous community agencies, industry representatives and analysts for information that helped us to understand the socio-cultural aspects of gambling, its processes and effects. Their ideas and insights were important contributions to the project.

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## Executive Summary

<p><b>Introduction</b></p>	<p>This project was commissioned by the ACT Gambling and Racing Commission (GRC) to examine the issue of help-seeking by gamblers, friends and families in the ACT with a focus on cultural and gender issues.</p> <ul style="list-style-type: none"> <li>• Research explored gender and cultural factors with a view to identifying barriers that may hinder specific groups from seeking or accessing appropriate help.</li> <li>• Further issues of primary concern for this study are the way problem gambling impacts on the families and friends of problem gamblers in the ACT, and where those people try to find help in such circumstances.</li> <li>• It provides an understanding of the issues from the perspectives of these groups, eg the nature of problem gambling and the way people respond to it.</li> <li>• The findings are a first step towards a more systematic understanding of the complexity of gambling problems in the ACT community and thus can inform recommendations for strategies to address the issues in a more practical and effective manner.</li> </ul> <p>In summary, the study found that gambling support services in the ACT do not meet the needs of people seeking help for their gambling problems.</p> <ul style="list-style-type: none"> <li>• Moreover, the particular needs of cultural groups, and gender-specific needs of men and women are not being met.</li> <li>• Before seeking professional help gamblers and family members utilise creative ways to help and support themselves, often with some success.</li> <li>• People primarily turn to families and friends, to group support or to other generic community agencies for help.</li> <li>• Differences in help seeking behaviour between men and women also have been identified which may be crucial factors in early interventions to address gambling-related problems and developing effective strategies.</li> </ul> <p>What has emerged from the research is considerable diversity in:</p> <ul style="list-style-type: none"> <li>• the personal characteristics and experiences of people with gambling problems;</li> <li>• the nature of gambling-related problems experienced;</li> <li>• factors that led to the development of problem gambling;</li> <li>• the types of problems that gamblers and families experienced;</li> </ul>
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<p><b>Methodology</b></p>	<ul style="list-style-type: none"> <li>• factors that prompted people to seek help;</li> <li>• self-help strategies used by gamblers, families and friends to address the problem; and</li> <li>• barriers to seeking help are affected by personal circumstances as well as by more general shared perceptions that the support they need is not available.</li> </ul> <p>Research utilised multiple methods to achieve the objectives of the study. The principal method to collect the information required was semi-structured interviews with a range of knowledgeable informants, including:</p> <ul style="list-style-type: none"> <li>• community leaders and stakeholders;</li> <li>• community service providers; and</li> <li>• people in the ACT who have sought or considered seeking help for gambling related problems either for themselves or someone else.</li> </ul> <p>Face-to-face interviews proved to be a highly effective technique to obtain detailed information about the experiences and perceptions of gamblers and family members who volunteered for the study.</p> <p>In the time available for the project, sixteen self-identified volunteers were recruited: four self-identified female problem gamblers, five self-identified male problem gamblers, and seven family members of a person with a gambling problem (six female and one male).</p> <ul style="list-style-type: none"> <li>• Recruitment of community leaders and the counselling agency representatives required similar methods of outreach, building on existing research and community links.</li> <li>• A thematic analysis of information obtained during interviews identified the principal issues discussed in this report.</li> </ul> <p>Based on desk research, the research team identified a number of cultural groups at the beginning of the project for specific consideration:</p> <ul style="list-style-type: none"> <li>• The Chinese community;</li> <li>• The Italian community;</li> <li>• The Croatian community;</li> <li>• The Greek community;</li> <li>• The Vietnamese community;</li> <li>• The Arabic community (including Lebanese); and</li> <li>• The Australian indigenous (Aboriginal and Torres Strait Islander) community. The indigenous community was included as a distinct cultural group.</li> </ul>
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<p><b>Limitations of the research</b></p>	<p>Profiles of each of these groups in the ACT were developed, including a summary of what is known about gambling in each of these communities.</p> <p>A literature review also provided background information on relationships between problem gambling and gender, and on gender and cultural factors that influence help-seeking behaviour.</p> <p>A precise understanding of problem gambling and help-seeking behaviour of cultural communities in the ACT would require considerably more time and resources than were available for this project</p> <ul style="list-style-type: none"> <li>• Despite our best efforts in the time available, one of the main research objectives – to recruit and interview people from different cultural groups in the ACT who have experienced gambling problems – was not achieved. Thus we have relied on the perspectives of cultural community leaders and research literature for information on those groups.</li> <li>• We received no reply to requests for interviews or specific information from the majority of ACT community support organisations.</li> <li>• The small number of self-identified problem gamblers identified in this study cannot be used to estimate the prevalence of problem gambling in the ACT.</li> <li>• Nor is it possible to generalise from the experiences of the women and men interviewed to propose reliable conclusions about the gendered aspects of problem gambling and help-seeking.</li> </ul>
<p><b>Current gambling support services</b></p>	<p>Since 2001 designated gambling support services in the ACT have been centralised in two interrelated agencies based in Lifeline: Gambling Care and Clubcare.</p> <ul style="list-style-type: none"> <li>• The establishment of Clubcare in 2001 with funding from Clubs ACT appears to have resulted in a substantial rise in the number of people seeking help from Lifeline gambling counselling services.</li> <li>• This increase is not reflected in the numbers of new clients from cultural communities, however. Further, numbers of indigenous clients remain very low.</li> <li>• At present Lifeline does not offer gender or culture-specific programs for people with gambling problems, although at the time of interview the agency was preparing a proposal for a Gambling Care ‘outreach’ worker to access different cultural groups.</li> <li>• Two other designated gambling support agencies based in NSW - Betsafe, a private counselling agency based in</li> </ul>

<p><b>Who are the gamblers?</b></p>	<p>Sydney, and the NSW Multicultural Problem Gambling Service (MCPGS) - also provide a service to ACT residents. Betsafe operates from three subscribing clubs in the Labor Group; MCPGS operates on a brokerage model to provide face-to-face and telephone counselling to cultural groups in over 40 community languages.</p>
<p><b>Problem gambling</b></p>	<p>Gaming industry representatives and gambling service providers were unable to provide specific information on the different ways that men and women might experience gambling problems or how problem gambling might affect particular cultural groups.</p> <ul style="list-style-type: none"> <li>• We were informed that people of 'Asian background' tend to patronise Canberra Casino and Dickson Tradies Club.</li> <li>• However, gaming industry representatives agreed that few people from indigenous communities seem to visit Canberra clubs or the casino.</li> </ul> <p>For the majority of participants interviewed in this study, the negative impacts of gambling were perceived as the real problem, rather than gambling itself</p> <ul style="list-style-type: none"> <li>• Problem gambling was identified as a highly complex and diverse phenomenon that profoundly affects families and communities as well as gamblers themselves.</li> <li>• Problem gambling does not occur in isolation; it is usually part of a complexity of problems experienced by the gambler.</li> <li>• No clear, uniform pattern of gambling or help-seeking behaviour could be identified in this research.</li> <li>• The harmful effects of gambling on people's financial situation, personal relationships and self-esteem appear to be highly relative to each person's circumstances, norms and values, and priorities.</li> <li>• Research has also revealed diverse definitions and meanings behind terms such as 'problem gambling' and 'help'.</li> </ul> <p>Case studies and profiles of 'typical' self-identified problem gamblers reveal diversity of personal characteristics and experiences.</p> <ul style="list-style-type: none"> <li>• Some had a long gambling history beginning in their adolescence; others had started gambling only relatively recently.</li> <li>• The genesis of problem gambling, the nature of problems that develop and the steps that people take to seek help cannot necessarily be attributed to distinct groups such as men, women or specific cultural groups.</li> </ul>

<p><b>Gambling, gender and culture</b></p>	<ul style="list-style-type: none"> <li>• The varied experiences and needs of gamblers, friends and families appear to be affected by the particular social context of their lives.</li> </ul> <p>Research suggests that gender and cultural factors, and the interaction between them, shape the way people perceive and experience gambling in their lives.</p> <ul style="list-style-type: none"> <li>• Social isolation, disconnectedness, socio-cultural ambivalence and the need to participate in acceptable recreational activities were frequently identified as factors for triggering gambling related problems with women and migrant groups.</li> </ul> <p>Cultural factors have been found to influence problem gambling in several ways:</p> <ul style="list-style-type: none"> <li>• Cultural values, beliefs and practices of the gambler's culture of origin;</li> <li>• The impact of acculturation to a society where gambling is acceptable; and</li> <li>• The likelihood that members of a cultural group will (or will not) seek help for a gambling problem.</li> </ul> <p>For some groups (eg Chinese) culture-specific beliefs and values reinforce gambling as a significant activity in people's lives, eg perceptions of luck, the desire to fit culturally into Australian society, and the perceived status associated with some forms of gambling.</p> <ul style="list-style-type: none"> <li>• Contrasting with these positive views, gambling conflicts with the traditions and values of other cultural groups (eg Arabic speaking communities). Difficulties resulting from the migration experience and the Australian gambling culture can create problems for families and individuals.</li> <li>• While community-based gambling such as card games can play an important social role for indigenous communities by reinforcing social obligations and randomly redistributing money within the community, access to commercial forms of gambling appears to have changed traditional ATSI gambling practices and led to gambling problems.</li> </ul> <p>This study has confirmed Australian research that has identified issues of isolation and personal stress as common factors in the development of problematic gambling behaviour for men and women.</p> <ul style="list-style-type: none"> <li>• Cultural and gender differences influence variations in gambling behaviour and impacts, as do the ways gambling is available and marketed in different</li> </ul>
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<p><b>Needs and experiences of help-seeking</b></p>	<p>locations.</p> <ul style="list-style-type: none"> <li>• Information provided by Oz Help and NCEPH indicated that men in some workplaces (eg building industries) are at risk of developing gambling problems.</li> <li>• Gambling became a problem for vulnerable and lonely women in particular. Female problem gamblers expressed the strong view that there are few alternative social settings or recreational activities for women in Canberra other than gambling clubs</li> </ul> <p>Problem gambling was reported by ACT cultural community leaders to be an issue of serious concern, although the lack of evidence and the reluctance of people to talk about it prevent any firm conclusions.</p> <ul style="list-style-type: none"> <li>• Representatives of multicultural agencies, the Chinese, Arabic and indigenous communities provided perceptions on the experiences of gambling and help-seeking in those groups.</li> <li>• We received no reply to requests for information from the Italian, Greek, Vietnamese or Croatian community representatives.</li> </ul> <p>Common themes from research were:</p> <ul style="list-style-type: none"> <li>• The particular character of the gambling and social context in Canberra, especially the centrality of clubs in community life and convenient access to gambling, has contributed to the development of gambling problems for people who experience social isolation or a period of personal stress.</li> <li>• All self-identified 'problem gamblers' interviewed had gambled socially before it became a problem.</li> <li>• Gambling began as a harmless social activity but progressed as a kind of coping strategy when they were faced with a significant change in their lifestyle (eg moving to Canberra, social isolation, boredom) or distressing situation (eg interpersonal problems, personal trauma, harassment at work).</li> <li>• Gamblers and their family and friends were able to clearly identify points or stressful events when gambling became problematic.</li> <li>• Gambling has had profound harmful effects on people's financial situation, personal relationships and self-esteem.</li> </ul> <p>A variety of different factors had prompted people to seek help for gambling problems.</p> <ul style="list-style-type: none"> <li>• For the majority of people interviewed gambling was recognised as a serious problem when it impacted on</li> </ul>
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<p><b>Barriers to seeking help from service agencies</b></p>	<p>finances or personal relationships.</p> <ul style="list-style-type: none"> <li>• Other factors included the immediate effects on interpersonal relationships, self-esteem, self-worth and their own standards of behaviour, as well as the long-term impacts on their future.</li> </ul> <p>The majority of gamblers and family members interviewed for this study had sought professional help for their gambling related problems from a wide and varied range of other community agencies and other professionals in the ACT.</p> <ul style="list-style-type: none"> <li>• As was found in 2001, people continue to turn most often to families and friends, or to other generic agencies for help.</li> <li>• The majority of people who sought professional help had used multiple avenues.</li> <li>• A majority of people interviewed did not approach gambling support services in the ACT for help with their gambling problems.</li> <li>• However, the majority of people who had done so indicated in interviews that they did not find the available gambling services effective in assisting them with their particular gambling problems.</li> <li>• Several reasons were suggested by the study participants: eg the type of counselling offered was not an appropriate strategy for them; frequent changes of personnel; counsellors were inexperienced or showed lack of empathy and understanding.</li> <li>• Similarly, other formal avenues of assistance were effective in some cases but not in others.</li> </ul> <p>All the self-identified gamblers and family members turned first to informal avenues for help and developed a range of creative self-help strategies to ameliorate the negative impacts of gambling on their lives.</p> <ul style="list-style-type: none"> <li>• Gamblers and family members draw heavily on their own resources and demonstrate remarkable resilience in their efforts to deal with the problems experienced.</li> <li>• Emotional and financial support from families and friends was a critical factor for the majority of self-identified problem gamblers as well as for family members interviewed.</li> <li>• These demands placed further strains on the capacities and wellbeing of individuals, families and the community as a whole.</li> </ul>
<p><b>Help-seeking and gender</b></p>	<p>Differences in help seeking behaviour between men and women have been identified as crucial barriers to early</p>

<p><b>Help-seeking and culture</b></p>	<p>interventions that address gambling-related problems.</p> <ul style="list-style-type: none"> <li>• Studies have consistently found that men of different ages, ethnicities and social backgrounds are, on average, less likely than women to seek professional help for gambling problems.</li> <li>• This study found that men appear to prefer group support to mainstream counselling services.</li> <li>• Women gamblers and family members also expressed a preference for alternative forms of help to counselling.</li> </ul> <p>Lifeline representatives interviewed for this study estimated that ‘about 5%’ of gambling clients are from non-Anglo-Celtic backgrounds.</p> <ul style="list-style-type: none"> <li>• Most are of Asian background, relatively ‘well-educated’ and ‘socially integrated’.</li> </ul> <p>All representatives of cultural communities interviewed emphasised that gamblers and family members, especially those with limited English speaking skills, would be reluctant to seek help outside their family network.</p> <ul style="list-style-type: none"> <li>• People mainly seek financial help; counselling is seen as inappropriate for many cultural groups.</li> </ul> <p>While barriers to help-seeking can vary in relation to cultural background, the most common factors identified from research include:</p> <ul style="list-style-type: none"> <li>• Suspicion of mainstream services</li> <li>• Shame and loss of face</li> <li>• Language barriers</li> <li>• Concerns about trust and confidentiality</li> <li>• Unfamiliarity with or resistance to the concept of counselling</li> <li>• Lack of information</li> <li>• Lack of culturally appropriate services.</li> </ul> <p>A representative of the <b>Chinese community</b> told researchers that the Chinese community in Canberra has ambivalent attitudes to gambling.</p> <ul style="list-style-type: none"> <li>• Gambling is accepted as part of Chinese culture and most people ‘see the positive side and keep it under control’. On the other hand, problem gambling is highly stigmatised, especially if it impacts on achievements in business or study, or on family stability.</li> <li>• Because Chinese men traditionally control the family finances it is difficult to know whether Chinese gamblers are gambling beyond their means.</li> <li>• Restaurant workers were identified as being most at risk of problem gambling.</li> </ul>
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<p><b>Conclusions</b></p>	<ul style="list-style-type: none"> <li>• International Asian students often have access to considerable amounts of cash and are also seen to be at risk. When they gamble and lose their allowances, students find it difficult to admit their mistake to their parents.</li> <li>• Chinese gamblers will only seek help if there is no other way to solve the problem. They tend to rely on a trusted family member, then friends or employer.</li> </ul> <p>A representative of the <b>Arabic community</b> indicated that there are gambling problems in the Arabic community in Canberra.</p> <ul style="list-style-type: none"> <li>• Although the majority gamble on machines in clubs, casino gambling is seen as particularly problematic.</li> <li>• If a gambling problem develops the family will try to keep it in the family.</li> <li>• Friends also provide help through friendship groups.</li> <li>• Arabic people are unlikely to access community support service or counselling because of language barriers and the expectation that men will solve problems on their own.</li> </ul> <p>Representatives for <b>indigenous communities</b> reported that men and women engaged in many forms of gambling, including card games in people's homes.</p> <ul style="list-style-type: none"> <li>• TAB betting is also popular, with an increasing number of people playing EGMs and casino table games.</li> <li>• For the majority of people, gambling is a way of socialising with friends and families. However, some people gamble to escape from personal or social difficulties, to fill in time when unemployed, or to overcome boredom.</li> <li>• Gambling problems can be related to excessive consumption of alcohol, debts, family disputes and domestic violence, and the neglect of children.</li> <li>• Indigenous people reportedly turn first to family and friends for help, and to their own community organisations in preference to other mainstream agencies. Counselling appears to be well-accepted, although this service seems to be mainly provided by community drug and alcohol counsellors.</li> </ul> <p>Evidence from research suggests that future policies should keep in mind the complexity of issues associated with problem gambling and avoid simplification of the problem.</p> <ul style="list-style-type: none"> <li>• The current emphasis on a centralised counselling service in the ACT is, in many ways, incompatible with the diverse experiences of gambling problems, needs</li> </ul>
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<p><b>Recommendations</b></p>	<p>and expectations of support that were expressed by participants in this study.</p> <ul style="list-style-type: none"> <li>• No single strategy is likely to address the full range of factors that contribute to, or are affected by gambling problems.</li> <li>• The multiplicity of factors which influence the problem gambling/help-seeking environment in the ACT are so numerous and diverse that a range of responses at multiple levels is required which tackles the wider issues associated with individual and community resilience and wellbeing.</li> </ul> <p>Research has found a continuing need for:</p> <ul style="list-style-type: none"> <li>• effective strategies for the prevention and minimisation of harm associated with gambling;</li> <li>• a wider range of problem gambling support services as well as counselling;</li> <li>• identification of gambling-related issues specific to cultural groups and indigenous communities in the ACT, and assistance to enable those communities to develop culturally-appropriate support measures;</li> <li>• gender-sensitive services and group support for both men and women with gambling problems;</li> <li>• assistance and resources for the families and friends of gamblers experiencing gambling problems; and</li> <li>• social and recreational alternatives to gambling.</li> </ul> <p>The limitations of this study highlight the need for research support which is relevant for policy development at the local level and useful to facilitate social capacity and culturally relevant support services within community organisations, workplaces and different social groups.</p> <p>The ACT has a unique and timely opportunity to build on current policies and initiatives already in process to ensure that the community's capacity to address problem gambling is enhanced in a coordinated 'whole-of-government' and 'whole-of-community' approach that strengthens the resilience of individuals, families and the community to prevent problem gambling and to assist those who do have gambling related problems.</p> <ul style="list-style-type: none"> <li>• In terms of service support for problem gambling in cultural communities, a coordinated network of culture-specific services similar to the NSW Multicultural Problem Gambling Service 'brokerage' program should be developed in collaboration with the MCGPS and ACT multicultural and indigenous organisations.</li> <li>• Gender-specific initiatives, including non-traditional</li> </ul>
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	<p>services, should be developed to address the particular problems and needs of men and women affected by problem gambling.</p> <ul style="list-style-type: none"><li>• Detailed socio-demographic information such as gender and cultural background should be included in gambling client records kept by ACT service agencies. A standardised minimum data protocol should be developed for this purpose.</li><li>• Education about problem gambling and the support services available should be directed to friends and families, including cultural communities.</li><li>• A strategic research program is required to better understand the experience of men and women in different cultural groups in the ACT and thus to ensure that problem gambling interventions are both evidence-based and culturally appropriate.</li><li>• Gambling client data should be compiled and analysed at regular intervals to monitor trends and inform policy development.</li></ul>
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## 1 Introduction

In Australia, gambling is an activity which occurs across all sectors of the population regardless of gender, socio-economic status or ethnic background. In 2002-03, Australian gambling expenditure exceeded \$15.3 billion.<sup>1</sup> In the Australian Capital Territory (ACT), gambling expenditure accounted for \$220.177 million in 2002-03, with per capita expenditure at \$993.15 per adult resident.<sup>2</sup> The greatest proportion of per capita expenditure (75.25%) was spent on the 4,985 electronic gaming machines (EGMs) located in clubs throughout the Territory.<sup>3</sup> ACT Government revenue from gambling exceeded \$46.5 million in 2002-03.<sup>4</sup>

However, while gambling activity has undeniable community benefits such as government revenues and entertainment, for a minority of the population gambling can lead to problems which severely impact upon people's lives, their families and their community. 'Problem gambling' has been identified as a cause of:

- financial difficulties and family problems;
- domestic violence and marital breakdown;
- depression and other health consequences;
- lower work efficiency; and
- possible criminal acts.<sup>5</sup>

However, despite this wide range of potential problems, little is known about the ways people seek help for gambling related problems. Previous research in the ACT found that problem gambling is a 'hidden' problem and that there were deficiencies in existing gambling counselling services particularly for minority cultural groups.<sup>6</sup>

This study examines issues related to help-seeking for problem gambling in the ACT. It has given particular emphasis to the experiences of gamblers themselves, as well as friends and family members. It explores gender and cultural factors with a view to identifying barriers that may hinder specific groups from seeking or accessing appropriate help. It aims to obtain an understanding of the issues from the perspectives of these groups, in order to better understand the nature of the problem and the way people respond to it. The findings are a first step towards a more systematic understanding of the complexity of gambling problems in the ACT community and thus can inform recommendations for strategies to address the issues in a more practical and effective manner.

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1 Tasmanian Gaming Commission (2004) *Australian Gambling Statistics 1977-78 to 2002-03*.

2 *ibid*, Table 66, Table 69.

3 *ibid*, Table 68.

4 *ibid*, Table 113.

5 Productivity Commission (1999) *Australian's Gambling Industries. Final Report*. Report No 10, AusInfo, Canberra, Chapter 6.

6 J. McMillen *et al.* (2001a) *ACT Needs Analysis: Gambling Support Services*, Australian Institute for Gambling Research, p.42.

## 1.1 Terms of Reference

This project has been commissioned by the ACT Gambling and Racing Commission (GRC) and is tasked to examine the issue of help-seeking by gamblers, friends and families in the ACT with a focus on cultural and gender issues. The study will build on the 2001 *ACT Needs Analysis: Gambling Support Services*.<sup>7</sup> Specifically, the terms of the contract required that the study should:

- examine the experiences of problem gamblers, their friends and families when seeking help in the ACT;
- obtain information about the nature of gambling-related problems experienced by women and different cultural groups in the ACT;
- identify barriers to help-seeking, and needs and experiences when seeking help from support agencies or other avenues of assistance;
- identify factors which influence accessibility to and the relevance of such services because of a help-seeker's gender or cultural background; and
- inform recommendations for policies to address any problems identified.

In conducting the specified research, the following procedures were followed:

- Ethics clearance was obtained from the Human Research Ethics Committee, ANU;
- A review of relevant literature was undertaken and research methodology developed. The proposed research design was presented to the Commission in a Progress Report (March 2004);
- Informants were recruited from two distinct populations:
  - ACT residents who have in the past, or are currently seeking help for gambling related problems, whether for themselves or for a friend or family member; and
  - people from community service and counselling agencies;
- Preliminary group discussions were held with community support agencies, representatives of indigenous and ethnic community groups, problem gamblers, and gamblers' families and friends;
- Semi-structured interviews were held with community support agencies and representatives of ethnic and indigenous groups;
- In-depth interviews were held with individual volunteers who had experienced gambling problems or who had a family member or friend with a gambling problem.
- Data were analysed and presented in this report for submission to the Commission.

## 1.2 Report Structure

The following section of this report provides an overview of the background for this study, including:

- a brief review of previous research and analysis to identify issues of relevance;
- key definitional matters related to gambling, problem gambling, gender and cultural groups;

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<sup>7</sup> J. McMillen *et al.* (2001) op. cit.

- a brief overview of the ACT's multicultural population, specifically the identified groups of interest to this report; and
- an outline of existing support services for problem gamblers in the ACT.

The report then considers research literature relevant to this study in more detail to further refine the project goals and objectives and specific issues to be investigated. A detailed outline of the research methodology precedes the two chapters which outline results of the empirical research. The first of these chapters describes the research findings and identifies the key issues that emerged. The second results chapter interprets and analyses those findings within the wider context of literature in the area. The report concludes with a summary of research implications and recommendations to develop appropriate and effective support for ACT residents experiencing the personal and social costs of problem gambling.

## 2 Background

This project has essentially been established as a result of three government inquiries into the impact of problem gambling in the Australian Capital Territory (ACT). This section will in the first instance outline the relevant issues from these three inquiries.

Previous Australian research has shown that problem gambling can affect both men and women, and that EGMs are the most dominant form of gambling for problem gamblers. Gender differences for problem gambling have been identified for TAB/sports betting and casino table games however, with more males engaging in these forms of gambling than females. Some studies have also suggested that men and women report different factors contributing to the development of problem gambling, as well as different experiences seeking help.

Furthermore, although concern has been expressed by some members of specific ethnic, cultural and indigenous communities about the extent and impact of gambling problems, limited empirical research has been undertaken on problem gambling in such communities. It is important, therefore, to better understand the origins and effects of gambling in cultural communities, and to provide culturally appropriate help and support.

The section concludes with an outline of the local contextual factors influencing this research. This includes an overview of the existing help-seeking agencies.

### 2.1 Productivity Commission Inquiry

In 1998-9 the Productivity Commission was asked to report on the performance of the gambling industries and their economic and social impacts across Australia. The Commission's inquiry found that:

- In Australia, gambling is a popular social activity across all communities, regardless of cultural background. For a minority of the population, however, gambling can become more than just a form of entertainment; it leads to problems which severely impact upon people's lives, their families and their community.<sup>8</sup>
- Problem gambling has been identified as a major cause of financial difficulties and family problems;<sup>9</sup> domestic violence and marital breakdown;<sup>10</sup> depression

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8 Productivity Commission (1999) op. cit; Dickerson, M., J. McMillen, E. Hallebone, R. Woolley (1997). *Definition and Incidence of Problem Gambling, Including the Socio-economic Distribution of Gamblers*. Victorian Casino and Gaming Authority.

9 Duong, H. (1998) 'Gamblers and their families also need help'. Paper presented at The Adverse Effects of Gambling on the Vietnamese Community Conference, Sydney, NSW; Efstratiou, N. (1997) *Gambling in the Arabic Community*. Victoria Arabic Network Inc., Deakin University, Victoria.

10 Lam, M. (2001) 'Problem gambling counselling and community development within South East Asian communities'. In A. Blaszczynski (ed.) *Gambling and the Cultural Phenomenon: Proceedings of the National Association of Gambling Studies Conference*, Sydney; Tran, D. (1999) *Asian Gambling....Family Losses: A Study of Gambling Related Violence in the Vietnamese*

and other health consequences;<sup>11</sup> lower work efficiency;<sup>12</sup> and possible criminal acts.<sup>13</sup>

- There are few socio-demographic differences between problem gamblers and other gamblers, although problem gamblers in the general population appear to be younger than the average gambler.<sup>14</sup>
- People in counselling tend to be older than those who have not sought help. Males and females were equally represented at counselling services.<sup>15</sup>
- Being born overseas does not seem to increase the likelihood of having a gambling problem, although gamblers who do not speak English at home appear to have a higher prevalence of problems;<sup>16</sup>
- Too little is known in the area of cultural issues and gambling, especially in relation to gambling problems;<sup>17</sup> and
- 'The ways in which cultural factors can influence gambling behaviours, benefits and harms are complex... More research needs to be conducted in this area, especially in determining the appropriate models for provision of assistance and prevention under harm minimisation strategies.'<sup>18</sup>

A number of studies have focused on this problem in other parts of Australia. While few studies concerning the prevalence of problem gambling in cultural or indigenous communities have been undertaken, the limited data suggest that prevalence rates may be higher in these communities. A telephone study into problem gambling among particular ethnic communities in Victoria, for example, showed that the rates of problem gambling exceed 10% compared with 2% of the general population.<sup>19</sup> A non-representative study of the Chinese-speaking population in Sydney found much lower figures (2.9%), although these still tend to be above the national average.<sup>20</sup>

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*Community.* The Ignatius Centre for Social Policy and Research, Jesuit Social Services, Richmond, Victoria.

11 Efstratiou, N. (1997), op. cit.; Productivity Commission (1999), op. cit.

12 Queensland Government (2002) *Queensland Household Gambling Survey 2001*. Queensland Treasury, Brisbane.

13 Jackson, A. C., S. A. Thomas, et al. (1997) 'Evaluating Victoria's problem gambling services.' In G. Coman, B. Evans and R. Wootton, (eds.) *A Future Winner: Proceedings of the 8th National Association of Gambling Studies Conference*, Melbourne, pp.195-203; Tenekegioglou, K. (1996) *Crown Casino and the Asian and Indochinese Community: A Victorian Case Study*. Parliamentary Internship Research Project, Parliament of Victoria/University of Melbourne, Melbourne; Shaffer, H. J., M. N. Hall, et al., (1997) *Estimating the Prevalence of Disordered Gambling Behaviour in the United States and Canada: A Meta-Analysis*. Harvard Medical School Division of Addictions, Boston, MA; Productivity Commission (1999), op. cit.

14 Productivity Commission (1999) op. cit., p.6.56.

15 ibid.

16 ibid.

17 ibid., p.7.12.

18 ibid.

19 Productivity Commission (1999), op. cit.; Cultural Partners Australia Consortium (2000) *The Impact of Gaming on Specific Cultural Groups*. Victorian Casino and Gaming Authority, Melbourne.

20 Blaszczynski, A., et al. (1998) 'Problem gambling within a Chinese speaking community.' *Journal of Gambling Studies* 14(4), pp.359-380.

However, little is known about the ways people from different cultural backgrounds seek help for gambling problems. The study of cultural patterns of use of services is a relatively neglected area, although research suggests that gamblers from non-English speaking backgrounds (NESB) do not access mainstream gambling support services at the same rate as other gamblers.<sup>21</sup> When they do, existing gambling counselling services are often unable to meet the particular needs of various cultural communities, largely due to language and cultural differences. A range of cultural and settlement issues also influence the uptake of gambling and affect how members of these communities seek help for gambling-related problems.

## 2.2 2001 ACT Research

In 2001 the ACT Gambling and Racing Commission (ACT-GRC) sought to replicate the Productivity Commission's 1999 *National Survey* with a large representative sample of the ACT population. Two research reports came out of this initiative – the *Survey of the Nature and Extent of Gambling and Problem Gambling in the ACT* (ACT Gambling Survey) and the *ACT Needs Analysis: Gambling Support Services*.<sup>22</sup>

The 2001 ACT *Gambling Survey* showed that:

- Overall, the ACT appears to have a younger regular gambling population than the national average. In 2001, 25.4% of ACT regular gamblers were young adults (18-24 years), compared to 17.8% nationally.
- The under 25 year age group of regular gamblers has the highest prevalence of problem gambling in the ACT (36.3%), higher than the national figures (26.4%).
- Males comprise 71% of the ACT problem gambling population, compared with 60% of surveyed Australians with a gambling problem.
- Younger ACT males with lower levels of education and income from English-speaking backgrounds are disproportionately represented amongst problem gamblers in the ACT.
- Problem gamblers in the ACT are also far less likely to be married or living with a partner - only 30% of the surveyed population.
- Compared to the Productivity Commission's 1999 national survey, ACT residents with gambling problems tend to experience problems for a shorter period of time on average.

21 McMillen, J., et al. (1998) *Cultural Diversity and Equity of Access to Services for Problem Gamblers and Their Families in Western Australia*. Report prepared for the Racing and Gaming Commission of Western Australia; Ethnic Communities Council of NSW (1999) *Gambling Among Members of Ethnic Communities in Sydney: GAMECS Study*. Ethnic Communities Council of NSW; Beattie, L., et al. (1999). 'Gambling problems in a multicultural society', in J. McMillen and L. Laker (eds.) *Developing Strategic Alliances: Proceedings of the 9th National Association of Gambling Studies Conference* National Association of Gambling Studies, Gold Coast, Queensland; Jackson, A. et al. (1999) *Analysis of Clients Presenting to Problem Gambling Counselling Services July 1997 to June 1998*. Client and Service Analysis Report No.4. Victorian Department of Human Services; Scull, S. et al. (2003) *Problem Gambling in Non-English Speaking Background Communities in Queensland. A Pilot Study*. The University of Queensland.

22 McMillen, J., et al. (2001a). *Survey of the Nature and Extent of Gambling and Problem Gambling in the ACT*. Report for the ACT Gambling and Racing Commission, Australian Institute for Gambling Research; J. McMillen and N. Bellew (2001b) *ACT Needs Analysis: Gambling Support Services*. Report for the ACT Gambling and Racing Commission, Canberra.



- Slightly more women than men experience long periods of gambling related problems (17.2% of women and 14.7% of men experience problems exceeding ten years);
- ACT problem gamblers had tried to get help and/or had received counselling in similar proportions to the 1999 national figures.
- The majority of problem gamblers did not seek help from a counselling service. Of those who had sought help from counselling or other professional sources, 65.3% reported relationship problems had prompted them to seek help; 43.7% did so due to feeling depressed or worried.
- ACT residents with gambling related problems nominated family or friends as the most common source of help when seeking help from non-professional services; and
- 13% of ACT residents experiencing gambling related problems were born overseas and had not sought help from counselling agencies within the last 12 months.

The 2001 *ACT Needs Analysis* found that problem gambling is a 'hidden' problem in the ACT and that there were deficiencies in existing gambling counselling services particularly for minority cultural groups.<sup>23</sup>

- Gambling support services provided in the ACT were not meeting the demand from those seeking help for their gambling problems.<sup>24</sup>
- Two groups were particularly disadvantaged in the ACT - minority cultural groups and indigenous Australians. 'There are no specific gambling support services for minority cultural groups in the ACT and very few services relevant and accessible for culturally diverse or indigenous community members whose lives are impacted by gambling';<sup>25</sup>
- Existing services, such as the crisis telephone service or Lifeline's Gambling and Financial Counselling Service (GAFCS) were less likely to be used by these groups due to a combination of cultural and language differences.
- There was lack of coordination between support services, medical practitioners and referral agencies;
- ACT gamblers experiencing problems often 'shop around' for suitable services and frequently sought help from organisations which are not funded to provide such support;<sup>26</sup> and
- Friends and families were frequently asked for help by problem gamblers as a 'first port of call'.<sup>27</sup>

The conclusion reached was that certain groups within the ACT community, notably women, different cultural groups and indigenous Australians do not have equal access to appropriate gambling support services.

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23 J. McMillen *et al.* (2001) *ACT Needs Analysis: Gambling Support Services*, Australian Institute for Gambling Research, p.42.

24 *ibid.*, p.20.

25 *ibid.*

26 *ibid.*, p.39

27 *ibid.*, p.39.

Following the findings of these two reports, an additional 'one-off grant' from the ACT Government was allocated to the Lifeline gambling support agency, which was renamed Gambling Care.<sup>28</sup> This grant was available from January 2002 to February 2004.

### 2.3 Status of Women in the ACT

In December 2001 the ACT Legislative Assembly established a Select Committee to examine and report on the status of women in the ACT. This committee was appointed to look at the effectiveness of ACT government programs and their impact on women in relation to:

- equality of opportunity;
- economic independence and security;
- access to and support of healthy lifestyles; and
- barriers to participation.<sup>29</sup>

Further the Committee was asked to report on violence prevention and personal and community safety for women and support for women from specific community groups.

The final report highlighted the following issues that are relevant to this study:<sup>30</sup>

- Government policies should address the needs of isolated women in Canberra;
- Outreach programs focussing specifically on women were essential for supporting them in the ACT community;
- Problem gambling is an area where women often have specific needs. This has implications for women's wellbeing because of the broad impact gambling related problems can have on finances, health and relationships, as well as intensifying other social problems (i.e. alcoholism, domestic violence);
- Canberra has no specialised gambling counselling services that specifically meet the needs of women, particularly those from indigenous and non-English speaking backgrounds;<sup>31</sup> and
- Gender-specific and culturally appropriate gambling support services are necessary. The report recommended that the ACT Government should investigate proposals to achieve this end.

In 2003 the office of the ACT Deputy Chief Minister requested the ACT-GRC to commission a study of help-seeking by problem gamblers, their friends and families, with a particular focus on gender and cultural issues. In response, this study therefore further explores the issues addressed in both the *ACT Needs Analysis* and the *Status of the Women in the ACT* reports which found that cultural groups and women are not

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28 Lifeline Canberra Inc. (2002) *Annual Report 2001-2002*, p.43; Allingham, P. and A. Caddy (2003) 'Clubcare: A cooperative response to problem gambling'. Paper presented to NAGS Conference, Melbourne.

29 Select Committee on the Status of Women in the ACT (2002). *The Status of the Women in the ACT*. Report for Legislative Assembly for the Australian Capital Territory, Canberra.

30 *ibid.*

31 Berryl Women's Refuge (2003) Submission 19 to the Select Committee on the Status of the Women of the ACT.

sufficiently supported when seeking help for gambling related problems. We are also conscious of the finding in the 2001 ACT gambling survey that single young males in the ACT are 'at risk' of gambling problems.

With a specific focus on gender and cultural groups, this study examines in more detail the experiences of problem gamblers and their friends and families when seeking help. In particular, the research has examined:

- the main contributing factors to the development of problem gambling from the perspective of gamblers themselves;
- features of the gambling environment that contribute to gambling problems;
- factors that prompted people to seek help;
- self-help strategies used by gamblers, families and friends to address the problem;
- whether people have sought help from community agencies and other professionals and the effectiveness of that assistance in reducing gambling problems; and
- any barriers preventing access to gambling help services.

## 2.4 Gambling and Problem Gambling

The precise definition of problem gambling is currently the subject of international research and debate. Until recently, guided by the work of psychiatrists and psychologists in the United States, problem gambling has been generally understood as a pathology or psychiatric disorder of individual gamblers.<sup>32</sup> However, Australian researchers have challenged the 'medical' conception of problem gambling as an addiction or mental disorder in which problem gamblers are categorically distinct from other gamblers.<sup>33</sup> Recent Australian research broadly defines problem gambling as a social and public health issue rather than a disorder or maladaptive behaviour originating in the individual. As depicted in Figure 1, problem gambling can emerge as a result of a confluence of factors incorporating the individual gambler, the wider gambling environment and the social context.

Significantly, the Productivity Commission found that anyone who gambles has the potential to develop problems, especially if they regularly gamble on EGMs.<sup>34</sup> The Commission found no psychological factors or psychiatric conditions predisposing an individual to problem gambling. This contrasts with the then predominant 'medicalised' view in the United States, New Zealand and many other countries that problem, 'addictive' or 'pathological' gambling is a psychiatric disorder or mental

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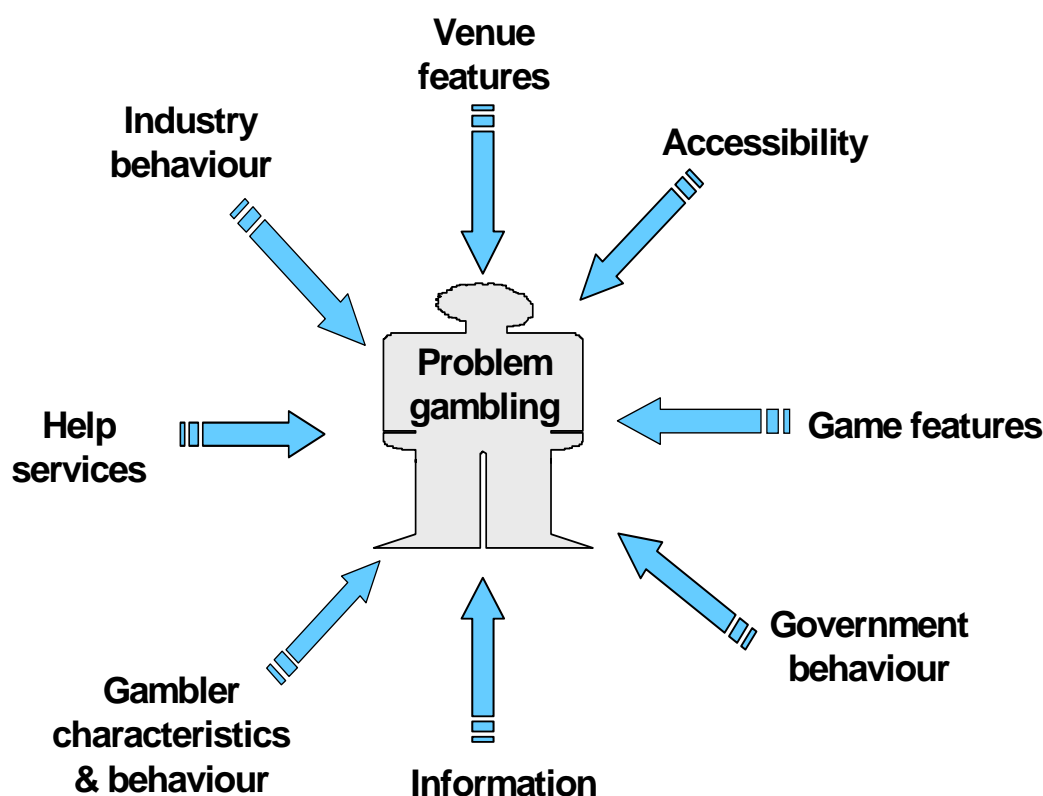
32 Lesieur, H. and S. Blume (1987). 'The South Oaks Gambling Screen. A new instrument for identification of pathological gamblers'. *American Journal of Psychiatry*, 144 (9), pp.1184-8; Shaffer, H. J. *et al.* (1997). *Estimating the Prevalence of Disordered Gambling Behaviour in the United States and Canada: A Meta-Analysis*. Harvard Medical School Division of Addictions, Boston, MA.

33 See for example C. Allcock (2003) 'A dinosaur looks backwards and forwards' Keynote address to National Association for Gambling Studies Annual Conference, Canberra; M. Wenzel, J. McMillen, D. Marshall and E. Ahmed (2004) *Validation of the Victorian Gambling Screen*. Gambling Research Panel.

34 Productivity Commission (1999) *op. cit.*, p.6.59.

illness, identifiable by clinical tests which differentiate problem gamblers from other gamblers.<sup>35</sup>

**Figure 1: An epidemiological framework for problem gambling**



Source: Productivity Commission 1999. *Australia's Gambling Industries*. Report No. 10. AusInfo, p.6.9.

The Productivity Commission also reported that problem gambling not only affects individual gamblers; it also impacts on families, other groups and the community as a whole. Rather than a problem of individual pathology or psychological disorder, the prevailing view in Australia is that problem gambling occurs when gambling gives rise to harm to the individual gambler, his/her family and/or the community.<sup>36</sup>

Another significant finding by the Productivity Commission and other Australian research is that socio-demographic aspects such as gender, ethnicity, education or income do not seem to affect the likelihood of a person experiencing gambling related problems, although younger people are more highly represented amongst people with gambling problems.<sup>37</sup> Difficult personal issues (eg social isolation) are often the trigger for excessive gambling; in some cases gambling may be a coping strategy for other problems.

35 Dickerson, M., *et al.* (1997) *op. cit.*

36 *ibid*; Productivity Commission (1999) *op. cit.*, Chapter 7.

37 Productivity Commission (1999) *op. cit.*, p.6.1

In the broad epidemiological approach to problem gambling that currently prevails in Australia, gambling related problems are situated in a broader context of environmental, social, political and economic factors:

*... the problems emanate from a multiplicity of environmental, social and psychological facets...The problems are typically couched in terms of harms experienced or perceived by the gambler or 'significant others' (people close to the gambler). The virtue of this approach is that it admits aspects of problem gambling ...such as problems that arise within certain ethnic or cultural groups over gambling, systematic misperceptions consumers may have over gambling, and risks posed by the venue in which gambling takes place ... without straightjacketing the concept into a single category of medical illness. This has implications for social policy, for example, by placing an emphasis on considering issues of informed consent, venue and gambling design, education and community awareness and other harm minimisation strategies.*<sup>38</sup>

Although direct cause-effect relationships cannot be assumed, persons involved in excessive gambling, as well as their families and/or friends, often manifest a range of other serious problems. Major affected areas are:

- relationships;
- finances; and
- physical and mental health.

Problem gambling can thus contribute to:

- the loss of self-control over gambling/gaming behaviour, such as the frequency of gambling and the value wagered; and/or
- a pattern of gambling behaviour that negatively affects other important areas of the gambler's life.<sup>39</sup>

The 2001 ACT *Gambling Survey* found that regular ACT gamblers are disproportionately born in Australia. However the three most favoured modes of gambling (gaming machines, racing and casino table games) each attracted different groups of problem gamblers.

