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Problem gambling in culturally and linguistically diverse communities

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5.1 Introduction

Material available on culturally and linguistically diverse (CALD) populations and gambling in Victoria is limited, but the Department of Justice has released Problem gambling research report for culturally and linguistically diverse communities, prepared by *Cultural Perspectives Ltd (2005)*. A substantial amount of the information presented in this section is derived from the survey work carried out for that report. A useful summary of some major demographic characteristics of Victoria's CALD population is presented in that report, but a few relevant points are:

- Almost one in five Victorians speak a language other than English at home, although 15 per cent of those people have low English language proficiency. The language groups with the largest number of people with low English language proficiency are Chinese, Italian, Vietnamese, Greek and Arabic.
- The overall unemployment rate among people from CALD communities is generally higher than that for the total Victorian population. Among some language groups, rates of unemployment are considerably higher. The Somali community, for example, has an unemployment rate more than four times higher than the Victorian average, with almost half of all Somali speakers unemployed (45.3 per cent).
- The period immediately following migration is often stressful, representing a potential risk factor for gambling behaviour. The length of time a person has spent in Australia can influence their ability to understand the existing information and support infrastructures. The less time a person has spent in Australia the more likely they are to experience problems with language, social dislocation and isolation. Language groups that have very high proportions of people who have arrived in the last five years include the Korean, Thai, Bosnian, Persian (Iranian) and Somali language groups.

5.2

Gambling patterns in culturally and linguistically diverse groups

Yamine and Thomas (2000), the authors of the Cultural Partners Australia Consortium study for the VCGA on gambling within specific cultural groups found that Arabic, Greek, Italian and Spanish speakers and people from the former Yugoslavia were more likely than other groups to view gambling as a social activity and a source of entertainment and recreation, with a preference for gambling at home or in cafes. On the other hand, Asian groups, particularly Vietnamese, Chinese and Korean, preferred games of chance and saw gambling more as 'trying one's luck' or 'seeking a change of fortune'. They preferred casino gambling and EGM gambling in clubs.

The study found that gambling participation rates were lower for CALD communities than for the general community, but that rates of problem gambling among the communities studied (Vietnamese, Greek, Chinese and Arabic speaking) were around five times greater than in the general community, using the South Oaks Gambling Screen as a measure. They also found that:

- the percentage of respondents who participate in playing poker machines *outside* of Crown Casino was much lower than for the general community (3.1–13.7 per cent compared with 28.8 per cent)
- the percentage of respondents who participate in poker machines *at* Crown Casino was higher for the Chinese (18.9 per cent) and Greek (20.8 per cent) communities and lower for the Arabic (7.9 per cent) and Vietnamese (1.2 per cent) communities compared with the general community (17.9 per cent)
- among those who did participate in gambling activities, weekly outlay on gambling activities was higher than in the general community, except among the Arabic sample.

Many migrants have come from countries where casinos and electronic gaming machines were restricted to tourists, or were not available. When people arrive here, there may be the temptation to *give it a try* and it can seem like a way to make money quickly.

Chinese, Vietnamese, Arabic and Turkish people report feeling particularly comfortable at casinos. They find them to be unthreatening social environments, where they can socialise without the need for high level English language skills. The presence of patrons from many different cultures is particularly attractive. Local gaming venues can seem attractive for similar reasons.

The high rate of problematic gambling in the face of lower levels of participation described in the VCGA study was able to be detected through the sensitive survey method of using CALD community White Pages listings of the most common names from the targeted communities, and interviewing respondents in their own language. This ensured higher levels of survey participation and higher levels of disclosure.

Consultations conducted as part of this study emphasised the importance of the immigration experience itself in contributing to a propensity to gamble. Duong and Ohtsuka (2000) and Au and Yu (1997) argued that gambling can be understood in the context of migration adjustment problems—such as unemployment, underemployment, and threats to self esteem—as well as the primary and secondary trauma associated with the refugee experience.

5.3

How does the migration experience increase the risk of gambling problems?

People often migrate due to difficulties in their country of origin. The experience of migration is often difficult and lonely, reducing people's access to family, employment opportunities and cultural links.

Newly arrived migrants can be more emotionally and financially vulnerable to developing gambling problems than the wider community. Problem gamblers from migrant communities are also more likely to suffer gambling-related homelessness, debt and family breakdown due to their fragile support network. This is particularly the case for recently arrived migrants, and especially so for refugee groups.

Migrants often have moved to Australia in search of a better life. Difficulties with achieving their goals can lead to gambling being used to escape these difficulties. Gambling can relieve the boredom of unemployment and underemployment and reduced social networks, and can be seen as a chance for people to reverse their misfortunes.

Gambling problems can be related to the experience of earlier loss through migration. Other sorts of loss, such as children leaving home, can trigger the old grief of migration, with the intense emotion avoided or expressed through gambling. In the same way, experience of trauma, as in war and detention, can lead to feelings of loss of control which may be compensated for by the illusory control provided by gambling. It is important that treatment for migrants with gambling problems also addresses those wider issues associated with their behaviour, such as the migration experience, unemployment, refugee status and social isolation.

Although some religions—such as Islam, Jehovah's Witness, Hinduism, Buddhism and Seventh Day Adventism—consider gambling to be morally wrong, the influence of religion on gambling behaviours is a complex one. Concepts such as luck and fortune are entwined with formal religious teaching. In a study of young Thai people's gambling, Tanasornnarong, Jackson and Thomas (2004) found that most young Thai people in the study thought that the presence, or absence for that matter, of money had more to do with 'fortune and luck' than with their labour. They identified having money as a manifestation of destiny or life chances; that is, they were either born with it or they were not.

Social worker's experience

I have a client who has a big gambling problem and she's been getting food vouchers for a year or so. She says 'I'm not going to counselling'. There is counselling available in Spanish but she won't go. Firstly, due to embarrassment and secondly because she feels that at 53, it's the only thing she's got to do. There's nothing else she can do where she doesn't need to speak and she doesn't speak the language. It's hard because she sees it as a cultural thing, an activity. It's recreation. (Brown et al. 1999)

People from these religious groups with gambling problems can often feel an added burden of shame due to the guilt associated with going against their religious norms. Religious affiliation can make it more difficult for some people to acknowledge and discuss a gambling problem.

There was little evidence that the young Thai people in this study shared the characteristics of the young people that Griffiths (1995) identified as problem gamblers. They did not gamble when depressed, although it was observed that they may gamble when bored; they did not come from the lower social classes; did not engage in other addictive behaviours, or have histories of delinquent behaviours.

Despite the high participation rate of these groups of young Thai people in gambling, they were not typical of Asian gambling patterns as detailed in the VCGA study. In the Asian ethnic groups, gambling was considered to be associated with shame.

Shame is interpreted in ethnic communities differently according to their cultural and religious beliefs, as with the young Thai people. It may be that shame is mainly associated with excessive gambling, however, and not with recreational gambling—even the heavy recreational gambling typical of that study group. Duong and Ohtsuka's (2000) study among Asian people who win at gambling found that winning occurred more often in those perceived to be of good character, whereas those perceived to be of bad character lost. The young people in the Tanasornnarong, Jackson and Thomas (2004) study appeared to gamble their money not only to prove they had 'fortune and luck', but also to show others that they were of good character by winning.