- Across the three favoured gambling modes, men made up the majority of problem gamblers.
- Female problem gamblers were more inclined to spend most of their gambling money on gaming machines.
- Gaming machines were the single mode favoured by problem gamblers in the 50 and over age group.
- Relatively young gamblers appear to be experiencing more problems with racing and table games.
- Most problem gamblers across the modes tended towards middle and lower levels of education and were primarily English-speaking at home, Australian born and had Australian born parents.

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38 *ibid*, p.6.8.

39 *ibid*.

## 2.5 Gender

The 2001 ACT *Gambling Survey* found that on average, younger Australian-born men on lower income levels with no post-secondary education seemed to be experiencing the most difficulties with gaming machines and racing. Many of the problem gamblers in this sub-population were single, although most lived with partners and had dependent children. Half of these problem gamblers did not have full-time employment and had relatively low incomes.

This study therefore focuses on gender as a factor that can influence the experience of gambling problems and help-seeking behaviour. The term 'gender' demands a short discussion as it is often confused with the biological differences between males and females.

Although the Australian Bureau of Statistics clearly distinguishes between sex and gender, it still considers 'sex to be a reliable indicator of gender for those who wish to analyse data in terms of social and economic behaviour'.<sup>40</sup> This conceptual approach can give useful information, but it may not provide a clear enough indicator of gender in terms of different cultural communities.

The ways in which males and females are distinguished in some communities, the role gender plays in social relationships, cultural attributes assigned to the masculine and the feminine, and the importance attached to these differences, all vary in significant ways between cultures.

The concept of gender accentuates recognition that being a man or a woman is a culturally constructed phenomenon. Through upbringing, social norms and stereotypes, self-identification, ideas and traditions, a wide range of culturally appropriate behaviours for 'women' and 'men' are defined. For example, acceptable roles for women in some cultures are limited to domestic duties and childcare, whereas it is acceptable for women in other cultures to be involved in a wider range of social and economic activities. Similarly, perceptions of 'normal' male behaviour and the context in which a problem occurs can influence people's responses when a problem does arise.

Often gender and culture intersect to shape expectations of how people do (and should) behave, and their relationships with others in the community. This project is therefore designed to be sensitive to gender differences as they are likely to have an effect on how different groups in the ACT perceive gambling and experience problem gambling, and thus on patterns of help-seeking behaviour.

## 2.6 Cultural Groups

Ethnic and cultural background is another variable which is also likely to influence gambling behaviour by individuals and populations in dramatic ways. The 2001 ACT *Gambling Survey* found that roughly 13.1% of problem gamblers in the ACT are born

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40 Australian Bureau of Statistics (1993) *Directory of Concepts and Standards for Social, Labour and Demographic Statistics*. Canberra.

overseas compared to 20.9% of all-gamblers and 28.2% of non-gamblers. No surveyed ACT gamblers from the indigenous community were found to have a gambling problem, compared with 2.4% in the 1999 national survey.

However, cultural upbringing and socialisation may result in specific perceptions of gambling and problem gambling as well as how and when help should be sought for emergent problems. Recognising this, the Productivity Commission notes that:

*Members of different cultural groups perceive gambling in different ways, and face different problems. This may affect policy interventions such as access, harm minimisation, awareness campaigns and the provision of counselling and welfare services.*<sup>41</sup>

Given that cultural factors are likely to impact upon understandings of gambling and on help-seeking behaviour, there is a need to better clarify the specific definition of 'cultural groups' for this study. As there is no international standard classification of cultural groups, this project will follow the Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG). The ASCCEG is designed to be used for the classification of information relating to a number of socio-cultural factors such as ancestry, ethnic identity and cultural diversity. Although these factors have elements of difference, it is considered that the fundamental concept common to them all is ethnicity. The definition of ethnicity in the ASCCEG is based on the principle of self-assessed identification with a cultural group.<sup>42</sup>

From this perspective the key element involved in defining a cultural group is self-perception of cultural identity. This means that the group sees itself, and others regard it, as a distinctive community on the basis of characteristics listed below (not all have to apply at once):<sup>43</sup>

- Geographic origin;
- A common long shared history, the memory of which is kept alive;
- A cultural tradition, including family and social customs, sometimes religiously based;
- A common language (but not necessarily limited to that group);
- A common literature (written or oral);
- A common religion;
- Being a minority (often with a sense of being oppressed); and
- Being racially conspicuous.

The ASCCEG suggests that there are two ways of viewing ethnicity as a concept.<sup>44</sup>

- As a self-perceived group identification; and
- As a more historically determined approach, with ethnicity being a product of an individual's origins or ancestry.

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41 Productivity Commission (1999) op. cit., p.23.4.

42 Australian Bureau of Statistics (1986). *The Measurement of Ethnicity in the Australian Census of Population and Housing*. Report for the Australian Statistician by the 1986 Population Census Ethnicity Committee, Canberra.

43 ibid.

44 Australian Bureau of Statistics (2000) *Australian Standard Classification of Cultural and Ethnic Groups*. Australia.

The ASCCEG adopts the first of these approaches for three main reasons:

- Self-perceived identification allows an individual to determine for him/herself the empathy he/she feels for a particular cultural group. In contrast, the historically determined approach may indicate that individuals are part of a particular cultural group with which they have no affinity.
- Individuals' self-assessed responses to questions are used in research by the Australian Bureau of Statistics and other organisations, so it seems logical to extend this approach to the ASCCEG.
- The self-perception approach also allows the inclusion of 'national cultural identities', for example, 'Australian' or 'Greek'.

The ASCCEG points out that individuals might identify with more than one cultural group and thus concludes that:

*...considering ethnicity as a multi-dimensional concept based on a number of distinguishing characteristics using a self-perception approach allows for a practical and useful classification attuned to generally accepted notions of what constitutes ethnicity and cultural identity.*<sup>45</sup>

Adopting this definition of cultural groups and taking the time and resource constraints of the project into account, the research team decided to limit the cultural groups in focus to a small number of ACT communities with non-Anglo-Celtic cultural backgrounds.

## 2.7 Family, Friends and Community

Further issues of primary concern for this study are the way problem gambling impacts on the families and friends of problem gamblers in the ACT, and where those people try to find help in such circumstances.

The Productivity Commission found that five to ten other people can be directly affected to varying degrees by the behaviour of a problem gambler.<sup>46</sup> Often it is close family members who are affected, through domestic violence, emotional and/or financial neglect, and pressure to help out financially with gambling debts. Children of parents with gambling problems can experience a sense of loss and fear when gambling consumes their parent's life to the extent that the parent no longer provides the necessary care and attention they need.<sup>47</sup> The 2001 *Gambling Survey* found that just under half of problem gamblers in the ACT (49.9%) live with a child under the age of 18.<sup>48</sup>

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45 *ibid.*

46 Productivity Commission (1999) *op. cit.*, p.23

47 Darbyshire, P. *et al.* (2001) 'The experience of pervasive loss: Children and young people living in a family where parental gambling is a problem', *Journal of Gambling Studies*, Vol. 17 No 1, p.33.

48 J. McMillen *et al.* (2001a) *op. cit.*, p.108.



Problem gambling also has a significant impact on the local community.<sup>49</sup> The 2001 *ACT Gambling Survey* found that:

- 15.1% of problem gamblers reported committing a gambling-related criminal offence: 14.2% said they had obtained money illegally; 7.1% had been in trouble with police; and 5.5% had been in court on a gambling related charge;<sup>50</sup>
- a relatively large proportion of ACT problem gamblers reported adverse financial impacts from gambling;
- about 25% of ACT problem gamblers had their job adversely affected by gambling or felt that they had less time to spend with their families; and
- ACT gamblers were more likely than Australians overall to experience relationship breakdown as a result of their gambling.

The social costs of problem gambling for individuals, families and communities are considerable. The Productivity Commission attempted to quantify those costs in economic terms, but acknowledged that 'quantifying the costs of the gambling industries is a difficult task, especially for the intangible impacts on the wellbeing of individuals... Gambling may undermine certain community norms and some people may feel aggrieved simply by living in a gambling culture...[although] the Commission received little specific evidence on how it has affected community norms...or social cohesion'.<sup>51</sup>

## 2.8 Policy and Regulatory Initiatives in the ACT

A number of policy initiatives and legislative changes since 2001 have affected the ACT gambling environment and the provision of problem gambling services.

- The Chief Minister commissioned a review of the *Gaming Machine Act 1987* to 'ensure that its provisions meet the needs of the ACT community'. That review addressed all aspects of the gaming machine legislation including administrative arrangements and harm minimisation strategies.<sup>52</sup>
- The ACT Government, through the Department of Disability, Housing and Communities Services, has continued funding to Lifeline Canberra Inc. to provide support services for people experiencing gambling problems (see below).
- As required under the *Gambling and Racing Control Act 1999* the Gambling and Racing Commission developed a code of practice that applies to all gambling licensees in the ACT.<sup>53</sup> Following a lengthy period of consultation a mandatory *Gambling Code of Practice* was introduced in December 2002 requiring gambling providers to maintain a minimum set of standards designed

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49 Problem gamblers in the 2001 ACT Gambling Survey were identified using the SOGS5+ screen, a measure developed in the USA to test the prevalence of problem gambling of clients in clinical treatment. Among other concerns, the SOGS screen has been criticised as inappropriate for the Australian cultural context - see M. Dickerson, *et al.* (1997); M. Wenzel, *et al.* (2004).

50 McMillen, J., *et al.* (2001a), *op. cit.*, p.124.

51 Productivity Commission (1999) *op. cit.*, pp.9.1, 10.1-10.22.

52 ACT Gambling and Racing Commission (2002) *Review of the Gaming Machine Act 1987 Policy Paper* (Policy Paper).

53 *Gambling and Racing Control Act, 1999*: <http://www.legislation.act.gov.au/a/1999-46/default.asp>

to provide protection to people that have difficulty in controlling their gambling behaviour.<sup>54</sup> This is the only mandatory gambling code of practice in Australia and is currently under review.

- Those requirements include:
  - Compulsory display of problem gambling information and contact numbers for support services in all gambling venues;
  - Mandatory training of staff in all gaming venues in relation to responsible gambling;
  - Gambling venues must have a nominated and specifically trained Gambling Contact Officer (GCO);
  - Venue staff who observe a customer with signs of problem gambling must report this to the GCO who must contact the person and advise about counselling and support services;
  - Venues must provide patrons with self-exclusion on request;
  - Venues must exclude a person when they have reasonable grounds for believing that person, or the person's dependents are at risk from problem gambling;
  - Venues must investigate a report from a third party (eg family, friend or another patron) that a customer may have a gambling problem.

In addition, the Commission has developed education and awareness programs to ensure that various populations within the ACT community are informed of problem gambling issues and services.

- A range of *Playsmart* information and education brochures have been distributed for display in all gaming venues;
- Multi-media problem gambling awareness campaigns have been conducted in 2002 and 2003;
- In consultation with the ACT Multicultural Consultative Council, brochures explaining the ACT *Gambling Code of Practice* have been translated and published in Chinese, Vietnamese, Greek, Lao, Korean and Arabic;
- Representatives of the ACT Council of Social Services (ACTCOSS), Lifeline counselling services, the ACT Multicultural Consultative Council and indigenous community are included in the Commission's Advisory Reference Group. This ensures close liaison between the Commission and relevant community organisations in harm minimisation strategies and problem gambling support.

## 2.9 Problem Gambling Services in the ACT

As noted above, the 2001 *ACT Gambling Survey and Needs Analysis* identified gaps in the provision of help seeking services to problem gamblers in the ACT.<sup>55</sup> In 2001, the ACT had one centralised problem gambling service, the Gambling and Financial Counselling Service (GAFCS) based in Lifeline Canberra, which provided specialised support for individuals and their families affected by problem gambling. Although no

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<sup>54</sup> The Gambling Code of Practice is formally called the Gambling and Racing Control (Code of Practice) Regulation 2002 (No. 1). The regulations are made pursuant to section 18 of the Gambling and Racing Control Act 1999.

<sup>55</sup> McMillen, J., *et al.* (2001b) *op. cit.*

other service providers in the ACT community received designated funding for gambling support, the 2001 ACT *Gambling Survey* and *Needs Analysis* revealed that many other service agencies were working with clients affected by gambling problems. Financial counselling and relationship counselling, as provided by CARE and Relationships Australia, were both found to be relevant service options for the ACT community.

This study has sought to update the 2001 research to identify the current support services in the ACT for people with gambling problems and what are the demands for those services. Since 2001 gambling support services in the ACT have been centralised in two interrelated agencies based at Lifeline. The informal system of joint cross-referrals between several agencies which seemed to operate at the time of the 2001 *Needs Analysis* has been replaced by a system whereby all requests for gambling support are now directed to Lifeline.

Although the following section of the report is confined to services provided by professional agencies, we recognise that people seek help in a variety of less formal ways. It is equally possible that people may benefit more from these informal types of help, issues which we consider at various points later in the report.

### 2.9.1 Lifeline

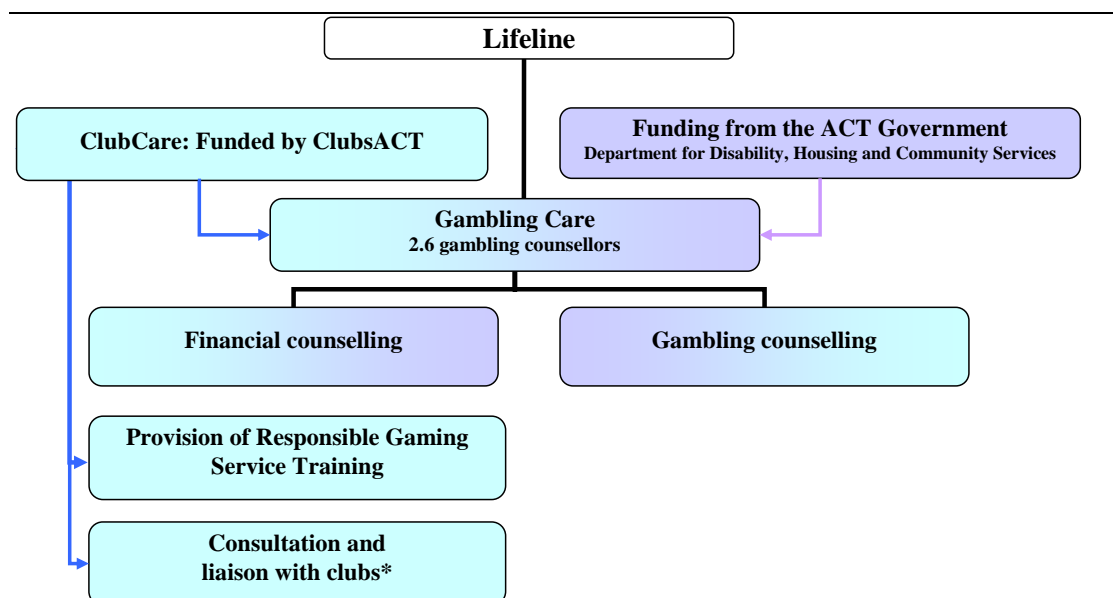
Lifeline is a non-profit community support agency which began operating in Canberra in 1971. Initially run by the Methodist Church, in 1979 Lifeline became an independent organisation. Lifeline provides many services to the Canberra community including:

- 24 hour telephone counselling;
- Emergency accommodation referral services;
- Lynx youth network;
- Gambling Care;
- Clubcare;
- Suicide intervention skills training; and
- Corporate training.

At the time of this study, Lifeline is the only funded problem gambling service provider in the ACT. It provides a specific counselling service for those experiencing gambling problems, known as Gambling Care, which is jointly funded by the ACT Government and by member clubs of the Clubcare program (Figure 2).<sup>56</sup>

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<sup>56</sup> Lifeline Canberra Inc. (2003) *Annual Report 2002-2003*.

**Figure 2: Lifeline Gambling Counselling - organisational structure and funding, 2004**

Source: Lifeline, personal communication, May 2004.

\* Note: Clarification of this function was provided by Lifeline in April 2005.

### Gambling Care

In the financial year 2002-03, Gambling Care counselling was available 38 hours a week.<sup>57</sup> This compares with 22 hours a week and two after-hours appointments available for clients each week in the financial year 1999-2000. Counselling is generally provided through face-to-face discussions and is available to anyone who experiences problems as a result of gambling. According to Gambling Care, in the financial year 2002-2003, the service was used by 181 new clients with a gambling problem.<sup>58</sup> In most cases, counselling is provided the next day on every business day.

At the time of this study, Gambling Care employed 2.6 (full-time equivalent) qualified staff. We were informed that half of these FTE positions are funded by Clubcare, the other half by the ACT Government through the Department of Disability, Housing and Community Services. The gambling counselling arm of the service focuses on behavioural issues related to gambling problems while the financial counselling arm addresses issues arising from problem gambling such as debt, dealing with creditors and financial planning. Assistance is given in the form of strategies to help people deal with their immediate crisis as well as looking at underlying factors which may have contributed to the problem. Clients learn alternative behaviours to help them deal with triggers to gambling.

In addition to face-to-face counselling, Gambling Care has recently initiated information sessions on problem gambling and related topics. Such sessions are advertised in *The Canberra Times* and cover areas such as harm minimisation,

<sup>57</sup> *ibid.*

<sup>58</sup> *ibid.*

relapse prevention and negotiating with financial institutions.<sup>59</sup> Clubcare provides advice to club managers about self-exclusion and interpreting new regulations regarding self-exclusion. Clubcare also holds regular meetings with club Gambling Contact Officers.

Gambling Care also produces training materials for Canberra Institute of Technology students who may seek employment in the gaming sector.

### **Clubcare**

In response to the Southern Cross Club's growing awareness of the effects of problem gambling on individuals and the community, in 2001 the Canberra Southern Cross Club contracted Lifeline to 'develop an innovative new response to problem gambling'.<sup>60</sup> The new project was designed to:

*reduce the harmful effects of problem gambling to patrons of clubs. ClubsACT and the Canberra Southern Cross Club successfully marketed the program to Canberra's major clubs and in October 2001, six of the ACT's large clubs committed over \$330,000 a year to Lifeline to establish the Clubcare program.*<sup>61</sup>

Clubcare collaborates with member ACT clubs to 'ensure a responsible gambling environment in Canberra'. Its two main aims are:

- to respond to the growing issue of problem gambling; and
- to work with gaming venues to develop preventative and educative strategies for responsible gambling.<sup>62</sup>

By June 2004 the Clubcare program had expanded to include the following ten subscribing clubs, totalling twenty venues:

- Ainslie Football and Social Club - three venues
  - Ainslie Football & Social Club (201 EGMs)
  - Gungahlin Lakes Club (183 EGMs)
  - Canberra City Bowling Club (9 EGMs)
- Canberra Highland Society & Burns Club - one venue (130 EGMs)
- Canberra Raiders Sports Club - one venue (142 EGMs)
- Canberra Southern Cross Club - four venues
  - Southern Cross Club Woden (270 EGMs)
  - Southern Cross Club Tuggeranong (155 EGMs)
  - Southern Cross Club Yamba (67 EGMs)
  - Southern Cross Club Yacht Club (50 EGMs)
- Canberra Tradesmen's Union Club - two venues
  - Canberra Tradesmen's Union Club at Dickson (400 EGMs)
  - Woden Tradesmen's Union Club (140 EGMs)
- Eastlake Football Club - one venue (90 EGMs)<sup>63</sup>
- Hellenic Club of Canberra - one venue (233 EGMs)

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<sup>59</sup> *ibid.*

<sup>60</sup> Canberra Southern Cross Club (2003) *Annual Report 2002-2003*.

<sup>61</sup> *ibid.*

<sup>62</sup> Allingham, P. and A. Caddy (2002) *op. cit.*

<sup>63</sup> An additional club was being developed at the time of this study (Caldwell Community Club)

- The Mawson Club - one venue (150 EGMs)
- Vikings Clubs - four venues
  - Tuggeranong Valley Rugby Union and Amateur Sports Club (231 EGMs)
  - Lanyon Valley Rugby Union and Amateur Sports Club (140 EGMs)
  - Town Centre Sports club (173 EGMs)
  - Chisholm Sports Club (150 EGMs)
- West Belconnen Leagues Club - one venue (153 EGMs)

In addition to providing counselling for patrons of these member clubs, Clubcare also provides staff training on responsible gaming services, particularly around legislation, staff training and signage. According to Clubcare, general information gleaned from counselling work is transferred to gaming-room staff so that they can understand better the potential harm from gambling, the reasons why people develop gambling problems and what keeps them from getting back in control of their lives. Club staff are also given information on poker machines to ensure they do not pass on and support myths about poker machine functioning to club patrons.<sup>64</sup> In recent times, club staff have been informed and supported in regard to new regulations regarding self-exclusion. Training is available for non-Clubcare clubs who pay for this service.<sup>65</sup>

### **Gambling Care staff**

Gambling Care has five staff members:<sup>66</sup>

- Manager with a background in psychology/social work;
- An accredited financial counsellor. Financial counselling is available 38 hours a week.<sup>67</sup> The Gambling Care financial counsellor provides financial advice to all gambling clients as well as Clubcare members and staff. Help is available for negotiating with creditors, restructuring financial commitments and help with controlling access to cash and credit;
- Two psychologists who are employed for counselling and training gambling venue staff and management in responsible gambling practices. In the financial year 2002-03, Lifeline's gambling counselling was available 38 hours a week.<sup>68</sup> This compares with 22 hours a week and two after-hours appointments available for clients each week in the financial year 1999-2000;
- A receptionist who assists with counselling referrals; and
- Two additional staff members who are available to work on publicity.

However, despite the increased staffing that has followed establishment of the Clubcare funded program (see above), Gambling Care staffing has been relatively unstable with a high staff turnover and recruitment. At the time of writing this report,

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64 Allingham, P. and Caddy, A. (2002) op. cit.

65 LifeLine Canberra Inc. (2003) op. cit.

66 Clubcare News Quarterly Report #9 June 2004

67 Lifeline Canberra Annual Report 2002-03, p.26. However a different figure is provided on p.28 of that report.

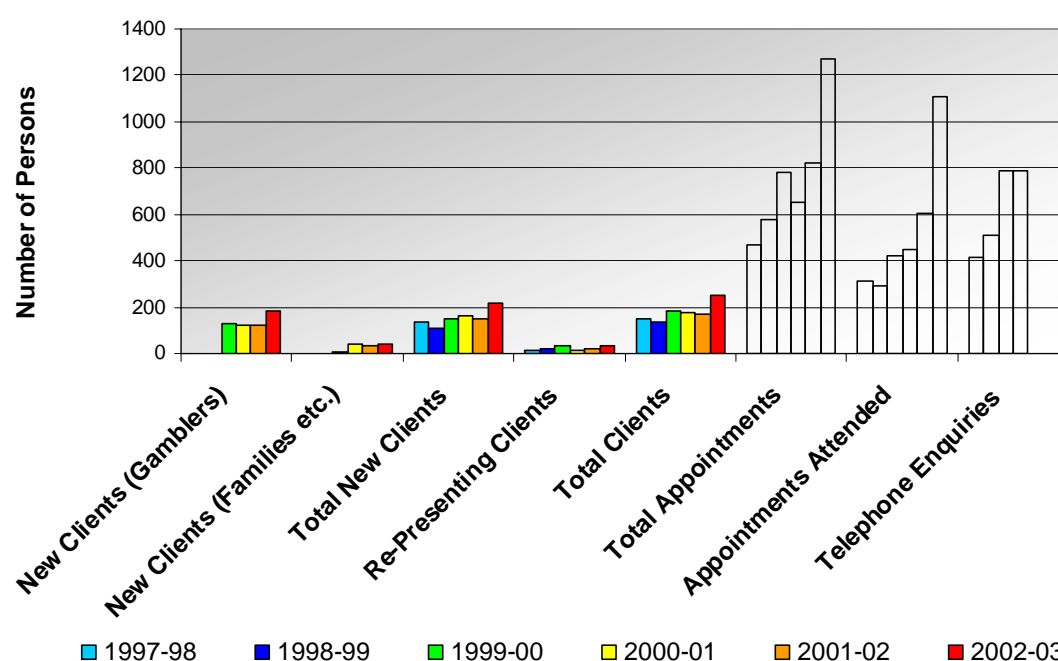
68 Lifeline Canberra Inc. (2003) op. cit.

three of the current five staff members had been employed for less than a year. Moreover, Clubcare's manager was on leave for five months in 2004.<sup>69</sup>

### Demand for Lifeline's gambling services

The establishment of Clubcare in 2001 appears to have resulted in a substantial rise in the number of people seeking help from Lifeline gambling counselling services.<sup>70</sup> Based on client data provided by Lifeline, Figure 3 indicates an increasing number of consultations with the Lifeline gambling counselling service over the past six years.<sup>71</sup>

**Figure 3: ACT Lifeline gambling counselling client data, 1997-98 to 2002-03.**



Source: Lifeline Canberra Inc. *Annual Reports*, 1998-99 to 2002-03.

Note: New clients were not differentiated prior to 1999-00 and telephone inquiries have not been reported since 2000-01.

The most notable observations from Lifeline's reported data are that:

- New gambling clients rose sharply in 2002-03 after several years of stable client numbers. Total new clients exceeded 200 for the first time;
- Of these, 181 were clients presenting with a gambling problem. The other 30 were family members and others who sought help with gambling-related problems. However, first time appointments which were not attended are excluded from the 2002-03 data;
- The number of appointments made for gambling services grew by over 55% to over 1,200 in 2002-03;

<sup>69</sup> *ibid.*

<sup>70</sup> *ibid.*, p.26.

<sup>71</sup> Figures for 2003-04 were not available to the research team.

- Appointments attended by gambling clients increased by 83% to over 1,000 in 2002-03.
- New gambling clients are predominantly male (58%); and
- 83% of all new gambling clients report EGMs as the type of gambling associated with their gambling problems.<sup>72</sup>

As indicated in Table 1, despite the growing numbers of Lifeline clients attending gambling counselling since 2001, this increase is not reflected in the numbers of new NESB and ATSI clients.<sup>73</sup> The number of clients from cultural groups has declined substantially over the past two years, both in total numbers and as a proportion of new clients. Although there was an increase in the number of indigenous clients in 2002-03, the overall number of presenting clients from ACT cultural groups remains low.

**Table 1: Numbers of new NESB and ATSI clients attending Lifeline gambling counselling.**

<i>Year</i>	<i>NESB</i>		<i>ATSI</i>	
	<i>n</i>	<i>% of all New Clients</i>	<i>n</i>	<i>% of all New Clients</i>
1999-00	20	13.3	4	2.7
2000-01	31	18.9	2	1.2
2001-02	16	10.6	2	1.3
2002-03	10	5.5	9	5.0

Source: Lifeline Canberra *Annual Reports 1997-98 to 2002-03*.

Note: The figures for 2002-03 are not directly comparable with figures for previous years. 2002-03 percentages are reported as a proportion of new *gambling* clients while the percentage figures for all other years are reported as a proportion of *all* new clients, inclusive of non-gamblers.

In mid-2004 Lifeline prepared a draft *Project Plan for Community Development Funding Proposal – Connecting Cultures towards Gambling Harm Minimisation*.<sup>74</sup> The draft proposal outlines a strategy to appoint a Community Development Worker to establish collaborative relationships with ‘culturally and linguistically diverse’ (CALD) services and organisations in the ACT and to develop support strategies for problem gambling in cultural groups. We have been informed that the Lifeline proposal for funding will be submitted to the Canberra Community Foundation later this year. Lifeline’s proposal directly relates to issues addressed in this study and will be discussed later in the report.

Although care has been taken in our collation and reporting of data presented in the Lifeline *Annual Reports* - which are the source of analysis presented here - a number of factors prevent the research team from having full confidence in those data. Whilst some of the data problems may appear minor on the surface, they serve to undermine the data’s credibility and our confidence in the figures. Data problems include:

<sup>72</sup> *ibid* p.27.

<sup>73</sup> Lifeline data use NESB and ATSI categories to identify clients from different cultural groups.

<sup>74</sup> Lifeline, correspondence July 2004.



- Inconsistent reporting categories from year to year. For example, new clients were not differentiated prior to 1999-2000 and telephone inquiries have not been reported since 2000-01.
- The figures for 2002-03 therefore are not directly comparable with figures for previous years. As noted above (Table 1), first time appointments which were not attended have been excluded from the 2002-03 data; and 2002-03 percentages are reported as a proportion of new *gambling* clients while the percentage figures for all other years are reported as a proportion of *all* new clients, inclusive of non-gamblers.
- Figures vary from one report to the next or do not appear to collate. For example, 150 total new clients for 1999-2000 are reported in the 2000-01 *Annual Report*; these are broken down to 127 gamblers, five couples and ten family members presenting for assistance. This totals to only 142 new clients, not 150.
- Ambiguous, inconsistent and confusing classification of data series. For example, in the 2002-03 *Annual Report* the table with 'gender' data is reported as '*new clients with a gambling problem only*'; the table listing 'age of new clients' is reported as '*excluding family members*'; and the 'major type of gambling' table is reported as '*new clients only*'. These inconsistencies prevent meaningful comparisons of data sets;
- Inconsistent information: for example, the 2002-03 *Annual Report* indicates that financial counselling is available 38 hours/week (p.26) and 42.5 hours/week (p.28).

### 2.9.2 Other gambling counselling services

#### **Betsafe**

Betsafe is a privately owned company that provides gambling support programs to gaming venues in NSW and the ACT. Founded by Paul Symond Consulting in New South Wales in 1998, Betsafe currently has 45 subscribing members - 41 clubs in NSW and one group of three clubs in the ACT.<sup>75</sup> Betsafe's focus is to provide 'integrated harm minimisation through problem gambling counselling, staff training and self-exclusion' to member venues. Information available on Betsafe's program includes the following:

- Telephone counselling available 24 hours a day, seven days a week by gambling addiction counsellors who are 'skilled in managing crisis situations and suicide prevention'. In such cases, Betsafe provides 'immediate face-to-face counselling or involvement of a mental health crisis team'.
- Betsafe runs staff training courses for member clubs. Such training covers the club's legal requirements in such areas as signage, the process of self-exclusion, information on problem gambling and appropriate responses to patrons seeking help.
- Betsafe provides subscribing member clubs with staff training in self-exclusion that 'ensures that gamblers experiencing problems who ask for self-exclusion are assisted immediately.' Gamblers are able to be excluded from all Betsafe member clubs if requested. Betsafe also offers to assist family members to have their relatives excluded from the club.

<sup>75</sup> Paul Symond Consultancy (2003) *Betsafe Submission to Independent Pricing and Regulatory Tribunal Review into Harm Minimisation Measures*.

- BetSafe provides information about its services in a number of different languages with pamphlets on its services being available in English and other community languages at club venues.

Three Canberra clubs in the Labor group are currently members of Betsafe.<sup>76</sup> They are:

- Canberra Labor Club (225 EGMs)
- Ginninderra Labor Club (95 EGMs)
- Weston Creek Football Club (63 EGMs)

There is no resident Betsafe counsellor in Canberra. To assist problem gamblers in Canberra, a counsellor must travel down from Sydney.

### **CARE Inc. Financial Counselling and Legal Services**

In 2001, cross-referrals appeared to operate regularly between GAFCS and CARE, in so far as the gambling problem involved financial counselling. However, at the time this service was creating considerable strain on CARE's financial and staff resources. Representatives of CARE consulted for this study indicated that they now direct any gambling inquiries immediately to Lifeline.

### **Relationships Australia**

In 2001 Relationships Australia provided regular counselling and mediation for problems which arose as a result of gambling. The ACT branch of Relationships Australia no longer provides counselling to residents with gambling problems. Rather, the agency now refers people seeking help for problem gambling issues directly to Lifeline or to the Sydney branch of Relationships Australia.

The Relationships Australia website has a 'problem gambling' link to two telephone numbers:

- One telephone counselling number refers inquiries directly to Lifeline. However the contact telephone number provided by relationships Australia is not Lifeline's 24 hour number.
- The other telephone number on the website connects to Relationships Australia's ACT office. In response to an inquiry by the research team the receptionist was unable to provide information about where to get help for problem gambling. We were informed that '*it is hard to say how many call in with gambling problems; maybe 5%*'.

### **Canberra Counselling Services**

This general counselling agency provides counselling across a range of issues, including for people with gambling problems. The agency has been operating in Canberra for ten years with one counsellor who sees 'half a dozen or so' people experiencing gambling problems each year. The counsellor uses an 'holistic' approach as '*clients often have other problems as well*', eg relationship breakdown.<sup>77</sup> The agency reported that it has not had any indigenous clients, and only one or two from other cultural groups: '*Ethnic people don't get into gambling problems, or if they do*'.

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<sup>76</sup> A fourth member of the Labor group of clubs, the Canberra Workers Club, is closed for demolition and rebuilding.

<sup>77</sup> Interview, Canberra Counselling Service 2004.

*they don't come here*'. Generally the agency does not refer to Lifeline unless the client is 'threatening self-harm'. Referrals are sometimes made to Gamblers Anonymous.

### **Salvation Army**

We understand that the Salvation Army provides a gambling rehabilitation service in the ACT, including support for former prisoners with a gambling problem.<sup>78</sup> However, no details of that service were provided to the research team.

### **NSW Multicultural Problem Gambling Service**

The NSW Multicultural Problem Gambling Service (MCPGS) is a non-profit gambling counselling provider and referral agency based in Sydney.<sup>79</sup> It is funded by the Casino Community Benefit Fund and is a joint initiative of the Community Relations Commission of NSW and the Western Sydney Area Health Service. The MCPGS was launched in April 2001. It is managed by the Transcultural Mental Health Centre and located in the grounds of Cumberland Hospital in North Parramatta, Sydney. We have included the MCPGS in this study after reports that the agency receives inquiries from and has provided a service to residents of the ACT at its Sydney location.

The MCPGS provides a statewide confidential service for problem gamblers of culturally and linguistically diverse backgrounds and their families. The service provides both face-to-face and telephone counselling. Counselling is available in over 40 community languages representing 90% of all non-English speakers in NSW.<sup>80</sup>

MCPGS also offers:

- A free statewide comprehensive multilingual assessment and treatment service;
- A 24-hour Assistance Line;
- An intake service providing over-the-phone information, advice and referral;
- Peer support programs in community languages;
- Community education programs to raise awareness among ethnic communities of the impact of problem gambling on individuals and families; and
- Consultation to mainstream agencies on cultural and social factors for problem gamblers.

An independent evaluation of the MCPGS was 'extremely positive... A comprehensive and professional approach was taken to service delivery, and the service offering was extensive and appropriate'.<sup>81</sup> One of the service's strengths is its

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<sup>78</sup> ABC Radio National (2004) *The Law Report*. <http://www.abc.rn.au/>, accessed July 2004.

<sup>79</sup> Multicultural Problem Gambling Service <http://www.mpgs.nsw.gov.au/>, accessed July 2004.

<sup>80</sup> Cultural Perspectives P/L (2003) *NSW Multicultural Problem Gambling Service. Service Evaluation, Final Report*.

<sup>81</sup> *ibid.*, p.8.

capacity to match a client's ethnicity and language with that of a bilingual counsellor; this is proving effective in meeting client needs.<sup>82</sup>

Staff turnover at MCPGS is relatively high, however. Current funding arrangements mean that staff contracts expire annually and job insecurity has led to considerable staff changes.<sup>83</sup>

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<sup>82</sup> *ibid.*, p.6.

<sup>83</sup> Multicultural Problem Gambling Service (2003). *Six Month Progress Report*.

### **3 Methodology**

This research project utilised a range of conventional qualitative approaches, including an extensive literature review, community consultation, in-depth interviews with stakeholders including persons who have or considered seeking help for gambling problems.

This section provides a detailed overview of the methodological procedures adopted for this study. It starts with a review of the broad issues affecting the research project and the chosen methodology and then moves onto the more detailed specifics of the data collection phase of the study.

#### **3.1 Assumptions of the Research**

As with all such research, certain assumptions were built into the methodology and the overall study:

- The chosen methodology was sensitive to unanticipated issues which emerged from the data and consultations - ie. the research design was flexible and continued to evolve as the research progressed;
- Each stage of research (design, data collection and analysis) depended heavily on the active collaboration and contribution of stakeholders in the ACT, and an effective relationship between the research team and community leaders, including members of the Community Advisory Group. It was essential to establish and maintain a climate of trust and cooperation between the disparate and groups participating in the study;
- The research design and progress were shaped to a large extent by the availability of relevant secondary data sets and the ability to generate relevant primary data. Data were compiled from a number of sources to address research questions. For example, the extent to which people with gambling problems accessed professional support agencies was explored by a combination of interviews and the examination of existing data from service providers. Relevant issues raised in interviews were incorporated into the research design where possible and cross-checked with other sources;
- If existing data proved to be inadequate to identify patterns, efforts were made to generate new data where possible. For example, additional secondary data were requested from problem gambling support agencies outside the ACT. These efforts added significantly to what could be achieved for this study.

#### **3.2 Ethics and Review Procedures**

The Centre is committed to the highest standards of ethical research conduct. As a result, a number of procedures have influenced the research development process and the ongoing conduct of the work.

### 3.2.1 ANU Human Research Ethics Committee

The project proposal was reviewed by the Human Research Ethics Committee of the ANU which must comply with the joint National Health and Medical Research Council/Australian Vice-Chancellor's Committee Guidelines on Research Practice (1997).

The Human Research Ethics Committee considers the ethical implications of proposals for all research projects involving or impacting on human subjects to determine whether or not the proposals are acceptable on ethical grounds and conform to the National Health and Medical Research Council's National Statement on Ethical Conduct in Research Involving Humans (1999). The ethics approval for this project was obtained on 3<sup>rd</sup> February 2004. Minor amendments to the proposed methodology were also submitted to the ANU Human Research Ethics Committee as they occurred.

### 3.2.2 Centre for Gambling Research Code of Practice

The research is also conducted within the guiding framework of the ANU Centre for Gambling Research Code of Practice. This Code applies to all research conducted by the Centre and ensures that issues of integrity and confidentiality guide the research practices of all staff involved with the project.

### 3.2.3 Community Advisory Group

A Community Advisory Group (CAG) was established to assist the research team in both designing and conducting research.<sup>84</sup> It was anticipated that advice from this group would enable the research to encompass issues of relevance to main stakeholders in the ACT and to facilitate access to multicultural and social groups. The first meeting of the CAG was held at ANU on 18th December 2003. The CAG have provided assistance in all research projects being conducted through the Centre for Gambling Research at the ANU. The following CAG members were consulted in relation to the Help-Seeking Study:

- The ACT Gambling and Racing Commission provided invaluable guidance and assistance throughout the various stages of the study and actively participated in CAG meetings and regular information sharing seminars.
- Representatives of Lifeline attended group meetings, interviews and information seminars related to the research. In addition they communicated valuable information to the research on their client database and the experiences of problem gamblers who have sought help with their agency.
- Representatives of ACT Council of Social Services (ACTCOSS) attended group meetings, seminars and were interviewed to discuss the various aspects of the research.
- CARE Financial Counselling and Legal Services invited the research team to a meeting of financial counsellors. This provided a forum in which to present the research and receive feedback from experienced counsellors in regard to who was using their services. Although the researchers welcomed further collaboration with CARE this was not possible as their limited resources prevented them giving more time to the study.

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84 For a list of CAG members see Appendix H.

The assistance and guidance received from the above mentioned CAG members ensured ongoing community and industry contribution to the research. Meetings with individual CAG members occurred throughout different stages of the research project as a formal part of the research process. In addition to the above mentioned CAG members, invaluable assistance was provided by other community organisations and groups (Appendix A). Members of the ACT Legislative Assembly who had contributed to the *ACT Status of Women Report* were also sent copies of the research proposal and were invited to contribute to the study.

### **3.3 Principal steps in the research strategy**

The study was conducted over several stages to allow periodic review and assessment of the data and information received, and adjustment of the research design to accommodate emerging issues. It also facilitated exchange of information in the consultation process.

#### **3.3.1 Literature review and desk research**

Review of secondary data and literature was greatly assisted by materials provided in a small number of similar studies conducted in Victoria and Queensland, especially the comprehensive literature review and previous research into gambling and help-seeking behaviour among women<sup>85</sup> and some cultural groups.<sup>86</sup> This material was supplemented by a review of other Australian literature and the Centre's own library resources. The review and desk research identified:

- relevant issues related to gambling, gender, cultural groups and help-seeking behaviour;
- patterns of gambling in the ACT, concentrating on different cultural groups and gender; and
- a multicultural and gender profile of the ACT population to inform selection of sample groups for study.

#### **3.3.2 Qualitative field research**

Following the literature review, a broad framework of research questions for qualitative research was developed to guide an integrated analysis of help-seeking behaviour in the ACT. The framework drew on categories and issues identified in Australian and international studies of the experience and impacts of gambling among men and women, and in cultural and indigenous groups.

Problem gambling is a potentially sensitive research topic with major implications for how research is done, the methodology chosen and the interpretation and validity of

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85 Brown, S and L. Coventry (1997) *Queen of Hearts. The Needs of Women with Gambling Problems*. Financial and Consumer Rights Council, Victoria; S. Brown, *et al.* (1999) *Who Picks Up the Tab? Issues and Dilemmas for Services Providing Mainstream Support to Women Affected by Gambling in Melbourne's Western Metropolitan Region*. Women's Health West, Victoria; S. Brown, *et al.* (2000) *Healthy, Wealthy and Wise Women. The Health Impacts of Gambling for Women in Melbourne's Western Metropolitan Region*. Women's Health West, Victoria.

86 Scull, S., D. Butler and M. Mutzleburg (2002) *Problem Gambling in Non-English Speaking Background Communities in Queensland: A Pilot Study*. Queensland Treasury, Brisbane.

results.<sup>87</sup> A qualitative rather than quantitative approach was adopted for this study. The main reasons for adopting such an approach are:

- little is known about help-seeking behaviour of different social groups;
- the pool of potential informants may be quite small, so that it is important to obtain extensive and quality information from those who do agree to participate. A range of issues can be discussed with participants during in-depth interviews and focus groups; and
- it is questionable whether conventional research methodologies and problem gambling instruments, however they are defined, are sensitive to diverse cultural values and practices.<sup>88</sup>

Whilst a quantitative approach such as a survey might give a basic indication of the issues, it cannot provide sufficient information upon which to design policy and/or implement means by which to address any problems identified. As outlined in the *ACT Needs Analysis*, surveys are an inappropriate instrument with which to collect information from a relatively small but potentially diverse group of persons (problem gamblers and their friends and families) in terms of culture, experience and support needs.<sup>89</sup> Furthermore, survey methodologies do not address the specific cultural and contextual aspects of people's lives; the extreme sensitivity of the issue for some social and cultural groups; or the need to develop trust between researchers and each community. Cultural knowledge about the origins and effects of gambling, and the social processes that affect gender differences is essential to guide culturally appropriate help and support.

A qualitative research approach provides the most suitable means by which to achieve the objectives of this type of research. Such an approach seeks to understand behaviours, emotions and experiences by getting to know the people involved.<sup>90</sup> The inductive and exploratory nature of qualitative methods permits the potential for a variety of issues and perspectives to emerge from the various cultural and gender groups in the study, rather than being predefined in a survey instrument. Qualitative research is thus context-driven; the aim is to understand how contexts, meanings and social norms create, sustain and frame social conduct.<sup>91</sup>

There are a number of different methods by which to conduct qualitative research. For this research, semi-structured interviews with key informants and focus groups were originally proposed. In order to maintain a reflexive and responsive approach, however, the project methodology was always open to issues that emerged from the literature review, preliminary stages of research and interviews. This allowed the

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87 Chambers, K. (2003) 'How often do you have sex: problem gambling as a sensitive topic', Paper presented at the 12th International Congress on Gambling and Risk-Taking, Vancouver.

88 Wenzel, M., *et al.* (2004) *op. cit.*

89 McMillen, J. & N. Bellew (2001) *ACT Needs Analysis: Gambling Support Services*. Report for the ACT Gambling and Racing Commission, Canberra. Australian Institute for Gambling Research.

90 Frankfort-Nachmias, C. and Nachmias, D. (1996). *Research Methods in the Social Sciences*, St. Martins Press, London.

91 Kellehear, A. (1998) 'Ethical issues for the qualitative researcher: Some critical reflections', *Annual Review of Health Social Sciences*. Volume 8, pp.14-18.



researchers to be receptive to matters of special concern which had not been anticipated but that emerged during the research process.

### 3.3.3 *Semi-structured interviews*

For this study, the principal research method utilised to collect the information required was semi-structured interviews with a range of knowledgeable informants:

- community leaders and stakeholders; and
- people in the ACT who have sought or considered seeking help for gambling related problems either for themselves or someone else.