5.4

How do language and culture impact on help-seeking behaviour?

Different community attitudes to gambling and counselling can have an impact on help-seeking behaviour, as can cultural and language barriers. While some close-knit migrant communities offer increased support for community members, their closeness can also prevent problem gamblers from seeking help due to fears about being stigmatised within their community.

Many cultural groups prefer bilingual health professionals over Western-based health therapists. Problem gamblers often prefer to seek treatment from a CALD community organisation over a mainstream gambling service, so that they can find someone who can speak their language and understand their culture. Interpreters within mainstream services may be seen as a less preferable option.

The main barriers to CALD clients seeking help as identified in community consultations conducted for the Cultural Perspectives Ltd report (2005) are:

- lack of English language proficiency, often leading to limited knowledge of services, coupled with a preference for bilingual health and welfare staff who may not be seen to be available to them
- perceived lack of cultural understanding in mainstream agencies, which people may feel would inhibit the counsellor's understanding of their community, family and religious circumstances, and the way these are impacted by their gambling
- concepts of counselling in CALD communities, which see one-to-one counselling as an unusual form of working on problems, especially where more communal forms of problem solving are the norm
- shame and stigma, which may prevent people from openly acknowledging their gambling problem, particularly where such behaviour is proscribed by the religion they adhere to.

Finding solutions to suit different communities

Many mainstream services are built around Anglo-Australian concepts of individualism, autonomy and personal responsibility. This is not always appropriate for cultures in which the family or community is the core unit, not the individual.

Educating the community and raising awareness can encourage people to seek help for gambling problems affecting them and their families. Displaying specific language information materials at your service is a great way to send the message that you are available to help clients with gambling problems.

Word of mouth can sometimes be the best way of circulating information in small ethnic communities. Make it easy for your clients to talk about gambling as an issue.

Family member's experience

For people like myself (with limited English) it is very important that there are Macedonian speaking workers. Someone who understands our culture is just as important. I was feeling guilt when I left my husband, but I had no choice. I had to leave the hell all of us were living in. But only a Macedonian person will understand what it means to be a divorced woman in our culture.

Migrant resource worker's experience

I think about immigrant women. Some of them can't speak the language and they don't know the services. There is a lot of pressure on the woman to try to keep the whole problem within the family. They don't want their neighbours to know and they suffer quite a lot. There's a feeling that they'll disgrace their family by taking the problem out of the family. Most of the women in our women's group say they are suffering from sleeplessness, they are so nervous. They are totally isolated. (Brown et al. 1999)

5.5

Why does my client seem reluctant to access an interpreter?

Interpreters can play an important role in engaging with clients across the service system. However, some clients are reluctant to use the services of an interpreter in preference to a bilingual counsellor. Concerns include lack of confidence in the accuracy of the translation, gaps in the conversation and fears about losing closeness with the counsellor. These concerns can lead to the client being uncomfortable, making it difficult to develop a relationship. Some people are also concerned about confidentiality being maintained, particularly in smaller communities where agency staff may know their clients in the community context.

Assure your client that Gambler's Help services interpreters are bound by strict confidentiality agreements. If possible, extend the option of a bilingual counsellor in a nearby region if your client seems uncomfortable about using an interpreter.

5.6

Why is my client reluctant to seek counselling?

People from some cultures are generally uncomfortable discussing emotional problems, particularly with people outside the family. People from these communities with gambling problems may not have a clear idea about what counselling is. The chart below details some of the views held by people from CALD communities that can affect whether they seek help.

Barrier	Quote
Not confident the service can help	<ul style="list-style-type: none"> • 'He doesn't think the service will understand his need to gamble.' (Family) • 'Thinks no-one is capable of helping her.' (Family)
Concerns around confidentiality/shame	<ul style="list-style-type: none"> • 'It is all this shame I felt. I realised that I am a gambler but I did not want other people to find out. You lose all the respect.' (Gambler) • 'Doesn't want anyone to know about his private life.' (Family) • 'Afraid someone will find out.' (Family) • 'Scared of people knowing her story.' (Family) • 'Feels shy and shamed for people to know he doesn't have the money to look after his family because of gambling.' (Family) • 'Scared of losing face.' (Gambler)
Concerns around talking to a counsellor	<ul style="list-style-type: none"> • 'How can you trust a counsellor to say something from their heart?' (Family) • 'Doesn't want to confide in a stranger.' (Family) • 'Feels it is hard to tell a stranger his weakness.' (Family)

Source: from Cultural Perspectives Ltd 2005

Chinese and Vietnamese community representatives report that people expect 'quick fix solutions' or 'real assistance'. The 'abstract' solutions offered by mainstream counsellors are often received with disappointment by people expecting their problems to be solved, leading many in these communities to see counselling as an irrelevant service.

It can also be difficult for an older client to seek advice from a younger counsellor in communities where age is a mark of status. When referring clients for counselling, it is a good idea to explain exactly what the counsellor can offer and how this will help their situation (Australian Vietnamese Women's Welfare Association 1998).

Family member's experience

They asked so many questions that I felt uncomfortable answering them. I often went home from these sessions crying and feeling very depressed and annoyed. They wanted to know everything about me and my husband's life.

Family member's experience

In China we hardly use the word 'counselling'. We don't have the intention of giving help in this way so people have a negative feeling about it. That is not a good thing. People seeking this kind of help are regarded as dirt. Maybe we need to educate the Chinese community in this area. To have someone listen to your problem, even if the problem cannot be solved right away, you get the strength to face your own problem. That is what I felt when I used this service.

(Department of Human Services Anonymous client interview 2004)

5.7

What assistance does Gambler's Help services provide to culturally and linguistically diverse communities?

Gambler's Help services employ a number of multilingual counsellors who provide language-specific services to a number of CALD communities within Victoria. While many of the bilingual counsellors are employed at specific sites, there may be some capacity for counsellors to be made available for bilingual counselling at other sites. A wide range of languages is covered, including Mandarin, Cantonese, Greek, Macedonian, Vietnamese, Arabic, Spanish, Serbian, Croatian, Bosnian, Vietnamese, Russian, Italian, Egyptian, French, Polish, and Malay.

Culturally specific services and activities provided by Gambler's Help services include:

- language-specific counselling services
- community education projects
- self-help manuals
- language-specific information
- financial counselling services.

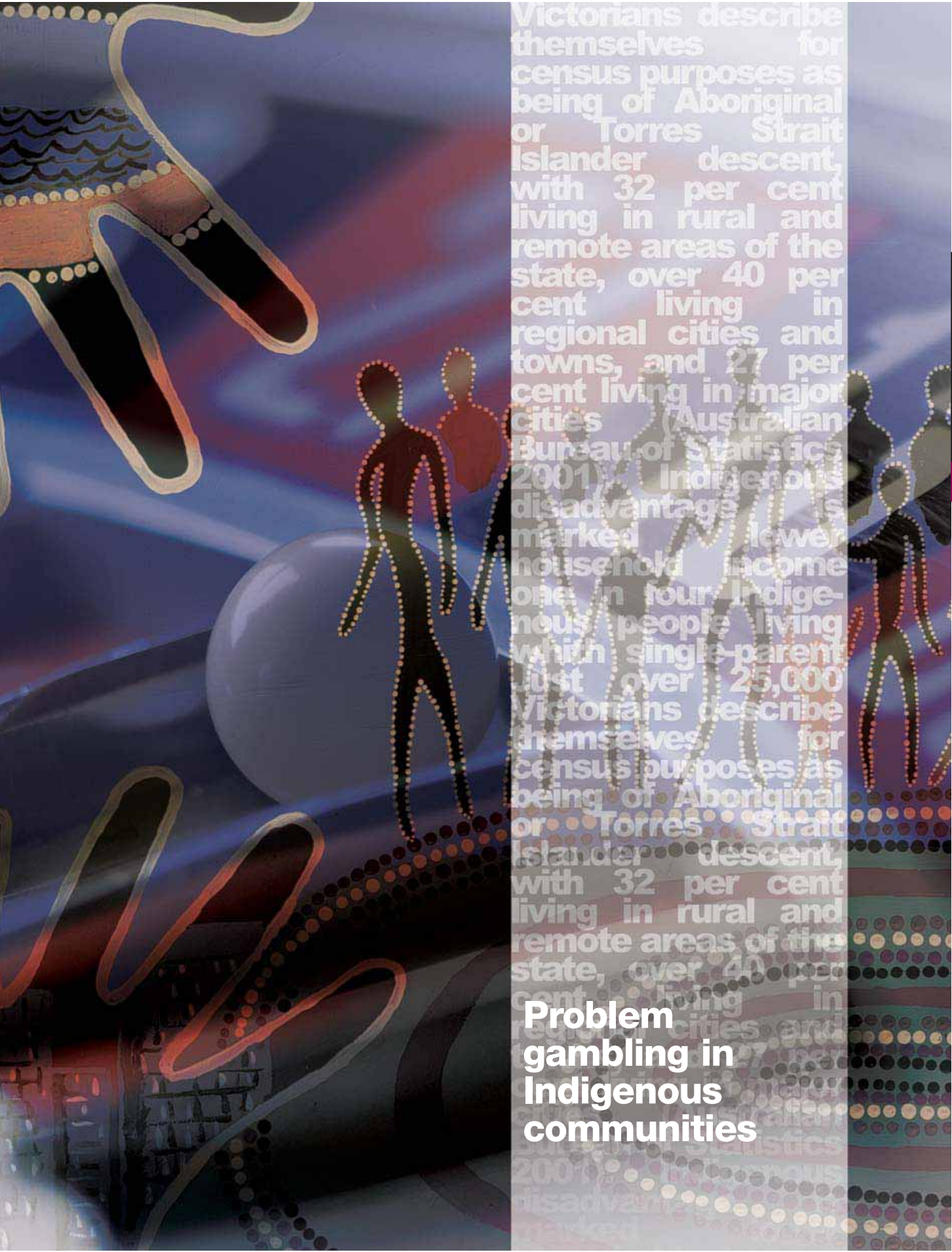
Language-specific information for your clients

Information that provides advice on how to identify when gambling has become a problem for the individual and how to get help has been developed in several languages. Gambler's Help services can provide this information for distribution to clients free of charge.

5.8

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Victorians describe themselves for census purposes as being of Aboriginal or Torres Strait Islander descent, with 32 per cent living in rural and remote areas of the state, over 40 per cent living in regional cities and towns, and 27 per cent living in major cities (Australian Bureau of Statistics 2001). Indigenous disadvantage is marked by lower household income one in four Indigenous people living with single-parent just over 25,000 Victorians describe themselves for census purposes as being of Aboriginal or Torres Strait Islander descent, with 32 per cent living in rural and remote areas of the state, over 40 per cent living in regional cities and towns, and 27 per cent living in major cities (Australian Bureau of Statistics 2001). Indigenous disadvantage is marked by lower household income one in four Indigenous people living with single-parent just over 25,000

Problem gambling in Indigenous communities

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6.1

How does gambling affect Indigenous communities?

Just over 25,000 Victorians describe themselves for census purposes as being of Aboriginal or Torres Strait Islander descent, with 32 per cent living in rural and remote areas of the state, over 40 per cent living in regional cities and towns, and 27 per cent living in major cities (Australian Bureau of Statistics 2001).

Indigenous disadvantage is marked by:

- higher unemployment levels than other Victorians (20.1 per cent compared with 6.8 per cent)
- lower household income
- one in four Indigenous people living in single-parent households compared with one in eight of all Victorians
- larger family households
- high levels of incarceration.

In one of the relatively few studies of Indigenous gambling undertaken, Goodale (1987) described card playing as a particular form of gambling activity among the Tiwi people of Northern Australia, and suggested that the meaning of this activity could be understood in terms of redistribution of income within the community. This redistributive function of gambling, particularly through card games in small communities, has also been identified in Vanuatu (Rubinstein 1987) and other areas of Melanesia and Australia (Zimmer 1987) within indigenous populations. Sexton (1987), however, did not find this redistributive function in a study in the Eastern Highlands in New Guinea. Sexton found that card playing was congruent with traditional competitive leisure activities, but that criticism in the community of card playing was a reaction to a number of antisocial outcomes of the card playing, such as excessive drinking, people deemed to be 'wasting time', and people attempting to pursue personal gain without displaying skill or creativity.

There is some evidence that people from Aboriginal and Torres Strait Islander communities tend to experience higher levels of problem gambling than other Australians. Surveys in Queensland and New South Wales, for example, have found that problem gambling among Indigenous Australians is as much as 15 times greater than for the general Australian population (Dickerson et al. 1996).

The reasons for this are complex but Indigenous communities exhibit many of the risk factors associated with problematic levels of gambling. For this reason it is important not to interpret socioeconomic risk factors as *cultural*, but to consider them as *structural* factors. High rates of economic disadvantage, unemployment, lack of alternative recreational activities and high levels of drug or alcohol problems within these communities, particularly as associated with gambling activity (Brady 1998) are all predictive of social gambling having the potential to become problematic gambling.

Family member's experience

Sometimes on pay day you see women come back with tears in their eyes because they have just done their wages on the pokies. From this fights and family break-ups occur. (Department of Human Services 2004)

Indigenous health care worker's experience

You can usually identify a gambling problem in our community by the patterns of going without. It's when a family seems to continually have nothing: no heating, no food, lights that don't work. (Mendleson Communication 2004)

The high unemployment rates and lower incomes common among Indigenous people make them more vulnerable to both gambling with the intent of increasing incomes, as many other low-income gamblers do, and more vulnerable to the negative impacts of problem gambling than the wider community.

A culture of shared responsibility means that Indigenous problem gamblers and their families are likely to receive support from extended family and friends, such as a place to stay or help with food. This has helped to mask the extent of the gambling problems in Indigenous communities. The extended family structure also means that problem gamblers are likely to affect a number of people (Mendleson Communication 2004).