The main rationale for ‘ethnographic’ interviewing is to obtain in-depth information about people and particular aspects of their lives or experiences.<sup>92</sup> This approach allows researchers to gain an understanding of gambling help-seeking issues from a range of different perspectives.

Interviews such as this can best be understood as ‘conversations with a purpose’.<sup>93</sup> They provide the opportunity to use an informal semi-structured style which employs a set of themes and topics to form questions in the course of conversation. The goal is to understand and appreciate experiences and worldviews of people who may be different from the researchers. Researchers assume a position of learner; the interviewee is the ‘expert’ and is invited to educate the researcher about their lives.

The stance taken by researchers is respectful, collaborative and non-hierarchical. They seek to create a space where the ‘voice’ of the participants can be heard by asking global questions and avoiding interruptions. There is thus an opportunity for the respondent to provide information outside what might be available in a structured interview or survey format. It also allows the researcher to probe for more information to clarify meanings and issues.<sup>94</sup>

This approach enhances the benefits of understanding the impacts of gambling and the needs of participants from their own perspective. Information gained in these ‘conversations’ is then incorporated in thematic analysis.

### 3.3.4 *Interview procedures and protocols*

The interviewing process was administered under a regime of protocols designed to provide the most ethical and conducive circumstances possible for both the researchers and the interviewee. These included:

- briefly explaining the background and objectives of the research, including funding and reporting arrangements;
- assuring all participants that their names would not be used in any publications or reports arising from the project;

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92 *ibid*; Leigh, J. W. (1998) *Communicating for Cultural Competence*. Needham Heights, Minnesota.

93 Burgess, R. (1984) *In the Field: an Introduction to Field Research*. Routledge, London

94 *ibid*; Simon, J. and Burstein, P. (1985) *Basic Research Methods in Social Science: Third Edition*. Random House, New York

- providing all respondents with a copy of a letter outlining details of the research (Appendix F, Appendix G);
- gaining written consent of agreement to participate in the research (Appendix G). Consent forms required only a signature with names not being recorded;
- reassuring the participant that they could terminate the interview at any time; and
- all interviews were arranged at a time when a qualified psychologist was available to assist should a respondent have become distressed during a line of discussion.

All face-to-face interviews were conducted in a relaxed, informal environment at the Centre for Gambling Research (CGR) on the ANU campus. The duration of each interview was approximately 90 minutes. To ensure that the participants would talk freely and frankly, and to protect their identity interviews were not taped. However, a minimum of two researchers were present for all interviews and comprehensive notes were taken. The presence of two interviewers was to:

- ensure the integrity of the data collection process and allow cross-checking of the information;
- permit different questioning approaches;
- allow the interviewers to alternate between note-taking and interaction roles; and
- facilitate a more comprehensive research process by allowing the researchers to discuss interpretations and understandings of the responses.

### 3.3.5 *Interview questions*

Interviews were informal and consisted of open-ended questions and discussion points around which a dialogue developed. Questions were kept to a minimum and were used only as prompts. Interviewees were afforded opportunities to voice any issues they perceived as relevant to the research.

Discussions with gamblers, their friends and families centred on the experiences and opinions of participants toward help-seeking for problem gambling. People were initially invited to 'tell their story' and subsequent questions and themes emerged from probing into issues raised by the participants. The following sample questions are a guide to the issues generally discussed in the interviews:

- the nature of their gambling experience and problems;
- the role of gambling in their community, family and social networks;
- how they first became involved with gambling;
- how, why and when their gambling began to generate problems;
- factors that might have led to the development of problem gambling in their lives;
- whether they had tried strategies to help themselves to avoid gambling problems or to address problems that occurred;
- whether they had sought help from others for problems related to gambling;
- if they had sought help, what prompted them to seek help;
- whether they sought help for themselves or out of concern for others;

- where they had sought help - within their own family, circle of friends, community agencies – and why they had chosen that source of support;
- if they sought help from a professional agency, were they satisfied with the service provided;
- if satisfied or unsatisfied with service, why;
- how they had heard about the service;
- if they had never sought help for their gambling problem, why not;
- factors that encourage or inhibit them, and others like them, to seek help; and
- what sorts of help services they would like to see in the ACT.

Prompted questions were also asked in relation to two related research issues: the use of ATMs and access to cash for gambling; and the impacts on their gambling behaviour of government harm minimisation policies (restrictions on maximum bets on gaming machines; a 3-hour shutdown of gaming venues; and the payment of winnings by cheque). A comprehensive analysis of responses to those questions is provided in two separate reports to the Commission: *Review of the ACT Government's Harm Minimisation Measures*; and *The Use of ATMs in ACT Gambling Venues – An Empirical Study*.

Interviews conducted with gambling service agencies and community representatives covered similar issues/questions as those asked of the gamblers, friends and family members, but from a more general perspective. Interviews with local stakeholders also explored their particular cultural and professional views on gambling and problem gambling in the ACT, on the availability and efficacy of support services and programs, and on their role in this process. Also canvassed were perceptions on harm minimisation and incentives and barriers to help-seeking. Importantly, as their responses were from a community service point of view, additional information was sought about:

- what services they provide and who are their clients;
- what prompts their clients to seek help for gambling problems;
- estimates of the proportions of community members seeking help for themselves or for someone else;
- how people hear about their service;
- factors that encourage or inhibit help-seeking;
- whether clients with gambling problems were satisfied with the service provided; and
- what are the barriers that prevent members of various communities in the ACT seeking help for gambling.

### 3.3.6 Focus groups

Although focus groups were initially planned for this research, they were not utilised. The response to the first round of participant recruitment was poor and it was thus thought that insufficient numbers of respondents would be obtained for focus group sessions. It was decided that the limited time and resources would be better utilised in conducting in-depth personal interviews with all 'problem gambling' respondents. This strategy proved to be highly beneficial, producing more detailed personal information that would not have been possible in focus group situations where individuals are often intimidated by group dynamics.

Following this decision, however, more gamblers and their friends and families came forward over subsequent weeks in response to the sustained advertising. In the end, the research team was unable to interview all the volunteer participants in the time available for the project. On 20<sup>th</sup> June we stopped accepting volunteers for interview. However, people continued to contact the Centre for several weeks to volunteer for the research program.

### **3.4 Interviewee recruitment**

Two sets of informants were sought to provide the information for this research:

- The largest pool of informants were persons who have in the past, or are currently, seeking help for gambling related problems either for themselves; or for a friend and family member.
- The second and smaller group of informants was knowledgeable stakeholders who came from two distinct groups:
  - Community leaders of the cultural groups chosen for this study. Gambling research projects with a focus on cultural groups in other Australian states have shown that problem gambling is highly stigmatised and thus generates difficulties in finding research participants.<sup>95</sup> Given the tight timeframe for this project, the research sought to involve the core organisations of the cultural groups of focus. It was hoped that interviews with this pool of people would enable a better indication of what, if any, structural or cultural barriers existed to the provision and accessibility of appropriate support services as viewed from a cultural community perspective. Letters were sent out to over 40 organisations informing them about the research project and asking for advice and participation (see Appendix C); and
  - Service providers who deliver professional assistance programs for people who experience gambling problems. The 2001 *Needs Analysis* and other studies have found that persons with gambling related problems often approach a range of different organisations for help. The project sought to take this into account and contacted a variety of different community service providers that could be relevant to the study. Letters were sent out to all identified service organisations (Appendix C). Unfortunately, the overall response from these organisations was very small. We do not interpret this as a disinterest towards problem gambling issues. Rather, several organisations indicated that they are not funded to support persons with gambling problems and did not have resources that would allow them to participate.

The groups of potential informants were recruited through a number of different strategies and approaches as outlined below.

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95 Scull, S., *et al.* (2002) op. cit; Cultural Partners Australia Consortium (2000) op. cit.

### 3.4.1 Recruitment of problem gamblers and their friends and families.

A number of different strategies were put in place to recruit problem gamblers and their friends and families for interviewing. A range of approaches was designed to ensure that as wide and diverse an audience as possible was informed about the research. The various strategies employed were:

- **Newspaper advertisements** were printed in the *Canberra Times* on two Saturdays in May. These advertisements invited those who had sought help, or considered seeking help for gambling problems, whether for themselves or for someone else, to participate in the research (see Appendix D).
- A brief notice was placed in the 'Fridge Door' section of the *Canberra Times* on several occasions in May inviting participation (see Appendix D). 'Fridge Door' is a free community noticeboard for non-profit organisations and published in the *Canberra Times* daily except Sundays.<sup>96</sup>
- **Posters and information sheets** were distributed to Lifeline who agreed to display them and to alert their clients to the research we were conducting (see Appendix E and Appendix F).
- **Radio advertising** was placed with the MIX 106.3 community switchboard. Information about the project was periodically read out on air with further details being available on their associated website.<sup>97</sup>
- An advertisement was posted on the **Centre for Gambling Research** website.
- Researchers addressed groups of building trades apprentices involved in training through the Construction Industry Training and Employment Association at Dickson. This was a specific strategy designed to reach young males because:
  - they are a group frequently identified in gambling surveys as being at risk of problematic gambling; and
  - young males are also potentially difficult to reach with the standard forms of research recruitment.

All participants in the project were thus self-identified volunteers. Sixteen participants were eventually recruited from this process consisting of four self-identified female problem gamblers, five self-identified male problem gamblers, and seven family members of a person with a gambling problem (six female and one male). All participants agreed to be interviewed at the CGR's offices at ANU. At the conclusion of the interview participants were invited to contact us again if they had further information. Several telephoned with additional comments; and two of the interviewees sent lengthy emails.

A major challenge for any research of this type is the need to develop trust and empathy between the researchers and the communities. Australian studies that have attempted to examine problem gambling within cultural groups have faced considerable cultural and methodological barriers, including gaining access to communities to conduct the research.<sup>98</sup> Often with tight project deadlines, researchers have found it difficult to obtain 'insider' knowledge about gambler behaviour, the

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<sup>96</sup> Canberra Times (2004). [http://canberra.yourguide.com.au/sitemail\\_fridge.asp](http://canberra.yourguide.com.au/sitemail_fridge.asp), accessed, 15.7.04

<sup>97</sup> <http://www.mix106.com.au/community/CommunityCalendar.asp>

<sup>98</sup> Scull, S. *et al.* (2003), *op. cit.*

cultural meanings of gambling to those communities, and perceptions of what is acceptable behaviour and what constitutes a gambling 'problem'. Considerable time is needed to establish a trusting relationship with the cultural group.

*Trust is a particularly critical issue in relation to problem gambling given community concerns about negative wider public perceptions or humiliation (issues of 'face' and pride) which may arise from adverse reporting or publicity about social problems.*<sup>99</sup>

Regrettably, constraints on this project have not allowed enough time to establish close, trusted relationships with any cultural group. The project attempted to compensate for these difficulties by actively seeking cooperation and input from representatives of cultural organisations where this would have a positive effect on the data collection and project outcome.

### 3.4.2 Recruitment of knowledgeable stakeholders

Recruitment of community leaders and the counselling agency representatives required similar methods of outreach. This involved a 'snowball' approach, building on existing research links established during the 2001 *Needs Analysis* and through the Community Advisory Group (CAG), and from persons identified during the desk research stage. This methodology involved asking the initial stakeholders identified to suggest further potential informants.<sup>100</sup> This technique is often used when potential informants cannot easily be located and when the pool of suitable participants is small and likely to know each other.<sup>101</sup> In particular, consultation with CAG members provided useful contacts to people likely to be useful informants. Potential participants were sent a letter detailing the research and requesting participation in an interview to discuss the relevant issues.<sup>102</sup>

Gambling service providers contacted include:

- Lifeline – Clubcare and Gambling Care (a non-profit gambling counselling provider in the ACT);
- BetSafe (a private gambling counselling provider which has been contracted by one group of ACT clubs);
- NSW Multicultural Problem Gambling Service (a non-profit gambling counselling provider and referral agency based in NSW).

Other stakeholder groups who were interviewed include:

- The ACT Multicultural Consultative Council
- The ACT Migrant Resource Centre
- Arabic Australian Friendship Society
- Aboriginal and Torres Strait Islander Services (ATSIS)
- Winnunga Nimmityjah Aboriginal Health Centre
- ACT Chief Minister's Department

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<sup>99</sup> McMillen, J. *et al.* (1998) *op. cit.*, p.16.

<sup>100</sup> Burgess, R. (1984) *op cit.*

<sup>101</sup> Simon, J. and Burstein, P. (1985) *op cit.*

<sup>102</sup> See Appendix C.

- Oz Help, a building and construction industry charitable organisation that provides support service to apprentices and workers in the construction industry
- Construction Industry Training and Employment Association
- ACT Chinese Australian Association

As with the interviews with gamblers and family members, interviews with these knowledgeable informants were approximately 1½ - 2 hours in duration and at least two members of the research team were present during interviews. Interviews with the gambling service providers were all conducted at the CGR while interviews with community representatives were conducted in a range of locations, including the organisation's office.

Despite the best efforts of the research team, however, we were unable to recruit gamblers for interview from the nominated cultural groups. Although we provided information for distribution by Lifeline, Betsafe and the various cultural community services, only two volunteers were recruited through these agencies; both were members of the indigenous community.

### **3.5 Data analysis**

The approach used in this study analysed information obtained in interviews using 'thematic analysis'. This is a qualitative procedure which involves identification of themes and issues as they emerge in records from the narratives and interviews. The verbal data of the interviews are categorised for purposes of classification and analysis. The process involves continually revisiting and reviewing the categorisation of information until it is sure that the themes and categories used to summarise and describe the findings are a truthful and accurate reflection of the information obtained.<sup>103</sup> It is the significance of the issue, where it is placed in the context of the narrative and the importance given to it that are critical issues. The basic idea is to ensure that the meaning that respondents want to convey in their discussions is extracted.<sup>104</sup>

The procedure involved a series of steps which included:

1. Recording notes of key information, phrases and comments during interviews;
2. Transcription of interview notes which were cross-checked for accuracy and completeness by researchers present during the interview;
3. Categorisation of interview segments and quotes;
4. The information items were then grouped into themes which emerged through the categorisation process. In some cases individual quotes were placed in more than one category.
5. The various categories and themes were compared and contrasted to gain an understanding of how they interacted with each other.
6. The findings are then written up within the identified themes and key quotes which best expressed the issue being outlined are utilised to provide richness to the summary.

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<sup>103</sup> Kellehear, A. (1998) op. cit.

<sup>104</sup> *ibid.*

### 3.6 *Limitations of the research*

As with all research, the research team recognises the limitations and constraints of this project. Analysis of the cultural aspects of gambling and their impacts created particular problems for the research team. Qualitative research is a time-consuming and intrusive procedure and requires a relationship of trust and collaboration as a prerequisite – humans are not simply a source of data.<sup>105</sup> In particular, questions concerning thoughts and behaviours associated with problem gambling are invasive and potentially stigmatising.<sup>106</sup>

Effort was made in the research design to overcome the common limitations of gambling studies (eg the tendency to rely on self-report information, media-derived understandings of problem gambling, assumptions about relationships between problem gambling and social effects for individuals, families and communities). Even so, this project has been hampered by the short time allowed for research (February-July 2004), by lack of relevant and sensitive data, and by the fact that it was not possible in the short time available to gain access to cultural groups and develop the level of trust and acceptance that is essential for such research. Data inconsistencies, information gaps and resource constraints restricted the capacity of this study to comprehensively analyse and compare the experiences of gambling and help-seeking in different cultural communities.

- The project's time and resource constraints prevented us from generating primary data which would adequately identify the actual extent of gambling problems in the nominated cultural communities. The short time-frame of the study prevented the use of methodologies that would allow more culturally sensitive recruitment of respondents, detailed observations of cultural practices and data collection, and generalised conclusions which may have emerged with better developed relationships amongst the cultural groups of interest. Analysis identifies where it is not possible to identify gambling-specific impacts or causality with adequate confidence.
- Although the cooperation and assistance of ACT community and counselling agencies was sought to recruit suitably large samples of 'at-risk' individuals and families from cultural groups, no respondents were recruited from non-Anglo-Celtic communities. The research therefore was not able to provide a definitive account of the experience of problem gambling in ACT cultural groups.

In combination, the absence of participants from cultural groups, self-referral recruitment strategies and the limited time available seem to have resulted in potential 'middle-class' bias in the sample of gamblers, families and friends who agreed to participate in interviews. The self-referral process may also have attracted participants who were more comfortable contacting university researchers, rather than community representatives.

- The sample size for face-to-face interviews with volunteer informants and representatives of key organisations is relatively small. However, the quality

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<sup>105</sup> *ibid.*

<sup>106</sup> Chambers, K. (2003), *op. cit*



- of information provided by those people interviewed is superior to any information that may have been provided by an alternative method;
- Because all participants in the interviews were self-referrals, however, the study cannot draw generalised conclusions about the wider population of problem gamblers in the ACT;
  - Some issues emerged during the study that could not be adequately explored or analysed. For example, project constraints prevented examination of the particular features of Aboriginal gambling and the impact of commercial gambling on their community games, or the access and efficacy of support services for people with gambling problems;
  - Moreover, secondary data that would allow precise identification of the use of existing support services by people with gambling problems often were not available or were inconsistent.

Within these constraints, the research design provided significant information about the needs and help-seeking behaviours of ACT gamblers and their friends and families. A framework for analysis was constructed based on issues that were identified in the literature as key areas of relevance. The project provided first hand accounts of gambling behaviour and the experiences of problem gamblers, up-to-date information about patterns of help seeking and relationships between gamblers, gambling providers and support agencies in the ACT. This study presents a preliminary analysis of those issues which will suggest avenues for further research.

## 4 ACT Multicultural Profile

This section provides a multicultural profile of Canberra with specific reference to the selected groups of interest to this study. The ACT is home to a population from a wide range of cultural backgrounds. Migrants from over 200 different countries live in the ACT. Of persons recorded in the ACT during the 2001 census 44.7% (50.8% female and 49.2% male) were either born overseas or had a parent born overseas.<sup>107</sup> At the time of the 2001 census 1.3% of people in the ACT identified as being of indigenous origin.<sup>108</sup>

England is by far the largest source country for migrants to the ACT (20%) with the next largest groups being from New Zealand, Germany, Scotland and Italy.<sup>109</sup> The ACT currently receives about 800 new arrivals every year from a variety of countries with the largest numbers of new migrants from New Zealand (15.3% of all arrivals), China (9.5%), UK (8.7%) and India (8.3%).<sup>110</sup> The largest religious denomination in the ACT is Roman Catholic (29%) followed by Anglican (18.5%) and Uniting Church (4.6%), while 19.6% of residents stated in the 2001 census that they have no religion.<sup>111</sup>

Migration patterns have changed as Canberra has evolved into the multicultural city it is today. The proportion of migrants from English speaking countries and Europe, while high in the mid-20<sup>th</sup> century, has not altered significantly over the last two decades. The proportion of migrants from the rest of the world has increased steadily and makes up between 20-30% of all arrivals into Canberra. This pattern illustrates how Canberra has developed from a European dominated community to a much more culturally diverse conglomerate. This migration pattern is also reflected in the age profile of Canberra residents born overseas. European migrants tend to be older, having migrated here in the 1950s and 1960s, many of them to work on the Snowy Mountains Scheme.

After the end of the Vietnam War a wave of Vietnamese-born people arrived in Australia. In more recent times, there has been a significant increase in the number of migrants from South East Asia, North East Asia and other so-called new source countries such as China, South Africa and Afghanistan. In 1946 less than 10% of migrants came from Asia compared to about one third of the total number today. Patterns of humanitarian settlement have reflected world current events, and arrivals in these categories have come in recent times from former Yugoslav countries, Vietnam and Myanmar.

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107 Australian Bureau of Statistics 2001. *Census of Population and Housing*

108 *ibid.*

109 *ibid.*

110 *ibid.*

111 *ibid.*

The main reasons for settling in the ACT are similar to the reasons for migrating to other parts of Australia. The major incentives were family, political and social reasons. Migrants were likely to be satisfied with their life in Australia with over 90% saying they were satisfied or very satisfied with their life here. However, principal applicants are more likely to be content than their spouses on the same visa.<sup>112</sup>

Unlike many other Australian cities, Canberra does not have clusters of migrants speaking other languages concentrated in particular suburbs. This reflects the integrated social composition of Canberra which is a relatively homogenous city both socially and demographically, especially in comparison to other Australian cities.

#### **4.1 Cultural groups for study**

Based on desk research, the research team identified a number of cultural groups at the beginning of the project for specific consideration. The groups identified for focussed attention in this study are:

- The Chinese community;
  - The Italian community;
  - The Croatian community;
  - The Greek community;
  - The Vietnamese community;
  - The Arabic community (including Lebanese); and
  - The Australian indigenous (Aboriginal and Torres Strait Islander) community.
- The indigenous community has been included as a distinct cultural group.

It is important to note that these groups were not chosen with the intention to stigmatise or to imply that problem gambling is a greater issue within these communities. Rather, the groups were chosen on the basis that:

- They are cultural groups other than those of Anglo-Celtic background;
- They belong to the ten largest non-Anglo cultural groups in the ACT;
- They represent different experiences in relation to migration; and
- They are likely to have different cultural and gender issues influencing gambling and help-seeking.

Moreover, we recognise that any cultural group will comprise a number of sub-populations and communities of interest. Some may adhere to traditional values, practices and religious beliefs; others will seek to adopt the values and interests of their new environment. While the following profiles provide a general picture of each of the cultural communities, differences within the community are shaped by the length of residence, family structures and residential patterns.

#### **4.2 The Chinese community in the ACT**

The Chinese in Australia have a long and complex migration history. Chinese immigrants arrived in Australia as early as the 1820s. However, Chinese migration has had greatest impact on Canberra since the 1980s, partly through Australian

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<sup>112</sup> ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

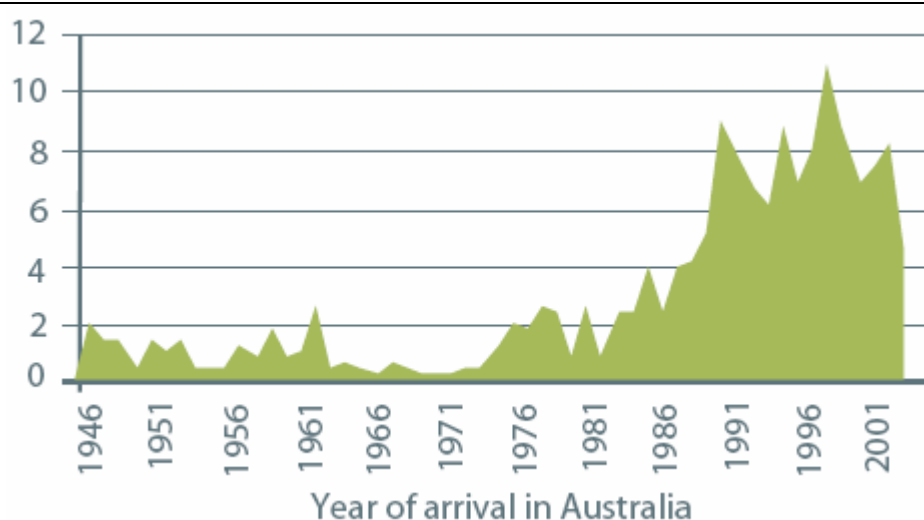
recruitment of Chinese to study in Australia and partly because the Chinese government lifted their migration restrictions. Figure 4 provides an indication of the growing proportion of Chinese migrants to Canberra as a percentage of all migrants during the 1990s. As of 2001, there were 2,045 Chinese born persons living in the ACT and 7,515 with some Chinese ancestry.<sup>113</sup> Overall, 2.5 % of the Canberra population reports having Chinese ancestry of whom:

- 69.5% were born overseas;
- 23.5% had one or both parents born overseas; and
- 6.9% had both parents born in Australia.

During the year 1999-00 Chinese arrivals accounted for 9.5% of the 800 new arrivals to Canberra.<sup>114</sup> This is the largest NESB group amongst new arrivals.

Of the overseas-born persons with Chinese ancestry, only 40% were born in China; a large proportion was born in Hong Kong, Malaysia, Vietnam or Singapore.<sup>115</sup> Given the different migration histories and diverse birth places of this cultural group, it is possible that the Chinese community may be quite segmented.

**Figure 4. Chinese-born as a proportion of total arrivals to the ACT, 1946 – 2001.**



Source: ACT Government (2003). *A Social and Demographic Profile of Multicultural Canberra*.

The average age of Chinese residents in Canberra is 41.2 years compared to the average age of the Australia born population in Canberra of 31.5 years.<sup>116</sup> The two peaks in age profile of Canberra's Chinese population (Figure 5) suggest that many Chinese migrants who arrived during the 1990s came as family units with children who are now in their teenage years.

<sup>113</sup> *ibid.*

<sup>114</sup> *ibid.*

<sup>115</sup> *ibid.*

<sup>116</sup> *ibid.*

**Figure 5. Age profile of persons born in China, ACT 2001.**

Source: ACT Government (2003). *A Social and Demographic Profile of Multicultural Canberra*.

The six suburbs with the largest populations of Chinese speakers are all in the northern suburbs of Canberra, particularly the Gungahlin area which accounts for three of the six (Palmerston, Ngunnawal and Nicholls). Of further interest is the concentration of Chinese residents in Bruce and Acton. These suburbs are populated by large numbers of overseas students who live on campus or adjacent to the respective universities. Of the NESB population in the suburb of Acton (where ANU is located), 36.3% are Chinese. A similar pattern is evident in Bruce (site of the University of Canberra) where 20.4% of NESB persons are Chinese.

The six suburbs with highest numbers of Chinese residents are in order:

1. Palmerston
2. Ngunnawal
3. Acton
4. Kaleen
5. Bruce
6. Nicholls

The largest group of international students in the ACT come from China. The 2001 ACT *Gambling Survey* found that male students were one of the largest groups with problems related to casino table games.

The income profile of the Chinese ancestry population in Canberra (Figure 6) is characterised by a relatively high number of persons in the top income quintile but also with strong representation in the lowest two quintiles. There are relatively fewer persons in the middle to upper income groups than is evident in the ACT overall. Those persons in the lower quintiles may be a reflection of the student population.

**Figure 6. Income profile for persons with Chinese ancestry, ACT 2001.**

Source: ACT Government (2003). *A Social and Demographic Profile of Multicultural Canberra*.

Many Chinese immigrants to Canberra have been forced to begin at the bottom of the employment ladder due to lack of English language skills and recognition of their qualifications. This also seems to influence the unemployment rate which is high at 8%. The industries in which Chinese are concentrated indicate that their employment patterns differ from the rest of Canberra. In terms of industrial concentration, the Chinese community shows a significantly higher concentration in jobs related to restaurants and cafés. For example, the suburb of Dickson has a high concentration of Asian restaurants in its Chinatown area.

In the traditional Chinese society, the family is referred to as a ‘corporate unit’.<sup>117</sup> It is based on a strict hierarchy of age and gender, beginning with the father at the top followed by the oldest son and the grandson. In traditional Chinese families, to be an effective procreative and economic unit, the family needs clear direction from the senior male. The responsibilities of the father are to manage the family resources (business), spiritual affairs and personal affairs. The place of women depends on the relationship with her husband within the family structure. Female duties revolve around the household, including managing the finances. Child rearing practices differ in traditional Chinese families from Australian norms. Chinese custom is to emphasise and construct close bonds within the family while the Australian tradition is to develop children’s independence.

Chinese is the most commonly spoken language other than English in the ACT. However, 24.2% of the Chinese community in Canberra consider themselves not to be fluent in English. Low English proficiency is more common in younger age groups up to the age of 30 and more so for women than men. 83.8% of the overseas-born Chinese maintain their native language, compared with only 47.6 % of the second generation.

### **4.3 The Italian community in the ACT**

In the ACT in 2001, there were 9,747 persons with Italian ancestry of whom 2,345 were born in Italy.<sup>118</sup> They account for 3.2% and 1.1% of the ACT’s total population

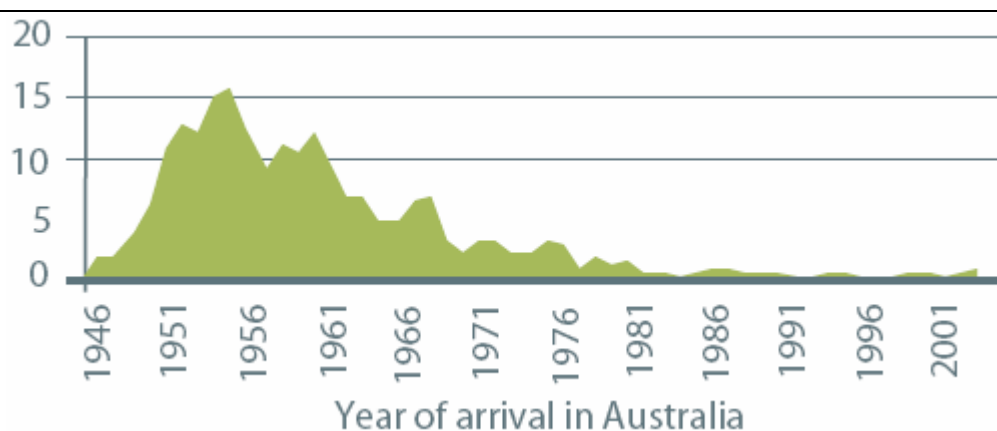
<sup>117</sup> Mak and Chan (1995) op. cit., p.3

<sup>118</sup> ACT Government (2003). op cit.

respectively.<sup>119</sup> The largest migration wave from Italy was in the 1950-60s when they accounted for up to 15% of new arrivals to the ACT (Figure 7). Since then migration levels have been much lower, especially in recent years. In the year 1999-00 no new Italian born arrivals to Canberra were recorded.<sup>120</sup>

The Italian community appears to maintain their traditions, including their language, and pass them on to their children. This is in contrast with other communities which arrived in Canberra at the same time (eg. Germans) but maintained their language at a much lower rate.

**Figure 7. Italian-born persons as a proportion of total arrivals to the ACT, 1946 – 2001.**



Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

Although the suburb of Kaleen contains the largest number of Italian-speaking residents, Stirling has the highest proportion of non-English-speaking population who speak Italian (14.5%), followed by Red Hill (13.6%) and Giralang (13.1%).<sup>121</sup> The six suburbs with the largest populations of Italian speakers are scattered across Canberra and in order are:

1. Kaleen
2. Kambah
3. Nicholls
4. Narrabundah
5. Ngunnawal
6. Florey

The average age of overseas born Italians is more than double the average age of the Australian population overall. With an average age of 57 years, the Italians are the second oldest overseas-born population behind the Hungarians.<sup>122</sup> The relatively low level of migration in recent years explains the much higher age of Italian-born Italians now residing in Canberra. The age profile of the Italian population inclusive of

<sup>119</sup> *ibid.*

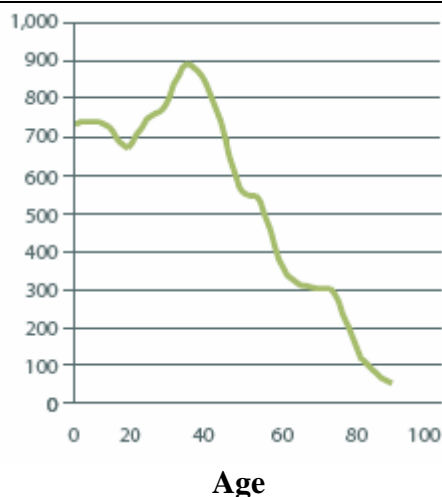
<sup>120</sup> *ibid.*

<sup>121</sup> ABS (2002) *Census of Population and Housing*.

<sup>122</sup> ACT Government (2003) *op cit.*

overseas and Australian born is contained in Figure 8. It highlights the large numbers of children born to Italian migrants who are now in the young adult age groups.

**Figure 8. Age profile for persons with Italian ancestry, ACT 2001.**



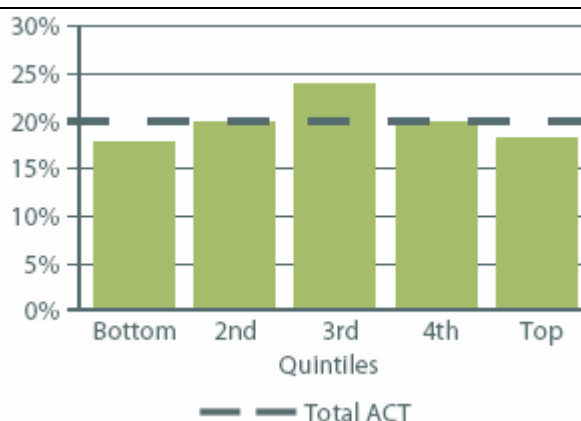
Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

Figure 9 indicates that the income distribution profile of the Italian population is biased towards the middle income groups. This indicates there are relatively fewer Italians at either the bottom or the top of the income hierarchy than is evident for the population in the ACT overall.

Traditional Italian gender roles are varied, depending on the part of Italy the migrant comes from. Southern Italian gender roles were, and often still are, clearly differentiated with the patriarch as supreme authority and provider of the financial needs of the family. Women traditionally play an important role within the limited sphere of the home. The reputation of the family is based on the smooth running of the household.<sup>123</sup> Northern Italian gender roles are less strongly bound to the reputation of the family because of the strong influence of other European cultures.

123 Peristiany, J. G. and Pitt-Rivers, J. A. (1992) *Honor and Grace in Anthropology*, Cambridge University Press, Cambridge; Peristiany, J. G. (1965) *Honour and Shame: The Values of Mediterranean Society*. Weidenfeld and Nicholson, London.



**Figure 9: Income profile for persons with Italian ancestry, ACT 2001.**

Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

However, the gender roles and the ideals of loyalty and honour have changed in the Italian community living in Australia. Most immigrants expect their families to do better in the new country and have invested in the education of both their daughters and sons. Thus, the extended time that Italians have spent in Australia has led to changes in the relative status of women and men, especially in the second generation, with many Italian women making careers outside the home.<sup>124</sup>

In the 2001 census 10% of all Canberra residents claimed to speak Italian at home. This is 1.3% of the ACT population and 8.8% of the NESB population, but much lower than the national average of 12.4%. Low English proficiency in the Italian community is most common in the age group of 65 years and older, reflecting the migration pattern in the 1950-60s. The language maintenance rate of Italians is relatively low at 41.7% compared to the other groups of interest to this study - the Chinese are the next lowest at 56.8%.<sup>125</sup>

#### **4.4 The Croatian community in the ACT**

In the 2001 census 0.5% of the ACT population reported they were born in Croatia and 1.3% of residents reported Croatian ancestry, significantly above the national figure (0.6%).<sup>126</sup> These figures translate to 1,709 persons born in Croatia and 4,038 persons of Croatian ancestry residing in the ACT.<sup>127</sup> Of those Canberra residents with Croatian ancestry:

- 46% were born in Croatia;
- 47.2% have one or both parents born in Croatia; and
- only 6.8% have both Australia-born parents.

<sup>124</sup> Birrell, R., Giorgas, D., Khoo, S.-E. and P.F. McDonald (2002) *Second Generation Australians*. Australian Centre for Population Research and the Department of Immigration and Multicultural and Indigenous Affairs, Canberra. p.76

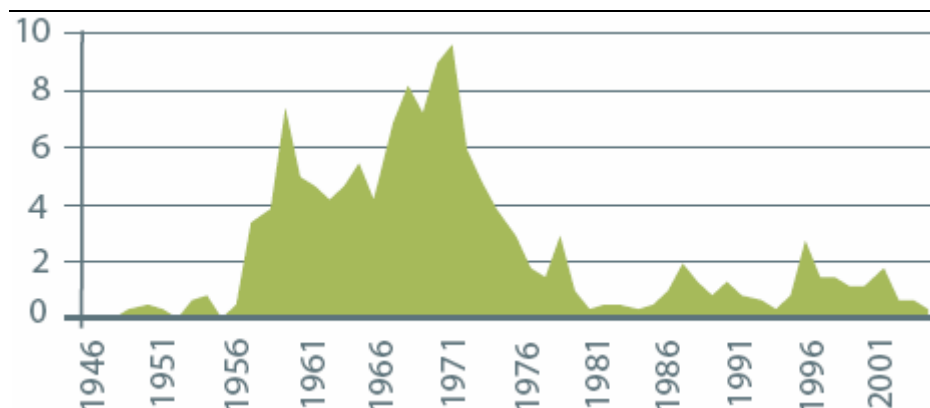
<sup>125</sup> ACT Government (2003) op cit.

<sup>126</sup> ibid.

<sup>127</sup> ibid.

Figure 10 maps the peak period of Croatian migration to Canberra during the 1960s and early 1970s when they accounted for some 5% to 10% of new arrivals to the ACT. Significantly smaller waves are evident in the late 1980s and late 1990s which are likely to reflect people escaping problems in the former Yugoslavian Republic during that era.

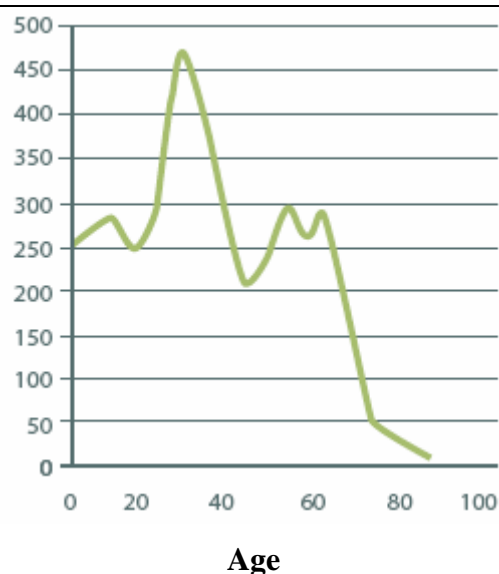
**Figure 10. Croatian born persons as a proportion of total arrivals to the ACT, 1946 – 2001.**



Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

As with the Italian community, the average age of Croatian-born persons in Canberra is comparatively high at 52.4 years.<sup>128</sup> This can be explained by the relatively large proportion of Croatian migrants who arrived in the 1950s-70s and are now well into their sixties and seventies. However, as indicated in Figure 11 the greatest number of persons with Croatian ancestry is aged in their thirties. These are most likely the children of the immigrants who arrived during the 1950s -70s.

**Figure 11. Age profile for persons with Croatian ancestry, ACT 2001.**

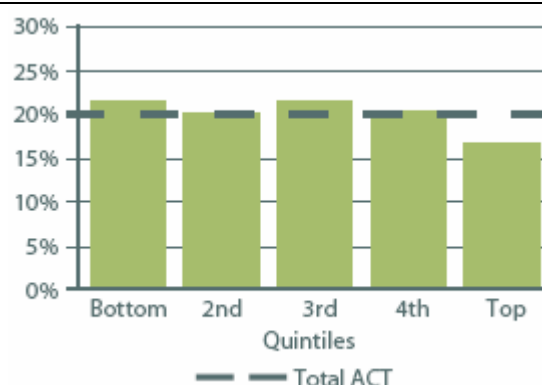


Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

<sup>128</sup> *ibid.*

The economic profile of the Croatian population indicates a relatively low level of well-being. Figure 12 shows an apparent bias towards higher proportions of the population in the lower income quintiles. This may be a reflection of the high concentrations of Croatian-born residents in some of the building and cleaning industries. Croatian-born people stand out with high concentrations in bricklaying services, painting and decorating, house construction and cleaning services.<sup>129</sup> Over one third of all Croatian-born Canberra residents work in the construction industry.<sup>130</sup> This may be due to the fact that many Croatian migrants have poor English skills and experience greater difficulty finding employment in other industries; or it may also reflect that Croatians are a tight-knit community and tend to employ and share expertise with people within their own community.<sup>131</sup>

**Figure 12. Income profile for persons with Croatian ancestry, ACT 2001.**



Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

The greatest proportion of residents with Croatian ancestry live in the Gungahlin region where nearly 4% of the total population are of Croatian background. In terms of total numbers, five of the six suburbs with the largest populations of Croatian speakers are in the northern suburbs of Canberra. Four of these, including the top three, are in the Gungahlin area. The top six suburbs are:

1. Ngannawal
2. Nicholls
3. Palmerston
4. Kambah
5. Amaroo
6. Kaleen

Croatian is also one of the major languages other than English still spoken at home in Canberra; 1% of the ACT population speaks Croatian at home, a higher percentage than the national average. This is reflected in the language maintenance rate which is 67.1% for Croatians, making it the highest rate for European migrants.<sup>132</sup> Whilst

<sup>129</sup> *ibid.*

<sup>130</sup> *ibid.*

<sup>131</sup> *ibid.*

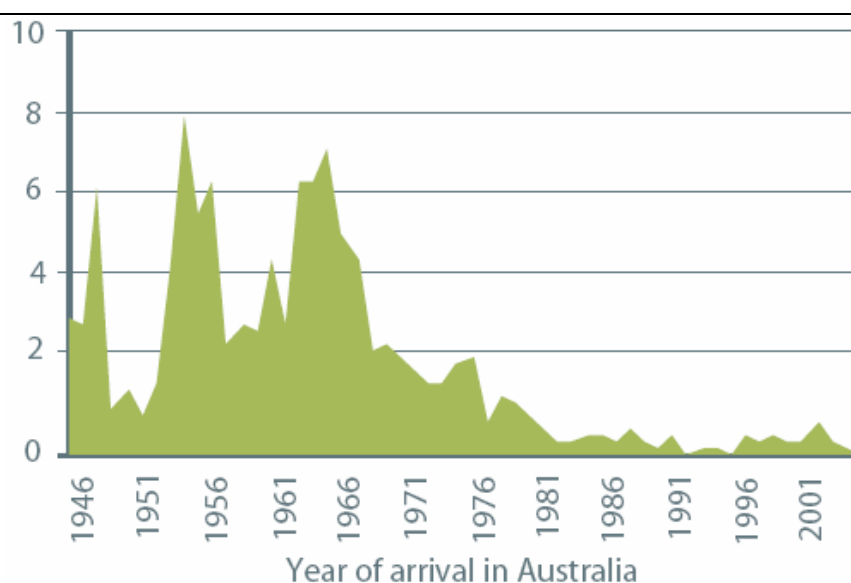
<sup>132</sup> *ibid.*

maintenance of the Croatian language may be seen as a positive outcome for multiculturalism, the fact that the Croatian community in Canberra also has the largest proportion of people with low English proficiency may indicate a low level of engagement with the wider community.

#### 4.5 The Greek community in the ACT

In 2001 there were 4,442 persons residing in Canberra who have Greek ancestry, of whom just 1,274 were born in Greece.<sup>133</sup> The population is thus predominantly second or third generation descendents of the Greeks who arrived in Australia during the 1950s and 1960s. Figure 14 highlights the strength of Greek migration to Canberra during that period, when they accounted for up to 7% of all new arrivals to the ACT each year.

**Figure 13. Greek-born persons as a proportion of total arrivals to the ACT, 1946 – 2001.**



Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

Kaleen has the largest number of Greek-speaking residents in the ACT. While the top six suburbs containing high numbers of Greek speakers are located in many parts of Canberra, four are in the northern suburbs. The six suburbs in order are:

1. Kaleen
2. Downer
3. Nicholls
4. Kambah
5. Weetangera
6. Giralang

The age profile for Canberra's Greek community is similar to the profile of other long-term migrant communities who came to Australia mostly in the 1950-60s and who are now concentrated in middle- and older-age groups. The average age of

<sup>133</sup> *ibid.*

Greek-born Canberra residents is 57 years, the same as that of Italians and slightly older than the Croatian-born population.<sup>134</sup> As Figure 15 indicates however, the age profile of people with Greek ancestry peaks in the middle-aged years with substantial numbers of people across all ages up to 60.

**Figure 14. Age profile for persons with Greek ancestry, ACT 2001.**



Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

The Canberra Greek community (1.5% of the ACT population) is a close-knit group which keeps their traditions alive and maintains a high degree of Greek language use. In the 2001 census 63.4% of ACT residents who claim Greek ancestry still spoke Greek at home. Moreover, 56% of Australian-born persons with Greek ancestry use the Greek language regularly. However, compared to national figures, the ACT has a lower proportion of total residents who speak Greek (6.7% in Canberra, compared to 9.2% nationally). Notably, a larger proportion of Greek speakers were born in Australia than were born overseas, a factor contributing to the relatively high language maintenance rate of 65.9%.<sup>135</sup> A large proportion of the Greek speaking community over 65 years also has low English proficiency (43.1%).

The ACT Greek community has a high concentration of workers in cafés, restaurants and take-away food outlets. A high proportion of Greek-born residents also receive pensions (over 40%). The income profile indicates that there are relatively higher proportions of people in the low-middle income quintiles than in the ACT population overall (Figure 16).