Financial difficulties are the main indicator that there could be a gambling problem. Common signs include having no money, spending the whole pay, having no money for the children and not being able to save.

6.2

How does culture impact on gambling behaviour?

As noted previously, gambling as recreational activity has long been recorded as widespread in Indigenous communities, mainly in the form of community card games. Community card games are no longer the main form of gambling, having been replaced by the TAB and pokies. These are likely to have far more serious effects on individuals and families. Not only does the move towards poker machines reduce the social interaction of card games, it also draws money away from the community. Community knowledge about the real odds of various forms of gambling, especially the pokies, is generally low (Holden 1996).

Wins from community gambling, such as in card games, are generally used for the group rather than individuals; however, they are likely to be spent on non-essential items. This money has often come from the budget available for essentials, such as food and bills.

Indigenous gambling counsellor's experience

The attitude of a large proportion of Aboriginal people is that money is for spending. Tomorrow is a new day, and with it comes new opportunities. 'Sharing and caring' networks of extended family and friends support this attitude to money. (Mendleson Communication 2004)



6.3

How does culture impact on help-seeking behaviour?

Research on drug and alcohol services suggests many Indigenous people are uncomfortable accessing mainstream services because the services are not seen to be culturally appropriate. Many Indigenous people also lack knowledge of how to access the service and of what services are available. Cultural Perspectives Ltd (2005) suggested that these barriers are likely to exist in the problem gambling service environment, and the need for developing culturally appropriate problem gambling services is of significant importance.

Problem gambler's experience

It was not difficult once I realised that gambling is bigger than just me. It's about the kids, family, friends, community. (Cultural Perspectives 2005)

Indigenous health care worker's experience

Aboriginal people won't go to a counsellor as a first port of call for anything, especially gambling. They often don't feel comfortable going to mainstream services, either. (Mendleson Communication 2004)

Given the limited number of Indigenous-specific gambling services in Victoria, the need for mainstream services to demonstrate cultural understanding is critical. They suggest that a number of factors impact on help-seeking:

- an individualistic model of counselling being perceived as not being relevant to a *collectivist* perspective typical of many Indigenous people
- the shame and stigma associated with both gambling itself and the negative consequences of gambling
- perception that services will not address broad structural factors that may lead to relapse
- denial
- limited awareness of services available
- concerns about confidentiality and trust
- preference for Indigenous counsellors.

Another factor is that, with historical experience of government and welfare services removing Indigenous children over a number of generations, there is some residual suspicion and apprehension in Indigenous communities about approaching generalist health and welfare services. This is particularly the case if that contact involves an admission of not coping.

Many Indigenous gamblers will seek help through a financial counsellor rather than a problem gambling counsellor. Research shows that the financial counselling approach is an effective starting point for Indigenous clients because it provides practical support on which relationships, trust and credibility can be built.

6.4

How do I meet the needs of my Indigenous clients?

The Cultural Perspectives Ltd (2005) study suggested:

- a range of services be provided for Indigenous clients, including financial counselling; family and group therapy (mentioned by family and friends as well as gamblers); counselling (mentioned mostly by gamblers); referrals; follow-up, ongoing support and monitoring; support groups; information sessions or workshops; emergency relief; information to take away; clinical health services
- although many of these services are provided by Gambler's Help services, almost all Indigenous gamblers and family members surveyed preferred for these services to be offered in Indigenous community organisations
- there is a preference for Indigenous counsellors but, where this is not possible, a counsellor who is culturally sensitive and well connected with the Indigenous community would be appropriate
- if possible, an Indigenous counsellor and a specialist gambling counsellor should work collaboratively
- wherever services are provided, they should be holistic in approach, with a focus on financial counselling and emotional wellbeing, but also able to address a wide range of issues around health, family relationships, unemployment, alcohol and illicit drug use, stress, and grief and loss.

Indigenous gambling counsellor's experience

Aboriginal people during one-to-one sessions will at times avoid direct responses and project some suspicion, especially in the early stages of service delivery. Workers need to gain the trust of the community.

The following basic principles are recommended when working with Indigenous clients (see also Section 4.4):

- If you are not able to explore all of the details that may be important, wait: a story will unfold.
- Do not try to gather personal information in initial meetings. Wait until a relationship and trust have been developed.
- Be flexible about others attending the consultation.
- Be alert to the meanings of seemingly off-hand comments as part of the conversation, which are often used to communicate serious issues.
- Take a flexible approach to the boundaries of your role. If you are not willing to support the whole family and assist with a broad range of issues, clients will feel that the service cannot help.
- Respect different meanings in family relationships.

6.5

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7.1

How does gender affect reasons for gambling?

Men and women often gamble for different reasons. Men are more likely to gamble as a way of making extra money, for example, or to gain self esteem. Competitiveness and an unwillingness to accept defeat in men can contribute to the development of a gambling problem. By contrast, women often use gambling to unwind and get away from the worries of life.

Gambling can produce a feeling of independence or escape for women: something just for themselves that is done away from a partner or children. Gambling also represents an escape from reality to a place that is safe and friendly, where women are served and cared for rather than having to care for others.

Some of the attitudes towards gambling that underpin different gambling behaviours are set early. One study of 14-year-olds who had gambled in the previous year showed that girls believed that gambling should be regarded more as entertainment, whereas boys were more likely to think of gambling as a way of making money (Jackson et al. 2000)

Experience of a male problem gambler

The reason I started is a bit to do with the fact that I'm an idiot! I was uncertain about my employment. Things weren't going so well, I was wondering whether I would have a job. (New Focus Research 2003)

Experiences of female problem gamblers

I am really responsible in my work life, I've always been responsible for my family—the gambling is about breaking out, about me being really bad, something I just do for myself.

Women can go to gambling venues alone. It can be fun at first because it can fill a gap, but poker machine gambling is an antisocial experience. It can block out whatever is worrying you. It can mesmerise you.

(Department of Human Services Anonymous interviews with clients 2000)

Financial counsellor's experience

I had a client who was a taxi driver. His father owned the licence and he was really worried because he'd borrowed some money and used his licence as security and he was worried about loan sharks. At one stage he went and gambled \$5000 at lunchtime. He was really proud when they gave him a gold credit card that enabled him to go and get a meal from one of the shops around there and that made him feel magnificent. I'd say 'what about your wife?' He was just able to give his wife the shopping money. Provided he could do that, he shouldn't have any problems at all. Never mind that he'd borrowed money she didn't know about. According to him, family financial matters are his domain. (Adapted from Brown et al. 1999)

7.2

How does gender affect gambling behaviour?

Until the introduction of EGMs, gambling environments (such as off-course betting) were more likely to be male domains. Since poker machines were introduced in Victoria, gambling has increasingly become a problem for women as well as men.

Men demonstrate a higher tendency to take risks in their gambling behaviour. Debts owed by female problem gamblers are generally half the amount owed by male problem gamblers on similar incomes. Male problem gamblers are also more likely to borrow money to fund their gambling, and twice as likely to commit illegal acts to assist their gambling.