<sup>134</sup> *ibid.*

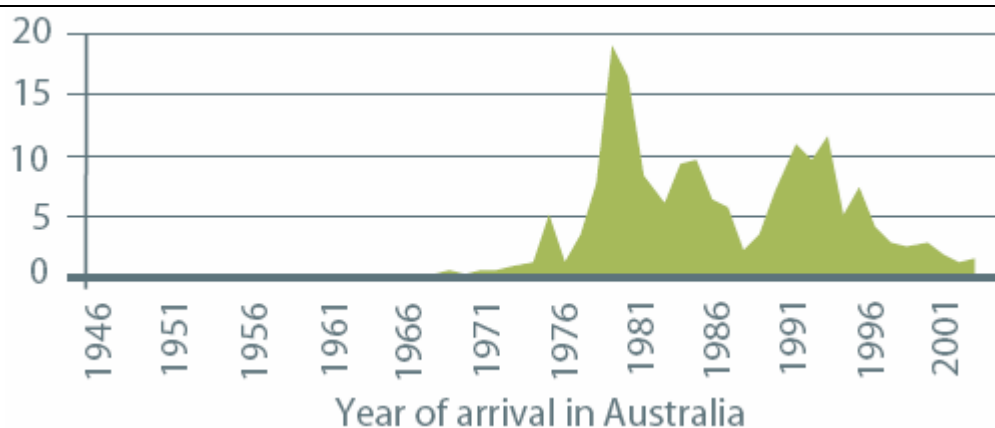
<sup>135</sup> *ibid.*

**Figure 15. Income profile for persons with Greek ancestry, ACT 2001.**

Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

#### 4.6 The Vietnamese community in the ACT

Vietnamese migration to Australia began after the end of the Vietnam War in 1975 and has been the largest non-European source country. Immigration has been largely characterised by family or refugee migration rather than skilled migration. Humanitarian migration from Vietnam was high in the late 1970s through to the early to mid-1990s. This is reflected in Figure 17 which shows that in some years during this period, Vietnamese have accounted for over 10% and up to nearly 20% of all arrivals to the ACT. However, there has been no humanitarian migration from Vietnam to Canberra since 1997.

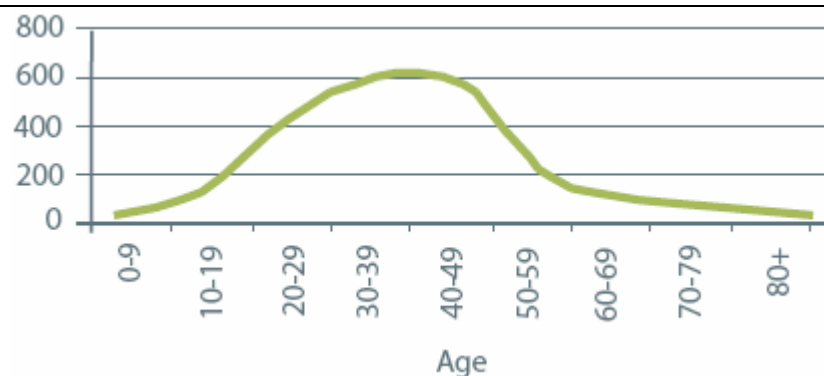
**Figure 16. Vietnamese-born persons as a proportion of total arrivals to the ACT, 1946 – 2001.**

Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

The relative recency of Vietnamese migration to Australia is reflected in the age profile. Figure 18 reveals that unlike the migrant groups who arrived during the 1950s and 1960s, the majority of Vietnamese-born people living in Canberra are aged in

their thirties and forties. The average age of Vietnamese-born residents is 39.3 years.<sup>136</sup>

**Figure 17. Age profile of persons born in Vietnam, ACT 2001**



Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

In the 2001 census, 0.6% of the entire ACT population were born in Vietnam and 0.9% of the population had Vietnamese ancestry.<sup>137</sup> This equates to 2,209 and 2,656 persons respectively.<sup>138</sup> Large numbers of Vietnamese speakers live in suburbs in both north and south Canberra. The six suburbs with the highest numbers of Vietnamese in order are:

1. Florey
2. Palmerston
3. Ngunnawal
4. Isabella Plains
5. Monash
6. Nicholls

Vietnamese is the fourth most commonly spoken language in Canberra (0.9% of ACT population), especially in the young adult and adult age group. Language maintenance rate is highest of all ACT migrant groups (93.1% in the first generation and 80.6% in the second generation) with an overall rate of 86.6%.<sup>139</sup> This is possibly a reflection of the recent arrival of the majority of this group, and the fact that there are relatively fewer second generation Vietnamese amongst the total population. In terms of English proficiency, a large proportion of the Vietnamese community has low English proficiency, also reflecting their recent arrival. After English, Vietnamese is the language most commonly spoken by students in the ACT (8.3%).

Families from Vietnam tend to be of lower socio-economic background, with fathers who are more likely to be employed in low skilled occupations or not employed at all. The unemployment rate in the Vietnamese community is relatively high at 10.1%. A concentration of workers with Vietnamese background is found in bakeries and confectionaries, and postal services. Vietnamese also stand out with high proportions

<sup>136</sup> *ibid.*

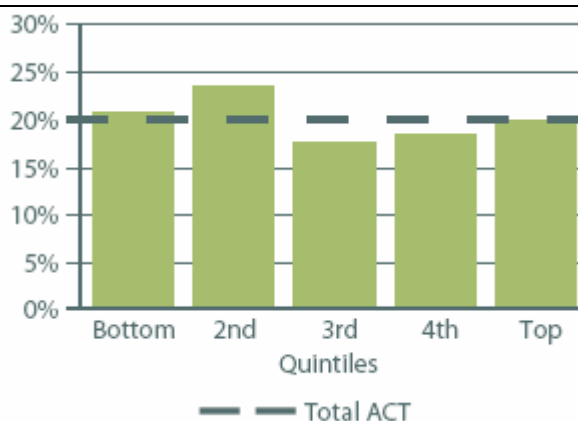
<sup>137</sup> *ibid.*

<sup>138</sup> *ibid.*

<sup>139</sup> *ibid.*

of health care card holders (18%) and with a job network card (19%).<sup>140</sup> This is highlighted in the income profile of persons with Vietnamese ancestry where there is greater than average representation amongst the two lowest quintiles (Figure 19).

**Figure 18. Income profile for persons with Vietnamese ancestry, ACT 2001.**



Source: ACT Government (2003) *A Social and Demographic Profile of Multicultural Canberra*.

#### 4.7 The Arabic community in the ACT

The Arabic community is perhaps one of the most difficult communities to profile utilising census data. This is because this cultural group is defined by a language rather than country of birth, as in census data. Thus the Arabic 'community' can comprise people from a number of countries including Afghanistan, Somalia, Ethiopia, Iran, Egypt, Palestine and Lebanon.

The six suburbs with the largest numbers of Arabic speakers are predominantly in the southern suburbs of Canberra, notably in the Tuggeranong area which accounts for five of the six suburbs. The suburbs in order are:

1. Bonython
2. Chisholm
3. Monash
4. Gowrie
5. McKellar
6. Wanniasa

Although Arabic is the fourth most commonly spoken language after English in Australia, in Canberra it ranks only tenth. In the 2001 census only 0.4% of the ACT population spoke an Arabic language. Although a language maintenance rate is not available for 'Arabic', the rate for Lebanese (75.4%) is the second highest after Vietnamese indicating that language maintenance is likely to be high for Arabic overall.<sup>141</sup>

<sup>140</sup> *ibid.*

<sup>141</sup> ACT Government (2003) *op cit.*



Of note is the high level of welfare recipience in the Arabic community in Canberra. This is evident on multiple measures with over 60% of persons who were born in the Middle East receiving some Centrelink payments including;

- Family Tax A (14% of the population);
- Family Tax B (9%);
- Rent Assistance (4.5%);
- Disability support (6%);
- New start (4%); and
- Youth allowance at a rate of nearly 4%.<sup>142</sup>

#### **4.8 The Indigenous community in the ACT**

Canberra is located 'at the junction of three tribal territories, the Ngunnawal, the Ngarigo and the Walgalu'.<sup>143</sup> European settlement had devastating effects on the small Aboriginal population and the last tribal Aborigines died before the end of the nineteenth century. The contemporary Aboriginal communities 'with closest ties to original inhabitants are those now based in Queanbeyan, Yass, Cooma and Canberra'.<sup>144</sup>

The Aboriginal and Torres Strait Islander population of the ACT was 3,576 which equates to 1.1% of the population in the 2001 census. The highest concentrations are in Narrabundah, Lyons and Charnwood. However, the ATSI community is characteristically very mobile, although people tend to move within the Territory rather than interstate.<sup>145</sup> English is the only language spoken by 92% of the ACT ATSI population with only 62 (1.5%) speaking an ATSI language.<sup>146</sup>

The 2001 census indicated that the indigenous population in Canberra is relatively young. The median age is 20 years which is very low compared to the median age of 33 years for the non-indigenous ACT population.<sup>147</sup> This is a reflection of lower life expectancy and higher fertility rates.<sup>148</sup>

In comparison to Aboriginal people in other parts of Australia, Aboriginal people in the ACT are more likely to be better educated, have a higher income and standard of housing, and be employed. These rates are low, however, when compared to total ACT residents.<sup>149</sup> The unemployment rate in 2001 was 13.6% compared to 5.1% in the non-indigenous population; the median weekly household income was \$800 -

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<sup>142</sup> *ibid.*

<sup>143</sup> Flood, J. (1996) *The Moth Hunters of the Australian Capital Territory*. Clarendon Printing, p.4; N. Peterson and F. Carr (1998) *Ngun(n)awal Genealogical and Social Mapping Research Project*. Report prepared for the Chief Ministers Department.

<sup>144</sup> *ibid.* p.5.

<sup>145</sup> Australian Capital Territory (2000-01) *Aboriginal and Torres Strait Islander Action Plan*, p.40

<sup>146</sup> ABS (2002). *Indigenous Profile: ACT*.

<sup>147</sup> *ibid.*

<sup>148</sup> *ibid.*

<sup>149</sup> Taylor, J. (1999) *The Relative Economic Status of Indigenous People in the Australian Capital Territory, 1991 and 1996*. Centre for Aboriginal Economic Policy Research, Australian National University.

\$999 per week compared to \$1000 - \$1,199.<sup>150</sup> Over 43% of indigenous ACT residents aged 15 or over did not continue schooling beyond year 10 compared to 27% in the non-indigenous population.<sup>151</sup>

#### **4.9 Cultural community clubs**

Many of the ethnic communities in the ACT have established services and facilities to service their respective populations, particularly those groups who arrived prior to the 1980s. The most notable of these facilities are the community clubs which service a number of the longer established communities, for example the Harmonie German Club, Canberra Irish Club and the Austrian Australian Club. Three groups of interest to this study, the Italians (Italo-Australian Club), Greeks (Hellenic Club), and Croatians (Australian Croatian Club) have licensed community clubs which operate gaming machines. The Chinese, Vietnamese, Arabic and indigenous communities do not have such facilities.

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150 ABS (2002) op cit.

151 *ibid.*

## 5 Literature Review

As noted previously, despite the growing research and literature on gambling in Australia, there has been limited research specifically focused on help-seeking strategies by problem gamblers, their friends and families. This section provides a preliminary review of literature that identifies issues for further investigation in the ACT community. It is far from a comprehensive review; we have concentrated on research that contributes to an understanding of the relationships between gambling, gender, different cultural groups and help-seeking.

### 5.1 Gender and gambling

Recent Australian qualitative research has begun to reveal the complex layers of subjective meaning that individuals attach to their gambling practices and problems. In the first national study of Australian gambling, the Productivity Commission identified that over 80% of Australians gamble and that there was no noticeable difference between the proportion of women and men gambling on gaming machines.<sup>152</sup>

However, research does suggest that men and women gamble for different reasons. Although a number of Australian studies have specifically explored the meanings of and relationships to gambling among women, to our knowledge no contemporary Australian research has examined the particular experiences of male gamblers. Yet several surveys have identified young males as a potential 'at risk' group for problem gambling.<sup>153</sup>

#### 5.1.1 Women and gambling

Until recently women have been 'conspicuous by their absence' in many studies of Australian gambling.<sup>154</sup> This trend has been explained by moral and social conventions that discouraged gambling by 'respectable' women, and by traditional exclusion of women from gambling industries through formal restrictions.

Since the 1970s, however, women have experienced profound changes in workforce participation, economic independence, consumer status and household structures. These transformations have corresponded with greater access for women to gambling products and services. Additionally, older women have reported that avenues for socialising which existed for them when they were younger, such as dance halls, no longer exist.<sup>155</sup> Gambling venues such as clubs and casinos have offered a safe environment for women to enjoy a range of recreational activities, including gambling. Women now participate in many forms of gambling, most notably gaming machine gambling, at similar rates to men.

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152 Productivity Commission 1999, op. cit., p.6.56.

153 For example, the Productivity Commission's 1999 national survey and the 2001 ACT gambling survey.

154 McMillen, J. *et al.* (1999) *Australian Gambling: Comparative History and Analysis*. Victorian Casino and Gaming Authority.

155 Brown, S. *et al.* (2000) op. cit.

These changes have prompted several Australian studies to specifically understand women's gambling behaviour and its effects. The majority of this research has involved quantitative analysis, often examining women's gambling behaviour as part of more general community surveys. All such surveys over the past decade, including the 2001 ACT *Gambling Survey*, have found that women and men experiencing problems with gambling are most likely to play electronic gaming machines (EGMs).<sup>156</sup> However more recent qualitative research has focussed on gambling from the perspective of women themselves, suggesting that women experience gambling differently from men. We have been unable to locate similar research with male gamblers.

However, most studies of women and gambling treat women as one homogeneous group. A number of studies by Brown and her colleagues provide informative accounts of the significance of machine gambling in the lives of Victorian women.<sup>157</sup> Research was conducted in the western suburbs of Melbourne, a region 'unique in terms of cultural and linguistic diversity'.<sup>158</sup> Importantly, the research undertaken in that series was sensitive to and directly addressed the cultural, age and economic differences between women.

They found that women gamblers commonly placed substantial value on the need to 'belong' and socialise in generally acceptable and safe social settings.<sup>159</sup> Gambling seems to 'fill a gap' in the lives of women affected by loneliness, stress, low self-esteem or lack of friendship networks and alternative social activities. Gaming clubs and casinos provide a safe social environment where women can overcome boredom and stress by engaging in a range of activities, including gambling. This finding has been confirmed by other Australian studies.

A number of reasons and motivations lie behind women's gambling behaviour. Reasons given by women for EGM gambling include, but are not restricted to:

- Lack of other safe facilities where women socialise without being harassed;<sup>160</sup>
- Something that it was socially acceptable to do alone;<sup>161</sup>
- Relieving stress, boredom, social isolation or tension;<sup>162</sup>
- Combating the stress of child-raising, changes related to children leaving home or relationship difficulties;
- Escape from pressures of work or the realities of life on a low income;<sup>163</sup>

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156 McMillen, J. *et al.* (2001a) op. cit.

157 Brown, S and L. Coventry (1997) op. cit.; S. Brown, *et al.* (1999) op. cit; S. Brown *et al.* (2000) op. cit.

158 Brown, S. *et al.* (1999) op. cit., p.4.

159 Brown S. and L. Coventry (1997) op. cit.

160 *ibid.*

161 Brown, S. *et al.* (2000) op. cit., p.57.

162 Trevorrow, K. and S. Moore (1999) 'The association between loneliness, social isolation and women's electronic gaming machine gambling'. *Journal of Gambling Studies* 14, pp.263-284; New Focus Research Pty Ltd (2004) *Study of Clients of Gambling Services. Stage 2: Round 1 Report*. Gambling Research Panel, Victoria, p.13.

163 Brown, S. *et al.* (2000) p.63

- Escaping mentally and emotionally from past or current traumas and unresolved grief;
- Escaping physically from chronic pain or other health conditions;
- Avoiding conflict and abuse at home;
- Reduced workload of family and household chores which gave them more time to gamble;
- The weakening of cultural constraints in their country of origin which disapproved of women gambling;<sup>164</sup>
- Playing machines does not need good English skills;<sup>165</sup>
- Having good public transport access to gaming venues;<sup>166</sup> and
- Government promotion of gambling which creates the perception of a socially acceptable pastime.<sup>167</sup>

Other research has identified reasons for women's gambling as a mixture of real life needs and 'a myriad of fantasies' such as social contact, time out, fun, luxury and glamour, control and choice.<sup>168</sup>

The impacts of women's gambling on family members have also been investigated. For example, research in South Australia has explored the impacts upon children when one or both parents have a gambling problem and how the child perceives the experience differently depending on whether the problem gambler was the mother or father.<sup>169</sup> That research found a difference between maternal and paternal problem gambling.

### 5.1.2 Men and gambling

Men with gambling problems are also a specific group of interest to this study. It is possible that many men will perceive, experience and respond to gambling problems differently to women; men also tend to comprise the majority of regular gamblers.

- Regular gamblers in the ACT are likely to be male (65.6%);<sup>170</sup>
- National figures reported in 1999 indicated that 60.4% of regular gamblers are males;<sup>171</sup> and
- More problem gaming machine gamblers in the ACT are male and younger (under 35 years old) than other groups.<sup>172</sup>

Access to gambling close to the workplace, places of community congregation and residential areas has also been identified as a major factor for problem gambling in the

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<sup>164</sup> Brown, S. *et al.* (2000). *Playing for Time: Exploring the Impacts of Gambling on Women*. Report for Victorian Department of Human Services, Melbourne.

<sup>165</sup> Brown, S. *et al.* (2000) *op. cit.*, p.61.

<sup>166</sup> *ibid.*, p.71

<sup>167</sup> *ibid.*

<sup>168</sup> Hraba J. and G. Lee (1996) 'Gender, gambling and problem gambling'. *Journal of Gambling Studies* 12(1), pp.83-101.

<sup>169</sup> Darbyshire, P. *et al.* (2001) *op. cit.*

<sup>170</sup> McMillen, J. *et al.* (2001a) *op. cit.*

<sup>171</sup> Productivity Commission (1999) *op. cit.*

<sup>172</sup> McMillen, J. *et al.* (2001a) *op. cit.*

ACT.<sup>173</sup> A 2002 study of 254 workers in the building and related industries found that 11.5% of workers reported they had experienced a problem with gambling.<sup>174</sup> Gambling problems were most marked in the 26-40 year age group, with 21.5% of workers in that group reporting problem gambling. The study noted that

*...the proliferation of gambling opportunities and their association with social activities ...is a particular problem for building workers because their social life revolves around workers' clubs, particularly after work.*<sup>175</sup>

Reasons for why men gamble and why some of them develop problems could be different to the experiences of women. For example, it has been suggested that:

- Men are socialised to be competitors and risk takers with competitive games allowing men to test and enhance their character and sense of self;<sup>176</sup>
- Gambling, particularly those games that combine skill and chance offer men an ideal way to act on their needs to be competitors and risk takers in a culturally approved manner.<sup>177</sup>
- A Victorian study reported that men with gambling problems were more likely to have committed illegal acts or to have jeopardised relationships, jobs and education than women; and
- Male problem gamblers were twice as likely not to have married as their female counterparts.<sup>178</sup>

In terms of harm minimisation strategies, there has been little research into the particular needs or behaviours of men with gambling problems. However the ACT *Needs Analysis* found that some men in the ACT practice harm minimisation by going to the TAB because it is a less continuous form of gambling.<sup>179</sup>

More generally, public health research has shown that men are less likely to seek help for medical, psychological and substance abuse problems than women.<sup>180</sup> When they do contact professional services with their problems, they tend to do so only when the problem has become severe or acute; women are more likely to seek early intervention. These findings have been markedly consistent for men of different ages,

<sup>173</sup> Marshall, D. *et al.* (2004) *Gaming Machine Accessibility and Use in Suburban Canberra: A Detailed Analysis of the Tuggeranong Valley*. Report prepared for the ACT Gambling and Racing Commission.

<sup>174</sup> Banwell, C. *et al.* (2002) *From the Ground Up: A Report on the Need for an ACT-based Rehabilitation, Half-way House and Counselling Service*. National Centre for Epidemiology and Population Health, Australian National University. This study did not use a problem gambling 'screen' (eg SOGS, CPGI); workers were asked to self-identify as having a gambling problem.

<sup>175</sup> *ibid*, p.30.

<sup>176</sup> Lair Robinson, R. (1997) 'Men and gambling' in S. Straussner and E. Zelvin (eds), *Gender and Addictions: Men & Women in Treatment*. Jason Aronson Inc., New Jersey, pp.2-16.

<sup>177</sup> *ibid*.

<sup>178</sup> School of Social Work at the University of Melbourne (2000) *Client and Service Analysis Report No. 5 – Analysis of Clients Presenting to BreakEven Problem Gambling Services July 1, 1998 to June 30, 1999*. Department of Human Services, Melbourne.

<sup>179</sup> McMillen, J. *et al.* (2001) *op. cit.*

<sup>180</sup> Addis, M.E. and J. R. Mahalik (2003) 'Men, masculinity and the contexts of help seeking', *American Psychologist*, 58(1), pp.5-14.

nationalities, and ethnic and cultural backgrounds. Several reasons have been suggested for these gender differences:<sup>181</sup>

- Women may recognise problems more readily than men;
- Men may be essentially more independent and self-reliant than women;
- Men's help-seeking behaviour may be the product of cultural values, norms and ideologies acquired in gender-role socialisation; that is, men learn to behave in certain ways as part of learning what it means to be male (or female). For example, men may have more negative attitudes towards expressing emotions and confiding in a counsellor;
- Individual men may have different understandings of what is 'normal' behaviour.
- Men are not likely to seek help for problems that are seen as 'unusual' behaviour, especially if that activity is central to their self-identity.
- Men are less likely to seek help when they perceive other men in their social networks as disparaging the process.
- Men prefer approaches that do not involve expressing emotions, such as cognitive therapy and self-help strategies.
- Men are more likely to seek help when it can be reciprocated.
- The social context and the influence of peers play an important role in shaping the way men respond to problems.

## 5.2 Culture and gambling

In a variety of different ways culture-specific beliefs and values also reinforce gambling as a significant activity in people's lives. Such variables include:

- *Perceptions of luck and winning.* The historical significance of gambling in Chinese culture centres on 'luck' and a recognition that the course of life itself depends partly on matters of fate and chance.<sup>182</sup> However, Australian research has found a distinct difference in the way that various forms of gambling are viewed in the Vietnamese culture. For example, it can be considered socially acceptable to gamble at lotto, but not at the casino or the races. This is because lottery gambling is seen as merely 'trying one's luck', and not as a serious attempt at financial gain.<sup>183</sup>
- *Desire to fit in culturally in their new homeland.*<sup>184</sup> For example, Vietnamese women saw the casino as the only place they felt accepted and integrated into Australian society.<sup>185</sup> Chinese gamblers in Queensland reported that gambling is 'a manifestation of freedom for people who come from countries where gambling is illegal'.<sup>186</sup> Similarly, women from the former Yugoslavia say

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<sup>181</sup> *ibid.*

<sup>182</sup> Hsu, Francis L. K. (1948) *Under the Ancestors' Shadow*, Columbia University Press, New York.

<sup>183</sup> Doung T. and Ohtsuka, K. (2000). 'Vietnamese Australian gambler's view on luck and winning: A preliminary report in lessons of the past'. 10th National Gambling Studies Conference, pp.151- 160; McMillen, J. *et al.* (1998) *op. cit.*

<sup>184</sup> Brown, S. *et al.* (2000) p.59

<sup>185</sup> *ibid.*, p.61

<sup>186</sup> Scull, S. *et al.* (2003) *op. cit.*, p.43.

feelings of alienation from their traditional values led them to gamble. 'Gambling was a way of participating in mainstream norms'.<sup>187</sup>

- *Legality and legitimacy.* In many countries gambling is illegal or disapproved of (especially in relation to women), or community elders control gambling.<sup>188</sup> Migrants may perceive legal gambling in Australia as a newly gained freedom.<sup>189</sup>
- *Status and identity.* For example, research into male gambling behaviour in Crete linked gambling in Greece to personal status and identity.<sup>190</sup> Similarly, in Australia gambling at the casino was seen to hold special status in Arabic communities<sup>191</sup> and is a sign of status and wealth for Chinese communities.<sup>192</sup> Because access to gambling in the country of origin is restricted to the wealthy, overseas visitors are taken to the casino to impress them.

On the other hand, gambling is often problematic for the cultural values and traditional practices of some communities. Moreover, the nature of the problem and the way the gambler, family and community respond will be shaped by each person's particular cultural background. 'In a multicultural society each cultural, religious and social group is likely to have idioms of distress'.<sup>193</sup>

Research in the Melbourne community has also found that some people in cultural groups have a positive view of the Australian lifestyle, including gambling, that conflicts with traditions and values of their culture of origin: 'Gambling was a way of participating in mainstream norms'.<sup>194</sup> Others may gamble because of feelings of alienation and problems sustaining their traditional values and practices in Australia.

### 5.2.1 *The Arabic community and gambling*

For example, in the Arabic speaking community, leaders of both the Islamic and Christian faiths discourage gambling. Gambling is strongly opposed by traditional Muslim religious leaders, largely because of the social consequences that are often associated with gambling.<sup>195</sup> Orthodox Christian religious leaders in the Arabic community also tend to promote the belief that gambling is unacceptable. This view conflicts with the Australian gambling culture, creating tensions for Arabic-speaking migrants.

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<sup>187</sup> *ibid.*, p.73.

<sup>188</sup> *ibid.*

<sup>189</sup> Department of Human Services (2000), *op. cit.*

<sup>190</sup> Malaby, T.M. 1999. 'Fateful misconceptions: Rethinking paradigms of chance among gamblers in Crete', *Social Analysis*, 43(1), pp.141-165

<sup>191</sup> Efstratiou, N. (1997) *op. cit.*

<sup>192</sup> Scull, S. *et al.* (2003) *op. cit.* p.43.

<sup>193</sup> Quan, T. (2003) 'The importance of cultural factors in professional assistance to people experiencing mental health problems'. In Wai-On Phoon and Ian McIndoe (eds) *Untangling the Threads. Perspectives on Mental Health in Chinese Communities*. Transcultural Mental Health Centre, Parramatta, pp.281-299.

<sup>194</sup> Brown, S. *et al.* (2000) *op. cit.*, p.73.

<sup>195</sup> Efstratiou, N. (1997) *op. cit.*, p.11; F. Rosenthal (1975) *Gambling in Islam*. Leiden, Netherlands, pp.138-157.



As with other religions, however, not all Arabic speaking people adhere strictly to traditional values. When exposed to the Australian gambling culture, they often gamble.<sup>196</sup>

- Arabic-speaking men prefer to play cards and bet on horses; women play gaming machines, mainly at hotels or a casino, and buy lottery tickets. Both men and women gamble on EGMs in clubs;<sup>197</sup>
- Arabic women with secular views participated in a range of gambling activities, suggesting that people who did not were 'old fashioned and backwards';<sup>198</sup>
- Arabic men and women talk openly about their gambling activities to religious leaders (both Muslim and Christian), 'perhaps because of the acceptance of gambling within the wider society';<sup>199</sup>
- Arabic women who gamble are unlikely to tell their husbands that they are doing so. They are more likely to gamble on poker machines, although some Arabic women attend the casino with other groups of women. They are mostly middle aged and married, with children. Either their children have grown up or they leave them with relatives while they go and gamble. Loneliness, isolation and boredom are likely reasons for their gambling.<sup>200</sup>
- Arabic men who gamble are most likely to be married and to be established migrants who have been in Australia for more than six years. There are likely to own successful small businesses and therefore have good incomes, or to be unemployed or on a disability pension.<sup>201</sup>
- Even so, stigma is attached to families and individuals within the Arabic community who experience gambling problems – 'the honour of a family is consequently compromised'.<sup>202</sup>

### 5.2.2 *The Chinese community and gambling*

Research has shown that gambling is considered an important component of Chinese culture and an acceptable and common social activity among people of Chinese ancestry in Australia and other comparable countries (eg Canada).<sup>203</sup> Gambling is often a vital part of holiday festivities such as the Chinese New Year, weddings and birthdays. At other times, gambling is a popular social activity at home and in gaming venues such as casinos, TABs and clubs. A Sydney study found that over half of

196 Brown *et al.* (2000) pp.72-73; Efstratiou, N. (1997) op. cit., p.11; F. Rosenthal (1975) op. cit.

197 Ethnic Communities Council of NSW (1999) op. cit., p.iv.

198 Brown, S. *et al.* (2000), op. cit., p.73.

199 *ibid.*

200 Efstratiou, N. (1997) op. cit., p.13

201 *ibid.*, p.12

202 Brown, S. *et al.* (2000) op. cit., p.73.

203 Blaszczyński, A. *et al.* (1998) op. cit; Ethnic Communities Council of NSW (1999) op. cit; Cultural Partners Australia Consortium (2000), op. cit; McMillen J. *et al.* (1998) op. cit; Scull, S. *et al.* (2003) op. cit., pp.41-45; Smith, G. and H. Wynne (2002) *Measuring Gambling and Problem Gambling in Alberta. Using the Canadian Problem Gambling Index (CPGI): Final Report*. Alberta Gambling Research Institute, Alberta; Walker, G. J. (2004) *Ethnicity and Gambling Prevalence. A Study of British/Canadians and Chinese/Canadians in Alberta*. Alberta Gambling Research Institute, Alberta

gambling expenditure by that Chinese community was spent at the casino.<sup>204</sup> ‘Men and women, young and old’ gamble: mahjong is popular with women, and international students and the elderly reportedly play EGMs.

Scull *et al.* reported that even to question Chinese people about gambling ‘may be considered rude’; thus the extent of problem gambling is difficult to establish.<sup>205</sup> Although problem gambling has been found to be an issue of concern to Chinese community leaders, it is ‘a taboo issue’ which people avoid discussing outside the family. Men reportedly experience gambling problems more than women, with international students and shift workers such as restaurant staff identified as being at particular risk.

The adverse impacts of gambling are similar to those identified in the general Australian community: financial problems, relationship difficulties, domestic violence and family conflict. Scull *et al.* found that ‘wives often bear the brunt of the problems ... [and] are frequently left to deal with the problem themselves’.<sup>206</sup> If they seek help outside the family unit, it brings shame on the family and can lead to further conflict. Gambling debts are often covered by selling jewellery and other valuables, or by borrowing money from family or sometimes loan sharks. The problem is frequently revealed only when debts can no longer be covered.

### 5.2.3 *The Italian community and gambling*

Although people of Italian origin are numerically one of the major cultural groups in Australia, little is known about the experience of gambling in Italian communities or how they respond to problem gambling.

- A study of Italian gamblers in Sydney found that men and women gamble frequently, but do not spend as much on gambling as other cultural groups in that study.<sup>207</sup>
- Men and women have different gambling preferences: men prefer cards and horse racing; women prefer bingo. Both men and women play gaming machines; and younger Italians like to gamble at the casino.
- Gambling is not generally discussed openly within families or the community. Many feel guilty and hide evidence of gambling;
- Gambling has caused problems with relationships and finances, but few had sought help.

Hallebone’s Melbourne study found that Italian women’s experience of problem gambling was similar to women in other cultural communities.<sup>208</sup> Italian women gambled to escape boredom and social isolation, the breakdown of extended family networks and ‘empty nests’ when children left home, and to search for social interaction and recreation.

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<sup>204</sup> Ethnic Communities Council of NSW (1999) op. cit., p.v.

<sup>205</sup> Scull, S. *et al.* (2003) op. cit, p.41.

<sup>206</sup> *ibid.*, p.44.

<sup>207</sup> Ethnic Communities Council of NSW (1999) op. cit., p.viii.

<sup>208</sup> Hallebone, E. (1999) ‘Women and the new gambling culture in Australia’. *Society and Leisure* 22(1), pp.101-125.

#### 5.2.4 *The Croatian community and gambling*

Victorian research has suggested that residents from the former Yugoslavia have turned to gambling to try to make quick money or to relieve boredom, particularly men who have come to Australia without their families.<sup>209</sup> However community attitudes to gambling are ambivalent with men and women often having contrasting views. While men may gamble as a way of dealing with isolation inherent in the refugee experience or to establish new social networks, women have negative views about gambling, which is seen to conflict with traditional values: 'The promotion of gambling was seen to be at odds with family life'.<sup>210</sup>

While Yugoslavia as a single entity used to be a major cultural group in numerical terms, political events in the former republic have meant that major sub-groups (Croatians, Serbians) have since asserted their cultural distinctiveness.

- A study of the Croatian community in Sydney found that they gamble frequently and prefer casino gambling, playing gaming machines at clubs and the casino, lotteries and racing.<sup>211</sup>
- They gamble for personal entertainment and to 'win money', rather than as a social activity with friends.
- For some, gambling has led to debt and relationship problems.
- However, few had sought help with gambling problems; none had sought professional help.

#### 5.2.5 *The Greek community and gambling*

Although the Greek Orthodox religion discourages gambling, Australian research has found that social gambling is common across all sectors of the Greek community. It is traditional to gamble at certain times of the year such as New Year, and it is popular with retirees to 'pass the time'.<sup>212</sup>

A Sydney study found that Greek gamblers are 'fairly conservative', preferring only two types of gambling: cards and club gaming machines.<sup>213</sup> Gambling is normally a social and recreational activity in the Greek community, although boredom and lack of alternative activities have also been identified as motivations for gambling, especially for women.<sup>214</sup> Gamblers tend to be middle-aged or older, although an increasing trend is participation by young people in casino games and machine gaming.

Problem gambling appears to affect married men more than women, reportedly because they traditionally live with their parents who control their money until they

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<sup>209</sup> Cultural Partners Australia Consortium (2000) op. cit., p.45; Brown, S. *et al.* (2000) op. cit.

<sup>210</sup> *ibid*, p.73.

<sup>211</sup> Ethnic Communities Council of NSW (1999) op. cit., p.vi.

<sup>212</sup> Scull, S. *et al.* (2003) op. cit., p.48

<sup>213</sup> Ethnic Communities Council of NSW (1999) op. cit., p.vii.

<sup>214</sup> Scull, S. *et al.* (2003) op. cit., p.50-52.

marry.<sup>215</sup> While Greek men have gambled socially on backgammon and cards since their arrival in Australia, women have begun to experience gambling problems more recently since the introduction of casinos and gaming machines. In a Victorian study, Greek community leaders estimated that for every female gambler who admitted to gambling problems there were ten others who did not seek help.<sup>216</sup>

Financial problems associated with gambling can be severe in the Greek community, as many are owner-operators in business. Financial debts, bankruptcy, marriage and family breakdown place a considerable strain on the wider community which is called upon to assist community members affected by gambling problems. Community organisations and the church provide emergency relief and support. However, gambling can damage the normally strong relationship between the church and family. Gambling related crime is also reportedly a growing problem among younger members of the community.<sup>217</sup>

Pride, rather than shame as in many other communities, is a major barrier within the Greek community to admitting to a gambling problem and seeking help.<sup>218</sup> Gambling problems are hidden by gamblers and their relatives to avoid bringing disgrace upon the whole family. Scull *et al.* found that the fear of being recognised also discourages people from seeking help within their own community. However, younger members of the Greek community seem more willing to contact professionals outside the community.<sup>219</sup>

#### 5.2.6 *The Vietnamese community and gambling*

A range of influences, including the refugee experience and a diversity of religious beliefs (Buddhism, Western Catholicism and Confucianism) have influenced Vietnamese culture and gambling experiences.<sup>220</sup> In the traditional Vietnamese community, gambling is common only at New Year when the whole community participates as part of the celebrations. In Vietnam, gambling was illegal until recently, although people gambled socially with friends and family.

In Australia, however, large numbers of Vietnamese play casino table games and many gamble on EGMs, TABs and racing. Despite the popularity and acceptance of gambling in the community, problem gambling is acknowledged as a serious issue for both men and women. This has created tensions and mistrust within Vietnamese communities. For example, money is traditionally loaned within the community to 'send back home' to relatives.<sup>221</sup> However, it has been reported that some loans have been used for casino gambling, resulting in disputes, assaults and domestic violence.

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<sup>215</sup> *ibid*; Cultural Partners Australia Consortium (2000) *op. cit.*, p.100-115.

<sup>216</sup> Hallebone, E. (1999) *op. cit.*

<sup>217</sup> *ibid*, p.52

<sup>218</sup> Scull, S. *et al.* (2003) *op. cit.*, p.92

<sup>219</sup> *ibid*; Cultural Partners Australia Consortium (2000) *op. cit.*, p.123.

<sup>220</sup> *ibid*, p.55

<sup>221</sup> *ibid*, p.59; Brown, S. *et al.* (2000) *op. cit.*, p.72.

As with the Chinese and Greek communities, financial difficulties are the most obvious impact of problem gambling, resulting in the loss of businesses and family homes. The neglect of family and children, debts and family disputes are also reported, as well as criminal activities.<sup>222</sup>

The extent and nature of the problem is difficult to assess, however, as people rarely discuss their problems. Social status (particularly by accumulating wealth and material goods) is important to many Vietnamese, and gambling is seen as a way to both display social status and to obtain money which will enhance social standing. Ironically, gamblers and their families will also go to great lengths to conceal a gambling problem for fear of losing social status.<sup>223</sup>

The strong cultural tendency for Vietnamese gamblers to rely on the family, the importance of social status and not losing face in the community are disincentives to seeking help with gambling problems.

### 5.2.7 Gambling in ATSI communities

The Productivity Commission noted that ‘patterns of gambling and its social and personal consequences can be very different in Aboriginal communities’.<sup>224</sup> Community-based gambling such as card games can play an important social role for indigenous communities by reinforcing social obligations and randomly redistributing money within the community.<sup>225</sup>

However access to commercial forms of gambling appears to have changed traditional ATSI gambling practices insofar as ‘it is demarcated along gender lines, and has included former non-gamblers’:<sup>226</sup>

- Whereas involvement in community-based gambling such as card games is equally divided along gender lines, TAB gambling is very popular with ATSI men;
- Bingo and lottery scratchies have been more popular with ATSI women;
- However, since the introduction of gaming machines this appears to be the preferred mode of gambling for ATSI women, including women who previously did not gamble at all. Some men also gamble on EGMs.

Although submissions to the Productivity Commission argued that the ‘apparent’ levels of problem gambling are higher among indigenous people of Australia than other groups, the Commission acknowledged that no reliable evidence for such claims was available.

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<sup>222</sup> Scull, S. *et al.* (2003) *op. cit.*, p.59.

<sup>223</sup> Scull, S. *et al.* (2003) *op. cit.*, p.58.

<sup>224</sup> Productivity Commission (1999) *op. cit.*, Appendix E.

<sup>225</sup> Altman, J. (1985) ‘Gambling as a mode of redistributing and accumulating cash among Aborigines: A case study from Arnhem Land’, in G. Caldwell *et al.* (eds) *Gambling in Australia*. Croom Helm, pp.50-67; Martin, D. (1993) *Autonomy and Relatedness: An Ethnography of the Wik People of Aurukun, Western Cape York Peninsula*. Unpublished PhD thesis, Australian National University.

<sup>226</sup> Productivity Commission (1999) *op. cit.*, Appendix E.

- Similarly, the 2001 ACT *Gambling Survey* did not find any evidence of gambling problems in the indigenous community in the ACT. As acknowledged, this finding may have been an outcome of the survey methodology.<sup>227</sup>
- In the 2001 *Needs Analysis*, however, service providers working with ATSI people in the ACT suggested that indigenous residents may not identify as having a gambling problem even though there is gambling-related harm impacting their lives.
- Moreover, when Aboriginal and Torres Strait Islander people do seek assistance, they were more likely to attend an ATSI service provider than a gambling counsellor. Yet community service providers working with indigenous communities are often under-resourced and overwhelmed with other community problems such as social isolation and poverty.

The Productivity Commission found that ‘there is much to be learned, both in relation to community and institutionally based gambling in indigenous communities’:

*With few exceptions there is little in the social science literature about Aboriginal participation in commercial gambling such as machine gambling, TAB, bingo or lotteries...Preliminary research ... has shown that Aboriginal people do gamble on these forms of gambling when it is available to them — but the extent of that participation, the types of gambling preferred by Aboriginal people, and the nature of commercial gambling impacts on Aboriginal communities have yet to be investigated systematically.*<sup>228</sup>

In this regard, we are aware that national research on gambling in indigenous and NESB communities was commissioned by the Commonwealth Department of Family and Community Services in 2002.<sup>229</sup> On inquiry however we have been informed that the report from this study is not publicly available.<sup>230</sup>

### **5.3 Problem gambling, culture and gender**

The 2001 ACT *Gambling Survey* found that approximately 13.1% of people experiencing gambling problems in the ACT are born overseas.<sup>231</sup> Other Australian research has identified issues of isolation and socio-cultural ambivalence as common factors in the development of problematic gambling behaviour.

The migrant experience has been found to be a trigger for problem gambling.<sup>232</sup> Gambling has been seen as a means of coping with settlement problems which may include:

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<sup>227</sup> McMillen, J. *et al.* (2001a) op. cit.

<sup>228</sup> McMillen, J. (1999) Productivity Commission, sub. D274 p.6.

<sup>229</sup> Personal correspondence, Cultural Perspectives P/L, 30 August 2002.

<sup>230</sup> Personal correspondence, Commonwealth Department of Families and Community Services.

<sup>231</sup> McMillen, J. *et al.* (2001a). op cit.

<sup>232</sup> Tran, D. (1999) op. cit.

- Language difficulties;
- Loss of status;
- Varying cultural norms and values;
- Cultural clashes when raising children;
- Diminished community support;
- Financial problems; and
- Social isolation and lack of family support.<sup>233</sup>

Since gambling does not automatically lead to problem gambling and there is an uneven distribution of gamblers within different communities, a number of studies have suggested that cultural factors are among the intervening variables between non-problematic and problem gambling, including:

- Cultural values, beliefs and practices of the gambler's culture of origin;
- The impact of acculturation to a society where gambling is acceptable; and
- The likelihood that members of a cultural group will (or will not) seek help for a gambling problem.

Further reasons for problem gambling influenced by both culture and gender are:

- The 'empty nest' syndrome or widowhood for women when taking care of home and family have been an important cultural role;<sup>234</sup>
- Loneliness for men, especially if they are waiting for family to join them in family reunification programs;<sup>235</sup>
- Culture-specific difficulties identified by women were a lack of family and friends and an inability to socialise in traditional ways;
- Difficulties for both men and women arise when card games and other communal forms of gambling, which provide social benefits, are replaced by casino gambling;<sup>236</sup>
- The shame and stigma that some cultural groups attach to a gambling problem means that it is likely to remain under-reported;
- In some cultures a person with gambling problems will stigmatise the whole family. In these cases women are often socialised to feel guilty and take on the responsibility for their partner's gambling problem;<sup>237</sup>
- Collective cultural responsibility means that an individual's gambling problem becomes the whole extended family's problem as they are likely to be asked to financially assist the gambler;<sup>238</sup> and
- Cultural differences in whether spouses should be involved. In some cultures, if a man is still able to provide money for food he may not believe his wife needs to know about his gambling, even if he is borrowing money to gamble.<sup>239</sup>

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233 Brown, S. *et al.* (2000) p.59

234 *ibid.*, p.59

235 *ibid.*, p.58

236 Tran, D. (1999) *op. cit.*

237 *ibid.*

238 *ibid.*

239 Brown, S. *et al.* (1999) p.32

To examine in detail how gender and cultural factors shape women's lives and the actions they take to address issues important to them, Brown and her colleagues conducted a series of linked research projects focussed on the social implications of gambling for women.<sup>240</sup> A study of gambling counsellors in Victoria investigated their experiences of assisting women adversely affected by gambling and identified numerous limitations on the capacity for counsellors to effectively provide appropriate services for their culturally and socially diverse clients.<sup>241</sup> Using ethnographic 'action' research to explore the diverse meanings which women of different ages and backgrounds attribute to gambling, Brown *et al.* applied the knowledge gained to assist women in each community to develop culturally appropriate interventions to manage the negative effects of gambling.<sup>242</sup>

#### **5.4 Gender, culture and help-seeking behaviour**

The Productivity Commission categorised a number of sources available to help people with gambling problems (Figure 21). These include designated gambling counselling agencies (eg Gambling Care and Clubcare in the ACT), a range of other professional services (eg generic welfare services, private counsellors), group support services (eg Gamblers Anonymous) and informal social networks.

As previously noted, however, the 2001 *ACT Gambling Survey* and 2001 *Needs Analysis* found that gambling support services in the ACT at the time were not meeting the demand from people seeking help for their gambling problems. People often turned to families and friends, or to other generic community agencies for help. Moreover, these studies found that the particular needs of cultural groups and women were not being met.

Many studies of help-seeking behaviour also have found that problem gamblers often do not seek help for their problem until they have a crisis of some sort – for example with relationships, suicidal feelings or financial problems. Women are more likely to cite financial problems as a key motivation to seek help. A recent study to evaluate intervention strategies available to problem gamblers and others affected by problem gambling in Victoria also found that pressure from families and friends was a key trigger for some problem gamblers seeking assistance.<sup>243</sup>

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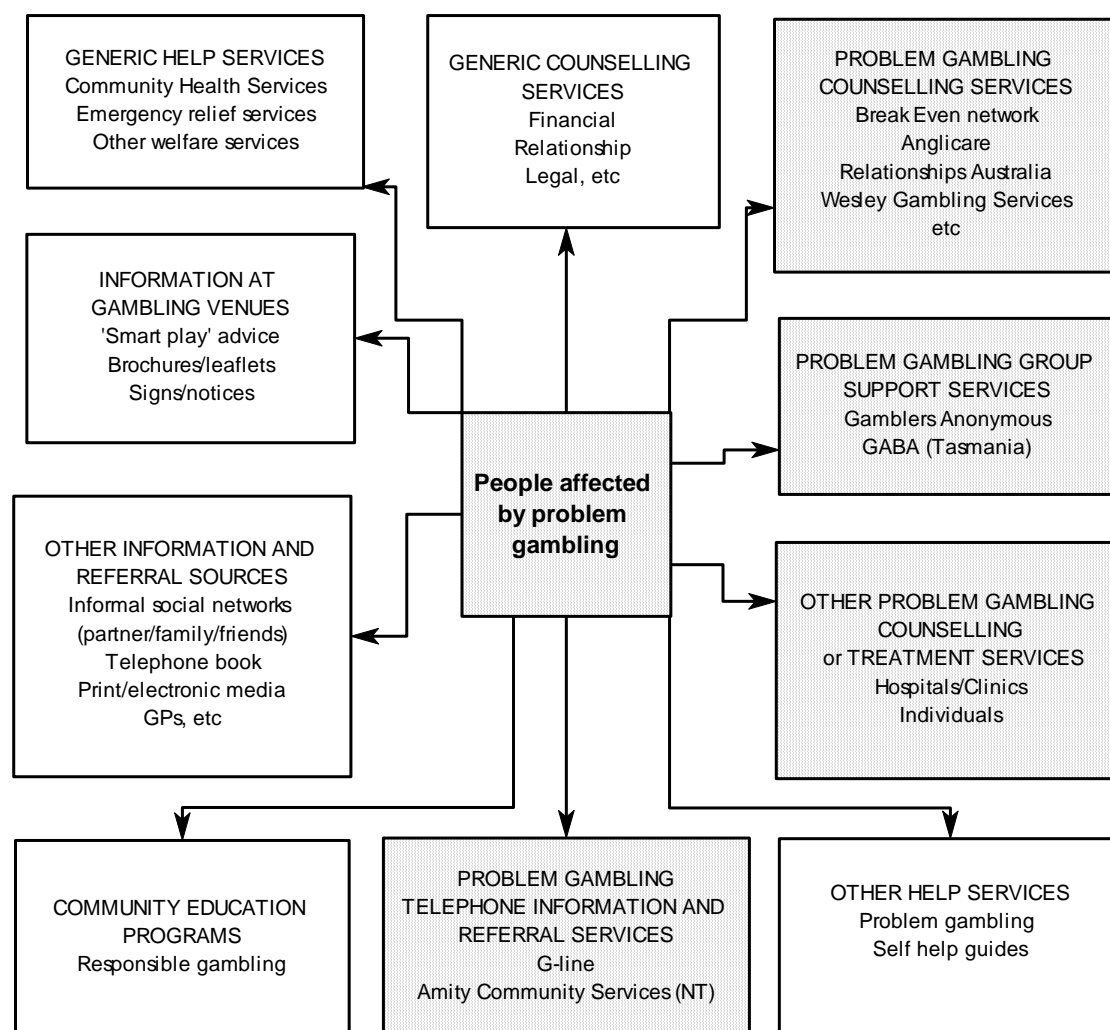
240 Brown, S. *et al.* (1997) *op cit*; Brown *et al.* (2000) *op. cit.*

241 Brown, S. *et al.* (1999) *op. cit.*

242 Brown, S. *et al.* (2000) *op. cit.*, pp.105-115.

243 New Focus Research Pty Ltd (2004) *op. cit.*, p.15.



**Figure 19. Avenues for problem gamblers to access help services**

Source: Productivity Commission (1999) *Australia's Gambling Industries*. AusInfo, Report No. 10, Figure 17.1.

Barriers to help seeking for women with gambling problems include, but are not restricted to:

- Stereotypical views of a woman's role as home-maker and the resulting shame and disappointment if they are not fulfilling this role;<sup>244</sup>
- Cultural perceptions that women are the strong nurturers and the shame associated in admitting a problem;<sup>245</sup> and
- Fear that social benefits will be taken from them if the extent of their gambling is known.<sup>246</sup>

A large body of empirical research across a wide range of public health areas have shown that 'men are reluctant to seek help from health professionals' for problems

244 Brown, S. *et al.* (1999) *op. cit.*, p.25

245 *ibid*, p.24

246 *ibid*, p.30

such as physical and psychological problems and stressful life events.<sup>247</sup> Gambling studies have also consistently found that men of different ages, ethnicities and social backgrounds are, on average, less likely than women to seek professional help.<sup>248</sup> The differences in help seeking behaviour between men and women have been identified as crucial barriers to early interventions that address gambling-related problems. These common gender differences in help-seeking behaviour have been explained by relationships between masculine gender-role socialisation, social norms and ideologies about masculinity.

Brown *et al.* found that women in different cultural groups had very different views of the meaning of gambling and its impact on their lives.<sup>249</sup> They also found that different communities had different views about the supports available to them and preferred different ways of getting help for gambling problems, shaped by the cultural background and social environment of the particular groups. The 2001 *ACT Needs Analysis* also found that service providers were not being accessed by gamblers from non-English speaking backgrounds who were experiencing problems. Only a small proportion of GAFCS clients in the ACT who had sought help for gambling problems were from a non-English speaking background.<sup>250</sup> Even when gamblers from non-English speaking backgrounds had sought help they were likely to encounter difficulties.

For many cultural groups, especially those with limited English speaking skills, seeking help for gambling problems outside the family is often difficult. While barriers to help-seeking can vary in relation to cultural background, the most common factors identified include<sup>251</sup>:

- *Cultural factors and suspicion of mainstream services*: Mistrust of government services can be a barrier, particularly if they have suffered government persecution in their country of origin. Reliance on family support and personal problem management strategies are preferred to consulting professional support agencies. For some Asian groups confiding personal problems to an 'outsider' is unacceptable; others lack trust and confidence in counsellors.<sup>252</sup>
- *Shame and loss of face*: For many cultural groups, gambling is often a 'hidden issue that is rarely discussed in public'.<sup>253</sup> In such communities, problem gambling is a 'private issue, rarely discussed outside the family',<sup>254</sup> and an 'even greater issue of shame and stigma than for mainstream Australians'.<sup>255</sup>
- *Language barriers*: As well as barriers to accessing services and understanding, language and communication differences can also make the

247 Addis, M.E. and J. R. Mahalik (2003) op. cit.

248 For example, Productivity Commission (1999) op. cit.; J. McMillen *et al.* (2001b) op. cit.

249 Brown, S. *et al.* (2000) op. cit, pp.85-93.

250 *ibid.*

251 The following categories are derived from S. Scull *et al.* (2002) op. cit., p.30

252 *ibid*; McMillen, J. *et al.* (1998) op. cit.

253 *ibid*, p.33; Efstratiou, N. (1997) op. cit.

254 Scull, S. *et al.* (2003) op. cit., p.19

255 *ibid*, p.33

counselling process more difficult. For example, in close communities it is possible that the client needing translating assistance will know the translator.

- *Concerns about trust and confidentiality:* Seeking help is difficult in close-knit communities where the problem could become more widely known. Others are concerned that by accessing mainstream help agencies, details of their gambling problem will be given or accessed by other government bodies;<sup>256</sup>
- *Unfamiliarity with and resistance to the concept of counselling:* Misconceptions about what counselling involves. Many cultural groups are not familiar with western psychological counselling practices and prefer financial and practical assistance. Some cultures understand a counsellor to be an advisor and expect to be told what to do.<sup>257</sup>
- *Lack of information:* Members of cultural groups with limited English literacy skills may be unaware that support services exist or how to contact them. Others are unaware that gambling agencies can provide support to the family and friends of gamblers;<sup>258</sup>
- *Lack of culturally appropriate services:* As found in the 2001 ACT *Needs Analysis*, a common finding in Australian research is that gambling support services are not always sensitive to and appropriate for the needs of different cultures. For example, indigenous and Arabic women are reluctant to discuss problems in front of men and vice versa. Cultural difficulties can arise when only mixed sex group sessions are available, or when there is perceived male domination of group discussion.

If people do seek help outside the family, they are more likely to contact close members of their church or community leaders, rather than mainstream counselling or government services.<sup>259</sup> Yet the shame associated with gambling problems can make gamblers reluctant to use even those sources of help, especially where the cultural community is small and closely connected.

## 5.5 Summary

The above review of existing literature and research findings highlights the complexity of the Australian gambling experience and the multiple meanings which women and men of different cultural and social backgrounds attribute to gambling. In this context the current ACT study adopted a qualitative approach grounded in a phenomenological methodology which privileges the experiences of the people interviewed and seeks to understand them on their own terms. In this way the meanings which gambling holds for women and men in the ACT and people of different cultural backgrounds could be expressed and analysed. The qualitative research design also sought to provide a forum for ACT residents, community groups, support service providers and industry representatives to identify factors that motivate or hinder people to seek help for their gambling problems.

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256 *ibid*, p.27

257 *ibid*.

258 Brown, S. *et al.* (1999) *op. cit.*, p.28.

259 McMillen, J. *et al.* (1998), *op. cit.*; Efstratiou, N. (1997) *op. cit.*; Scull, S. *et al.* (2002) *op. cit.*

## 6 Views of Community Organisations

This section presents the results from face-to-face and telephone interviews with key individuals and community organisations, as described in the Methodology section of this report. A broad range of community organisations accepted our invitation to contribute their views to the study and were consulted individually or in groups (Appendix A). The majority, however, did not reply to our correspondence or follow-up phone calls. Researchers also met with representatives of the gaming industry.<sup>260</sup>

Community and industry representatives were asked to give their particular cultural and professional views on gambling and problem gambling in the ACT, on the availability and efficacy of support services and programs, and on barriers to help-seeking. Specific information was sought about:

- the services they provide and profiles of their clients;
- factors that prompt members of the community to seek help for gambling problems;
- estimates of the proportions of community members seeking help for themselves or for someone else;
- factors that encourage or inhibit help-seeking by people with gambling problems;
- how people hear about support services;
- whether people were satisfied with the service provided; and
- what are the barriers that prevent members of various communities in the ACT seeking help for gambling problems.

Prompted questions were also asked in relation to two related research issues: the use of ATMs and access to cash for gambling; and the impacts on their gambling behaviour of government harm minimisation policies (restrictions on maximum bets on gaming machines; a 3-hour shutdown of gaming venues; and the payment of winnings by cheque). A comprehensive analysis of responses to those questions is provided in two separate reports to the Commission: *Review of the ACT Government's Harm Minimisation Measures*; and *The Use of ATMs in ACT Gambling Venues – An Empirical Study*.

In interviews it became apparent that some of the cultural community leaders were suspicious of the research, expressing concern that their community was being targeted and possibly stigmatised. The topic of problem gambling is obviously a sensitive one, particularly so in some of the communities selected for this study. Researchers were unable to fully alleviate their concerns, despite assurances that the project provided an opportunity to speak out on the way problem gambling affects their community. It was not possible to commit the necessary time to building the trust and relationships that are the key to gathering valid and reliable information.

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<sup>260</sup> No reply was received from ACTTAB to our invitations to participate in the study.

Some mainstream support organisations were also reluctant or unable to participate in the study. When probed, they gave two reasons: some indicated that they lacked the time and resources to contribute to the study; others expressed scepticism at the value of participation given the government's response to the 2001 *Needs Analysis*. The general view expressed by service providers, gambling counsellors and community organisations interviewed for the study was that the ACT Government has not responded adequately to issues identified in the 2001 research. For example, when asked at a group meeting what changes had occurred since 2001, a gambling counsellor replied: 'zilch'. This response seems to contradict the fact that the ACT Government allocated additional funding to Lifeline from January 2002-February 2004 specifically for the Gambling Care services.<sup>261</sup>

In contrast, the relatively few leaders of cultural organisations who agreed to participate were outwardly more enthusiastic about the study. They initially welcomed the opportunity to communicate the impacts of problem gambling in their community so that the government could equip their service to assist with the problem.

Several of the cultural community leaders also indicated that they would seek to recruit people with gambling problems, or family members and friends for interview. However, they also advised us that it would be difficult to persuade people to volunteer for interview, as community members would be extremely sensitive about gambling and problem gambling. As noted in Section 5 (Literature Review) of this report, for many cultural groups gambling is a highly stigmatised topic not to be discussed outside the family or community network.

## **6.1 Views of service providers**

Interviews were held with the major gambling counsellors in the ACT (Gambling Care, Clubcare, Canberra Counselling Services, Salvation Army, Relationships Australia, Betsafe) and with financial counsellors. Interviews were also conducted with a representative from the NSW Multicultural Problem Gambling Service (MCPGS).

### **Lifeline Canberra (Gambling Care and Clubcare)**

Representatives of Lifeline's gambling services explained changes that have occurred in the organisation since the 2001 *Needs Analysis* and the relationship between Gambling Care and Clubcare. Services have been extended to three problem gambling counsellors, all funded by Clubcare. Government funding has not increased.

Lifeline receives calls from gamblers, friends and families. Depending on who makes the call, Lifeline refers the callers to the specific service needed: relationship counselling, gambling counselling or financial counselling. Lifeline refers callers to Gamblers Anonymous if they prefer self-help group support rather than counselling.

*The problem with GA is that it's very much male-dominated, so women don't feel comfortable with it.*

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<sup>261</sup> Lifeline Canberra Inc. (2002) *Annual Report 2001-2002*, p.43.

At present Lifeline does not offer gender or culture-specific programs for people with gambling problems, although at the time of interview the agency was preparing a proposal for a Gambling Care 'outreach' worker to access different cultural groups. A grant was received from the Canberra Community Foundation in January 2004. The program is scheduled to begin in June 2004 and to be finalised by February 2005. Lifeline representatives interviewed for this study estimated that 'about 5%' of gambling clients are from non-Anglo-Celtic backgrounds.

*Most of the NESB clients are well-educated. Normally they have lived in Australia for a long time, have good jobs and are socially well integrated. This could mean that there's a large number of potential clients out there who are worse off.*

Although the numbers are 'too small to identify definite patterns', Lifeline's female Asian clients tend to gamble at the casino; male Asian clients gamble on other forms as well. They report that factors that lead to problem gambling are '*the same as for people from Anglo-Celtic backgrounds*': false beliefs about gambling, social isolation, escapism, low self-esteem, grief and loss, and 'personality disorders'.

In the experience of Lifeline counsellors, problem gamblers rarely gamble for social reasons and often feel ashamed of their behaviour. Although problem gambling has the same impacts for men and women, men tend to react at the '*far end of the spectrum*' when they risk losing jobs and relationships or face fraud charges.

*Men have to be punched a few times in the face by the problems before they seek support.*

However, Lifeline representatives reported particular factors in the Canberra environment that can also trigger calls for support from gamblers.

*Some clients call Lifeline because of pressure through the workplace. Canberra has many Government and Defence jobs that need a security check. This can draw attention to the gambling problem.*

Social isolation is frequently mentioned by Lifeline clients as a factor leading to gambling problems.

*People come to Canberra to work for a certain period of time. They live in hotels or apartments and don't have a social network. Women who follow their husbands to Canberra for work are often isolated. The isolation and boredom can be mitigated by visiting clubs and gambling.*

Barriers to help-seeking identified by the Lifeline representatives include ambivalence about changing their gambling behaviour, a tendency to self-reliance, language barriers for NESB people, and resistance to counselling especially by some cultural groups.

*Counselling is seen to be for nut cases.*

Self-exclusion from the gambling venue is often a 'last option' for Lifeline clients. Reasons given for clients' reluctance to self-exclude are the shame attached to it, the client is not willing to give up gambling completely, and the fact that they would be unable to use other facilities in the club.

*We also receive mandated clients [ie clients ordered to counselling by the courts] but these are not the success clients.*

### **Betsafe**

The privately owned Betsafe agency has been contracted to provide gambling counselling services to the Canberra Labor Group of clubs (Ginninderra, Belconnen, Western Creek and the City Labor Club) for three years. When the clubs receive a request for help from a patron, Betsafe sends a counsellor down from Sydney to meet the client.

*We see them in the club or occasionally in a coffee shop, but that is worse. They come in the back entrance of the club to a little room; they don't have to go upstairs. It's not too bad.*

The Betsafe representative interviewed for this study reported that their clients are 80% male and 20% female, and predominantly Anglo-Celtic:

*Clients in the ACT are nowhere near as diverse as in NSW. It'd be lucky to be 30 people from ethnic backgrounds. Not one with language difficulties; all are English speaking. Ethnic clients are mainly Asians.*

Betsafe reported that most ACT gamblers who contact Betsafe have a problem with gaming machines. Very few mention the TAB, none mention the casino. Financial problems are most common, although many clients also report relationship difficulties. According to this informant, most of Betsafe's clients have tried to manage their gambling problem 'for years' and seek help when they reach a crisis of some sort:

*When they literally cannot put food on the table. They are often delusional. The reality comes crashing home when they stop. There are a number of factors that trigger a call for help when they are cracking. There are signs around the club. They come to a staff member or a staff member comes to them.*

Betsafe's general philosophy is

*... not to intervene too early. I prefer to work with people at the end. They are great to work with, wanting help, not just needing it. I reckon I hit them in a crisis. Having someone with them makes a difference. They've said 'I've just had enough'.*

Betsafe is a strong advocate for counselling, arguing that their approach has proved to be effective with their clients.

*Counselling is a really effective form of intervention. 'No shows' are phenomenally low, and we have a high retention rate. Some services have 'no shows' greater than 50%. I develop a personal rapport with clients. We are more client-focused. We work with them for a reasonable time, two months. We keep records; 95% come back. We're also 24 hours, not like other services that are 9 to 5.*

Betsafe also provides support for families and friends of gamblers.

*I prefer to work that way – to get the partner in with me. We've got a number of people who are partners of gamblers. Relationship problems are a major*

*issue, but not as many as the financial thing. He's down at the club; she's stuck at home with the kids.*

However, the Betsafe representative was unsure if counselling was effective for people of non-Anglo-Celtic backgrounds.

*Don't know. Getting them in is the difficult part. Once they take it up it works as well as for anyone else. We put brochures out [in other languages] six years ago. I think it was a big waste of money. Most can read English. Having said that, we go through a lot of them.*

Betsafe also advocates self-exclusion, but has reservations about policies that recommend third-party requests to exclude gamblers, citing cases where wives have been assaulted after approaching clubs to ask their husband to leave.

*I'm not in favour of partial exclusions. We exclude from all the Labor Group [of clubs] automatically.... I have a problem with third party approaches. She has no money for food and he's putting \$300 through the machines. They ring later and say their husbands have bashed them for approaching the club. I tell them to put them [the third party] onto us. We can affect a financial separation – we've done that twice. It works.*

### **NSW Multicultural Problem Gambling Service (MCPGS)**

The representative from MCPGS explained how the service evolved, the range of services and provided detailed annual reports of performance and effectiveness to the funding agency (CCBFT). MCPGS was subject to an independent review in 2003 which commented very favourably on the service and its achievements.<sup>262</sup>

The MCPGS service operates as a 'brokerage model' to refer people from diverse cultural backgrounds (gamblers, families and friends) to a culturally appropriate counsellor or support agency. The MCPGS also provides its own counselling service. Face-to-face counselling is preferred to telephone counselling. It is important that the counsellor or agency has the same language or knowledge of client's culture:

*'Indonesian and Maltese counsellors are missing; there are none around'.*

The service maintains a detailed dataset on the socio-demographic characteristics, cultural background and problems of clients '*for research purposes*'. However the MCPGS representative commented that the dataset was '*not good. It's what the CCBFT wants but it needs to be improved*'. The representative reported that some clients are residents of Canberra and Queanbeyan; however for funding purposes the MCPGS records their Sydney location while they are receiving counselling.

Financial problems associated with gambling are the main reason that people contact the service. Gaming machines in clubs and hotels are the most common form of problem gambling, although the MCPGS also has many clients who gamble at the casino and TABs.

<sup>262</sup> Cultural Partners P/L (2003) op. cit.



The majority of clients are male. If a spouse contacts the MCPGS she will be referred to a relationships counsellor. If the husband's gambling is identified as a problem, then the husband can also be involved in the counselling program.

The service advertises widely, including brochures, radio, press and TV. Television is by far the most effective way of promoting the service.

*Everyone watches TV even if their English is poor. That's how they learn the language. Nobody seems to read the ads in special language newspapers. Letter drops at GP offices are useless.*

Barriers that hinder people from seeking help are similar to those reported by other support agency representatives – eg. failure to admit that there is a problem, a sense of shame, aversion to counselling. Shame is a particular concern for the MCPGS clients. However the service prides itself on directly addressing and overcoming difficulties with language and cultural understanding, which the informant suggested are the most important barriers for people from different cultural backgrounds.

The MCPGS representative noted that the service took some time to establish its credentials with the multicultural communities.

*The major difficulty is to get community support for a common idea. The main challenge was to understand inter-community dynamics and to try to bring key players together to support the program. Often the apparent community leaders were not the real leaders at all. Some people grandstand but don't actually do anything. It's important to identify the key people who have the community's respect and trust. When you have their support, they bring everyone else with them.*

*The next step is to get in touch with the community service providers across the board. Organise a general workshop on social services or public health issues – slip in gambling as a topic. Good catering does help. These communities appreciate that. Then organise a gambling forum as a follow-up.*

To maintain constructive relationships and continuing dialogue with the varied cultural communities associated with the service, the MCPGS convenes regular workshops and forums on problem gambling for specific communities and publishes regular newsletters about gambling issues and developments.

### **Financial counsellors**

A group meeting with ACT financial counsellors was organised by CARE Inc. Researchers were informed that since 2001 they referred all inquiries about gambling to Lifeline. Consequently, although the financial counsellors were able to advise generally on financial problems associated with gambling problems, including ways that gamblers access cash, they were unable to provide detailed information on help-seeking behaviour of gambling clients.

## **6.2 Views of cultural community leaders**

The ACT cultural community leaders interviewed for this study all agreed that there is a problem within the different cultural groups in relation to gambling. However, they could not give specific details of the nature or extent of gambling problems. It appears

that their knowledge of the issues is based on second-hand information or perhaps media reports, rather than direct contact with problem gambling.

Representatives of the Multicultural Consultative Council and the Migrant Resource Centre, for example, had firm views that gambling was a problem in many cultural groups in the ACT. Paradoxically, they suggested that people do not seek help from their organisations because they don't realise they have a gambling problem. They stressed that both organisations have very limited resources but specific responsibilities to assist cultural groups across a range of service areas. Consequently they would refer any gambling inquiries to another agency such as Lifeline.

The Multicultural Consultative Council has organised an education workshop on gambling in the past; and the Migrant Resource Centre currently has a small HealthPact grant to develop a basic 'Gambling and Health' component in the Centre's *English for Living* program. This project involves workshops on gambling, a drama group and development of an education booklet for wider distribution. The group members are mostly elderly migrant women who do not gamble.

Despite the role of these central agencies, there does not seem to be a unified position on problem gambling by cultural groups in the ACT. During an interview at the Migrant Resource Centre, a community leader interrupted the interview to protest that cultural groups in Canberra do not want help for gambling:

*We don't need you to tell us what our problems are. We don't want your counselling.*

### **Chinese community**

A representative of the Chinese community told researchers that the Chinese community in Canberra has ambivalent attitudes to gambling. Gambling is accepted as part of Chinese culture and most people 'see the positive side and keep it under control'. On the other hand, problem gambling is highly stigmatised, especially if it impacts on achievements in business or study, or on family stability:

*The two worst habits are gambling and drug use.*

The informant said the heaviest gamblers are men working in the restaurant sector who gamble after midnight. Many of them are second generation Chinese who are

*...disconnected from their host culture...and are more self-reliant and individualistic. A problem gambler is someone who's always gambling; someone who spends most of his income and neglects his family responsibilities.*

People coming from Asian countries such as Hong Kong and Vietnam where

*...gambling opportunities are limited [are] at risk. They see gambling as a glamorous activity and start gambling when they find it easily accessible.*

The major gambling problems experienced by Chinese gamblers are financial. The informant reported that Chinese restaurant workers are often officially paid a low income, but unofficially they receive extra cash in hand which they can use to gamble at the casino or clubs.

*They can then say they won the extra amount at the casino.*

Moreover, as the traditional head of the household, Chinese men control the family finances and their wives may not know how much they are gambling. Thus it is difficult to know whether Chinese gamblers are gambling beyond their means/excessively.

We were informed that international students from Asian countries tend to receive funding from their parents in one large payment and thus have access to considerable amounts of cash. When they gamble and lose their allowances, students find it difficult to admit their mistake to their parents and may not be able to finish their education.

Chinese gamblers will only seek help if there is no other way to solve the problem, for example if there is '*no food or they face threats from loan sharks*'.<sup>263</sup> They will first ask for help from a trusted family member, then friends or employer.

*If a Chinese gambler asks to borrow money from a friend because he was unlucky in gambling, he's more likely to receive a loan than if he asks for money to buy dinner.*

The informant argued that gambling problems are not as bad as in other states. The Chinese community in Canberra is very close, with many people employed in Chinese-owned businesses such as restaurants. A gambler who gets into financial problems can ask his employer for an advance on his salary, which is then deducted on the next payday.

While they will reluctantly seek and accept financial help, counselling is seen as inappropriate for Chinese gamblers or their families.

*A Chinese gambler definitely does not go to a counsellor. The purpose of counselling is to tell the gambler what a bad thing they are doing. But a Chinese gambler believes that gambling is a good thing. The belief in luck is a positive belief.*

### **Arabic community**

A representative of the Arabic Australian Friendship Society informed the study that:

*There is a big gambling problem in the Arabic community in Canberra. Many Arabs have lost small businesses through gambling. Normally it is the man who develops gambling problems. But more recently Arabic women are getting more and more involved. Sometimes the wives of problem gamblers join their husbands in the clubs to try to control their gambling and encourage them to leave the machines. But this often leads to the women taking up gambling too.*

The majority of Arabic gamblers reportedly play EGMs in clubs. Two reasons were suggested for this: people don't need English language skills to play the machines, and machine gambling is not seen by the community as 'heavy gambling' because there are other activities available in the club.

*But you go to the casino only to gamble and this means you have a problem.*

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<sup>263</sup> The informant was unable to provide specific examples of loan sharks in the ACT, but referred to knowledge about activities in Macau.

Many of the Arabic migrants to Canberra in past years were unskilled workers who found employment as taxi drivers or casual labourers. On the way home they went gambling although *'they didn't have a clue about gambling'*. This led to financial problems and family conflict.

If a gambling problem develops the family will try to keep it in the family. If knowledge of the problem spreads to the community, the gambler and the family are both stigmatised *'because there must be other problems within the family if someone gambles to that extent'*.

Friends sometimes become involved through friendship groups:

*We knew of a friend's gambling problem because our wives were talking about it. So we tried to get him away from the machines by inviting him to card game evenings. He showed up but it didn't solve his problem.*

According to the community representative, counselling is not an acceptable option for Arabic gamblers or their families. Men are expected to be 'strong' and to solve problems on their own. To seek counselling would be to admit weakness. Language barriers are another reason why few Arabic people access community support services.

This representative suggested a number of strategies to overcome the barriers to help-seeking in the Arabic community:

- Multilingual advertisements of support services other than counselling on buses and in the gaming venues;
- Outreach work by community service organisations;
- Information and education about gambling problems and how to deal with them as part of Arabic community events;
- Dress codes in clubs and the casino to prevent workers entering the venues in work clothes. Gamblers then *'would have to enter the family world before they go gambling'*. Because the family is such an important part of Arabic social life that would be barrier to excessive gambling.

### **Indigenous community**

Representatives from ATSIIS were aware that ACT indigenous communities engaged in many forms of gambling, including card games in people's homes. They had heard of *'games that go on for days'* that can impact on child care, especially if women are involved. They reported that problem gambling had not been identified as an issue for ACT indigenous communities because the indigenous community was 'very defensive' about the issue.

Representatives of the Winnunga Nimmityjah Aboriginal Health Service confirmed that gambling is popular with men and women in local indigenous communities. Card games and TAB betting are particularly popular, with an increasing number of people playing EGMs and casino table games. For the majority of people, gambling is a way of socialising with friends and families. However, some people gamble to escape from personal or social difficulties, to fill in time when unemployed, or to overcome boredom.

Gambling problems are often associated with excessive consumption of alcohol, borrowing money and sometimes criminal activity. Gambling debts can lead to family disputes and domestic violence; long hours spent gambling can result in the neglect of children.

Indigenous people reportedly turn first to family and friends for help, and to their own community organisations in preference to other mainstream agencies. Counselling appears to be well-accepted, although this service seems to be mainly provided by community drug and alcohol counsellors. The indigenous representatives interviewed for this study stressed that the ACT indigenous community was capable of dealing with its own problems in its own way, but lacked the necessary funding to provide an adequate service specifically designed for gamblers. They suggested that a specific education program and coordinated support services for Aboriginal gambling should be developed for the whole ACT region.

In this regard, a representative from ACTCOSS advocated establishment of a peak body to represent ACT indigenous communities. A representative of the Chief Minister's Department advised us that an integrated framework for indigenous community programs and service delivery was in early stages of development.

#### *6.2.1 Views of gaming industry representatives*

Industry representatives interviewed for this study acknowledged that gambling can be a problem for some people, and that gambling-related problems can also affect families and communities. They reported that Canberra Casino and the Dickson Tradies Club attracted a relatively large 'Asian' clientele, estimated to be approximately one-third of total patronage. However they agreed that very few people from indigenous communities seem to patronise clubs or the casino.

They were unable to provide information on the different ways that men and women might experience gambling problems or how problem gambling might affect particular cultural groups. To rectify this gap in knowledge, one recommendation from the group meeting was that more detailed information about people's cultural background could be included in gambling client records kept by ACT counselling agencies.

A representative of ClubsACT reported that Clubcare originally had devoted considerable energy in trying to involve the Chinese community but without success. To their knowledge, no gamblers from specific cultural groups had taken advantage of the clubs' self-exclusion program. However, Canberra Casino reported that mainly Asian gamblers had utilised their self-exclusion program. Often they self-exclude as the result of pressure from family members, although they will not speak to casino staff about their problems.

Because of the critical role of families in overcoming barriers to help-seeking, industry representatives suggested that education about problem gambling and the support services available should be directed to friends and families of cultural communities.

### 6.2.2 Views of other community groups

A number of other community organisations relevant to the objectives of this project agreed to be interviewed and provided information on their experience of problem gambling in the ACT.

#### **Oz Help**

The research team consulted Oz Help, a building and construction industry charitable organisation that provides a 'building industry friendly' support service to apprentices and workers in the construction industry. A component of their 'Life Skills Program' includes a focus upon how to manage problem gambling. A 'Budgeting and Responsible Gambling Module' is being developed in conjunction with the ACT Gambling and Racing Commission, Lifeline and CARE Inc.

Representatives of Oz Help reported that apprentices in the building industry often gambled as part of the work culture, mainly on EGMs and the TAB. Most of the apprentices are male, although there are a small number of young women. According to Oz Help the women tend to be more willing than men to approach the support staff to discuss issues. Only male apprentices had sought advice for gambling problems which were often linked to low self-esteem. Oz Help expressed the view that that:

*loss of control leads to problems. Like suicide, a common factor is loss. Something is missing in life: loss of income, loss of culture, loss of self-esteem. Apprentices earn less than a Woolies shelf-filler. That can be pretty hard for a young fellow to accept.*

Oz Help reported cases of binge gamblers among the apprentices.

*They go to a club every now and then and gamble away a large amount of money. They say it eases the pressure they experience at work.*

Normally they seek help for other 'painful' issues and during the support sessions gambling is revealed as a problem. One of the apprentices was 'suicidal' and went to Gambling Care for help but *'he didn't receive the right help. The main thing this man was missing was trust. He didn't trust the professional counsellors'*. Oz Help then referred him to a group with whom he could relate and who helped him return to work and community life.

Oz Help would like to see problem gambling 'destigmatised' and an holistic prevention strategy to build resilience. Oz Help is working to build partnerships with numerous organisations in the ACT (eg Carers ACT; Keep Families Connected; Communities at Work; VYNE, Calvary Health Care) and the Resilience Network in the ACT (ResNet).

#### **Australian Medical Association (AMA) – ACT Branch**

In January 1999 the federal AMA developed a *Position Statement on the Health Effects of Problem Gambling*.<sup>264</sup> The ACT Branch of the AMA is aware of that policy but advised this study that there is no formal strategy for implementation of

<sup>264</sup> <http://www.ama.com.au/web.nsf/doc/SHED-5G7CJM>, accessed June 2004.

monitoring of the health effects of problem gambling in the ACT. The AMA therefore does not have information on the extent to which people seek help for problem gambling from general practitioners in the ACT.

However, the ACT branch of the AMA has offered to include an article on problem gambling in an issue of *The Canberra Doctor*, a newsletter distributed to all medical practitioners in the ACT, and to collate any responses. The research team has accepted this offer, although it will not be possible to publish the article so before this study is finalised.

## 7 Problem Gamblers, Friends and Families

This section presents the results and findings from face-to-face interviews with people who self-identified as problem gamblers, families and friends, as described in the Methodology section of this report. A thematic analysis of those interviews and consultations identified a number of issues:

- construction of profiles of self-identified ‘problem gamblers’ based on their own accounts of the genesis of the problem and experiences;
- the role that gambling plays in the lives of problem gamblers and their social networks;
- definitions of problem gambling from the perspective of gamblers themselves;
- the main contributing factors that led to development of gambling problems;
- features of the gambling environment that contribute to gambling problems
- factors that prompted people to seek help;
- self-help strategies used by gamblers, families and friends to address the problem;
- whether people have sought help from community agencies and other professionals and the effectiveness of that assistance in reducing gambling problems; and
- barriers preventing access to appropriate gambling help services.

Finding problem gamblers to interview was recognised as the most challenging part of the study. Sixteen participants were recruited for face-to-face interview: four self-identified female problem gamblers, five self-identified male problem gamblers, and seven family members of a person with a gambling problem (six female and one male). This provided an acceptable balance between gamblers and families/friends, and between male and female participants.

Several of the volunteer participants indicated that they had thought for a long time before contacting the Centre and agreeing to an interview. We also received calls from a number of people offering to be involved in the study several weeks after the time allocated for recruitment. Some were responding to the initial recruitment procedures; others had heard about the study by word of mouth. Although the short timeframe for the study prevented us from extending the study to include those ‘late’ volunteers, this response suggests that the study has identified only a small proportion of people affected by problem gambling in the ACT.

Moreover, as previously noted, despite the best efforts and commitment of the research team in the time available, we were unable to recruit gamblers for interview from the nominated cultural groups. Although we provided information for distribution by various community services, only two volunteers were recruited through these agencies; both were members of the indigenous community.

The difficulties recruiting participants from different cultural communities for this study replicates the experience in a similar study conducted in Queensland.<sup>265</sup> Over

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<sup>265</sup> Scull, S. *et al.* (2003) op. cit., p.60.



eleven months that Queensland study was able to find only eight people from cultural groups (one current gambler, four former problem gamblers and three family/friends) willing to participate.

Gambling Care and Clubcare also agreed to assist the research by informing clients of the study and inviting them to participate in interviews. As with the cultural organisations, however, none of the volunteers who contacted us for interview had done so in response to information provided by the Lifeline services.

The majority of people who volunteered for interview in this ACT study were of Anglo-Celtic background and agreed to be interviewed by the researchers in the university environment. It is worth noting that none of the people who volunteered for interviews were recipients of welfare or pensions, and none were living in public housing. Thus they are not representative of the ACT population; nor can their experiences be assumed to reflect those of people from different cultural backgrounds. Even so, their detailed personal accounts of the way problem gambling has affected their lives and their experiences in seeking help provide valuable insights into the everyday reality of problem gambling in the ACT.

### **7.1 Profiles of problem gamblers, their family and friends**

Based on the information obtained from in-depth interviews with volunteer gamblers, families and friends, we have been able to construct profiles of 'problem gamblers' in the ACT with case histories of their gambling experience and help-seeking behaviour. Although constructed from real experiences as recounted to us, we stress that none of these cases wholly describes any actual individual.

#### **Male self-identified problem gamblers**

- *Case study 1:* A single 30 year old man originally from rural Australia who started playing poker machines when he moved to Canberra to go to college. Initially he did not see his gambling as problematic, but realised he had a problem when he lost a whole pay packet to gambling. He tried numerous self-help strategies but over three or four years he progressively began to gamble until his fortnightly salary was exhausted. His inability to control losses and associated feelings of personal failure triggered help-seeking. He has attended group support sessions for men only. He finds the program too rigid and is selective about how he applies it; but the support and example of other men in the group is beneficial. Although he no longer gambles he does not consider that his gambling is permanently under control.
- *Case study 2:* A 30 year old man who has gambled since his late teens. Both his parents and grandparents had gambled, but not problematically. Initially he played poker machines at weekends and evenings with his mates. His gambling became problematic when he moved to Canberra about four or five years ago when his partner got a job in the public service. He found it difficult to find work and began frequenting clubs regularly. He has never sought help for his gambling although he has picked up counselling cards from the clubs on a number of occasions. The stigma and shame associated with the term 'counselling' is the main reason why he has not sought help for his gambling.

He has joined a church-based group which has assisted him in reducing his gambling activity.

- *Case study 3:* A married indigenous man in his forties who had previously considered suicide when his gambling problem became severe. Gambling was one of a number of abuses he had developed during his teenage years – starting with alcohol and drugs. He gambled mainly on racing with the TAB, but also enjoyed casino table games, particularly playing blackjack with friends. He was a ‘binge gambler’ who regularly gambled all his available money then stopped gambling for a period. When he ran out of cash, he borrowed from family and friends, and sometimes stole. On a few occasions when he was in serious financial difficulty he asked his mates to help him stay away from the TAB. After his family threatened to no longer remain with him, he stopped gambling altogether.
- *Case study 4:* A man in his forties who has been a Canberra resident for a long period of time. His first experience with gambling occurred in another state while he was an 18 year old apprentice when he gambled all his wages on poker machines in one evening. This experience turned him off gambling and he did not gamble for a further 13 years. His gambling resurfaced when he began playing poker machines at his local club when his wife was working long hours. He has been gambling for the last 10 years. Over this period his gambling has escalated to the stage where he occasionally gambles \$800 a day. He realised that he had a gambling problem when he had no money to pay for groceries. A couple of years ago he sought help from a problem gambling counselling agency, although this experience was not helpful. He had no rapport with the counsellors and felt that they did not understand why he was attracted to gambling. In addition, he attempted to seek self exclusion from his local club but this request was not taken seriously or acted upon. He currently uses a number of self-help strategies to avoid spending large amounts or visiting the club too often, but says this is a daily battle.
- *Case study 5:* A single man in his forties who initially gambled on poker machines but now gambles at the casino, mainly on blackjack but sometimes roulette. His gambling became problematic when the casino opened close to his office. He regularly gambles before work, during lunch and after work. He likes the social atmosphere and interaction with dealers and other players. He has attempted a number of self-help strategies in the past to control his gambling, including leaving cash cards at home and putting daily limits on his bank accounts. The trigger for stopping gambling occurred when he calculated how much he has lost over time. Since this he has not gambled at all.

### **Female self-identified problem gamblers**

- *Case study 1:* A single 35 year old woman who has gambled on poker machines for eight years. Although her immediate family do not gamble, an aunt and uncle from Sydney introduced her to gambling – they frequently played the machines and would give her money to gamble with. She began frequenting clubs on her own in her late twenties. Her motive for gambling

was not to win but to soften the impact of other problematic areas in her life. She considers that gambling was problematic for her from the start. She earns a relatively high income and once lost \$30,000 in two days at the same club. She has sought help from a number of counselling agencies, but none have been beneficial to her.

- *Case study 2:* A woman in her mid-fifties who developed a problem with her gambling after a divorce. She gambles daily on gaming machines, moving between several clubs so as not to draw attention to herself. Although she used various strategies to conceal her gambling, she estimates she has gambled around \$100,000 in the past year. Her close relationship with her daughter was the trigger to seek help – she did not want to lie about her gambling. She has sought counselling in the past which was not beneficial to her. She has found that support from her daughter is more effective. She would like to see counsellors who can relate to the problem and who know the ‘tricks and lies’ that gamblers use.
- *Case study 3:* A woman in her forties who is separated from her Australian husband, whom she married five years ago. On arrival in Canberra she was in a vulnerable position with no income and dependent upon her husband. She began visiting clubs when she was experiencing marital problems. Her husband was having an affair and she wanted somewhere safe to ‘hide out’ from problems at home. She continued to gamble on gaming machines after her husband moved out of home and felt encouraged by positive comments from other gamblers. She has experienced problems with both drinking and gambling, and admits that she often ‘drinks too much’ while gambling. She has unsuccessfully sought help for gambling in the past and distrusts counsellors who she feels are often judgmental and do not understand why gambling can be so attractive to people like her.
- *Case study 4:* A professional woman in her fifties who begun visiting clubs shortly after arriving in the ACT to overcome loneliness and boredom. She considers the club a welcoming and safe environment for a single woman on her own. Stressful events in her personal life can trigger binge gambling. She is a member of several clubs, all within walking distance of her home and says she cannot visit the club without gambling on the machines. She tries to limit her gambling by avoiding the clubs altogether, but finds this difficult in Canberra as there are few alternative places to socialise. She has sought help in the past but had negative encounters and experienced hostility from counsellors who used a directive approach.

### **Family and friends of problem gamblers**

- *Case study 1:* Wife of a problem gambler who separated from her husband last year because of his gambling. She discovered the extent of his gambling problem when he began taking money from their mortgage account and her private savings, although she suspected something before then. Her husband’s family has a history of regular gambling and she felt they would not understand her problem. His parents had assisted him by paying off a large debt on one occasion. She sought professional help from a number of

agencies but found the experience frustrating and exhausting. Help was difficult to find and counsellors seemed more concerned about her husband. She felt they did not offer her effective advice and she felt excluded from the process. Eventually, she felt the only option was to leave the marriage.

- *Case study 2:* An indigenous woman who has been married to a problem gambler for over 20 years. Her husband's family also has a history of gambling problems. Her husband emptied her savings account using her cash card on a number of occasions and has frequently borrowed money from friends to gamble with. This has placed great strain on their relationship and several friendships. When she threatened to leave him he reluctantly sought professional help from a financial counsellor, although this experience was not a positive one. He continues to gamble on gaming machines, although she now controls the money. She considers that her husband's gambling is only one part of a more complex problem which has not been addressed.
- *Case study 3:* The wife of a problem gambler who divorced her husband due to the strain on the family created by his gambling. She discovered the extent of his gambling by accidentally opening his bank statement and realising the account was overdrawn. Her husband had gambled money from the sale of their car, the sale of their house and his superannuation. She tried to resolve the situation with him over two years and although he would stop gambling for short periods, time after time he returned to his former behaviour. She eventually sought professional help and was advised to leave her husband by a counsellor. She believed that he would stop gambling when faced with losing his family, but he still continues to gamble. She considers the costs of gambling to be far reaching with lifelong negative impacts upon her children and family.
- *Case study 4:* A single woman in her sixties who has a son who gambles excessively. She gambles small amounts on racing while her son has had problems with gaming machines. He first developed gambling problems when a relationship broke down and he became depressed. He was also drinking and smoking marijuana heavily at times. Her son has sought help through internet chat rooms where he discusses his gambling problem with others. This seems to help him keep his gambling under control. He also attends psychological counselling for his depression but she is unsure whether his gambling problems are addressed there.
- *Case study 5:* A single woman in her thirties who has a brother with gambling problems. Her brother suffers from a brain injury and has gambling problems with gaming machines and horse betting. There is a history of regular gambling in the family without previous problems. Their mother and father both gamble on poker machines and their father on horse betting. She recognises that gambling provides her brother with an important social activity that might not otherwise be available to him. However, his brain injury has left him with limited judgement over finances and from time to time he would gamble his entire allowance. She has attempted to seek counselling help for her brother on numerous occasions without positive

results. Although her brother enjoyed the social interaction with counsellors, she considered the help available for her brother as unsatisfactory with poor follow-up care. After her brother gambled away a \$30,000 loan she sought assistance from her brother's bank in controlling his finances. She found the bank to be unsympathetic and unsupportive and that it did not treat the problem seriously. She then contacted a solicitor and obtained power of attorney over her brother's finances.