Women involved in problem gambling often experience feelings of guilt. They are likely to feel responsible for the lack of attention they are able to give their families and, therefore, feel that they are failing as mothers or wives (see also Section 1.5).

Presenting issues by gender

Men are more likely to seek help for:

- employment/work-related issues
- legal issues.

Women are more likely to seek help for:

- relationship or family problems
- physical symptoms.

Both genders are likely to seek help for financial problems.

Experiences of female problem gamblers

I can't see or hear. I close off my family ... I may as well have just left the kids. I haven't been much of a role model. I feel cross and self-centred and just want to be left alone. It's hard to believe it's me.

My kids would ring and say 'Mum, where are you, what are we having for tea?' If it was a good night I'd say we'll have a pizza. If I'd had a bad night I'd say, we'll have to have toast.

Experiences of male problem gamblers

I've started to get into the super and other places where my wife thinks we've still got ten grand. My wife is starting to get suss about the money— I don't have quite as much cash in my wallet.

I lost my job through it. I'm still struggling with the aftermath of that. I had a cash advance, you might say, from my company. I used to be in a management position, now I'm in a lowly admin position.

(New Focus Research 2003)

7.3

How do families cope?

Studies of the impact of parental drug and alcohol use on dependent children have clearly demonstrated the emotional and psychological costs that parental compulsive behaviour or addiction can have on children (Velleman & Orford 1990, Orford 1992). One study on gambling and the family illustrated the progressive tendency of problem gamblers to draw their entire family into financial crisis, particularly as a consequence of their problematic gambling (Lesieur 1984). Another study conducted by Lorenz and Shuttlesworth (1983) investigated the impact of problem gambling on the gambler's spouse and found that financial disaster coupled with anger and issues of co-dependence often lead to family breakdown and separation, impacting directly on children. This is the case for both male and female spouses.

Another study (Krishnan & Orford 2002) explored the ways in which family members, primarily partners and parents, cope with the excessive or uncontrolled gambling of their family member, and the types of support they rely on.

This study applied a stress–coping–support model, originally developed to understand the way families cope with drug and alcohol problems in family members (Orford 1992).

The coping strategies adopted by families involved:

controlling: including direct and indirect control of finances, and 'forcing' the family member to attend counselling or Gamblers Anonymous

tolerant: including paying the gambler's debts or gambling with them to help 'restrain' uncontrolled gambling behaviour

supportive: including attending Gamblers Anonymous meetings with the gambler and encouraging alternative leisure pursuits

punishing: including aggressive behaviour towards the gambler and punishment, particularly of children who were financing their gambling through stealing

talking: including both 'confrontational' talking in the face of denial, and 'supportive' talking

limiting: including setting limits on gambling and reinforcing 'family rules'

separating: usually after a 'last straw' event or as a result of cumulative stress

help seeking: including seeking help from general practitioners and banks in terms of limiting the gambler's access to funds.

The authors concluded that engaging and tolerant forms of coping by family members can lead to high levels of stress for them, and to their own ill health. The American Psychiatric Association (1994) acknowledged the fact that gambling can affect family members in nominating the criteria for pathological gambling. These are:

- lied to family, employer or therapist to protect and conceal the extent of involvement in gambling
- jeopardised or lost a significant relationship, marriage, education, job or career because of gambling.

The effects of gamblers' behaviour on their families are not always recognised by those gamblers. Abbott and Cramer (1993) reported serious family problems due to gambling in 10 per cent of a community sample of gamblers, although 84 per cent of those who gambled in the past year reported that gambling had no positive or negative effects on their family life. Six per cent actually considered that gambling had a positive effect on family life by providing opportunities for socialisation, entertainment and increasing their income.

They also confirmed the common sense proposition that family problems from gambling increase as income declines.

It is important to assist problem gamblers in families to realistically recognise the impact of their gambling behaviour on their partner and children; the items listed in Section 1.5 can be used as a checklist to identify these impacts. Similarly, the coping strategies identified in the research reported above can be explored with partners, although some of these coping strategies may be more helpful than others.

A person with long, wavy brown hair is seen from behind, sitting at a slot machine in a casino. The slot machine has a colorful display with various symbols and numbers, including '500'. The background is dark with some blurred lights.

7.4

How does gender impact on help-seeking behaviour?

Analysis of the personal and family characteristics of problem gamblers seeking counselling in Victoria has shown that women are more likely to be older, to be married, living with family, and to have dependent children than men who seek counselling for their gambling issues. Female problem gamblers who seek counselling are also more likely than men to be born in Australia, despite the Victorian population having similar proportions of females (72.7 per cent) and males (72.3 per cent) who are Australian-born.

The economic circumstances of help-seeking female problem gamblers also differ from those of their male counterparts. Women report average gambling-related debts of less than half of that owed by males, despite evidence of similar median annual incomes for both sexes.

Of those seeking help who receive their income from social welfare payments, women are more likely to be in receipt of a sole parenting benefit, whereas men are likely to receive a benefit due to being unemployed. Because the rates of payment are similar for all beneficiaries in similar circumstances (that is, number of dependents, other income), however, the type of benefit received does not necessarily affect the amount of income received (Crisp et al. 2004)

The shame and stigma attached to female gambling may generally be stronger than for men because gambling can traditionally be seen as a male activity. The following beliefs about the traditional role of women can intensify feelings of shame and guilt:

- women do the nurturing
- women should always love
- women have to give
- women are the minders
- women are responsible for harmony and the wellbeing of the home
- men are not responsible for the home
- women blame themselves for their partner's gambling (Brown et al. 1999)

In addition to women seeking help for their own gambling problems, they are more than twice as likely as men to present for counselling due to concern about their partner's gambling. Gambler's Help Services have found that 75–80 per cent of people present for help with their own gambling behaviour; with the rest presenting for help in relation to someone else's gambling. While the numbers of males and females

presenting to address their own gambling issues are almost identical, and have remained so for as long as gambling-specific counselling services have been provided in Victoria, women are more than twice as likely as men to present due to concerns arising from the impact of another person's gambling, most notably their partner (Crisp et al. 2001; Jackson et al. 2005).