- *Case study 6:* A man in his early fifties whose wife is originally from South-east Asia. She is a member of five or six clubs and has experienced problems with gaming machines. His wife gambled as a way of relieving stress associated with bullying and racism in the work place. She has sought help from a number of sources, including a gambling counselling agency, religious leaders and a friend who also experienced gambling problems. Initially she was reluctant to seek help as she did not want others to know of her problem. In the past his wife has cut up her cash card as a self-help technique to prevent gambling - she has since replaced the card. He considers her gambling problem to be aggravated by the advertising material sent to her by the club. Although he has requested that this material not be sent to his wife, it still comes through the post.
- *Case study 7:* The wife of a problem gambler who was originally from Central America. Her husband's gambling problems began when he visited clubs every day in a prolonged period when he was unemployed. He is now heavily involved in a sports club and gambles regularly on gaming machines with his mates. His mother becomes hostile when she takes steps to address his gambling problem. Her husband has stolen money from her to gamble with and has assaulted her and becomes aggressive when confronted about his gambling. On one occasion she laid assault charges against him and this seemed to change his behaviour for a short time. He was required to attend counselling for post-trauma counselling which seemed to be beneficial. However, after the charges did not proceed he soon returned to gambling. She has also attempted to close their joint bank account although this was unsuccessful as the bank required both signatures. She has accepted that her husband will not seek professional help of his own accord.

## **7.2 Defining problem gambling: the nature of the problems**

Researchers sought to discover how people with gambling problems who were interviewed for this study defined key concepts from the outset. They expressed varying interpretations of problem gambling.<sup>266</sup> In defining the problem they used diverse categories such as gambling habit, addiction, compulsion, binge gambling, heavy gambling, long-term gambling and short-term gambling. The focus for all groups was primarily on the behaviour of the individual gambler. Individual gamblers, however, seem to experience and define the problem in many varied ways, and thus conveyed diverse perceptions of their behaviour.

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<sup>266</sup> Similarly, qualitative research by Scull *et al.* (2003, p.17) found varied interpretations of gambling and problem gambling in different communities.

In the following sections we report the participants' own words, since they offer the most accurate description of their experience.<sup>267</sup> In many instances the issues overlap; hence some comments are repeated.

### **Male self-identified problem gamblers**

*The way I define problem gambling includes those who gamble very heavily relatively to their income (causing problems), and those like myself who compulsively gamble.*

*I know that problem gamblers ... are a diverse group but I can only really speak for myself.*

*If you have a grand in your pocket and go for the good bet – that's problem gambling.*

*I was a binge gambler. I don't gamble any more. But I do not think I have the gambling fully under control. I just push it right back.*

### **Female self-identified problem gambler**

*The brain does not work during gambling, it is during the breaks where the distress begins and you start banging your head against the wall.*

*Problem gambling can only be explained through linking it to other personal problems.*

### **Family and friends**

The people closest to the person with a gambling problem (family and friends) are also affected in diverse ways and voiced strong perspectives on gambling. The family and friends of problem gamblers interviewed in this study tend to contextualise the gambling problem in terms of the particular circumstances which they have experienced themselves. In contrast to gamblers, however, they identified the problem not in terms of individual behaviour, but in wider terms related to consequences for the gambler and costs for the family and society as a whole.

### **Female family members of a problem gambler**

*We have to put a human face on it [impact of problem gambling].*

*The gambling had a negative impact on the children. Since the split up they are much more confident and relaxed.*

*It is not only the gambler they ruin. It is children, families, friendships. The social costs they create are played down. The government does not take the real costs which gambling causes into account. My ex-husband will not be a self-funded retiree. Our children have to grow up with a father who has a serious problem. Our marriage broke up. This all costs a lot of money and emotions which nobody really counts.*

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<sup>267</sup> Kelleaheer, A. (1998) op. cit; Leigh, J. W. (1998) op. cit.

*We had everything going for us. We had good jobs, lovely children – and then the gambling destroyed everything.*

*I was very worried that he [son] would start being self destructive like his father.*

*I am afraid that our children will follow in their father's footsteps and develop the gambling habit too.*

### **7.3 Gambling history and development of problem gambling**

Interviewees gave a range of accounts detailing their early gambling experiences and factors that had contributed to development of their gambling problem. A number of self-identified problem gamblers told how their use of gambling venues for non-gambling activities had introduced them to gambling. This view was also supported by family members of problem gamblers.

#### **Male self-identified problem gamblers**

*I just went with a few mates to have a beer and a meal at the club and play a few dollars at the pokies.*

*I only gambled on weekends with my mates. Gambling wasn't the reason for going to the clubs. I would go to the club for drinks, to socialise and to have a game of pool. Then I might put a dollar or two into the pokies.*

*Pokies were not an attraction – they were just there at the clubs so I would put a few bucks in.*

*My father was a builder and I used to help out on the construction site. After work the workers went off to the club and I joined them. As soon as I was allowed to gamble [age] I started gambling on the pokies. But I never gambled over my means.*

*My group of friends all gambled and I would join my friends and gamble as part of the group.*

#### **Female self-identified problem gamblers**

*We went there for work functions. That's when I started playing the pokies the first time.*

*I had an aunt and an uncle in Sydney who gambled often. Normally when I visited them [twice a month] we would spend much of our time in a club and gamble.*

#### **Family and friends**

*He gambled at the local club. He played footy, so our social life revolved around the club. When we went there together, it wouldn't take long before he*

*would stand in front of the pokies. Once he was there he wouldn't move before he lost everything. This was embarrassing for me.*

*Young people today want to be entertained and that's why they go to the club – and some start playing the pokies and end up in trouble.*

*The problem is that the clubs are right in your face here in Canberra.*

### **7.3.1 Life changes and development of gambling problems**

A number of interviewees identified particular times of significant change, social isolation or stress in their life which they attributed to development of their gambling problem. This theme was repeated by both male and female gamblers, and by the family and friends of problem gamblers who could pinpoint specific events and occasions in the life of the problem gambler which precipitated development of the problem.

#### **Male self-identified problem gamblers**

*Moving to Canberra four to five years ago was definitely when my gambling problems started. I moved here with my girlfriend who had a job in the public service. I thought I would just come down to Canberra with her and get myself a job but I didn't get a job for a while. Because I was alone during the days I started going to the clubs to play pokies. As she began to work longer hours and travel, she would encourage me to go to the club to drink and socialise with my friends.*

*My first experience with gambling was at around eighteen when, as a young apprentice I gambled most of my wages in one evening. I learned from that and didn't gamble for several years.*

*I didn't know anyone and didn't have a job so it (the club) was a familiar environment in a new place.*

#### **Female self-identified problem gamblers**

*I wanted to avoid my husband who was having an affair. I eked out money to extend my time at the club so I didn't have to go home.*

*Canberra is a closed world. It's difficult to make friends here. The public service mentality makes it hard to break into social circles. It's taken me two and a half years to get asked out to the movies.*

*It [the gambling] occurred at a time when my life was out of sync and I was more susceptible.*

*I began gambling when I came to Australia, knowing no one. I was attracted by the club culture and people at the club. I couldn't believe it. I'd go past the club and wonder what's everyone doing there on a Sunday morning.*



**Family and Friends**

*She was experiencing trauma and was therefore vulnerable. When people are going through trauma they turn to something.*

*I can remember being stuck on the Centrelink benefit unable to pay all the bills – and that’s when the gambling may have started – when we were poorest and could least afford it.*

*It is the personal circumstances which make people start gambling too much.*

*The problem started when he had a work accident. He couldn’t work for a long time. To kill hours during the day he went to the club.*

*My son had a nasty break up with his girlfriend. He fell into a depression. That’s when he started gambling strongly.*

**7.3.2 Easy access to gambling**

Interviewees frequently identified easy access to gambling environments in the ACT as a factor which contributed to their gambling problems. They emphasised the convenience and attraction of club facilities including EGMs. Family members of problem gamblers also expressed the view that gambling was especially accessible within Canberra. Clubs are seen as the main focal point for social activities within the Canberra community. A common theme was that people started going to clubs for social events and activities, and progressively started playing EGMs until gambling became the dominant reason for club visits. In addition, female problem gamblers were more likely to equate the club as a ‘safe’ social environment which they could go to alone. Many problem gamblers interviewed for this study are members of multiple clubs.

**Male self-identified problem gamblers**

*At the start the pokies were not an attraction, they were just there at the clubs so I would put a few bucks in.*

*Initially gambling wasn’t the reason for going to the clubs. Then there came a point whilst still living in Sydney/Central Coast that I started to go out with mates but made a point of going to play the pokies first. So we would go out on a Saturday night to a club specifically to play the pokies for an hour or two before going on to a night club or to somewhere else.*

*When you go into a club you can always get a machine. Even when the place is really busy, there is always a machine available. If there were less machines and they were all busy when I arrived I might have a drink or go somewhere else.*

*I played the pokies without any problem. The gambling problem started with the casino. It was built right in front of my office window.*

**Female self-identified problem gamblers**

*I'm shocked by the number of clubs in Canberra. Wherever you live in Canberra, the clubs are everywhere.*

*I always gambled in the same area, but used several clubs in that area. I spread myself around. I didn't want to travel far so that I could get there as fast as possible.*

*The club is a safe, respectable place to hide out for a woman alone. At the club there is so much freedom. No one cares, no one notices how much you're drinking and gambling.*

*The club is somewhere for a woman to go and be safe. I could gamble and switch off at the club. I won't go to the movie theatre on my own but I can go to the club on my own.*

*I could stay there all night. I did stay there all night.*

*I felt welcome at the club. People would talk to you. I felt it was somewhere I was wanted, where I belonged.*

**Family and Friends**

*We live near a club. My son and his friends went there often.*

*He went to the club in the lunch break and after work. That's why it took me so long to find out about his gambling.*

*You don't have to dress up to go there. You can go shopping and on the way home stop for a beer and then spend all the money on the pokies.*

*We decided to move to Perth because there aren't any pokies there. He left his job, got a package and flew down to Perth. But he couldn't find a job there, so he came back – and blew his whole package on the pokies. At least he paid off the house before that.*

**7.3.3 Alcohol and gambling**

A number of interviewees discussed the relationship between gambling and alcohol. Many gamblers, both men and women, discussed how they would often drink to excess when gambling. Family members also reported that gambling and alcohol consumption were often interlinked. However, one interviewee recounted how he had observed casino staff refusing to serve alcohol to gamblers who were drunk. This experience was not reported by other interviewees.

**Male self-identified problem gamblers**

*The casino seems to keep an eye on the drinking behaviour of their clients. I witnessed several experiences where they did not hand out drinks to a patron who was drunk and asked him to leave.*

*The club where I gamble is across the road from the tavern where I drink. After two or three or more drinks, I then go across to the club and play the pokies... When I have consumed too much alcohol I lose control over my ability to withstand the pressure to gamble.*

*The worst thing is that if you've got payday, you paid the rent, went for some drinks with friends and gambled away all the money over night - all money gone within a day. That's when it hits in hard.*

*I began to frequent the club more when my wife's work took her away from home. As she began to work longer hours and travel, she would encourage me to go to the club to drink and socialise with my friends. This led on to me playing the poker machines at the local club.*

### **Female self-identified problem gamblers**

*The gambling always was combined with drinking. One of the wake-up calls was certainly the heavy drinking.*

*I began to drink heavily while at the club. My behaviour alters when I drink. When I drink, I'm different. I have never been approached by the club about drinking and have continued to be served drinks. I have driven home drunk. I stay at the club to gamble and then drink too much.*

*At the club, there is so much freedom. No one cares. No one notices how much you're drinking and gambling.*

*I drink while gambling but I don't eat at club. I have observed that drinking and gambling go together.*

### **Family and friends**

*His problem also seems to be the drinking in combination with the gambling.*

*You can go shopping and on the way home stop for a beer and then spend all the money on the pokies.*

*She would play the pokies then come home and drink.*

*He'll sit, drink and gamble. I don't think he would have blown so much money if he would have taken drugs.*

*Drinking and smoking are health issues with the gambling. It's a bit like self medicating, but all legal drugs. I never allowed smoking at home, around the children or me, and I also don't like people to be obviously drunk or obscenely drunk around my children or me. I'll go out if I want that. So he can go to the club and drink, smoke and gamble for hours in the warmth or air conditioned comfort. If he couldn't smoke he wouldn't stay as long I don't think, and that's probably the main reason I never went to the clubs. I hate smoke and sleazy drunks.*

### 7.3.4 The lure of the game

Interviewees discussed the lure of the game and how attractive gambling was to them. They recounted how often gambling was on their mind and in their thoughts. The gambling experience was often perceived as a means to escape or forget about troubles or stress. Several gamblers accompanied these statements by recounting positive stories of winning.

#### Male self-identified problem gamblers

*I was thinking of it [gambling] a fair bit. It started to possess my mind. I often dreamt of it and had to go as soon as I had money. All I did was centred on gambling.*

*It is the noise of the machines which drives me. It gives you the feeling that you will win every moment.*

*Lights, bells and whistles of the poker machines are triggers. These are difficult to ignore when at the club, particularly when the jackpot goes off. I would be tempted to go over and see what was happening and this would trigger a desire to participate.*

*I just went with a few mates to have beer and a meal at the club and play a few dollars at the pokies. Study and work didn't leave much time. I worked two jobs. One was filling shelves in a supermarket at night. After work I often went to the club to gamble. In the beginning, I enjoyed gambling. It was relaxing.*

*I also had a few wins just after arriving in Canberra. That may have been a trigger of sorts.*

*My reason for gambling was to win. I have had significant wins to justify this faith in winning.*

*In the beginning there were some big wins. But when gambling was a problem it wasn't the winning anymore. I didn't gamble to win, I gambled to double up.*

*The counsellor explained to me my chances of winning on the poker machines, going through the odds with me. However, I felt that this was not much help as in my mind I had already rationalised this by telling myself that someone wins Lotto and that in the case of the pokies, I would be the person who will win.*

*I started out at the \$5 table and gradually worked myself into the \$25 table. The game was just better on that table. I got tired of Black Jack and went on to Baccarat. It was more relaxing. Also, I was the only white guy surrounded by Asians. That made me feel good...I would go before work. I would leave work at twelve spot on, be in the casino three minutes later. I would go straight after work.*

#### Female self-identified problem gamblers

*It gives me instant gratification.*

*I play games in my head before entering the club to justify why I am going in.*

*I got more and more agitated the closer to finishing work – and right after work I went gambling.*

*I worked long hours and would go gambling with the girls after working hard to relax.*

*I always put money back in.*

*My first experience was of wining. I put 50 cents in and won \$189. I knew it was possible to turn \$1 into \$200. I enjoyed the comments from other gamblers: 'right on' and 'good for you'.*

*At the start I put \$5 in the pokies and I loved it.*

*I have a sense that playing the machines is an empowering experience for some women - their first real sense of power.*

### **Family and friends**

*She played the pokies as a means by which to deal with and forget or escape from the problems at work.*

*He promised me he will stop tomorrow. I wanted to go and be sure and so I waited in front of the nearest club from his workplace. And there he came; just a few minutes after the lunchbreak had started...I think it was the nature of the machines which drives the gamblers.*

*Young people today want to be entertained and that's why they go to the club – and some start playing the pokies and end up in trouble.*

*She would leave work and go straight to the club. Gambling was a stress reliever - the lights on the machine made her feel better.*

*When he wins, he is very happy and proud. He comes home and shows of the money.*

*He had some big wins. But most of the times he would lose all of it again – maybe to hide that he was gambling.*

### **7.3.5 The costs of gambling**

Interviewees considered the costs associated with problem gambling as profound and potentially destructive. Costs were often discussed in terms of financial costs and relationship/social costs. The financial costs of gambling included gambling entire pay packets, large compensation payments and whatever money they had access to; borrowing money from family and friends; and stealing money for gambling. The

impacts of gambling upon families focused mainly upon breach of trust – the inability to trust the gambler and broken promises about stopping gambling.

Moreover, gamblers often stressed that they struggled constantly with low self-esteem and self-blame. Both men and women gamblers said they blamed themselves for letting their gambling get out of hand. They identified two main impacts of their gambling: the adverse effects on others and the fact that they were not meeting their own expectations and standards of behaviour.

### **Financial costs - male self-identified problem gamblers**

*The recognition that I had a gambling problem came the day I went to buy some groceries and found there was no money in my account. This was a shocking experience.*

*Often I gambled all night, but I never missed an hour of work. It would have been bad if I had lost my job. This would mean no money and then obviously no gambling.*

*I recognised that on the road to problem gambling there are stumbling blocks along the way which might be able to stop problem gambling from escalating. The first large loss I experienced was a significant stumbling block for me. But I denied having a gambling problem. I thought this won't happen again. I also missed home loan repayments and borrowing money off friends and relatives. These were significant indicators of a problem. But over time there is a danger of becoming desensitised to the warning signals.*

*I have stopped playing a few times just for a few days; the longest was probably about eighteen to twenty days. Money was the main reason I stopped and also the main reason I started again. If I had a big loss and then a few bills came in then I'd try to not gamble for a while. Then when the bills are all paid and a new pay packet has come in I might play them again.*

*When gambling I'll spend whatever is in my pocket, change in the glove box and whatever money I can find. I'll empty my bank accounts too.*

*I began realising that I had problem when I lost my whole pay packet gambling. In the beginning there were some big wins. But when gambling was a problem it wasn't the winning anymore. I didn't gamble to win, I gambled to double up.*

*I use the ATM machines in the clubs all the time. I chase losses. If my pockets are emptied then I can just get more money out of the ATM to win back losses.*

*It was when I saw on my bank statements that I was drawing out \$50 at a time, several times a day that I knew I had a problem.*

*I have two jobs – one basically pays for my gambling.*

*The worst thing is that if you've got payday, you paid the rent, went for some drinks with friends and gambled away all the money over night. All money gone within a day. That's when it hits in hard.*

*You tell yourself in your head that you always have money. Problem gamblers plan for situations when they run out of money and have money situated in different places to cater for these contingencies. There is an endless avenue to get money for those gamblers who want it.*

*I'm thirty years old now and don't want to still be renting when I am forty, fifty or sixty.*

### **Financial costs - female self-identified problem gamblers**

*I cannot go to the club without gambling. Once I spent all my money and spent the next two weeks without money. I lived off Weetbix and supplies.*

*My brother sends me money when I ask him too. My son refuses to give me his allowance or money for gambling. My former husband would not give me money and tried to get me to leave the club when I was gambling.*

*I am not choosing things that are normally in my life. Not prioritising money as I normally would.*

*My son paid my rates and electricity bills when I had lost all my money. I paid him back, but this was a final thing, a turning point. I had never before borrowed money.*

### **Financial costs - family and friends**

*Gambling was a stress reliever, she would leave work and go straight to the club but if she lost money she would come home distressed.*

*My wife losing money would cause arguments. I would see the bank statements with withdrawals from clubs, clubs, clubs and go off my head. It just infuriated me.*

*I can recall times when I had to borrow money each week to make ends meet because he had gambled everything. I didn't even have enough money for food and the rent.*

*I often tried to find him in the clubs before he blew all our pay. I wanted to help him. But he said he didn't have a gambling problem.*

*He used many tricks to get to money. First he emptied the account with his own card – I took away his card. He stole my card once or twice, but when I threatened him with leaving him, he stopped doing this. He borrowed money from mates, and couldn't pay it back.*

*Although we both were working we never had money to go on holidays or go out for dinner. At one stage he sold his car. He argued that we don't need two cars. He also got an inheritance. All that money vanished. I found out when I saw a bank statement. We had no savings left. Up to then he hid the statements.*

*If he'd start to steal from me that would be a problem.*

*The first time I confronted him about stealing money out of my purse he denied it. But I knew it was him.*

*The mortgage payment was often gone before we could pay it.*

*He even gambled with his superannuation. Every time he withdrew money from that account he lost 25% on fines.*

*He asked me for money a few times. I stopped giving him money. I told him that I won't put him actively into harm's way by financing his gambling.*

*He puts his entire pay through the pokies.*

*I asked him what he has done with the money. I knew it was the gambling, but he did not admit it.*

*My husband was employed in the family business. He made the cash deliveries and stole small amounts from the deliveries. When he had a larger amount put aside, he went off to the club and gambled all of it away. His parents knew but covered up for him.*

*He was stealing money. He lost his job and refinanced the mortgage to pay back the money to avoid being sued by the owners.*

*You tell yourself in your head that you always have money. The day you realise you have a problem is when you have no money. This led me to recently wake up to the fact I was being stupid.*

### **Relationship and social costs - male self-identified problem gamblers**

*The more the gambling took over the more the other social activities decreased.*

*I gambled so intensely that I almost committed suicide. I lost all this money; I was in high debt with my friends and lost my job.*

*When I ripped off family members, that's where I started to feel pressure.*

### **Relationship and social costs - female self-identified problem gamblers**

*My son and daughter-in-law are aware that I gamble ... But what can you do with someone who gambles except lock them up?*



*I lost my brain, lost all control. I am completely mental when gambling. If this can happen to a nice person like me, it can happen to anybody.*

*I've been able to talk to my grandson about my gambling. After seeing me gamble, it's been a good lesson to him.*

*My gambling is an act of self-hate and self-destruction. I'm bitter. I'm angry because I made a tremendous mistake in my marriage.*

### **Relationship and social costs - family and friends**

*A lot of the problem is that there is no trust left once this happens, and no money a lot of the time.*

*After four years trying to solve his problem I had to leave him. I had to separate, but I still loved him. When my second child was born I knew that I had to choose between the children and him. I thought he will stop if he loses his family – but he didn't. He still gambles. I still feel bad because I left him behind in his misery - but I had no choice.*

*There's a huge amount of guilt in it. It hurts everyone. The emotional damage is enormous.*

*We've split up four times. It was just too tough on the family. But I still loved him so I went back after a period of time. He went back to his mother. She was a strong Central American matriarch. She didn't like that her son was kicked out of the house. It just isn't an option in their culture.*

*The last time I left him was because he threatened to harm me and our children. I feared for my life. He blew all the money and was out of his mind. I had to call the police.*

*Our family has been torn apart...But someone has to prevent it happening to other people like me.*

*Gambling has taken our future.*

*I have asked him several times to give up gambling, but he got aggressive again. I have given up talking about it.*

*Her health also suffered due to the smoke in the venues she was at for hours on end. She developed a cough and asthma.*

*I am afraid that our children will follow in their father's footsteps and develop the gambling habit too.*

*I finally found out when I realised that he [husband] was taking money from our mortgage account and my private savings account. But I think I knew before that. I just didn't want to believe it. I somehow knew before. There were signs. For example, once the whole family went for dinner at the nearby club.*

*All the staff knew his name. I found that strange, but he said he just comes here every now and then to have a beer with friends. I believed him.*

*I just want to keep my relationship with him on a reality basis.*

*He promised me he will stop tomorrow. I wanted to go and be sure and so I waited in front of the nearest club from his workplace. And there he came, just a few minutes after the lunchbreak had started.*

*I couldn't trust him at all.*

### **7.3.6 The shame of gambling**

All interview participants discussed the concept of shame – the shame of being a gambler, the shame of a family member's gambling behaviour, the shame of having a problem with gambling, the shame of others discovering the extent of gambling and shame in admitting to others that there is a problem. Several gamblers commented on the damaging effect their gambling had on their self-esteem. Shame associated with problem gambling was experienced by both the gambler and the whole family. Problem gambling was portrayed as a 'secret activity' or a problem which they had tried to keep hidden. Shame also was often mentioned as a significant barrier to seeking help.

#### **Male self-identified problem gamblers**

*I lost all my self-esteem through gambling. I would stop going out with my mates and stay at home or gamble. I often wouldn't go out or even over to friends' houses not because I had no money but because I had no self-esteem and couldn't face up to it.*

*I never mixed socialising and gambling. I always gambled on my own. Nobody ever knew of my gambling problem. I even was able to go to clubs with friends and have some beers without having the urge to go off and gamble. My mother might have guessed that there is a problem because I sometimes was late paying my board. But I always paid back as fast as possible to keep the secret.*

*I was very concerned about getting friends and family involved in my gambling problem. It seemed like an imaginary border which is not to be crossed.*

*My family doesn't know about my gambling issues. I couldn't let them know. They would think I was a failure or I'd disappoint them.*

*... the feeling of being too weak-willed to resist the pokies.*

#### **Female self-identified problem gamblers**

*I didn't ask friends or family. I tried to keep it quiet. I felt embarrassed and guilty.*

*Nobody ever knew or found out about my gambling. I always gambled on my own and was very secretive about it.*

*The [need for] honesty with the friends and relatives is too difficult. I can't tell some people. They are too close and I don't want to hurt them.*

*It's a stupid thing to do. A stupid time-wasting thing to do. What is wrong with society that we are so empty that we are sitting in front of frigging machines.*

*There is shame in admitting I have a problem. I feel like I've turned into white trash. But I realise I won't beat it if I can't accept it.*

*I'm subject to mood swings and alternate between beating myself up over gambling and being flippant about it. Sometimes I am in denial about the problem. I feel lonely, desperate and unhappy. If this can happen to a nice person like me it can happen to anybody.*

### **Family and friends**

*She would come home and fly straight into the shower. But I'd smell the cigarettes and know she'd been at the club.*

*You don't want to talk about the problems with others because you can't win any brownie points with it.*

*He never discussed losses or wins. He kept the gambling separate from his family life.*

*He doesn't want to be seen in the club when gambling. There's a huge amount of guilt in it.*

*I sometimes called at his work. He often wasn't there. His work colleagues mentioned that he is trying to get around work again. This was embarrassing for me.*

*He gambled very secretly. He even hid behind the pot plants in the clubs.*

*He went to the club in the lunch break and after work. That's why it took me so long to find out about his gambling.*

*He gambles secretly. He sneaks out and gambles. But I know he gambles.*

*He tried to cover up the losses from me. For example, he would very seldom let large betting slips lay around. I started to get suspicious when he stayed out for one or two days - normally after a payday. He didn't come home because he was ashamed of his losses. He had some big wins. But most of the time he would lose all of it again - maybe to hide that he was gambling.*

*I really wanted to tell his parents. They were such nice and respected people. But he respected his parents that much that I couldn't tell them. I felt ashamed.*

*I covered up for him because it was such a shameful situation.*

*I made sure that nobody knew what we were going through. I shopped at op-shops; it's amazing what you can find there. The kids always looked well dressed. Outwardly we were your typical middle class family.*

*He gambled at the local club. He played footy, so our social life revolved around the club. When we went there together, it wouldn't take long before he would stand in front of the pokies. Once he was there he wouldn't move before he lost everything. This was embarrassing for me.*

*I didn't ask friends or family. I tried to keep it quiet – I felt embarrassed and guilty.*

*He said he will self-exclude himself, but he never did it. He wasn't strong enough and too ashamed.*

*His isolation and shame is worse - I think it's robbed the boys of an effective father.*

*I feel like friends/family judge me badly for not leaving him.*

## **7.4 Help-seeking behaviours**

### **7.4.1 Informal avenues for help**

All the self-identified problem gamblers interviewed said that when they were away from the venue they recognised they had a problem and tried various ways to help themselves to control their gambling. Gamblers and family members reported having used a wide variety of self-help techniques and informal avenues for help to manage gambling problems. Informal avenues of help-seeking did not involve mainstream gambling counselling agencies and tended to focus on help from family and friends, measures to restrict or reduce gambling opportunities or self-help techniques to find alternative activities. Another frequent theme was help provided by the family medical practitioner with associated problems (eg alcohol consumption, depression). In many cases, gamblers seem to respond to more than one form of assistance, from emotional support to more directive interventions.

### **Male self-identified problem gamblers**

*Our family doctor, who has treated our family for 25 years, has been of assistance in dealing with these problems. Other emotional support has come from my parents who I have been able to talk to about my gambling problems. My friends who I socialise with at the club have also helped me to regulate my gambling. Although it was difficult to tell people about my problems, I believe the benefit outweighs the embarrassment.*

*Another friend from work has introduced me to pool and I now go to the tavern to play pool rather than to the club to play the pokies.*

*With help from my family, friends and family doctor, I have been able to some extent to manage my gambling.*

*If I gambled away all my money I went to the emergency relief services - the Salvos and so.*

*I was never lucky. I learned about the odds. I learned a lot about the game, I tried to gamble well but I never had the big win. Often I gambled all night, but I never missed an hour of work. It would have been bad if I'd lost my job. That would have meant no money and then no gambling.*

*When I win \$1000, I take this winning as a cheque. This cheque is then banked into a bank account – not put back into the pokies. This has been an effective method for me of keeping some control over my money.*

*I have learnt not to chase money but to walk away from my losses.*

*I left my card at home. But I would drive home and get it when I was desperate.*

*I went through many [bank] cards because I threw the card away after a great loss. But it didn't take long before I got a new one.*

*I went to the credit union to tidy up my accounts. I consolidated my accounts and put a limit on it.*

*I came up with a figure of my losses and that was an incredibly silly amount. Since then I have not played anymore in the ACT. When I visited my mum at the Gold Coast, I went to the casino there and blew my money. It was like a reward for being good in Canberra.*

*I've cut up so many membership cards.*

*I've been going to a church group now for a while. This was not for my gambling. I came home from work at four in the morning and turned on the telly and there was this church show on. It looked quite interesting. I thought I haven't been to church for a while so I'd go and see what it was like. It's a type of men's fellowship. We talk and support each other. I went along for a while before telling them about my problems. Now when I go along they might say 'how are you going with your gambling?' I want to be able to say 'yeah I haven't played the pokies this week' or 'I have only played them a bit'.*

### **Female self-identified problem gamblers**

*One self-help technique I used was to go to only one club so that a sort of shame would build up. I hoped people would realise how much time and money*

*I was spending in one club. I once lost \$30,000 in two days in the same club...and nobody from the club ever approached me. I am sure they knew, but they just didn't care.*

*I was spending so much time in the club I realised my behaviour was not normal.*

*When I'm away from the club I can see the stupidity of it all. In my lucid moments I'm determined not to do it again but it's all too easy, the way the whole system is set up.*

*My friends try to stop me gambling. They tell me I don't need to go to the club. One friend suggested I go to the Woden Senior Citizens' Club to dance instead of gambling but I didn't enjoy it there. I needed something more lively.*

*My son and daughter-in-law are aware that I gamble. My daughter-in-law once had to go and get me out of the club at five in the morning. My other son also knows I gamble but both do not know how to help me with it. What can you do to someone who gambles except lock them up?*

*I received help from a friend, a doctor in mental health. He told me, you will always know what you're doing wrong but it's finding out how to fix it.*

*My friends gave me emotional support, but that didn't stop me gambling. At the moment my ex supports me strongly which I really appreciate.*

*I have a friend who has helped with visualisations and suggesting other alternatives and social outings to try and get me to alter my gambling behaviour. She told me to 'lighten up' and tried to put my gambling in perspective. It was great to confess my gambling problem to her.*

*I asked my son and daughter-in-law to take my [cash] card away. They refused to. They said that I am a responsible person and have to manage my finances myself.*

*I destroyed all my club membership cards. I was a member of six clubs. I relented in one case and told the club I had lost my card. They replaced it immediately.*

*I collect the cheque [winnings] sometimes and don't gamble it away again. However, sometimes I would deliberately stay under the \$1,000 limit and would loose everything.*

*I set a time limit when I won't allow myself to enter club.*

*I make a decision not to use the rent money.*

*I used to cash a cheque at the club in Sydney but there was more accountability in doing this than getting money from the ATM. For example, I*

*would only cash one cheque and was aware that people were watching me do it. Cheques were a barrier, a break to gambling. With ATMs it's anonymous. No one is looking at what you are doing. ATMs allow multiple cash withdrawals. I take out \$50 at a time on ATMs. It's much harder to limit how much you are spending. You keep telling yourself that you won't do that anymore, you'll go home but then it's 'my God, I've spent \$300' and you didn't realise.*

*I'm trying to get back to my \$50 limit.*

*Monday, I already tell myself I won't gamble on Wednesday; on Tuesday I read and meditate – still confident that I won't gamble on Wednesday; and on Wednesday as soon as everybody has left the house I'm off to the club.*

*I have started doing other things: reading and joining a walking group instead of going to the club.*

### **Family and friends**

*I went to the library to find some literature about problem gambling. I educated myself on problem gambling, but it didn't help him with the problem.*

*We had a family conference with my son. I told my wife she needed help and that I was taking her to get some.*

*She had a friend who had also experienced gambling problems. Together they began to walk, swim and exercise instead of gambling.*

*She went to the Temple a fair bit and talked to the monks. This helped in two ways: she went to the Temple instead of the club, and her mental strength improved with doing more meditating.*

*She got rid of her cash-card so she couldn't use it – cut it up or something.*

*Once he gave me all his membership cards, bank cards, the lot so that he didn't have access to money. He said he seriously wants to stop.*

*I've got good friends who know the situation and are very supportive. But they can't do much next to emotional support.*

*We decided to move to Perth because there aren't any pokies there. He left his job, got a package and flew down to Perth. But he couldn't find a job there, so he came back – and blew his whole package on the pokies. At least he paid off the house before that.*

*He says he sets himself a limit of \$20 per session. If he wins that's good; if not then it's [the money] gone.*

*He spends a lot of time on the internet. He visits chat rooms and discusses his problems with other people there.*

*I have used the internet to get advice and help but this feels impersonal.*

*I allow my brother a small amount of money for gambling each week.*

*I now keep control over all the money and I told all friends that they cannot lend him money – I certainly won't pay them back.*

*I have found support with Carers Australia. I meet with them every three months. It helps to talk the problem over with them. I have been offered support groups by Carers. It feels good to support my brother. It is energising.*

*I control her money. I allow her a small amount for her own use and/or gambling. I keep all cash well hidden. She gave me her bank book when she realised she had a problem.*

*I have asked for promotional material from the club regarding draws not to be sent to her. However the club keeps sending material. It's just having it in your face all the time when you're trying to get away from it.*

*My wife cut her ATM card up. This was effective in helping her cut down her gambling. But she has now replaced the card.*

*I wanted to close our joint bank account. But the bank said they needed both signatures. So it never happened.*

#### **7.4.2 Formal avenues for help**

Several interviewees said they had made use of formal avenues for help with problem gambling, including mainstream gambling counselling agencies, financial counsellors and the self-exclusion program available at gaming venues. Many tried to get help from a number of professional sources. A diverse range of factors or events had prompted them to seek professional help; and their experiences with support providers were also varied. However, as noted in the 2001 *Needs Analysis*, few of the gamblers in this study found the available gambling counselling services effective for their particular needs.

#### **Male self-identified problem gamblers**

*I recognised I needed some help so I went and got it. Lifeline was my first contact.*

*I have sought help for my gambling from Lifeline. This was a number of years ago when information on where to get help was scarce. I had between two and three visits. Lifeline had very good intentions but no idea of the problem. I felt like I'd been patted on my head and told I'd get over it. The counsellors I was dealing with had no understanding of the problem and had not experienced the problem themselves so [they] were not in a position to be able to help.*



*I didn't want individual counselling. But I called Lifeline to ask for the address of a [support] group. I knew I was on the right track when I actually was on my way to one of the group meetings. That was the important step.*

*I sought self-exclusion from the club. I felt this would be an effective measure because I only went to the one club. Self-exclusion was not offered freely. My request for this service was treated comically and it was only when I approached the club with a group of friends, that I was taken seriously.*

### **Female self-identified problem gamblers**

*The first step in help-seeking was work counselling. They tried different strategies. The cognitive behaviour strategies didn't work. It didn't reduce the amount lost, only time spent in front of pokies.*

*I went through four counsellors at Lifeline and some other counsellors, even a psychiatric counsellor. I did not see Lifeline's counselling as very useful. I stopped going there two months ago.*

*I tried the counselling services. They weren't helpful. I was looking for a counsellor who has experienced how it is being a problem gambler. A person who knows the tricks and the lies. I was looking for something to aspire for.*

*I tried a psychologist and hypnosis, but nothing worked.*

*I went to Lifeline here in Canberra when I realised that gambling was taking over my life. I heard about Lifeline through the paper. I was offered group gambling support. I didn't feel Lifeline was helpful and didn't go back.*

*I told my financial adviser that I had a gambling problem. He made it difficult for me to access my invested money.*

### **Family and friends**

*I called G-line. A gambling counsellor from Sydney called back [Betsafe]. We arranged a meeting and he flew down from Sydney. We met in one of the clubs which I thought was a bit strange. He was a funny guy. He basically suggested I should buy a book he had written. I found his book interesting, but it didn't really help me in my situation.*

*I got him to see a counsellor for relationship and post-trauma counselling. The counsellor spoke his language. He was able to speak freely to her. That was very helpful but it didn't stop the gambling.*

*I called Lifeline to seek advice on how to deal with my husband's problem. They weren't very helpful. They didn't refer me to anybody and advised that they can only do something if my husband is willing to take counselling. I then pressured him to go to Lifeline. I gave him a Lifeline card I found in the toilet in a club. I threatened to leave him if he didn't take any counselling. I don't know if he went. However, he told me that it doesn't fit his needs – he doesn't have a gambling problem.*

*I called Lifeline. They told me that they can't do anything. He first has to hit rock bottom before they can do something. They basically told me to leave him which was good advice. We went to a marriage counsellor without any success. Why should it? Our marriage wasn't the problem, the problem was his gambling. The woman at the Gambling Helpline who told me that I might have to leave my husband maybe saved my life.*

*I saw an advertisement for a Lifeline focus group in the Canberra Times. We attended but the group was cancelled as only one other person turned up. My wife's gambling behaviour changed after help from Lifeline. She particularly liked the way Lifeline didn't expect her to go cold turkey on gambling but rather just cut down. She got follow-up phone calls too to see how she was going.*

*He is going to a psychiatrist because of his depression. I think they address the gambling too, but I am not sure.*

*My husband went to GA but the religious values didn't fit at all. He only went there for two sessions. I didn't pressure him to go again. If he doesn't like it, it ain't going to help.*

#### **7.4.3 Reasons to seek help**

Interviewees were inclined to group the reasons or triggers involved in seeking help into two categories. These categories were similar to the groupings used by participants to describe the 'costs' associated with gambling - financial costs and relationship/social costs. Self-identified problem gamblers primarily categorised their reasons for seeking help in terms of financial costs. In comparison, the family members of problem gamblers were inclined to describe the reasons for seeking help more broadly in terms of both financial costs and also relationship/social costs. For example, family members were prompted to act when money, wages or savings have been gambled away and impacted upon the whole family.

#### **Male self-identified problem gambler**

*The trigger for seeking help was my lack of control over the losses. I felt terrible and didn't understand it.*

*The day you realise you have a problem is when you have no money. This led me to recently wake up to the fact I was being stupid.*

*I need to get financially secure. I'm thirty years old now. I should be able to manage my finances. I want to save a deposit for my own unit or house. There's a goal at the end. In the short term to be able to say I haven't gambled this week. In the long term the goal of property ownership is a driving factor.*

*When I ripped off family members, that's where I started to feel pressure. I was a binge gambler. I gambled everything and fast and then would go a while without gambling. The trigger for stopping my gambling was serious*

*threats by my family to quit dealing with me. That's when I knew I had to stop and I did.*

*The recognition that I had a gambling problem came the day I went to buy some groceries and found there was no money in my account. This was a shocking experience.*

### **Female self-identified problem gambler**

*I heard about Lifeline through the paper.*

*I had a reasonably high income. It was hard getting the message across that despite the high income I had serious financial problems.*

*I have spent ten to thirteen hours in the club. Gone at eleven o'clock in the morning and spent till evening there. Spending large amounts of time there helped me recognise I had a problem. I realised my behaviour was not 'normal'. I am not choosing things that are normally in my life. Not prioritising money as I normally would.*

*The trigger to seek help was a relationship problem. I just couldn't lie to my daughter anymore who already was suspicious.*

*I picked up the help seeking brochure at the club. I could identify with the pamphlets; I recognised I had the problems mentioned.*

### **Family and Friends**

*The affect on the family was the trigger to pull the brake. When the money was missing to buy food that's when I threatened him and closed all money avenues for him.*

*It feels good to support my brother. It is energising.*

*The gambling had a negative impact on the children. Since the split up they are much more confident and relaxed.*

*I attempted to get help for my brother after he gambled away a \$30,000 loan.*

*She rang our son asking him to transfer \$300 to her bank account. I told him about his mother's problem. We had a family conference with my son. I told my wife she needed help and that I was taking her to get some.*

*My wife losing money would cause arguments. I would see the bank statements, with withdrawals from clubs, clubs, clubs and go off my head. It just infuriated me. I would see her car at the club and go in and get her out. On one occasion I got angry and yelled at her in the club.*

*Gambling has taken our future.*

*I found out when I saw a bank statement. We had no savings left. Up to then he hid the statements. I asked him what he has done with the money. I knew it was the gambling, but he did not admit it.*

*I often try to find him in the clubs before he blew all our money on payday. I wanted to help him. But he said he does not have a gambling problem.*

#### **7.4.4 Experiences of help-seeking**

Interviewees recounted mixed experiences in help-seeking. Most respondents experienced multiple attempts at help-seeking with different agencies and explored a number of different avenues in attempting to locate suitable help which would fit their needs. These experiences included a number of positive encounters with counsellors and agencies; however, the majority of interviewees recounted negative experiences in seeking professional help. Common themes related to inadequate follow-up, unhelpful and frustrating experiences, unsupportive and unsympathetic personnel, families feeling excluded from the process, inexperienced counsellors and frequent turnover of personnel.

#### **Male self-identified problem gamblers**

*I really had to look hard. Information on where to go for help was not readily available at that time.*

*The counselling service did offer some practical support in helping get financial things back on track and offering support to my family.*

*My gambling problem did not stop after the visits to Lifeline and I felt I didn't learn anything I didn't already know.*

*GA is not working, because it is all about abstinence and will power. You come along to the meetings and everybody says that they are a compulsive gambler. But I am not only a compulsive gambler; as a person I am more than that – and this is not addressed.*

*Only after I got treatment for my depression was I able to get help for other problems including my gambling.*

*The other members of the [male support] group were all much older than me. The disastrous gambling stories I heard from the others shocked me. But in my case I seemed to have profited from it. It woke me up to the fact that it could be me as well.*

*I came home from work at four in the morning and turned on the telly and there was this church show on. It looked quite interesting. I thought I haven't been to church for a while so I'd go and see what it was like. I started going to a type of men's fellowship linked to the church. We talk and support each other. I went along for a while before telling them about my problems. Now when I go along they might say – 'how are you going with your gambling?' I want to be able to say 'yeah I haven't played the pokies this week' or 'have*

*only played them a bit'. I can't lie to them – I want to be open and accountable.*

### **Female self-identified problem gamblers**

*I saw a Lifeline sticker in the toilets.*

*The first step in help-seeking was work counselling because my work performance dropped. They tried different strategies. The cognitive behaviour strategies had a slight impact on my gambling. It didn't reduce the amount lost, but time spent in front of pokies.*

*In the beginning I thought financial counselling was all I needed.*

*I picked up the help-seeking brochure at the club. I could identify with the pamphlets, I recognised I had the problems mentioned.*

### **Family and Friends**

*I didn't know what to look for. The gambling support services should be promoted much stronger. The new ads of Lifeline were a good start.*

*The people I rang weren't helpful at all. It was frustrating and used a lot of energy. I wished he had a drug problem - then I would have found help.*

*I'd first go to a health centre, there are always pamphlets there. Then I'd look in the phone book under gambling. I also would make a Google search with the keywords gambling and ACT. I also would contact GA.*

*I went to the library to find some literature about problem gambling. I educated myself on problem gambling, but it didn't help him with the problem. I think there should be more advertising out there to tell family members where to find help. This is really missing.*

*I called Lifeline. They told me that they can't do anything. He first has to hit rock bottom before they can do something. They basically told me to leave him which was good advice. We went to a marriage counsellor without any success. Why should it? Our marriage wasn't the problem, the problem was his gambling. The woman at the gambling help-line who told me that I might have to leave my husband maybe saved my life.*

*I called Lifeline to seek advice on how to deal with my husband's problem. They weren't very helpful. They didn't refer me to anybody and advised that they only can do something if my husband is willing to take counselling. I then pressured him to go to Lifeline. I gave him a Lifeline card I found in the toilet in a club. I threatened to leave him if he doesn't take any counselling. I don't know if he went. However, he told me that it does not fit his needs – he does not have a gambling problem.*

*I called G-line. A gambling counsellor from Sydney called back. We arranged a meeting and he flew down from Sydney. He was a funny guy, he basically*

*suggested I should buy a book he had written. I found his book interesting; however, it didn't really help me in my situation.*

*My wife's gambling behaviour changed after help from Lifeline. She particularly liked the way Lifeline didn't expect her to go cold turkey on gambling but rather just cut down. She got follow up phone calls too to see how she was going.*

*He is going to a psychiatrist because of his depression. I think they address the gambling too, but I am not sure.*

*The financial counsellor from the local council got on well with my brother but achieved nothing. He had a nice time going to see her and it gave him something to do. I contacted Liaise to work with him. This was unsatisfactory. They constantly chopped and changed personnel.*

*The bank was unsupportive and unsympathetic. They didn't treat the problem seriously. They told me my brother was a naughty boy when he had overdrawn his account.*

*The counsellors didn't keep in regular contact. There was constant changing of counsellors. It was always left to me to contact counsellors, never the other way round. The programs available weren't tailored enough for my brother. He had a full-time problem and they were offering a part-time solution. Help organisations operate within their own little worlds – they won't tell you about anyone else. I was treated like an outsider. They took no notice of me as a sister. My brother was perceived as their client. His rights considered paramount. Protecting my brother was their only priority. The supporting family was not addressed. My brother was isolated from the family. We as family were not treated as interested persons. They rarely made contact with us.*

*I wanted to know what was going on in my husband's head. It somehow didn't make sense if I wasn't allowed to join the [counselling] sessions. It was his problem, but I was affected too. Originally we chose this counselling service because the women on the phone didn't sound patronising.*

## **7.5 Barriers to help-seeking**

### **7.5.1 Failure of others to understand the problem**

As reported in many other studies, family members reported that gamblers themselves sometimes deny they have a problem. Both gamblers and their families described how problem gambling may not be obvious to an observer and cited difficulties convincing people that the problem was real.

Many interviewees considered that often problem gambling was not taken seriously and its consequences ignored. A number of interviewees recounted how staff at gaming venues ignored their problematic gambling, with one interviewee stating that

his requests for self-exclusion were discouraged by venue staff. Two interviewees described how requests for assistance from banks were not treated seriously.

### **Male self-identified problem gamblers**

*It is difficult to seek help because people don't think you're a problem gambler until you really have a problem. Gambling is entrenched in Australian culture.*

*I got to know all the staff. They know me on a first name basis and I know them. They are such familiar faces we just get to know each other. None of them have ever said anything to me about my gambling. They must know that I have some problems with gambling. I am there all the time spending heaps of money. If they were to say something to me then that would be very intimidating. If someone had spoken to me I'd think twice about going there again - or maybe I'd go and hope that that person wasn't working so that they wouldn't see or say anything to me.*

*I sought self-exclusion from the club. I felt this would be an effective measure because I only went to the one club. Self-exclusion was not offered freely. My request for this service was treated comically and it was only when I approached the club with a group of friends, that I was taken seriously. I was discouraged and made fun of by the club staff when I mentioned my gambling problem. They said 'don't do that' when I expressed a wish to self-exclude.*

*Nobody ever came up to me at the casino and they knew that I had a problem. Once I started a conversation with a government Casino Inspector in the casino. During the conversation he let me know that it might be better for me to stop playing the cards and go home. He must have observed that I was losing a lot of money. I still can remember this - it was good that he talked to me, it was like a wake up call.*

### **Female self-identified problem gamblers**

*I faced some problems in the help-seeking process because I had a reasonably high income. It was hard getting the message across that despite the high income I had serious financial problems.*

*I once lost \$30,000 in two days in the same club...and nobody from the club ever approached me. I am sure they knew, but they just didn't care.*

*At the club, there is so much freedom. No one cares, no one notices how much you're drinking and gambling.*

*I have never been approached in the club by staff about gambling despite the fact that I have gambled through the night.*

*The government is doing jack..... There aren't enough services out there.*

**Family and Friends**

*We talked about my concerns with his gambling problem. But he says it is not a problem.*

*He says he does not need any help. He says: I'm alright Mum.*

*He is a very proud man. If he doesn't want to help himself, there is nothing really anyone can do.*

*I then pressured him to go to Lifeline. I gave him a Lifeline card I found in the toilet in a club. I threatened to leave him if he doesn't go to the counselling. I don't know if he went. However, he told me that it does not fit his needs because he does not have a gambling problem.*

*I approached the bank asking them for assistance. They were unsupportive and unsympathetic. They didn't treat the problem seriously. They told me my brother was 'a naughty boy' when he had overdrawn his account.*

*I wanted to close our joint bank account. But the bank said they needed both signatures. So it never happened.*

*I think there should be more advertising out there to tell family members where to find help. This is really missing.*

*I didn't know what to look for. The gambling support services should be promoted much stronger. The new ads of Lifeline are a good start.*

*I called Lifeline to seek advice on how to deal with my husband's problem. They weren't very helpful. They didn't refer me to anybody and advised that they can only do something if my husband is willing to take counselling.*

*I wanted to know what was going on in my husband's head. It somehow didn't make sense if I wasn't allowed to join the [counselling] sessions. It was his problem, but I was affected too.*

*There should be an Aboriginal program developed by Aboriginals for Aboriginals. One has to address more than just the gambling. Gambling is just a part of the problem.*

**7.5.2 Shame and stigma**

Several interviewees discussed stigma and shame as a barrier to seeking help. On an individual basis, gamblers described the shame associated with not being able to control their own actions and being weak-willed. Seeking help from others was considered as exacerbating this shame and inability to control one's life. Family members also recognised the shame experienced by the family member with a gambling problem. Pride and self-reliance seem to be a particular barrier for male gamblers.



The stigma associated with counselling is a further barrier which discouraged many self-identified problem gamblers from seeking professional help. Counselling was perceived by several interviewees to imply a mental illness or psychological disorder and thus was resisted.

**Male self-identified problem gamblers**

*Self exclusion wasn't a real option. I would have felt too ashamed of not being able to control my gambling without help. Only weak guys have to self-exclude themselves.*

*The major problem for not seeking help was the feeling of being too weak willed to resist the pokies.*

*I saw the brochures, but counselling isn't my thing. I've never gone for help.*

*I have never sought help for my problems from anyone or any organisation ever. I have picked up the cards from the clubs but never called the phone numbers. Not sure why I picked up the card; maybe after a big loss having just blown the rent money or something.*

*I always knew in the back of my mind of the unfavourable odds of repeated systematic gambling and in fact the inevitability of complete loss. I know now it was a lack of discipline and will that prevented me to act on that.*

*I know I have a problem but I just don't get help. There is a strong stigma attached to the term counselling. Counselling means that I have a psychological problem. That is a major barrier. To go to a counsellor is to admit that there is a mental problem.*

*The main reason stopping me seeking specific help for gambling is the stigma, self esteem and shame issues surrounding the term 'counselling'. Counselling is a word that puts me off – I don't want or need counselling.*

*Self-help techniques were useless. One technique I used was to go to only one club so that a sort of shame would build up. I hoped people would realise how much time and money I was spending in one club.*

**Female self-identified problem gambler**

*There is shame in admitting I have a problem. I feel like I've become white trash. But I realise I won't beat it if I can't accept it.*

*The signs saying 'do you have a gambling problem?' are a waste of time. Nobody admits that they're a problem gambler. It's like asking if you're a drunk.*

**Family and Friends**

*My wife did not want to lose face by admitting she had a problem. She was unable to be honest with her GP. She kept insisting to the doctor that*

*everything was fine. I began to accompany her on doctor's visits so that the doctor would know what was going on.*

*He just isn't the personality who seeks help. People come to him all the time with their problems. He supports many other people, but can't seek support for himself.*

*Mum and Dad didn't understand what help was available and didn't like using counsellors.*

*He said he will self-exclude himself, but he never did it. He wasn't strong enough and too ashamed.*

*My wife was reluctant to get help. She didn't want others to know she had a problem and she wasn't keen on group counselling.*

*He is a very proud man. If he doesn't want to help himself there is nothing really anyone can do.*

### **7.5.3 Inadequacy of services on offer**

Many interviewees considered the current availability of services as inadequate and information on help-seeking was hard to find. Some regarded professional services as too expensive, and counsellors as ineffective and unhelpful. A number also complained of services where there was frequent change of personnel.

Common themes expressed by both gamblers and their families were the need for personal rapport between the counsellor and client, and for a more personal approach to their specific problems. Several expressed the view that counsellors lacked a practical understanding of the problem or that proposed solutions were unrealistic. In addition, families often felt excluded from the helping process and experienced difficulties in locating help for the family member who was experiencing gambling problems, as well as for themselves.

### **Male self-identified problem gamblers**

*The problem is that you don't know where to go and seek help.*

*I really had to look hard as information on where to go for help was not readily available at that time.*

*Knowing where to go when desperate would be a good start. It has to be easy to find help.*

*I had between two and three visits. Lifeline had very good intentions but no idea of the problem. I felt like I'd been patted on my head and told I'd get over it. The counsellors I was dealing with had no understanding of the problem and had not experienced the problem themselves so [they] were not in a position to be able to help.*

*The counsellor explained to me my chances of winning on the poker machines, going through the odds with me. However, I felt that this was not much help as in my mind I had already rationalised this by telling myself that 'someone wins Lotto' and that in the case of the pokies, I would be the person who will win.*

### **Female self-identified problem gamblers**

*I went through four gambling counsellors and some other counsellors (even a psychiatric counsellor). The first counsellor left the service after the first two sessions due to another job offer. The second counsellor wasn't experienced enough. She had text book answers for my problems and didn't really know much about problem gambling behaviour. It wasn't possible to build trust with her. She also started talking of Christian faith and religion which I didn't like at all. I had a personal problem with the third counsellor. She had very strict ideas how the counselling should happen which led to a clash of personalities.*

*I went to Lifeline when I realised that gambling was taking over my life. I sensed a very unhappy feeling at Lifeline. They weren't helpful and I didn't go back.*

*I went to a group counselling session at Lifeline. One or two group members took over the group and dominated. When I attempted to encourage everyone to speak, the Lifeline counsellor was very hostile.*

*Help is hard to find and expensive.*

*I had to leave a message on an answering machine for someone to get back to me.*

*There was no reason for me to trust her [the counsellor]. I felt I had way more experience and qualifications than the counsellor and I was older than her. I'm arrogant, I feel I know as much as them.*

*I would prefer an all women support group. I could never relate to the men or their problems.*

*When I ask a counsellor for help, I expect her to listen - not to interrupt or for her to tell me what my problems are.*

### **Family and Friends**

*My brother got impatient if the counsellor was not there when they said they would be.*

*They gave up on him because he wasn't 'co-operating' and 'participating'.*

*The counsellors didn't keep in regular contact. There was constant changing of counsellors. It was always left to me to contact counsellors, never the other way round. The programs available weren't tailored enough for my brother. He had a full-time problem and they were offering a part-time solution. Help*

*organisations operate within their own little worlds – they won't tell you about anyone else. I was treated like an outsider. They took no notice of me as a sister. My brother was perceived as their 'client'. His rights were considered paramount. Protecting my brother was their only priority. The supporting family was not addressed. My brother was isolated from the family. As family we were not treated as interested persons. They rarely made contact with us.*

*I wanted to know what was going on in my husband's head. It somehow didn't make sense if I wasn't allowed to join the sessions. It was his problem, but I was affected.*

*He needed better counselling and I needed someone who would tell me that it wasn't my fault.*

*My husband went to GA but the religious values didn't fit at all. He only went there for two sessions. I didn't pressure him to go again. If he doesn't like it, it ain't going to help.*

*I called Mental Health Crisis Services when he assaulted me. I thought he was psychotic or mad, but they wouldn't see him because I didn't call them when he was violent towards me. Then later when the police had let him go and he was suicidal I called them because I was in a hotel with the kids and I was still scared he'd attack me if I saw him. Again they wouldn't attend him because it was a 'domestic situation'. So maybe the mental health people could be educated [about problem gambling issues] too.*

*There really needs to be somewhere that the men can go, not just to go to jail and court then be let go. He turned to me because that's all he had, but he should have been able to go, somewhere for men in crisis and actually be understood and helped, without condoning what he did to me [assault].*

## **7.6 The gambling environment**

All interviewees expressed strong views that the gambling environment has a significant affect on gambling behaviours. Several indicated distrust of the industry and government. Gambling venues were seen to be encouraging problematic gambling behaviours – allowing easy and frequent access to cash withdrawals, overlooking gamblers large losses and long periods spent in front of the machines, and in one case, discouraging a problem gambler from self-excluding. Family members shared these views, believing that some venues turned a blind eye to gambling problems.

A common view was that the government was 'ignoring' the impacts of problem gambling upon families and the community. Few people interviewed seemed to know of existing harm minimisation policies; only one mentioned the regulatory role of the Commission.

**Male self-identified problem gamblers**

*I once lost \$30,000 in two days in the same club...and nobody from the club ever approached me. I am sure they knew, but they just didn't care.*

*I got to know all the staff. They know me on a first name basis and I know them. They are such familiar faces we just get to know each other. None of them have ever said anything to me about my gambling. They must know that I have some problems with gambling. I am there all the time spending heaps of money. If they were to say something to me then that would be very intimidating. If someone had spoken to me I'd think twice about going there again - or maybe I'd go and hope that that person wasn't working so that they wouldn't see or say anything to me.*

*My local club will give cash against MasterCard, although they are not allowed to do this. I am a regular ATM user at the club. Normally, I have accessed my whole \$800 limit at the club. The ATM's practice of dispensing \$50 notes is harmful because this money is fed straight into the note acceptors on the pokies. It is too easy for a gambler to lose a great deal of money in a short time. Note acceptors are too easy a trap and should be subject to tighter control.*

*I was discouraged and made fun of by the club staff when I mentioned my gambling problem. They said 'don't do that' when I expressed a wish to self-exclude.*

*Lights, bells and whistles of the poker machines are triggers. These are difficult to ignore when at the club, particularly when the jackpot goes off. I would be tempted to go over and see what was happening and this would trigger a desire to participate.*

*... it's all too easy, the way the whole system is set up.*

*Lots of places don't follow the rules when dealing with gambling behaviour.*

*Often I gambled all night, but I never missed an hour of work. It would have been bad if I had lost my job. This would mean no money and then obviously no gambling. I would go before work. I would leave work at 12 spot on, be in the casino three minutes later. I would go straight after work. Nobody ever came up to me – and they knew that I had a problem.*

*Someone should be on the floor to give a gentle advice at the right moment.*

*I never use loyalty cards. I'm not stupid. I don't want them to know how much I gamble.*

*How can the clubs and their ally the government ignore the misery they create in society? It is not only the gambler they ruin. It is children, families, friendships. The social costs they create are played down. The government does not take the real costs which gambling causes into account. My ex-*

*husband will not be a self-funded retiree. Our children have to grow up with a father who has a serious problem. Our marriage broke up. This all costs a lot of money and emotions which nobody really counts.*

*The government, whatever it's cloak, red or white, is not going to knock back the huge tax income from gambling, tobacco or alcohol. Private profits are huge; it seems they will be vigorously defended. What hope do ordinary folk have against these huge interests exploiting them, especially if there is some social or personal factor that make them disposed to do this? The families are just collateral damage.*

*I think the Federal Government has a responsibility here. The states are too dependent on the income.*

### **Female self-identified problem gamblers**

*At the club, there is so much freedom. No one cares, no one notices how much you're drinking and gambling.*

*I have never been approached by the club about drinking and have continued to be served drinks. I have driven home drunk. I stay at the club to gamble and then drink too much.*

*I have never been approached in the club by staff about gambling, despite the fact that I have gambled through the night.*

*I have spent ten to thirteen hours in the club. Gone at eleven o'clock in the morning and spent till evening there.*

### **Family and Friends**

*The problem is that the clubs are right in your face here in Canberra.*

*The clubs know he is a problem gambler. They see him sitting there and walking back and forth between the pokies and the ATM.*

*I see those [club] ads about responsible gambling on TV and think: what hypocrites.*

*The ridiculous thing is that he can go and get money out of the ATMs in the club. It is just too easy.*

*I have asked for promotional material from the club regarding draws not to be sent to her. However the club keeps sending material.*

*Self-exclusion wouldn't work because it is just too easy to go and join another club.*

*Gambling is so freely available to young people who don't have judgement on their side. There are traps everywhere – credit card traps, phone card*

*traps...it's hard to be a parent today. Young people today want to be entertained and that's why they go to the club – and some start playing the pokies and end up in trouble.*

*Loyalty cards are evil.*

*The club bombards him with all those pamphlets offering prizes and special deals. I used to try to get to the mail before he saw it.*

## **7.7 Alternative support strategies**

Based on their personal experiences, participants suggested a number of alternative proposals to reduce the impacts of problem gambling and to encourage early help-seeking. Both gamblers and their families were strongly in favour of better information on problem gambling and on *where* and *how* to seek help. Several interviewees commented that information for gamblers should be available when and where it is needed most – at gambling venues – as this is where gamblers recognise they might need help. Other solutions included changes to the social environment in the ACT to offer a wider range of recreational activities or group support.

Families of problem gamblers argued strongly that they needed specific information and assistance with their role in the help-seeking process. In addition, a number of additional support strategies as well as restrictions on EGMs and cash facilities were suggested.

### **Male self-identified problem gamblers**

*Knowing where to go when desperate would be a good start. I would like to see counsellors in the venues who can immediately give support when necessary. A phone next to the ATM or next to the machines would be good. The best tactic is making access hard.*

*The problem is that you don't know where to go and seek help.*

*I know that phone counselling has been helpful to many problem gamblers. I also believe psychological and psychiatric services would also be in demand for some problem gamblers too.*

*If there was one thing that could be changed in the regulations to minimise the harms and problems it would be to reduce the numbers of machines. When you go into a club you can always get a machine. Even when the place is really busy, there is always a machine available. If there were less [sic] machines and when I arrived they were all busy I might have a drink or go somewhere else.*

*Information on chasing losses would be beneficial in helping gamblers pinpoint their difficulties. Information that showed how gambling, even small amounts can be a problem. Perhaps with a slogan such as 'where do your*

*priorities lie?’ showing someone buying a lottery ticket instead of bread and milk.*

### **Female self-identified problem gamblers**

*There is a need for a counselling service 24 hours a day, seven days a week. Also, there should be a free phone service in the clubs where gamblers can call and get picked up before all their money is gone. The problem is that you can’t get away from the machines – you have to be physically removed from it. There is a need for a service which is gentle, challenging and supportive at the same time. As a woman I would prefer women only group counselling. Sharing experiences and giving each other support – that’s what I need.*

*I’d like a support group, but help should be visible – not hidden in a church basement.*

*An emergency service would be great. Just to touch base and talk about how one feels. My ideal world would be that someone would be there in the club all the time to help when I need help.*

*A phone near the ATM would be great. That’s when you empty your account and need help. People could call when they need it the most.*

*I would prefer an all-women support group. I could never relate to men or their problems.*

*An indication of how long you’ve spent on the machine would be helpful.*

*The gambling help signs on the machines aren’t hitting the target. They don’t mean anything. Who admits they have a gambling problem? That’s like asking ‘are you a drunk’?*

*I’m not sure if the education campaigns are effective. You never see yourself as that person until you’re past it.*

*I believe ATMs should be limited to \$100 withdrawals. I would like to see ATMs removed from clubs. It would be wonderful to pull them out. If ATMs were removed, I would make sure I had \$50 to gamble with and then would go home when that money was spent. No ATMs at the club would be an effective restriction to control my gambling. Also, note acceptors make spending easier. The removal of note acceptors would be an effective deterrent as using only coins slows me down.*

*They [clubs] should put more money back into community from winnings.*

*I’d like to see energetic, lively dancing programs; 12 o’clock closing of clubs; the removal of ATMs from clubs; the removal of note acceptors; alternative things to do at the club; and the pokies removed from hotels.*



**Family and Friends**

*He needed better counselling. And I needed someone who would tell me that it wasn't my fault. I didn't know what to look for. The gambling support services should be promoted much stronger.*

*There should be an Aboriginal program developed by Aboriginals for Aboriginals. One has to address more than just the gambling. Gambling is just a part of the problem.*

*I needed someone to take him away and deal with him. I didn't want to leave him alone in his misery. He needed help. Because his English wasn't that good, he needed a support worker who could help organise the practical things.*

*Community education would be good with a presentation on the signs and impacts of problem gambling. If I'd known the signs I could have reacted much earlier.*

*If I would have realised earlier, I could have had a better influence. We need more awareness of the problem. As with most of us, I thought it can't happen to me. Instead of having stickers on the machines that gambling can cause problems, they should have quotes running over the pokies saying 'Have you seen your children today?' or 'Have you paid your bills today?' These are the real live messages.*

*The removal of ATMs would have made a difference. It is good when my brother has to plan how to get money. This stops him acting impulsively. My brother would use the ATM at club to access money. He could even do this to overdraw on his account when the bank's ATMs were down. He learnt how to access money even when he had no money in the account from ATMs when the bank's systems were down from other gamblers at the club. Also, payouts in cheques would be good for my brother as he hates cheques because he can't spend the money straight away.*

*I looked at his bank statements: \$20, \$20, \$20 - \$100 a day. All withdrawals made within the clubs. I don't understand why there are ATMs in clubs. If you have EFTPOS why do you need ATMs? They shouldn't have note acceptors. The damage is big enough already and more damage is done so quickly.*

*The people working at the clubs should have good training. They should be sort of a social worker.*

*More consistent help; more involvement than just a phone call; and more readily accessible information about what help is available.*

*Maybe the mental health people could be educated [about problem gambling issues] too.*

*If you have a problem you don't want to spend all your energy trying to find help. It has to be easy.*

*I think that cost and affordability would be very important for any woman seeking help for their partner's gambling, especially if the money has all been gambled. ... Services have to be fully funded. Counselling is not on Medicare either and can be very expensive. My partner has used that as an excuse. Strange though, when they can find money to gamble with. So if there's to be counselling or emotional support it needs to be free or it won't be used to its best effect.*

*I would like to see family members allowed to exclude their relatives from the club. Also, key cards could be issued by the club to activate the machines. The key cards then could not be given to people with gambling problems.*

*I would like to see somewhere that families could go for help.*

*Having good support networks is a critical factor in preventing or helping gambling problems.*

## 8 Analysis of Findings

This section draws on the data provided by people interviewed in the ACT and on other relevant research to explore underlying themes about gender, culture and help-seeking behaviour in the ACT.

With a specific focus on gender and cultural groups, this study has sought to investigate the experiences of problem gamblers and their friends and families when seeking help. Research set out to examine:

- the main contributing factors to the development of problem gambling from the perspective of gamblers themselves;
- features of the gambling environment that contribute to gambling problems;
- factors that prompted people to seek help;
- self-help strategies used by gamblers, families and friends to address the problem;
- whether people have sought help from community agencies and other professionals and the effectiveness of that assistance in reducing gambling problems; and
- any barriers preventing access to gambling help services.

We found that the genesis of problem gambling, the nature of problems that develop and the steps that people take to seek help cannot necessarily be attributed to distinct groups such as men, women or specific cultural groups. Rather, the picture that emerges from this study is one of diversity and complexity. No clear, uniform pattern of behaviour or gambling problems can be identified. Research has also revealed the complexity of issues behind terms such as ‘problem gambling’ and ‘help’. The different experiences and needs of gamblers, friends and families appear to be affected by the particular social context of their lives.

While providing valuable insight into the lives and experiences of problem gamblers in the ACT, the research findings must be treated with some caution. For example, the very small number of self-identified problem gamblers identified in this study cannot be used to estimate the prevalence of problem gambling in the ACT. Nor is it possible to generalise from the experiences of the women and men interviewed to propose reliable conclusions about the gendered aspects of problem gambling and help-seeking.

Moreover, the number of participants who reported they have sought professional help for gambling problems (eg from the Lifeline counselling services) was relatively small. Consequently the information obtained from participants on those services and help seeking behaviours is only indicative.

Other factors contributing to the limitations of this study were difficulties identifying the target communities and the sensitive nature of the subject in cultural communities. Regrettably, one of the main research objectives – to recruit and interview people from different cultural groups in the ACT who have experienced gambling problems – was not achieved. While face-to-face interviews proved to be a highly effective

technique to obtain detailed information about the experiences and perceptions of the people who volunteered for the study, the study could not recruit a representative cross-section of social groups or locate cultural participants for face-to-face interviews.

Problem gambling is a sensitive subject, and more sensitive in some cultures than in others. It was apparent from interviews with ACT cultural organisations that there is a high level of suspicion in these communities about the topic, not least because they fear being targeted and stigmatised. Thus we have had to rely largely on evidence from research elsewhere to provide some insight into the experiences and perspectives of cultural communities (Section 5 – Literature Review). As explained below, a precise understanding of problem gambling and help-seeking behaviour of cultural communities in the ACT would require considerably more time and resources than were available for this project.

### **8.1 Problem gambling**

Core objectives of the study were to obtain information about the nature of gambling-related problems experienced by women and different cultural groups in the ACT, and to identify the main contributing factors to the development of problem gambling from the perspective of gamblers themselves. For the majority of people in this study, gambling began as a harmless social activity but progressed as a kind of coping strategy when they were faced with a change in their lifestyle (eg moving to Canberra, social isolation, boredom) or distressing situation (eg interpersonal problems, personal trauma, harassment at work).

Based on gamblers' own accounts of their experiences, we constructed profiles of 'typical' problem gamblers in the ACT. The case studies are notable for the diversity of personal characteristics and experiences. Some had a long gambling history beginning in their adolescence; others had started gambling only relatively recently. In this regard, the research lends support to criticisms of theories that define problem gambling as a categorical phenomenon, incorporating various discrete typologies or subgroups of gamblers who progressively move through a 'gambling career' over time.<sup>268</sup> Recent research has identified patterns of 'binge gambling' where gamblers plunge rapidly into gambling problems – some after many years of safe gambling – and episodic problem gambling, with intermittent periods of controlled gambling and problem gambling.<sup>269</sup>

One common theme (reported by half of the gamblers and gamblers' relatives interviewed) was a family history of gambling. This factor cannot be considered as a reliable predictor of problem gambling, however. Rather, it is surprising that the proportion is as low as this, given that 75-80% of Australians gamble.

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<sup>268</sup> Blaszczynski, A. and Nower, L. (2002) 'A pathways model of pathological gambling', *Addiction*, vol. 97, pp.487-500.

<sup>269</sup> Nower, L. and A. Blaszczynski (2003) 'Binge gambling: a neglected concept'. *International Gambling Studies*, 3(1), pp.23-36; McMillen, J. *et al.* (2004b) *op. cit.* p.180.

There were also considerable differences in the ways that interviewees defined 'problem gambling'. Individual gamblers were inclined to define their gambling problems in terms of their own behaviour - *'my gambling is an act of self-hate'* – although the behaviours they perceived to be a problem varied widely from person to person. In contrast, the families of problem gamblers related problematic gambling primarily to its impacts upon the family and wider society - *'It's not only the gambler...it is children, families, friendships. The social costs they create are played down'*. This group also reported a widely diverse range of problems, reflecting their own circumstances and social context.

All participants in this study agreed that problem gambling can profoundly affect families and the community, as well as the gamblers themselves. Common themes were the harmful effects of gambling on people's financial situation, personal relationships and self-esteem. Yet the degrees of gambling involvement or harm that were perceived as a problem varied widely between individuals. The conception of problem gambling appears to be highly relative to each person's circumstances, norms and values, and priorities. For some people interviewed, gambling losses of \$100 a week were problematic; for others a loss of \$30,000 indicated a gambling problem.

This research has confirmed the findings in other studies that problem gambling is

... probably non-existent as a discrete entity. Evidence ... suggests that people who gamble may at times exceed certain arbitrarily defined limits... They may reflect little excesses, large excesses, episodic behaviour, frequent behaviour, accepted behaviour in a sub-culture, not accepted behaviour in a family culture.<sup>270</sup> (Allcock 1995, p. 114).

'What is 'excessive' is personally or socially defined and depends upon a person's age, sex, socio-economic status, social network, responsibilities and a host of other factors'.<sup>271</sup> Some defined problem gambling by the fact that they spent excessive amounts of time gambling to the neglect of social relationships and other activities; others defined problem gambling by the fact that they were not being honest with loved ones.

All the interviewees expressed the realisation that problem gambling could affect anyone and was not restricted to a particular social, gender or cultural group within society. One gambler summed this up succinctly in the following way: *'If this can happen to a nice person like me, it can happen to anybody'*.

Significantly, all the self-identified problem gamblers indicated that in their 'lucid moments' they recognised they had a problem and had endeavoured to control the extent of their gambling. Gamblers and family members had used a wide range of informal self-help strategies that were successful to varying degrees, and several had

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<sup>270</sup> Allcock, C. (1995) 'Some ponderings on pathological gambling: an introspective essay'. Paper presented to NAGS '95, Sixth National Conference of the National Association for Gambling Studies, Curtin University, Fremantle, 28–30 September.

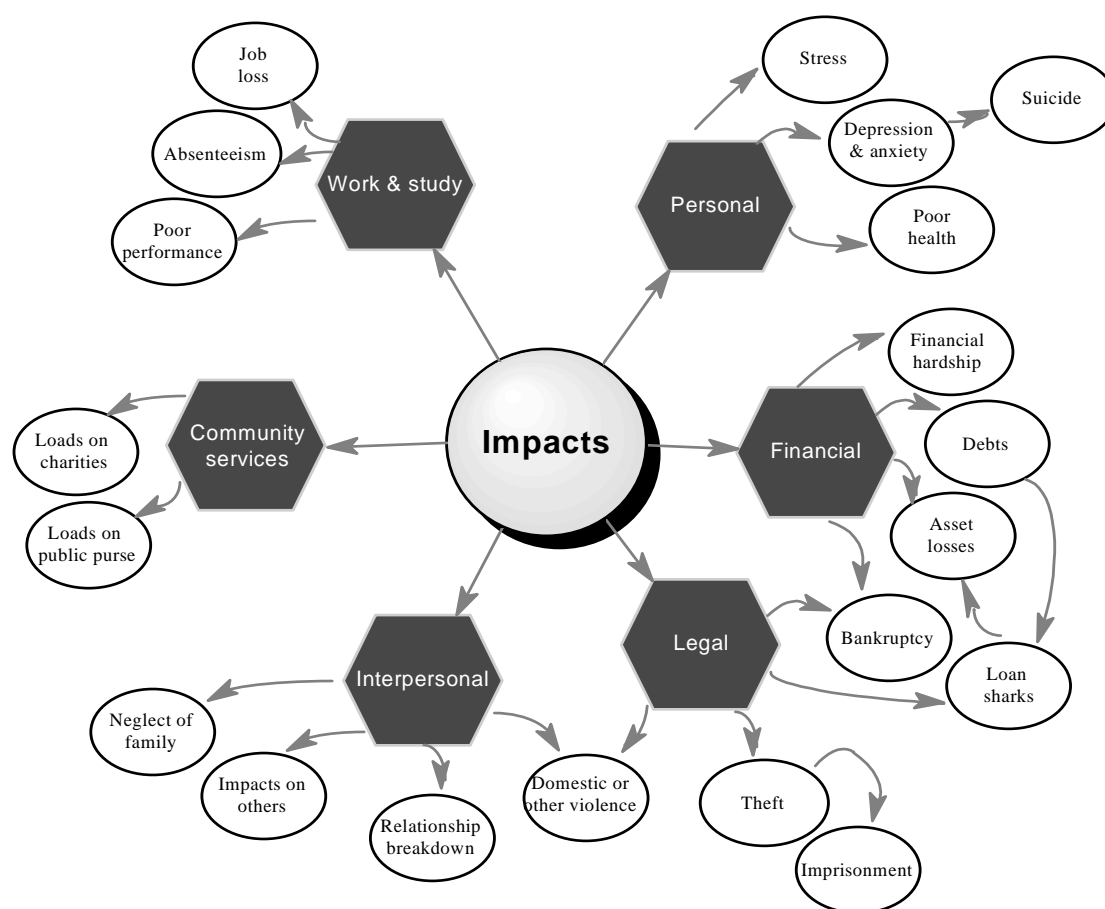
<sup>271</sup> Orford, J. (1985) op. cit.

sought professional help. However, relatively few had found formal gambling counselling services to be effective in meeting their particular needs.

### **Nature of the problem**

For everyone interviewed in this study, problem gambling does not occur in isolation; it is part of a complexity of problems experienced by the gambler. From the gambler's own perspective, past and present difficulties in their lives were underlying causes of gambling problems, yet gambling in turn created problems of its own. Many of the issues described about the nature and impacts of problem gambling are similar to those that have been found in the mainstream Australian community. Others are different, specific to the cultural and social context of the ACT community. Cultural and gender differences influence variations in gambling behaviour and impacts, as do the ways gambling is available and marketed in different locations.

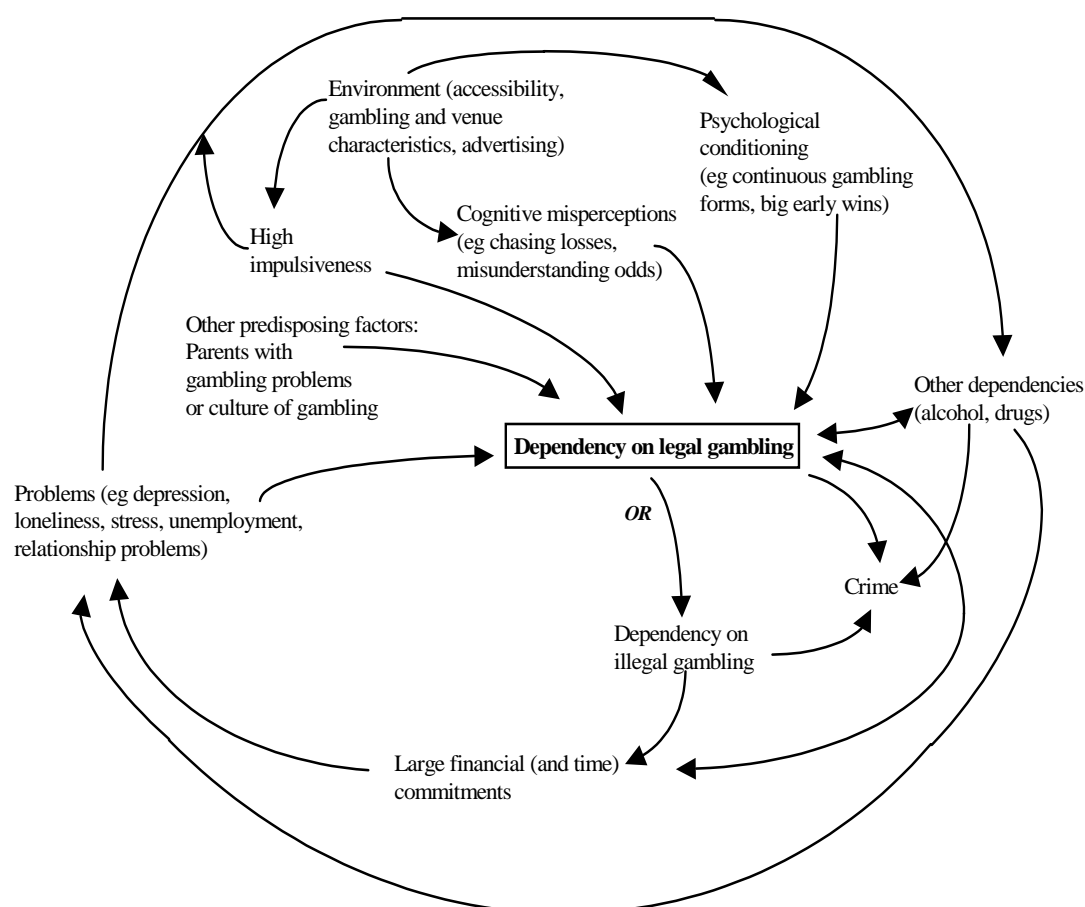
For the majority of participants interviewed in this study, the negative impacts of gambling were perceived as the real problem, rather than gambling itself (Figure 20). They articulated a clear distinction between gambling and problem gambling. Nobody interviewed expressed the view that gambling *per se* was unacceptable, although many people voiced strong opinions about the particular harms associated with gaming machines and by industry practices that were perceived as irresponsible or as promoting excessive gambling: *'I got to know all the staff ... None of them have ever said anything to me about my gambling'*.

**Figure 20. Impacts of problem gambling**

Source: Productivity Commission (1999) *Australia's Gambling Industries*. AusInfo, p. 7.3.

Significantly, all the gamblers interviewed and the majority of gamblers' relatives suggested that problem gambling was a response to underlying social or personal problems, rather than an initial cause of those problems (Figure 21).<sup>272</sup> *'He fell into a depression. That's when he started gambling strongly'; 'When people are going through trauma they turn to something'*. However, while gambling may have provided a temporary 'escape' or solution to the difficulties that people were experiencing, in the long term it either exacerbated those problems or created new ones.

<sup>272</sup> The Productivity Commission cautioned strongly against assuming causal relationships between gambling and associated behaviours (Productivity Commission 1999, pp.7.1-7.12). Cause-effect relationships between problem gambling and other impacts have yet to be rigorously researched and established.

**Figure 21. Causal pathways and problem gambling**

<sup>a</sup> The figure shows the different pathways of possible causality associated with problem gambling, its outcomes and determinants. Arrows show the causal directions.

Source: Productivity Commission (1999) *Australia's Gambling Industries*. AusInfo, p. 28.

Gender roles and different cultural practices and values can also influence the way people respond to gambling problems. Problem gambling was reported by cultural community leaders to be an issue of serious concern, although the lack of evidence and the reluctance of people to talk about it prevent any firm conclusions. In light of difficulties in finding participants from non-Anglo-Celtic backgrounds, however, this study has been unable to explore the experiences of problem gamblers in cultural groups, or of their friends and families. Nor have we been able to identify with certainty the cultural factors which may be barriers to appropriate support services or the relevance of existing services for people of different cultural backgrounds in the ACT. In this regard, research conducted elsewhere has been reviewed to suggest likely issues for those groups.

That research suggests that gender and cultural factors, and the interaction between them, shape the way people perceive and experience gambling in their lives. Conflict can occur between traditional cultural norms and relationships and the Australian



gambling culture. Assimilation to Australian culture generally, and the gambling culture specifically, can cause problems between generations.

The precise nature or extent of problem gambling in ACT cultural communities is little understood. Information from community leaders highlighted the contradictory nature of gambling in ACT's cultural communities. Gambling is often used to deal with tensions from the migrant experience and to establish new social networks; but in turn gambling can create major problems for individuals, families and communities.

### **Development of the problem**

Social isolation, disconnectedness and the need to participate in acceptable recreational activities were frequently identified as factors for triggering gambling related problems. Gambling became a problem for vulnerable and lonely women in particular.

A common theme throughout all interviews was the capacity for gamblers and their family and friends to clearly identify points when they first started gambling and when gambling became problematic. Although a number of self-identified problem gamblers did not initially consider gambling an attractive activity or pastime, all gambled socially before it became a problem: *'Pokies were not an attraction – they were just there'*; *'We went there for work functions. That's when I started playing the pokies for the first time'*. Many interviewees visited clubs on a regular basis to socialise and partake in non-gambling activities. In doing so, gambling became an acceptable and everyday occurrence: *'Gambling is entrenched in Australian culture'*.

The people interviewed for this study reported varied origins of gambling problems; problem gambling developed in a variety of ways:

- A small number gradually moved along a continuum from unproblematic gambling to moderate problems to a severe problem.<sup>273</sup> This pattern conforms to the conventional view that a 'gambling career' develops progressively over time.
- Others reported that they plunged rapidly into gambling problems – some after many years of safe gambling;<sup>274</sup> others turned to intensive gambling to escape from immediate personal problems: *'I'm angry because I made a terrible mistake in my marriage'*; and
- Many reported that their 'problem' gambling was episodic, with intermittent periods of controlled gambling and problem gambling.

It seems that the social context of people's lives, for instance a personal crisis or social isolation or dislocation from family networks, is a good indicator of people who may be more vulnerable to experiencing adverse impacts of their own gambling. Most of the people interviewed were able to identify specific events that led to gambling becoming a perceived problem. Characteristically self-identified problem gamblers identified times of significant change in their life when they first began to gamble problematically, for example:

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<sup>273</sup> Productivity Commission (1999) op. cit., p.19.

<sup>274</sup> Nower, L. and A. Blaszczynski (2003) 'Binge gambling: a neglected concept'. *International Gambling Studies*, 3(1), pp.23-36.

- Following relocation to Canberra - visiting clubs to meet people, to overcome loneliness, social isolation.
- After the break-up of a marriage - frequenting clubs for companionship and to forget problems.
- After arriving in Australia – visiting clubs to make friends, to cope with past trauma.
- During unemployment or when a partner began working long hours – gambling to offset loneliness and boredom, to kill time.
- After periods of abuse – to escape from low self-esteem.

Relatives of problem gamblers also described periods of stress and change in the gambler's life when gambling became excessive, for example:

- Depression over a relationship breakdown.
- Strain and anxiety associated with bullying and racism in the workplace.
- Depression and loss of pride during a long period of unemployment.
- Convalescence after an accident at work.

During such times of tension and uncertainty, interviewees reported that gambling appeared more attractive and was often an 'escape' to help them cope with their situation. In particular, they emphasised that gambling environments, specifically clubs, provided a safe and friendly refuge and a convivial setting to socialise.

## **8.2 Factors in the gambling environment**

The club gambling environment in particular was identified as central to social and family entertainment in the ACT and as a contributing factor to gambling problems. Significantly, everyone interviewed commented on the central role of clubs in Canberra's social life and the difficulties finding alternative recreational activities or social networks outside the club culture.

Clubs are perceived as the main focal point for community activities in the ACT: '*Our social life revolved around the club*'. The club environment played an important role in the lives of self-identified problem gamblers who identified it as a place where people went to socialise and meet friends; a place which provides community entertainment and recreational facilities; a place where there is always something going on; and a familiar and hospitable environment for newcomers to Canberra.

Many self-identified problem gamblers reported they live close to a club, often within walking distance of their home, and that they were members of multiple venues. Several indicated they would visit the club or casino before, during and after work. A number of female interviewees considered the club environment as a respectable and safe place for women: '*The club is a safe, respectable place to hide out for a woman alone*'. This view supports previous studies which found that women placed substantial value on the need to 'belong' and socialise in acceptable and safe social settings.<sup>275</sup> Previous Australian research has found gaming clubs and casinos provide a convenient environment in which women can overcome boredom, socialise without

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<sup>275</sup> Brown, S. *et al.* (1999) *op. cit.*, p.4.

being harassed, and engage in an activity that is socially acceptable to do alone.<sup>276</sup> Female problem gamblers also expressed the strong view that there are few alternative social settings or recreational activities for women in Canberra other than gambling clubs: *'Canberra is a closed world...It's taken me two and a half years to get asked out to the movies'*.

Family members confirmed the significant role that accessibility to club gambling played in the development of gambling problems: *'The problem is that the clubs are right in your face here in Canberra'*. Several interviewees tried a number of strategies to limit or avoid visiting clubs, reflecting the impact that easy access to gambling and the appeal of gambling environments have on gamblers and their families. In one case, extreme measures were taken by a family to distance themselves from club gambling: *'We decided to move to Perth because there aren't any pokies there'*.

The majority of interviewees expressed concern and frustration with aspects of club operating practices which they perceived as contributing to the development of gambling problems. Strong criticism was voiced about easy access to money for gambling from ATMs, the availability of note-acceptors on gaming machines, the use of 'loyalty' cards to reward gamblers, club marketing and promotion campaigns, and the service of alcohol to gamblers. Several people reported that clubs had not responded to their requests for help (eg self-exclusion) or had not offered appropriate patron care.

### **8.3 Factors that prompt people to seek help**

For the majority of people interviewed gambling was recognised as a serious problem when it impacted on finances or personal relationships. However, other impacts also led people to realise their gambling had become problematic. The immediate effects on self-esteem, a sense of self-worth and their own standards of behaviour, as well as the long-term impacts on their future were perceived as significant consequences: *'I lost all my self-esteem through gambling'*; *'Gambling has taken our future'*.

While financial problems were the most frequent impacts mentioned by both gamblers and their families interviewed for this study, these problems were usually discussed in terms of impacts on others or the expectations of others (eg family relationships, parental expectations). In terms of time and money, for most people gambling became a problem when it impacted on social interaction, relationships and social responsibilities.