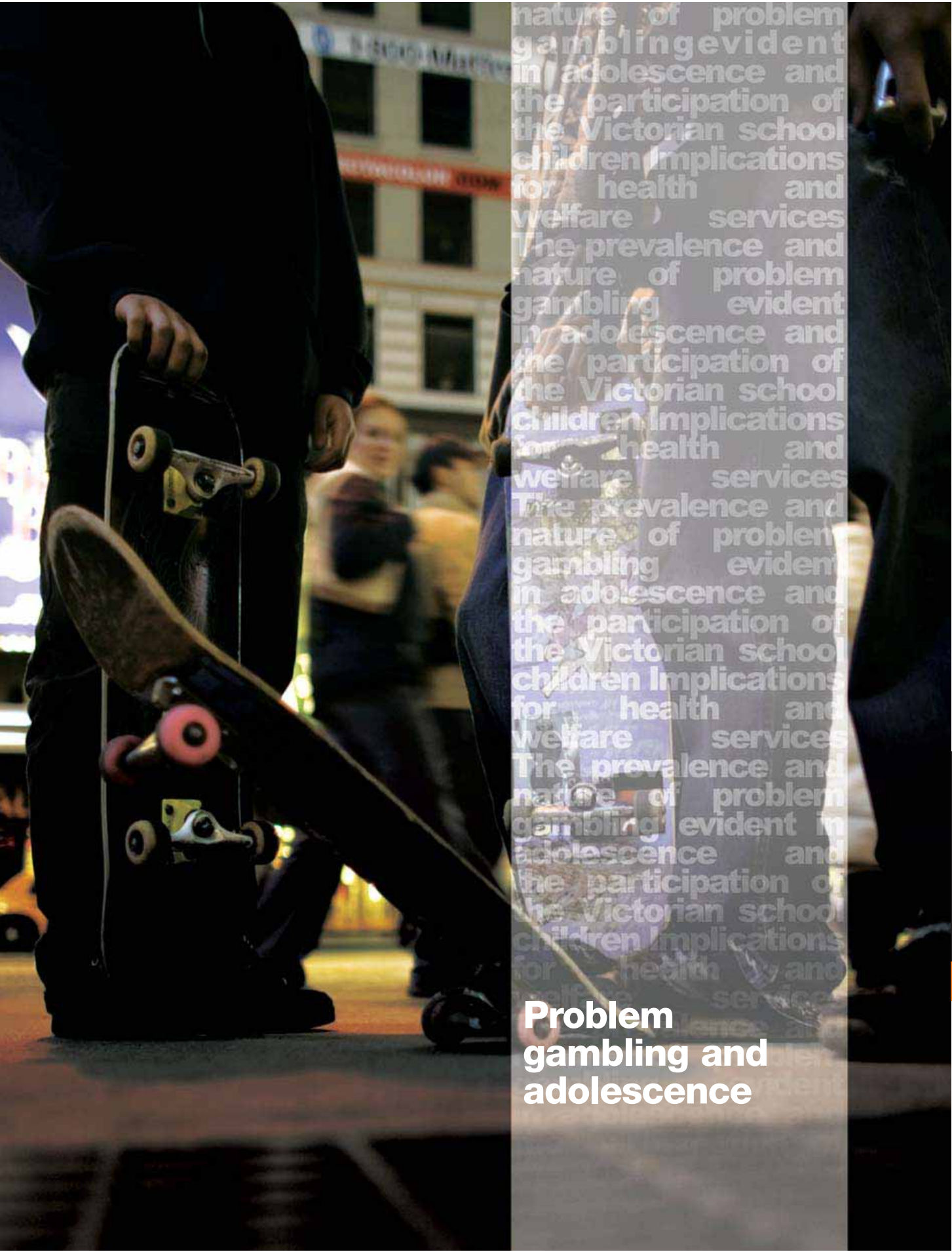
Social worker's experience of women's gambling problems

A lot of issues women face in their lives are to do with things that they have no control over. If it's domestic violence, it's something that's done to you. If you're having hassles looking after kids properly, it's part of life and something that happens. But women feel that by owning up to gambling they are owning up to something that they've started themselves. That brings a whole new dimension to the problem. (Brown et al. 1999)

7.5

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nature of problem gambling evident in adolescence and the participation of the Victorian school children Implications for health and welfare services The prevalence and nature of problem gambling evident in adolescence and the participation of the Victorian school children Implications for health and welfare services The prevalence and nature of problem gambling evident in adolescence and the participation of the Victorian school children Implications for health and welfare services The prevalence and nature of problem gambling evident in adolescence and the participation of the Victorian school children Implications for health and welfare services

Problem gambling and adolescence

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8.1

Adolescent gambling: introduction

Adolescence is generally a time of good health compared with other age groups, but *risk-taking* behaviours, such as drug and alcohol use, smoking, unprotected sexual intercourse and not wearing a seatbelt in a car, are common in adolescence. All of these behaviours are risky because they set up long-term patterns of behaviour that are unhealthy and could lead to morbidity or mortality.

Gambling is somewhat similar to these behaviours in that the likelihood of a young person bringing severe harm to themselves from gambling during childhood or the teen years may be relatively low, but the knowledge gained about gambling and the habits formed during adolescence appear to increase the likelihood of developing problem gambling behaviours later in life (Denton & Kampfe 1994). Gambling differs from the above behaviours, however, in the extent to which problem gambling (rather than merely gambling participation) is associated with a range of health and mental health compromising behaviours and conditions at adolescence (Gupta & Derevensky 1998; Gupta & Derevensky 2001; Derevensky & Gupta 2000; Winters, Stinchfield & Fulkerson 1993; Winters & Anderson 2000).

Despite their participation in many forms of gambling being illegal, research shows that adolescents are now as likely to participate in gambling as previous generations of youth were to experiment with tobacco and alcohol (Radecki 1994, Shaffer & Hall 1996). Moreover, much of this gambling is undertaken with parental knowledge (Arcuri, Lester & Smith 1985).

Their parents may well have introduced them to this form of gambling, and gambling also frequently occurs within the home, with betting on familial card games reported by one third (35.8 per cent) of Canadian children in grades four, five and six (Ladoceur, Dubé & Bujold 1994). Research also suggests that children and adolescents feel that, unlike cigarette, drug and alcohol use, their gambling behaviour need not be hidden from their families (Gupta & Derevensky 1998, Ladoceur et al. 1996).

Why do young people gamble?

As discussed in Section 1, people gamble for many different reasons, and gambling research is complicated by the fact that different types of gambling have different meanings for people, and people have different expectations of each of these types of gambling. In Wiebe's (1999) study of Manitoba youth, the overwhelming majority of adolescents identified 'fun' or 'excitement' as their primary motivation for gambling. Gupta and Derevensky's (1998) research into gambling among Montreal adolescents showed that their primary motivation for gambling was 'enjoyment', with 'making money' and 'excitement' also popular responses.

Little has been written so far on children and youth gambling in Victoria and Australia (see section 8.3). Maddern's (1996) study, *Modelling adolescent gambling*, investigated factors that may be predictive of adolescent gambling and found that 50 per cent of the variance in gambling participation could be explained by seven main factors, including the amount of unsupervised leisure time and whether adolescents were born in Australia or overseas.

Chambers and Potenza (2003) provided an additional perspective on adolescent gambling in their persuasive argument for a theory linking neurodevelopmental changes in brain structure and function, impulsivity and adolescent gambling. They suggested that impulse-promoting substrates operate more robustly in the adolescent brain than in the adult brain, while those inhibiting impulse are not maximised. Such a theory, while not explaining all that needs to be understood in terms of propensity to gamble and gambling uptake may explain why adolescents may be uniquely vulnerable to the development of disordered gambling behaviours.

8.2

The prevalence and nature of problem gambling in adolescence

Research suggests that adolescent prevalence rates of pathological gambling are generally 4–8 per cent, which represents approximately two to four times the prevalence rates in the adult population (Gupta & Derevensky 1998, Shaffer & Hall 1996, Derevensky & Gupta 2000, Fisher 1993). Jacobs (2000) described 14 per cent of adolescents as being ‘at risk’, ‘problem’ or ‘potential problem’ gamblers.