A significant event was often the trigger that prompted participants to look for assistance with the problem. For example, several gamblers and family members reported that they were prompted to seek help when they realised the extent of financial losses; for others the turning point was a threat to a significant relationship: *'Recognition that I had a gambling problem came the day I went to buy some groceries and found there was no money in my account; The trigger ... was serious threats by my family to quit dealing with me.'*

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<sup>276</sup> *ibid.*, Brown, S. and L. Coventry (1997) *op. cit.*

## **8.4 Help-seeking behaviour**

Research suggests that gamblers will often turn to families and friends for support when they experience problems. However, they appear to be selective about who to take into their confidence, often approaching a trusted family member or friend, rather than their partner or closest relative. The prospect of losing the esteem of a valued close friend or family member, or of not meeting their expectations seem to guide such decisions.

Problems associated with gambling can manifest in a number of ways, and people interviewed for this study utilised a wide variety of strategies to address those problems as they developed. All the self-identified gamblers and family members turned first to informal avenues for help and developed a range of creative self-help strategies to ameliorate the negative impacts of gambling on their lives.

The majority of gamblers interviewed for this study felt they should take responsibility for their own actions. Families and friends of gamblers also expected the gambler to accept some responsibility for their behaviour and its consequences, although in most cases they felt this had not occurred.

All gamblers, friends and family members interviewed for this study had developed their own strategies to deal with gambling problems. In many cases, families and friends took the initiative with helpful strategies, for example by controlling the gamblers' finances. Some of the self-help strategies involved:

- Seeking emotional support from family and friends;
- Having a friend or family member control money to curb their excessive gambling;
- Destroying or concealing club membership cards and bankcards;
- Imposing limits on the amount of money taken to the club or withdrawn from ATMs;
- Dealing with anxiety and/or depression using both medical and non-medical techniques, eg meditation;
- Limiting the consumption of alcohol while gambling;
- Looking for recreational activities away from clubs to avoid contact with gaming machines;
- Avoiding going to clubs altogether. In one extreme case, moving to Western Australia to avoid gaming machines.

Emotional support from families and friends was a critical factor for the majority of self-identified problem gamblers as well as for family members interviewed. However, all the participants were very selective about whom they confided in; trust was an important factor. On the other hand, several gamblers reported that they concealed their gambling from family members and friends for fear of losing their respect.

Several participants reported that self-help strategies had been effective in reducing the extent of their problems. In a minority of cases these informal measures were successful, but for a majority they were helpful only for a time. Some gamblers found

the only solution was to stop gambling altogether. Most people turned to more formal avenues of help to supplement informal measures or when self-help strategies proved to be inadequate.

The majority of gamblers and family members interviewed for this study had sought professional help for their gambling related problems from a wide and varied range of other community agencies and other professionals in the ACT. The majority of people who sought professional help had used multiple avenues. Sources of support included marriage guidance counselling, emergency relief, Al-Anon, Gamblers Anonymous, the Public Trustee, financial and legal advisers, banks, medical practitioners and Carers Australia. Several people had also contacted the Lifeline gambling services (Gambling Care, Clubcare).

However, the majority of those people indicated in interviews that they did not find the available services effective in assisting them with their particular gambling problems. Only a small number (one gambler, two family members) of those people who had contacted the Lifeline gambling services felt that the advice or counselling support they received was helpful overall. Several reasons were suggested by the study participants: eg the type of counselling offered was not an appropriate strategy for them; frequent changes of personnel; counsellors were inexperienced or showed lack of empathy and understanding. Similarly, other formal avenues of assistance were effective in some cases but not in others.

Cultural community leaders advised us that a range of cultural factors would prevent or discourage men and women in those communities from approaching mainstream agencies for help. They would be more likely to seek help from family members, although this could vary from one cultural community to another. Evidence from Gambling Care, Clubcare and financial counselling agencies suggests that their services are not being accessed by people from cultural groups in Canberra.

Another common theme from all interviews is that gamblers and family members draw heavily and creatively on their own resources, and demonstrate remarkable resilience in their efforts to deal with the problems experienced. A frequent criticism of service agencies is that family members feel 'excluded' from the process. In many cases their efforts to obtain help for problem gamblers in their family were unsuccessful; when the family member had contacted agencies for help, they were excluded and 'shut-out' by counsellors. All family members interviewed for this study wanted somewhere that families could go for help and support.

### **8.5 Barriers to help-seeking**

For participants in the study, perceived shame and stigma associated with problem gambling have been major barriers to seeking help for gambling problems. On an individual basis, gamblers described the shame associated with not being able to control their own actions and being weak-willed. To seek help was perceived to exacerbate this shame and to indicate inability to control one's life. Pride and self-reliance seem to be a particular barrier for male gamblers: *'the feeling of being too weak-willed to resist the pokies'*.

Family members also acknowledged the shame experienced by the family member with a gambling problem: *'I covered up for him because it was such a shameful situation'*. Secrecy is common among both men and women. Some people reported that they avoided telling close family members and friends for fear of losing their respect. Reluctance by gamblers to discuss their problems or to seek help has been noted in many other Australian studies.

Stigma associated with counselling appears to be a significant barrier which discouraged many self-identified problem gamblers from seeking help from Gambling Care and Clubcare. Counselling was perceived by several interviewees to imply personal weakness or a mental illness or psychological disorder:

*There is a strong stigma attached to the term counselling. Counselling means that I have a psychological problem. That is a major barrier. To go to a counsellor is to admit that there is a mental problem.*

Indigenous participants and informants from cultural community organisations went further to suggest that mainstream services were culturally inappropriate for members of their community. While cultural communities emphasised the importance of families and community networks, the indigenous community indicated that they needed to develop and provide their own support services.

Similarly the need for gender-specific support programs that was identified in the 2001 *Needs Analysis* and the *Status of Women* reports was reiterated in this study. Canberra has no specialised gambling support services that specifically meet the needs of women, particularly those from indigenous and non-English speaking backgrounds.<sup>277</sup> Similarly the unique problems and needs of men have not been addressed. Several women interviewed argued for specific women's support groups to foster friendships and mutual support; and a strong case was made for men's support groups by Oz Help and two gamblers who had experienced the benefits of such groups.

Lack of information about available help services was identified as a further impediment for gamblers and their families. Although several people reported that they had learned about the Gambling Care and Clubcare services through the media and advertising in gaming venues, a common comment from participants was that it was difficult to find information about where to get help.

Many gamblers and family members expressed feelings of frustration and despair at what was perceived as an 'alliance' between the industry and government to generate gambling revenue. None believed that the government was willing to take action to ensure that the gambling industry acted responsibly to minimise the harm from gambling.

Importantly, the majority were also unaware of the government's harm minimisation policies or the *ACT Gambling Code of Practice* and the obligations that it placed on

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<sup>277</sup> Submission 19 to the Select Committee on the Status of the Women of the ACT by the Berryl Women's Refuge.

gambling venues to provide responsible gambling programs and appropriate patron care for people with gambling problems. Yet a consistent theme expressed by all the people interviewed was the importance of prevention. Indeed, that was expressed as the main motivation for people who volunteered for interview:

*If your report can show the government and industry the pain and trauma that my family has suffered as a result of those machines, that's all I ask. Our family has been torn apart...But someone has to prevent it happening to other people like me.*

## 8.6 Summary of Findings

With a specific focus on gender and cultural groups, this study has examined the experiences of gamblers and their friends and families when seeking help for gambling-related problems. In summary, what has emerged is a picture of diversity with regard to:

- the personal characteristics and experiences of people with gambling problems;
- the nature of gambling-related problems experienced;
- factors that led to the development of problem gambling;
- the types of problems that gamblers and families experienced;
- factors that prompted people to seek help;
- self-help strategies used by gamblers, families and friends to address the problem; and
- barriers to seeking help are affected by personal circumstances as well as by more general shared perceptions that the support they need is not available.

Research has revealed how the particular characteristics of the ACT region, including the social and economic factors affecting people's lives, influence attitudes and behaviour in relation to gambling. A finding common to all gamblers and family members interviewed was that features of the ACT gambling environment contribute significantly to their gambling problems. The particular character of the gambling and social context in Canberra, especially the centrality of clubs in community life and convenient access to gambling, has contributed to the development of gambling problems for people who experience social isolation or a period of personal stress.

People in this study demonstrated extraordinary resilience and resourcefulness, yet these demands placed great strain on the capacities and wellbeing of individuals, families and the community as a whole. All gamblers and family members interviewed for this study had developed a variety of self-help strategies in an attempt to control the extent of gambling and to alleviate problems. As was found in the 2001 *Needs Analysis*, friends and families were frequently asked for help by problem gamblers as a 'first port of call'.<sup>278</sup>

The majority of gamblers reported a general reluctance to contact formal agencies or professionals for help. A sense of personal shame and the stigma attached to problem gambling were identified as major barriers to asking professionals for help. Stigma

<sup>278</sup> McMillen J. *et al.* (2001b) op. cit, p.39.

associated with counselling also was a common obstacle which discouraged gamblers from contacting gambling support agencies for assistance.

When they did seek help outside their family and social networks, several gamblers experienced difficulty getting agencies or venues to understand and accept that they did in fact have a problem. Many experienced difficulty with the gambling counselling services which were seen as not providing the type of help needed. Improvements to the Lifeline gambling services and community education since 2001 appear to have had some positive impacts,<sup>279</sup> but evidence presented to this study indicates that there is still a need for a wider range of support services more appropriate for the diversity of gambling problems being experienced.

In general, gamblers and family members turned to a varied range of other services for help with their gambling problems. As in 2001, ACT residents experiencing problems continue to 'shop around' for suitable assistance and frequently seek help from organisations which are unable to provide such support or which do not understand their needs.<sup>280</sup> Family members in particular found it difficult to find appropriate forms of assistance for the problems they were experiencing.

Emotional support from families and friends was a critical and positive factor for the majority of participants interviewed. Yet that support placed great demands on family resources and capacities. Many family members reported that the type of help they needed was hard to find or was unavailable.

Moreover, there is little evidence to suggest that the specific needs of men and women or of cultural and indigenous communities are being addressed through formal gambling support agencies. The study has demonstrated that women and men often have different motivations for gambling, and that the experience of problems and help-seeking can often separate on gender lines. Men's and women's socialisation and social roles, and gender differences in problem gambling behaviour and responses appear to be implicated in differential patterns of problem gambling and help-seeking.

These findings confirm similar findings in many other studies. Given that effective prevention and support services for problem gambling depend on adequate aetiological models and an understanding of their experiences, the lack of attention to gender as a determinant of the specific needs of men and women is particularly disturbing.

Failure of this study to recruit gamblers and family members from cultural communities has prevented a detailed analysis of their particular experiences. However existing services such as Lifeline's Gambling Care and Clubcare reported that they were rarely contacted by people from these groups. Representatives from cultural organisations confirmed that although problem gambling was a serious concern for their community, cultural factors and language difficulties would prevent or hinder people from seeking help from mainstream agencies. This situation does not appear to have changed in the ACT since the 2001 *Needs Analysis* which found

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<sup>279</sup> *ibid*, p.20.

<sup>280</sup> *ibid*, p.39



minority cultural groups and indigenous Australians with gambling problems were particularly disadvantaged.<sup>281</sup>

Socio-cultural factors have been shown to be important in explaining these differences. In particular, it appears that cultural concentration and restricted social interaction with the Anglo-Celtic majority have led to the maintenance of group norms and values that encourage people to seek help within the confines of the family or close community, and discourage the use of mainstream professional services. The development of effective culturally sensitive support strategies would accept these cultural differences and facilitate solutions that accommodate the specific needs and circumstances of each community.

Ultimately, while accepting that individuals should be responsible for their actions and consequences, gamblers and family members interviewed for this study said that government and industry should do more to prevent and minimise problem gambling. They expressed strong views that gambling venues had a particular responsibility to protect patrons from developing gambling problems and that some venues were not doing so. Specific industry practices were identified as contributing to the gambling problems that had been experienced: eg marketing and promotion strategies, access to ATMs and alcohol, availability of loyalty cards and note acceptors.

The study findings include the continuing need for:

- effective strategies for the prevention and minimisation of harm associated with gambling;
- a wider range of problem gambling support services as well as counselling;
- identification of gambling-related issues specific to cultural groups and indigenous communities in the ACT, and assistance to enable those communities to develop culturally-appropriate support measures;
- gender-sensitive services and group support for both men and women with gambling problems;
- assistance and resources for the families and friends of gamblers experiencing gambling problems; and
- social and recreational alternatives to gambling.

## **8.7 Recommendations**

An important objective of this study is to inform recommendations for policies to address any problems identified. Evidence from research suggests that future policies should keep in mind the complexity of the issues and avoid simplification of the problem. Problem gambling was identified as a highly complex phenomenon that profoundly affects families and communities as well as gamblers. Informants stressed that it is much more than a financial, behavioural or psychological problem of individuals.

It is clear that no single strategy is likely to address the full range of factors that contribute to, or are affected by gambling problems. The current emphasis on a centralised counselling service in the ACT is, in many ways, incompatible with the

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<sup>281</sup> *ibid.*

diverse experiences of gambling problems, needs and expectations of support that were expressed by participants in this study. The multiplicity of factors which influence the problem gambling/help-seeking environment in the ACT are so numerous and diverse that a range of responses at multiple levels is required which tackles the wider issues associated with individual resilience and community wellbeing.

*One has to address more than just the gambling. Gambling is just a part of the problem.*

This report concludes that an holistic approach is required to strengthen community resilience to gambling related problems in the ACT. In this regard, recommendations of the 2001 *Needs Analysis* continue to be relevant.<sup>282</sup> As suggested in that report, an effective harm minimisation approach would involve a coordinated ‘whole of community’ strategy that focuses on prevention as well as support services for different social and cultural groups who experience gambling-related problems.

Recommendations of the 2001 *Needs Analysis* are not repeated here. Guided by the findings of that report and this study, we propose consideration of an integrated three-pronged strategy that will address broad environmental factors in the ACT community, the need for a range of effective support services for problem gambling and the need for further information to guide appropriate policy and program development.

This does not mean that counselling services are unnecessary or incompatible with a more holistic approach to gambling support. Counselling remains an important service for those people who prefer this option. It is more that the emphasis should be shifted to encompass broader notions of what is meant by ‘problem gambling’ and thus to address the broader systemic factors that affect problem gambling development and that will increase the capacity of individuals, families and communities to minimise the harm that can occur. It is also important that government and relevant agencies consider how best to support groups of women, men and cultural communities in ways which are relevant to them.

As previously noted, the centrality of clubs in Canberra’s social life and the lack of entertainment options were identified in this study as contributing factors for problem gambling by numerous participants. Provision of alternative recreational activities could therefore form an important part of a prevention and support strategy.

Consideration of prevention measures would include:

- an examination of the availability and accessibility of gambling to the public;
- development of alternative community leisure activities;
- strengthening the social capital and resilience of individuals, families and communities; and
- strengthening existing and potential preventative programs.

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<sup>282</sup> McMillen, J. *et al.* (2001b) *op. cit.*, pp.42-46.

### 8.7.1 *Building community resilience to gambling problems*

This study revealed a clear connection between social and cultural pressures in people's lives and the use of gambling as a way of dealing with those problems. The study also found that resilience and social capital - ie the degree of interpersonal and social support gamblers/families and friends felt they were able to rely on to help with their problems – was a critical factor for gamblers and family experiencing gambling problems.<sup>283</sup> As was found in the 2001 *Needs Analysis*, problem gambling also places demands on the whole community. A primary target for harm minimisation would be to strengthen the capacity of the community and families affected by problem gambling to provide essential support, prevention and early intervention strategies.

At a general community level problem gambling issues should be incorporated into a broader systemic scheme that is directed towards promoting social capital: ie by harnessing policies that aim to enhance community wellbeing, healthy lifestyles, resilience and supportive environments.<sup>284</sup> More specifically, problem gambling considerations should be an integrated component of current and future ACT programs designed to foster resilience and capacity of individuals, families and community groups.

We are aware that several programs are currently in development to strengthen social capital and resilience in the ACT community, including: the Canberra Social Plan; the draft Strategic Plan for Women in the ACT (response to the *Status of Women in the ACT Report* - ACT Office for Women); the ACT Indigenous Partnership Plan; Canberra Resilience Program (ACT Health); VYNE; the Oz Help *Life Skills* program for apprentices; resilience education programs in ACT Department of Education and Detention Services; and ResNet (Resilience Network in the ACT).

Many of these programs propose action plans based on collaborative partnerships between government, service providers and community groups. Other community groups that have expressed their interest in participating in such partnerships to address problem gambling are the AMA (ACT Branch) and the newly established School of Medicine at ANU, which is considering a gambling component in the planned Social Foundations of Medicine course (National Centre for Epidemiology and Population Health). While it must be stressed that problem gambling is not a 'medical' or 'mental disorder',<sup>285</sup> general practitioners are an important and trusted reference point for individuals and families affected by gambling problems. Thus they can play a constructive role in providing appropriate support and referral to other relevant groups in the broader scheme.

### **Recommendation:**

<sup>283</sup> Social capital has various definitions, for example: 'Social capital relates to the social norms, networks, and trust that facilitate cooperation within or between groups': Productivity Commission (2003) *Social Capital: Reviewing the Concept and its Policy Implications*. Commission Research Paper, p.viii; 'Social capital are networks of social relations which are characterised by norms of trust and reciprocity and which lead to outcomes of mutual benefit': Stone W. and J. Hughes (2002) *Social Capital: Empirical Meaning and Measurement Validity*. Research Paper no.27, Australian Institute of Family Studies.

<sup>284</sup> *ibid*.

<sup>285</sup> Productivity Commission (1999) *op. cit*; McMillen, J. *et al.* (2001a) *op. cit*.

- **The ACT has a unique and timely opportunity to build on current policies and initiatives already in process to ensure that the community's capacity to address problem gambling is enhanced in a coordinated 'whole-of-government' and 'whole-of-community' approach that strengthens the resilience of individuals, families and the community to prevent problem gambling and to assist those who do have gambling related problems.**

### 8.7.2 Integrated multi-modal strategy for support services

In 2001 the ACT *Needs Analysis* indicated that:

*The current level of demand for gambling support services identified ... requires a coherent, inter-agency response, particularly given that ACT gamblers are likely to seek assistance from a range of different services such as relationship and financial counsellors, financial and legal support services, mental health services, etc.*<sup>286</sup>

The findings of this study reinforce those earlier findings. The Productivity Commission's epidemiological model for problem gambling referred to earlier in this report (Figure 1) indicates that an holistic, coherent public health approach to problem gambling would involve multiple support strategies that focus on the diverse nature of problems associated with gambling; the varied impacts that problem gambling has for individuals, families and communities; as well as factors that result in problems (environmental, socio-cultural, individual).

More recently, other Australian jurisdictions have developed plans for a coordinated multiple-agency approach to service delivery that could provide some guidance to development of a program that is tailored to fit the particular needs of different groups in the ACT.<sup>287</sup> Findings of this study suggest that designated counselling services should be supplemented by development and enhancement of informal support systems within families and social networks.

Qualitative research with cultural groups in Victoria and Queensland, and the success of the MCPGS in Sydney have illustrated the need for problem gambling support services catering specifically for the needs of cultural communities and delivered by members of those communities. The need goes beyond the provision of multilingual information or bilingual counselling to involve detailed awareness of socio-cultural mores, traditions and practices.

In that regard, Lifeline recently has proposed to appoint a part-time 'outreach' worker to establish collaborative relationships with cultural community organisations in the ACT and to develop support services for problem gambling in cultural groups.<sup>288</sup> While Lifeline's proposal is to be applauded, the views expressed by community

<sup>286</sup> McMillen, J. *et al.* (2001b) *op. cit.*, p.43.

<sup>287</sup> See for example, the Queensland Responsible Gambling Strategy <http://responsiblegambling.qld.gov.au/>; and *Policy Framework on Treatment Services for Problem Gamblers and Their Families in NSW. Strategic Directions 2002-2006*. Casino Community Benefit Fund.

<sup>288</sup> Lifeline, correspondence July 2004.

representatives in this study suggest that Lifeline's proposal alone may not be an effective or culturally appropriate strategy for these communities.

Research with cultural groups in Queensland and Victoria suggest that different support models are required for different communities.<sup>289</sup> Importantly, greater attention needs to be given to the limitations of the exclusive, routine application of Anglo-centric counselling techniques, and to the communities' preference to develop their own solutions around family and social networks. Possible support models that incorporate provisions for cultural beliefs and practices can be found in other areas of public health. Experience in medical fields has shown that a 'client' who feels understood culturally is more likely to cooperate with advice and assistance.<sup>290</sup> For example, support planning for clients with a Chinese background could include components from both western financial and eastern spiritual models. Cultural understanding would also recognise the familial relationships, processes and obligations that are pivotal to gamblers in their own cultural context. To give one example, for a counsellor to even ask an elderly Chinese man about his gambling problems would contravene the traditional Chinese values of filial piety and ancestor respect.<sup>291</sup>

This study also suggests that there is a need to create alternative, non-traditional forums that reduce the stigma of problem gambling and counselling by changing the context of help-seeking for gambling problems. For example, support could be provided at the workplace and incorporated into existing workplace programs. Oz Help is developing partnerships with numerous organisations in the ACT to assist apprentices. Similarly, a 2002 study of ACT building industry workers found there was support in the Canberra community for a union-operated residential halfway house for building industry workers and their families with drug and alcohol problems, supplemented by an outpatient service for gamblers.<sup>292</sup> The study recommended separating support services for problem gambling from drug and alcohol support. It also suggested that unions could organise non-gambling activities for workers.

Other non-traditional services such as men's and women's support groups, services for family members, internet discussion groups, life-coaching workshops and other creative strategies could be considered and evaluated.<sup>293</sup>

### **Recommendation:**

- **In terms of service support for problem gambling in cultural communities, we propose that a coordinated network of culture-specific**

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<sup>289</sup> Brown, S. *et al.* (2000) *op. cit.*; Scull, S. *et al.* (2003) *op. cit.*

<sup>290</sup> Quan, T. (2003) *op. cit.*; P. Jansen, and D. Sorrensen 'Culturally competent health care'. *New Zealand Family Physician*, 29(5), pp.306-311.

<sup>291</sup> Quan, T. (2003) *op. cit.*, p.285.

<sup>292</sup> Banwell, C. *et al.* (2002) *op. cit.*

<sup>293</sup> Chang, T. Yeh, C. J. and Krumboltz, J. D. (2001) 'Process and outcome evaluation of an on-line support group for Asian American male college students'. *Journal of Counseling Psychology*, 48, pp.319-329; Robertson, J. M. and L. F. Fitzgerald (1992) 'Overcoming the masculine mystique: Preferences for alternative forms of assistance among men who avoid counseling'. *Journal of Counselling Psychology*, 39, pp. 240-246.

**services similar to the NSW Multicultural Problem Gambling Service ‘brokerage’ program be developed in collaboration with the MCGPS and ACT multicultural and indigenous organisations.**

- **We also propose that gender-specific initiatives, including non-traditional services, be developed to address the particular problems and needs of men and women affected by problem gambling.**
- **Detailed socio-demographic information such as gender and cultural background should be included in gambling client records kept by ACT service agencies. A standardised minimum data protocol should be developed for this purpose.**
- **Education about problem gambling and the support services available should be directed to friends and families, including cultural communities.**

### *8.7.3 Research support*

As noted, this study was constrained by budget, resources and definite timelines. These constraints did not allow the flexibility required to develop the necessary trust and collaborative research partnerships with a wide selection of women and men’s groups and cultural communities. The study therefore is merely a first step towards further hypothesis generation and testing. The original research questions and findings outlined in this study should be further refined to inform and support program development and evaluation.

Research questions that remain unanswered include:

- What are the factors that lead to problem gambling within different cultural groups in the ACT?
- How does a particular cultural background influence the way men and women view gambling and manage gambling related problems?
- How are gambling problems experienced in different cultural groups?
- How does problem gambling affect family interactions and interpersonal relationships?
- What is the role of the family, friends and the community in terms of help-seeking processes?
- Do cultural values and practices, or traditional gender roles facilitate help-seeking behaviour or serve as a barrier to seeking help for problem gambling?
- What interventions, communications and other supports are appropriate for their needs?
- What would encourage people experiencing difficulties to seek help at an early stage?

The limitations of this study highlight the need to undertake research which is relevant for policy development at the local level as well as contributing to social capacity and culturally relevant support services within community organisations, workplaces and different social groups. The experience of this study and others indicates that flexible timelines and appropriate resources should be allowed for such research.

Participatory action research (PAR) is one research strategy that has considerable potential to facilitate the incorporation of cultural community perspectives that produce beneficial research and policy outcomes.<sup>294</sup> PAR is a combination of traditional research methods and participant action involving relevant community stakeholders.<sup>295</sup> Research is a collaborative, cyclical process which involves relevant community groups as active, contributing participants at every stage of the research. Research and action are integrally related. A major research outcome for each participating community group is the development of an individual 'action plan' that addresses problem gambling-related issues from their perspective and enhances the knowledge and resources needed to achieve that outcome.

PAR has been utilised effectively in a number of community-based gambling studies: the three-stage *Healthy, Wealthy and Wise Women* Project in Victoria<sup>296</sup>; study of an indigenous community at Cherbourg<sup>297</sup>; and two large comparative studies of several cultural communities in Canada.<sup>298</sup> Each of these studies has involved active partnerships between researchers, cultural community representatives, local support services and relevant government agencies. Research has informed a range of different interventions and activities designed to counter problem gambling. Those initiatives were developed, implemented and evaluated by the communities involved in the projects so they address the specific needs and aspirations of each community.

Similar research in the ACT would facilitate effective cooperation of cultural groups to address the gaps in knowledge the experience of problem gambling and help-seeking in different cultural communities. Research outcomes and action plans would contribute to problem prevention and intervention strategies in the area of multicultural gambling and the family.

However, while PAR seems to be a useful methodology to develop community-based strategies and solutions, it has not been as effective to identify and understand the nature of problem gambling in ethno-cultural communities. Social-anthropological studies of individual communities using ethnographic methodologies may be the most effective way of understanding the nature and extent of problem gambling in ethno-cultural communities. This type of research is very time-consuming and labour intensive. However it is necessary to work in close partnership with communities over a long time to build trust, to understand social and power relationships, and to identify interactions between traditional and mainstream gambling practices, norms and values. Regardless of methodology, existing studies conducted with tight time and budget limitations have been unable to do this and thus have experienced similar problems as this research.

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<sup>294</sup> Brown, S. *et al.* (2000) *op. cit.*, p.97.

<sup>295</sup> For example, Kemmis, S. and R. McTaggart (2000) 'Participatory action research', in N. K. Denzin and Y. S Lincoln (eds) *The Handbook of Qualitative Research*. Sage, pp.567-605.

<sup>296</sup> Brown, S. *et al.* (2000) *op. cit.*

<sup>297</sup> Personal communication, Queensland Treasury 2004.

<sup>298</sup> Wynne, H. and J. McCready 2004. *Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities*. Four project final reports prepared for the Ontario Problem Gambling Research Centre.

**Recommendation:**

- A strategic research program is required to better understand the experience of men and women in different cultural groups in the ACT and thus to ensure that problem gambling interventions are both evidence-based and culturally appropriate.
- Standardised gambling client data should be compiled and analysed at regular intervals to monitor trends and inform policy development.



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## Appendix A - ACT Multicultural Organisations Contacted

These organisations were first contacted by letter on 3 March 2004.

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### Australian Aboriginal community

#### Winnunga Nimmityjah Aboriginal Health Service

Phone: (02) 6249 7555

91a Wakefield Gardens  
AINSLIE ACT 2602

#### Munjuwa Queanbeyan Aboriginal Corporation

Phone: (02) 6297 3578

Fax: (02) 6299 3859

PO Box 682,  
QUEANBEYAN, NSW, 2620

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### Chinese community

Mobile: 0417 689 096

Fax: 6231 7850

GPO Box 1006  
CANBERRA ACT 2601

Phone: 6291 9383

Fax: 6291 9885

GPO Box 731  
CANBERRA CITY ACT 2601

Phone: 6291 9383

Mobile: 0412 481 607

Fax: 6291 9885

GPO Box 731  
CANBERRA CITY ACT 2601

Phone: 6291 9383

Mobile: 0412 481 607

Fax: 6291 9885

GPO Box 731  
Canberra City ACT 2601

#### Canberra Chinese Club

Phone: 6289 7832

GPO Box 272  
CANBERRA ACT 2601

#### Federation of Chinese Community of Canberra Inc

Phone: 6290 2446

Fax: 6290 2446

PO Box 625  
MAWSON ACT 2607

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### Italian community

**Association of Aged and Pensioners Regione Calabria, Canberra and Queanbeyan**

PO Box 748  
JAMISON CENTRE ACT 2614

Phone: 6258 4263

**Associazione Anziani e Pensionati - Veneto**

22 Ashburton Cct  
KALEEN ACT 2617

Phone: 6241 4082

Italo Australian Club  
78 Franklin St  
Forrest ACT 2620

Phone: 6284 2809  
Fax: 6284 2809

Italo-Australia Club,  
78 Franklin St  
Forrest ACT 2603

Phone: 6295 1588  
Fax: 6257 4858

PO Box 3568  
Manuka ACT 2603

Phone: 6295 8081  
Fax: 6295 8081

**Federazione Pensionati Italiani Canberra Region**

PO Box 664  
Jamison Centre ACT 2614

Phone: 6297 2797

**Rogolar Furlan ACT Queanbeyan and Cooma**

PO Box 3538  
Manuka ACT 2603

Phone: 6258 7157  
Fax: 6259 0233

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**Croatian community**

PO Box 1  
O'Connor ACT 2612

Phone: **6248 8782**  
Fax: 6257 3012

Grose St.  
Deakin ACT 2600

Mobile: 0419 493 335  
Fax: 6253 9793

Griffin Centre, Room F04,

Phone: 6249 7801  
Fax: 6249 7804

19 Bunda St.  
Canberra ACT 2601

Phone: 6241 1214  
Fax: 6241 1214

PO Box 202  
O'Connor ACT 2602

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## Greek Community

### **Cretan Association of Canberra and Districts**

Phone: 6231 9632

GPO Box 1699  
Canberra ACT 2601

Phone: 6252 7075  
Fax: 6254 9542

PO Box 3628  
Manuka ACT 2603

### **Greek Orthodox Community and Church of Canberra and District Inc**

Phone: 6295 1460  
Fax: 6286 6555

GPO Box 208  
Canberra ACT 2601

### **Hellenic Youth Club**

Phone: 6294 4000

PO Box 263  
Woden ACT 2606

### **National Union of Greek Australian Students**

Mobile: 0410 536 527

PO Box 263  
Woden ACT 2606

### **Pan-Arcadian Association**

Phone: 6241 7139

PO Box 263  
Woden ACT 2606

### **Pallaconian Association of Canberra and District**

Phone: 6291 9338

9 Purbrick  
Chisolm ACT 2905

### **Pan-Lesviaki Omospondia**

Mobile: 0409 629 466

PO Box 856  
Queanbeyan NSW 2620

### **Samian Association of Canberra and Surrounding Districts Inc**

Phone: 6241 3592

205 Atherton Street  
Downer ACT 2602



	Phone: 6297 1789 Fax: 6297 1789
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5 Ernest St  
Queanbeyan NSW 2620

	Phone: 6295 2291
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PO Box 856  
Queanbeyan NSW 2620

**St Nicholas Greek Orthodox Church of Canberra  
and District Inc**

Phone: 6286 6555  
Fax: 6286 6555

GPO Box 208  
CANBERRA ACT 2601

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**Vietnamese community**

**Vietnamese Community in Australia - ACT  
Chapter**

Phone: 6258 9367  
Fax: 6241 6921

PO Box 932  
CIVIC SQUARE ACT 2608

	Phone: 6251 3269
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PO Box 101  
O'CONNOR ACT 2602

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**Arabic community**

	Phone: 6282 2644 Fax: 6285 1322
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PO Box 99  
LYONS ACT 2606

	Phone: 6207 4096 Fax: 6241 4205
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## **Appendix B – ACT Government Departments and Community Service Providers Contacted**

### **Government Departments and Agencies**

Aboriginal and Torres Strait Islander Service	Phone: 6121 4000
ACT Office for Women	Phone: 6205 0515
ACT Office of Multicultural Affairs Chief Ministers Department Canberra Nara Centre 1 Constitution Ave Canberra City 2601	Phone: 6207 6014
Department of Family and Community Services Commonwealth Government	Phone: 6212 9451
Ministerial Advisory Council on Multicultural Affairs	Phone: 6207 6199

### **Community Service Providers**

Aboriginal Carers Support Group Suite 5 Ground floor, Belconnen Churches Centre, 54 Benjamin Way, Belconnen 2617	Phone: 6296 9900
ACT Council of Social Services PO Box 195 Civic Square ACT 2608	Phone: 02 6248 7566
ACT Community Care GPO Box 825 Canberra, 2601	Phone: 6207 5111
ACT Multicultural Consultative Council Griffin Centre 19 Bunda Street Canberra City ACT	Phone: 02 6249 8994
Anglicare GPO Box 1981 Canberra ACT 2001	Phone: 6230 5113

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ANU Student Counselling Service The University Counselling Centre Building 18, North Road The Australian National University Acton, ACT, 0200	Phone: 6125 2442
Beryl Refuge PO Box 390 Dickson, ACT 2602	Phone: 6247 5628
CARE Financial Counselling & Legal Services 9th Floor, FAI House, Corner London Circuit and Akuna Street, Civic, Canberra City	Phone: 02 6257 1788
Caroline Chisholm Women's Refuge PO Box 642 Mawson ACT 2607	Phone: 6286 2173
Centacare Canberra Avenue, Manuka PO Box 3167 Manuka ACT 2603	Phone: 6239 7700
Doris Women's Refuge PO Box 197 Belconnen ACT 2616	Phone: 6278 9999
Gugan Gulwan Youth Aboriginal Corporation Grattan Crt Wanniassa 2903	Phone: 6231-9555
Inanna Refuge PO Box 4093 Kingston ACT 2604	Phone: 6295 3323
Lifeline: Gambling Care and Clubcare GPO Box 583 Canberra City ACT 2601	Phone: 6247 0655
Lowana Young Women's Service PO Box 441 Erindale ACT 2903	Phone: 6231 3297
Men Mentoring Men (Triple M) PO Box 4147 Manuka ACT 2603	Phone: 6239 4699

Muniawa Queanbeyan Aboriginal Corporation Indigenous Organisation PO Box 682, Queanbeyan, NSW, 2620	Phone: 6297 3578
Relationships Australia PO Box 320, Curtin ACT 2605	Phone: 2 6281 3600
Salvation Army Counselling Service Unit 3 9 Montford Crescent, North Lyneham ACT 2602	Phone: 6248 5504
Smith Family ACT PO Box 10500 Woden ACT 2606	Phone: 6285 4000
St. Vincent de Paul Colbee Court, Phillip Postal Address: P.O. Box 642 Mawson ACT 2607	Phone: 6282 2722
Toora Single Women's Shelter PO Box 75 Watson ACT 2602	Phone: 6247 2399
Women's Centre for Health Matters PO Box 385 Mawson ACT 2607	Phone: 6290 2166:
YWCA GPO Box 767 Canberra ACT 2601	Phone: 6239 6878
Young Men's Support Network PO Box 4147 Manuka ACT 2603	Phone: 6239 4699

## Appendix C - Letter of Invitation for Multicultural Organisations



### CENTRE FOR GAMBLING RESEARCH

#### Can you assist with research? Help-seeking by gamblers, friends and families in the ACT

I am writing to request your participation in a research project that is currently being conducted by the Centre for Gambling Research (Australian National University). This research is funded by the ACT Gambling and Racing Commission.

We are conducting interviews on help-seeking for problem gambling in the ACT. We are interested to hear about the experiences of gamblers, their friends and family of different ethnic groups in Canberra. The findings of this research will inform recommendations for culturally sensitive and gender specific policies to address any problems identified. We would like to hear your views on the issue of gambling in the ACT. Specifically, we are interested in identifying any structural or cultural barriers that might exist to the provision, accessibility and efficacy of appropriate support services for your community.

Participation in this research is voluntary and you are free to withdraw at any time. To assure that privacy and confidentiality are met as far as possible we will remove any identifying details from our files. We do not name participants in any document we publish. We anticipate that the interviews will take approximately 1-1 ½ hours of your time.

Please contact us if you would like to participate in an interview or if you have any questions about the interviews or the project itself.

Centre for Gambling Research, RegNet,  
Research School of Social Sciences,  
Australian National University, ACT 0200.  
Phone: 02 6125 4665, 02 6125 8443  
Fax: 02 6125 4993  
Email: [jan.mcmillen@anu.edu.au](mailto:jan.mcmillen@anu.edu.au), [stephan.lorenzen@anu.edu.au](mailto:stephan.lorenzen@anu.edu.au)

Thank you for your assistance

Professor Jan McMillen  
Director, Centre for Gambling Research

The Australian National University's *Human Research Ethics Committee* has approved this study. If you have any complaints or reservations about the ethical conduct of this research, you may contact Sylvia Deutsch, Human Ethics Officer, Research Services Office, Australian National University ACT 0200, or phone Sylvia on 02 6125 2900, fax 02 6125 4807, or email [Human.Ethics.Officer@anu.edu.au](mailto:Human.Ethics.Officer@anu.edu.au).

## Appendix D - Newspaper and Fridge door Advertisements

### Canberra Times Advertisement:

# RESEARCH ON PROBLEM GAMBLING

CENTRE FOR GAMBLING RESEARCH

## Can you help our research on problem gambling?

We are seeking volunteers for an important study on help-seeking for gambling problems. If you have sought help (or considered seeking help) for gambling related problems – whether for yourself or for a friend or family member – we are interested in your opinions and experiences. If you are from the ACT or Queanbeyan and are willing to participate in a focus group or an interview, please call one of the centre staff listed below.

To ensure that privacy and confidentiality are maintained as far as possible, no names, addresses or phone numbers of participants will be recorded. Please contact us in confidence via phone or email (below) before 27 May 2004.

### Contact:

Jan McMillen

T: 6125 4665 E: [jan.mcmillen@anu.edu.au](mailto:jan.mcmillen@anu.edu.au)

or

Stephan Lorenzen

T: 6125 7103 E: [stephan.lorenzen@anu.edu.au](mailto:stephan.lorenzen@anu.edu.au)

*This research is funded by the ACT Gambling and Racing Commission and is being directed by Professor Jan McMillen, ANU Centre for Gambling Research.*

ANU Centre for Gambling  
Research, Coombs Building  
Extension Fellows Road,  
Canberra ACT 0200  
<http://gambling.anu.edu.au>



### Fridge door advertisement:

**GAMBLING RESEARCH:** ANU researchers are seeking volunteers for an important study on help-seeking for gambling problems. If you have sought or considered seeking help on gambling problems for yourself or somebody else, we would like to talk to you. Ph: Stephan on 6125 7103.

## Appendix E - Project Poster for Community Organisations



**CENTRE FOR GAMBLING RESEARCH**

# CAN YOU HELP US? RESEARCH ON PROBLEM GAMBLING

We are looking for volunteers for an important ACT study on help-seeking for problem gambling.

If you are from the ACT or Queanbeyan, we are interested in your experiences of help-seeking for problem gambling. If you have sought help for gambling related problems - whether for yourself or one of your friends or family members - and are willing to participate in a focus group or an interview, we would be very pleased to hear from you.

To assure that privacy and confidentiality are met as far as possible no personal details such as name, address or phone number will be asked or recorded.

The research is funded by the ACT Gambling and Racing Commission and is being conducted by Professor Jan McMillen, ANU Centre for Gambling Research.

Please contact us in confidence via email or phone (below) before 4<sup>th</sup> June, 2004.

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Centre for Gambling Research  
Australian National University, Canberra ACT 0200

6125 4665 (Jan), [jan.mcmillen@anu.edu.au](mailto:jan.mcmillen@anu.edu.au)  
6125 6768 (David), [david.marshall@anu.edu.au](mailto:david.marshall@anu.edu.au)  
6125 7103 (Stephan), [stephan.lorenzen@anu.edu.au](mailto:stephan.lorenzen@anu.edu.au)  
<http://gambling.anu.edu.au/>

## Appendix F - Information Sheet for Community Organisations



### CENTRE FOR GAMBLING RESEARCH

#### **Can you assist with research? Help-seeking by gamblers, friends and families in the ACT**

We are writing to request your participation in a research project that is currently being conducted by the Centre for Gambling Research (Australian National University). This research is funded by the ACT Gambling and Racing Commission.

We are conducting interviews on help-seeking for problem gambling in the ACT. We are interested to hear about your experiences as service providers as well as the experiences of gamblers themselves, and their friends and family members. The findings of this research will inform recommendations for culturally sensitive and gender specific policies to address any problems identified. We anticipate that the discussion will take approximately 1-1 ½ hours of your time.

We would like to hear your views on the issue of gambling in the ACT. Specifically, we are interested in identifying any structural or cultural barriers that might exist to the provision, accessibility and efficacy of appropriate support services.

Participation in this research is voluntary and you are free to withdraw at any time. To assure that privacy and confidentiality are met as far as possible we will remove any identifying details from our files. We do not name participants in any document we publish.

Please contact us if you would like to participate in an interview or if you have any questions about the interviews or the project itself.

Centre for Gambling Research, RegNet,  
Research School of Social Sciences,  
Australian National University, ACT 0200.  
Phone: 02 6125 4665, 02 6125 8443  
Fax: 02 6125 4993  
Email: [jan.mcmillen@anu.edu.au](mailto:jan.mcmillen@anu.edu.au), [stephan.lorenzen@anu.edu.au](mailto:stephan.lorenzen@anu.edu.au)

Thank you for your assistance

Professor Jan McMillen  
Director, Centre for Gambling Research

The Australian National University's *Human Research Ethics Committee* has approved this study. If you have any complaints or reservations about the ethical conduct of this research, you may contact Sylvia Deutsch, Human Ethics Officer, Research Services Office, Australian National University ACT 0200, or phone Sylvia on 02 6125 2900, fax 02 6125 4807, or email [Human.Ethics.Officer@anu.edu.au](mailto:Human.Ethics.Officer@anu.edu.au).



## Appendix G - Information Sheet for Persons Experiencing Gambling Problems



### CENTRE FOR GAMBLING RESEARCH

#### CAN YOU HELP US WITH AN IMPORTANT PROJECT ON PROBLEM GAMBLING?

The Centre for Gambling Research is conducting research into **help-seeking for gambling problems** in the ACT. This research will inform the development of more effective and culturally appropriate harm-minimisation measures. For this project we are conducting interviews and focus group discussions with **persons experiencing gambling related problems**, as well as with people who have **friends or family members** experiencing such problems. If you fall into one of these groups, we would be very interested in hearing about your experiences and thus invite you to participate in this research.

We would be interested in learning about your experiences of:

- the types and nature of gambling related problems (as experienced by both gamblers as well as families and friends); and
- experiences of the help-seeking process.

We anticipate that interviews and focus groups would take approximately 1-1 ½ hours. These can be arranged for times that suit you. Participation in this research is voluntary and you are free to withdraw at any time. To assure that privacy and confidentiality are met as far as possible, we will remove any identifying details from our files. We do not name participants in any document we publish.

Please contact us if you would like to participate in a focus group or would like to be interviewed, or if you have any questions about the project.

Centre for Gambling Research, RegNet,  
Research School of Social Sciences,  
Australian National University ACT 0200.

Phone: 02 6125 4665 (Jan) Email: [jan.mcmillen@anu.edu.au](mailto:jan.mcmillen@anu.edu.au)

Phone: 02 6125 6768 (David), Email: [david.marshall@anu.edu.au](mailto:david.marshall@anu.edu.au)

Phone: 02 6125 7103 (Stephan) Email: [stephan.lorenzen@anu.edu.au](mailto:stephan.lorenzen@anu.edu.au)

Fax: 02 6125 1507

Thank you for your assistance.

Jan McMillen

Director, Centre for Gambling Research, ANU

The Australian National University's Human Research Ethics Committee has approved this study. If you have any complaints or reservations about the ethical conduct of this research, you may contact Sylvia Deutsch, Human Ethics Officer, Research Services Office, Australian National University ACT 0200, or phone Sylvia on 02 6125 2900, fax 02 6125 4807, or email [Human.Ethics.Officer@anu.edu.au](mailto:Human.Ethics.Officer@anu.edu.au).

## **Appendix H – Community Advisory Group (CAG)**

- ACT Gambling and Racing Commission
- ACT Women's Consultative Council
- ACT Multicultural Consultative Council
- Aboriginal and Torres Strait Islander Consultative Council
- Council on the Ageing
- ACT Churches' Council
- Gambling Care - Lifeline
- ACT Council of Social Services
- Clubs ACT
- CARE Financial Counselling and Legal Services
- Migrant Resource Centre
- ACT Community Care
- Australian Hotels Association, ACT
- ACT-TAB
- Casino Canberra