Findings from clinical experiences in the context of adolescent problem gambling treatment programs, however, suggest that participating adolescents rarely perceive themselves as problem gamblers (Hardoon et al. 1999). They further speculated that such misconceptions may be the result of stereotypes relating to problem gamblers generally bearing no resemblance to an adolescent.

Studies have indicated that young males are more likely than young females to exhibit problem gambling behaviour (Gupta & Derevensky 2001, pp. 3), with some studies suggesting that pathological gambling is twice as prevalent among males as females (Lesieur et al. 1991, Moore & Ohtsuka 1997, Stinchfield 2000, Stinchfield & Winters 1998).

Another study into gambling in the Canadian province of Ontario, in which 2336 children and adolescents between the ages of 11 and 19 were surveyed, found that males were five times more likely than females to be classified as probable pathological gamblers, and three times more likely to be classified as ‘at-risk’ gamblers (Hardoon, Derevensky & Gupta 2002).

Studies (for example, Rossen 2001, Gupta & Derevensky 2001; Buchta 1995) have suggested that adolescent problem gamblers are more likely to:

- demonstrate poor performance at school, including poor attendance
- suffer high rates of depression and low self esteem
- have poorer coping skills
- be at a greater risk of suicidal ideation
- participate in other risk-taking behaviours such as drug use, engaging in under-age drinking
- participate in criminal activities and antisocial or delinquent behaviour.



8.3

Gambling participation and attitudes in Victorian school children

The largest study of school children and gambling conducted in Victoria (Jackson et al. 2000) found that 41 per cent of year 8 students had gambled in some form over the past 12 months. Gambling was more common in males than in females, with the exception of buying lottery tickets.

The breadth of gambling experience in this study was measured by the number of different gambling activities these young people had participated in. One in twelve young people (8 per cent) engaged in three or more types of gambling in the past 12 months. This greater breadth of experience was more common in males (12 per cent) than in females (5 per cent). Females gambled with scratchies at the same rate as males.

A measure of attitudes to gambling showed the extent to which many young people view gambling in a positive light. Close to 50 per cent viewed gambling as a way to make money, and three quarters viewed gambling as okay if not overdone.

Participating in gambling activities was associated with being male and with parent employment. The association between parent employment and gambling may be an indication of adolescents being located either in households with more money for discretionary spending or households in which young people have more unsupervised leisure time.

As with other studies, the study of Victorian gambling adolescents found substantial associations with engagement in antisocial behaviours. These associations were even more apparent in those with greater breadth of experience of gambling. The antisocial behaviours that were more common in those adolescents who gambled than those who did not gamble included theft, property damage and interpersonal violence.

These patterns of association were particularly marked in males. Such trends may reflect patterns of determinants that are similar for both gambling and antisocial behaviour.

They are nevertheless of concern in that they suggest there is scope for problematic gambling to become linked to theft or other patterns of offending. *The significant, though weaker, associations evident with both licit—but illegal for this group (alcohol and tobacco)—and illicit (marijuana) drug use gives rise to similar concerns.*

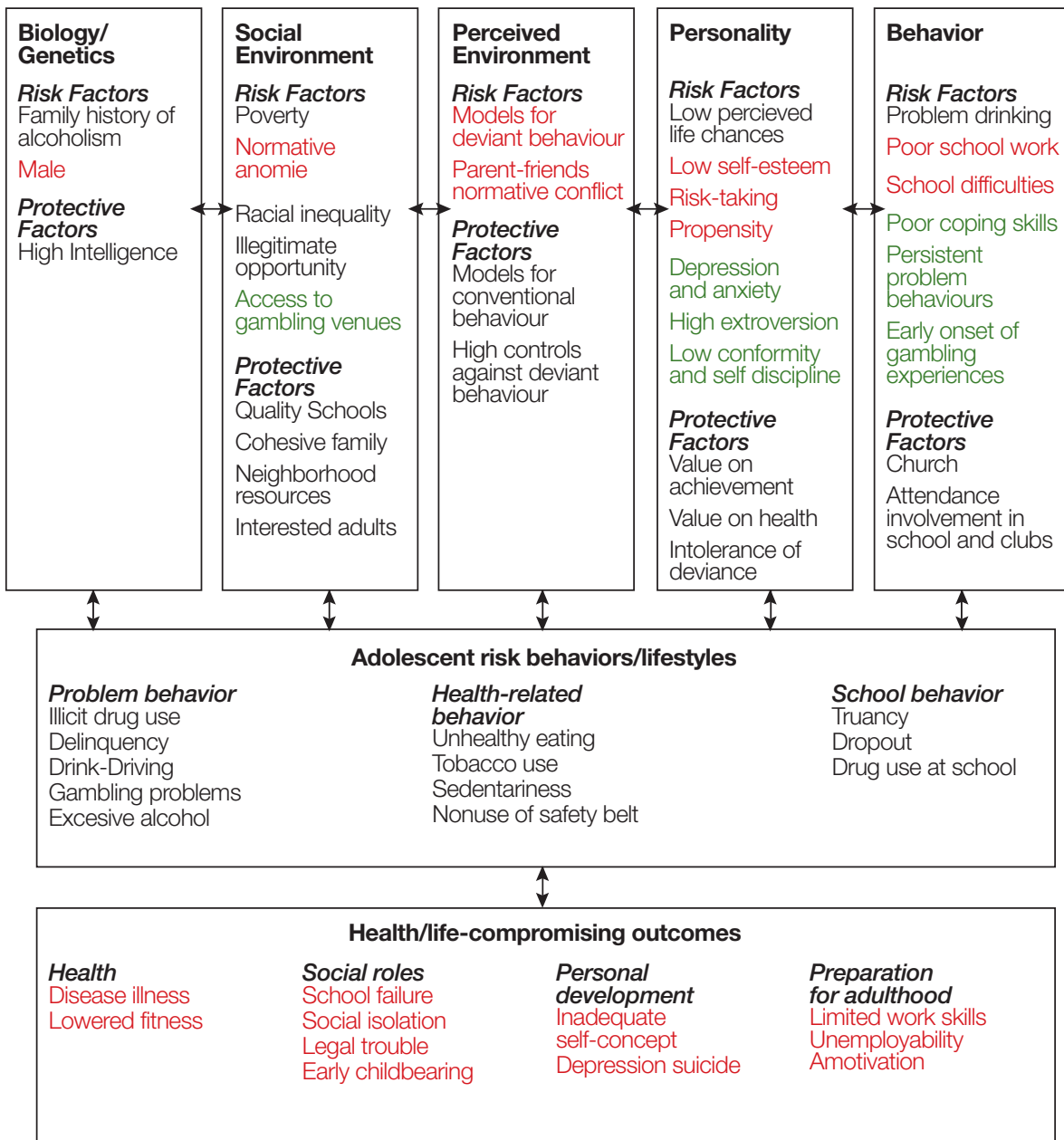
Deliberate self harm was almost twice as common in those with a greater breadth of experience of gambling. Substantial associations in the study sample were also found with measures of the social climate. Those adolescents with a greater breadth of gambling experience reported negative views of school, with lower levels of commitment, fewer perceived benefits from engagement and major disincentives for doing so.

These patterns of association were most evident in females. This pattern of early disengagement from school has been reported for other adolescent health risk and antisocial behaviours. In conjunction with the strong observed associations with other health risk behaviours, it suggests that early adolescent gambling has a similar origin to these other risk behaviours and that preventive intervention may most appropriately target common psychosocial antecedents of low connectedness to school and families.

8.4

Implications for health and welfare service providers

The following diagram shows the multiplicity of factors that contribute to, or are consequential to, adolescent gambling (Deguire & Derevensky 2004).



■ shared risk factors.
■ factors specific to gambling.
 Source: Deguire & Derevensky 2004.

The diagram also indicates multiple intervention points for health and welfare workers at primary, secondary and tertiary levels:

- Gambling can be addressed in any prevention education campaigns that are aimed at under-age drinking and drug use, given the high level of co-occurrence of these behaviours.
- School counsellors are particularly well placed to become involved in early intervention efforts by making sure that, when young people are presenting themselves or being referred for either conduct problems (boys) or withdrawal and relationship problems (girls), they carry out a behavioural assessment that includes gambling behaviours.
- Health and mental health workers in a variety of other settings could routinely ask questions of their young clients to see if gambling is associated, in their case, with any of the other risk factors listed in the diagram. It may be that the young person's gambling is either a pre-cursor of the other health compromising or risk behaviours, or a consequence of them. Either way, workers will not be able to fully address these behaviours if gambling remains unacknowledged.

We know that a lot of people who have problems with their gambling behaviour never seek any help for those problems. This is also true for young people, but are there any particular reasons why young people do not seek such help?

Derevensky, Gupta and Winters (2003) identify evidence that adolescents do not readily seek treatment for a range of issues, such as drug and alcohol dependence, as well as a range of factors that may explain young people's reluctance to seek help. These factors, along with a number identified by Chevalier and Griffiths (2004) and Ladouceur, Blaszczynski and Pelletier (2004) include:

- Adolescents have a perceived sense of invulnerability and invincibility. This would contribute to both lack of problem recognition and a belief that it may be a transitory problem that they can beat on their own.
- In the absence of major financial problems, adolescents may not believe that they have a gambling problem. Not seeing the magnitude of losses or having to deal with these losses may be exacerbated by parents covering their gambling debts.

- Few youth treatment centres exist that are accessible.
- Young people prefer to seek help with problems from peers or significant others rather than formal treatment providers.
- Problem gambling is often not screened for when young people present for other behavioural or psychological problems.
- Some, or many, youth may experience natural recovery.
- Mandated treatment from courts is less likely for young people as their 'criminal' behaviour, such as in stealing to fund their gambling may be masked by parents covering their gambling debts.
- Negative factors associated with problematic gambling may not be recognised as unique to gambling, but rather, may be attributed to other risk-taking behaviours.
- Fear of negative perceptions and stigma associated with treatment programs.
- Denial of the gambling problem, even if scoring high on gambling severity screens.
- General lack of help-seeking by adolescents.
- Young people may seek treatment for a co-morbid behaviour (eg alcohol and drug use) rather than gambling.
- Treating other underlying problems (depression, dysfunctional family life) may help symptomatic gambling problems, resulting in young people not seeking help for their gambling specifically, particularly where problematic levels of gambling are associated with escaping from a dysphoric state.
- Young people with the most serious problems may suicide before seeking help.
- There might be a transfer of 'excess' eg one month binge drinking, one month joy riding, one month gambling.

One useful tool that health and welfare workers may draw on in the beginning stages of work with an adolescent is to get them to complete the following quiz.

Self quiz for adolescents

- **Do you often find yourself thinking about gambling activities and/or planning the next time you will play?**
- **Do you need to spend more and more money on gambling activities to get the same level of excitement?**
- **Do you become restless, tense, fed-up or bad-tempered when trying to cut down on or stop gambling?**
- **Do you ever gamble to escape or forget problems?**
- **After losing money on gambling activities, do you ever return another day to try and win your money back?**
- **Have you lied to your family and friends about your gambling?**
- **Have you spent your lunch or transportation money on gambling activities?**
- **Have you taken money from someone you live with, without their knowledge, in order to gamble?**
- **Have you stolen money from outside the family or shoplifted in order to gamble?**
- **Have you experienced problems with members of your family, or close friends, because of your gambling?**
- **Have you missed school or work in order to participate in gambling experiences?**
- **Have you ever had to ask for help because of your gambling?**

IF YOU HAVE ANSWERED "YES" TO SOME OF THESE QUESTIONS YOU MAY HAVE A GAMBLING PROBLEM. McGill International Centre for Youth Gambling Problems and High Risk Behaviours, www.youthgambling.com

8.5

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ences I'll win the money back. I don't want to go out. Can I borrow some money? I don't have time to come and see you. Can you pick up the kids? I won't be able to come into work today. I'm going for a walk. Don't open my mail. I will win this time. We didn't need the stereo so I got rid of it. Can we go to the movies another day? Take a message. I lost the paperwork. Can I pay the bill next week? Can I put that on credit? I don't want to go out. Leave me alone. I'll collect the mail. How many annual leave days do I have left? Can you take the kids to school? I don't think I can make it to the family dinner. I don't feel well. I forgot my wallet. Can I borrow your car? I'll play a game for fun this time. I don't want to go out tonight. I don't feel well. Can I borrow your car? I'll win the money back.

Further reading and resources

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9.1

Further reading and resources

The following are some additional references that health and welfare workers may find useful to supplement the material already referred to in this resource kit; however, these are not meant to be read as comprehensive lists.

Some sites for further reference, research materials and resources for clients are:

<http://www.austgamingcouncil.org.au/search/research.php>

http://www.abgaminginstitute.ualberta.ca/library_indexes.cfm

<http://www.camh.net/Research/index.html>

<http://www.camh.net/egambling/archive/index.html>

http://www.divisiononaddictions.org/research_education.htm

<http://www.gamblingresearch.org/resources.sz>

<http://www.gamblingresearch.org.au/webint/agr/agrbibliographies.nsf>

<http://gamingresearch.blogspot.com/>

http://www.ghsouthern.org.au/mos/component/option,com_weblinks/Itemid,4/

http://www.ncpgambling.org/resources/resources_links.asp

<http://www.gamblingresearch.org.au/>

<http://www.nags.org.au/>

<http://www.problemgambling.vic.gov.au>

Other resource kits you may find useful are:

Melbourne Division of General Practice Inc. 2003, *Problem gamblers 11 educational resources for GPs*, Melbourne Division of General Practice Inc.

Youth Action Group of the Council of Gambler's Help services in Victoria 2004, *Gpack—young people gambling and problem gambling resource kit*, Victorian Department of Human Services, available for download at www.problemgambling.vic.gov.au/youth/gpack.asp.

Costi Immigrant Services, *New beginnings: problem gambling awareness kit for newcomers in ethnocultural communities*, order form available for download at www.costi.org/community/pgskit/php.

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