



"Putting the **health** & **wealth** back into Whittlesea."

Submission to the Royal Commission into Family Violence

Whittlesea Interagency Taskforce On Gambling

May 2015

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1. Introduction

The Whittlesea Interagency Taskforce on Gambling (WITOG) is a partnership of health and community agencies concerned about the impacts that Electronic Gaming Machine (EGM) gambling is having within the municipality. WITOG was established in December 2012.

Our members include:

- Whittlesea Community Connections
- Plenty Valley Community Health
- Kildonan Uniting Care
- Neami National
- Hume Whittlesea Primary Care Partnership
- The Salvation Army Crossroads
- Women's Health in the North
- Mill Park Community Care
- Whittlesea YMCA

Our purpose is **to reduce harm from gambling** in the City of Whittlesea.

WITOG is not opposed to gambling, nor is it anti-gambling. However, WITOG is concerned with the extent of harm from gambling in our local area. Our member agencies experience this harm directly in the form of increased referrals and demand on services as a result of gambling losses and the associated stresses within families and communities.

WITOG members are particularly aware that problem gambling in the municipality is a contributing factor to family violence. Our member agencies have direct experience of this link as we see many community members who present for support and services relating to both problem gambling and family violence. This is the context in which we are making this submission.

WITOG also recognised the work of VicHealth and the clear identification that they have made relating the determinants of violence against women. We agree that unequal gender relationships and unequal access to power and resources are key determinants of violence. We are not suggesting that problem gambling is a determinant of family violence but rather view it as a contributing factor. However, we believe that action on contributing factors may be of immediate benefit in reducing the harm and severity of family violence. Acting on contributing factors such as problem gambling may be able to produce quicker immediate results than acting on determinants because improving gender equity will take place over generations.

Poker machines, or electronic gambling machines, are a particularly risky and dangerous form of gambling. This is due to the addictive nature of the machines, the ability for users to lose huge amounts of money very quickly and their placement in convenience locations. No other country in the world has made poker machines as freely available as they are in Australia. Studies suggest that between 1 in 3 and 1 in 5 regular poker machine users are at risk of problem gambling¹.

¹ Dickerson, M (2003) Gambling Research (Journal of the National Association for Gambling Studies Australia), 15, 29-44

2. Gambling and problem gambling in the City of Whittlesea

The City of Whittlesea is among Victorian municipalities with the highest rates of problem gambling.² Losses in the municipality now exceed \$100 million a year, the equivalent of nearly \$700 for every adult in the area. However, we know that most people do not use poker machines. Indeed, recent figures suggest that only about 20% of the population uses poker machines in any given year³. This means that on average, those who do use the machines are losing about \$3500 each per year. This is a very significant loss in an area with the socio demographic profile of Whittlesea. Indeed, the table below demonstrates the way in which gambling magnifies disadvantage. Nillumbik is one the most affluent areas in the State. It has very few machines and less than one quarter of the average losses of neighbouring Whittlesea.

Statistic	Whittlesea 2013/14	Nillumbik 2013/14
EGM EXPENDITURE	\$96,219,037.65	\$7,281,530.47
SEIFA* DIS Score	988.60	1,098.26
SEIFA DIS Rank State	38.00	80.00
SEIFA DIS RANK METRO	5.00	31.00
Adult Population	133,658	49,153
Adults per Venue as at June	14,851	24,576
No. of EGMs	648	80
Average loss per EGM	\$148,486	\$91,019
EGMs per 1,000 Adults	4.55	1.63
EXP per Adult as at June	\$682	\$152
Workforce as at June	75,978	43,226
Unemployed as at June	6,042	1,004
Unemployment rate	7.95%	2.32%

Data from
www.vcqlr.vic.gov.au

On every indicator Whittlesea fares worse than Nillumbik. Whittlesea has some of the highest loss venues in the State. The tables on the next page illustrate how much money is lost overall and by venue. One of the reasons that some venues in Whittlesea take so much money from the community is that they are located in shopping centres. For example, The Epping Plaza Hotel is the highest loss venue in Victoria and is situated in the Epping Plaza shopping centre. Current planning regulations would prevent such placement but Whittlesea bears the brunt of past weaker planning laws.

The loss of so much money from the community has significant social, economic and health consequences. Among the worse of these is an increase in, and aggravation of, family violence.

² Gambling from a Public Health Perspective (2009) Department of Justice.

³ Ibid.

Gambling in Whittlesea

THE FACTS

OVER \$60,738 LOST EVERY DAY AT THE EPPING PLAZA HOTEL!

www.potermachinesharmwhittlesea.org

Whittlesea Pottery Factory - On Centre

Losses on EGMs for the past 3 years by month

Net EGM expenditure is the total amount lost by players.

Financial Year	2014/15 \$	2013/14 \$	2012/13 \$	2011/12 \$
July	8,684,601.85	8,297,761.22	8,530,267.54	8,865,086
August	9,014,555.43	8,631,890.47	8,652,756.96	8,994,748
September	8,814,270.74	7,742,941.49	7,803,360.25	8,809,516
October	9,039,030.91	8,056,323.97	8,176,736.83	8,996,075
November	8,361,653.73	8,100,731.38	7,452,035.26	8,449,496
December	8,857,562.05	8,348,632.73	8,133,567.57	8,762,704
January	8,190,800.85	7,890,351.31	7,302,061.28	7,942,099
February	7,617,184.20	6,881,106.63	6,637,591.70	7,475,760
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TOTAL	\$76,795,561.87	\$96,219,037.65	\$93,238,924.88	\$ 102,280,343

Losses in Whittlesea Venues for the 12 months 1 July 2013 – 30 June 2014

Venue	Address	No. of EGMs	Annual loss	Opening Hours
Epping Plaza Hotel	Epping Plaza Shopping Centre	100	\$21,750,521.72	8am – 4am
Bundoora Taverner	49 Plenty Rd, Bundoora	90	\$17,846,734.66	8am – 4am
Plough Hotel	Childs Rd, Mill Park	85	\$17,276,614.34	8am – 4am
Excelsior Hotel	82 Mahoneys Rd, Thomastown	87	\$15,133,134.05	10am – 6am
Epping Hotel	743 High St, Epping	40	\$7,337,183.27	8am – 4am
Casa D'abruzzo Club	55 O'Hearns Rd, Epping	75	\$5,800,974.81	M & T: 3-4 & 8-10pm, Wed: 9-12 & 7pm-1am, Thu: 5-9pm, Fri -, Sat: 5pm-3am, Sun: 12pm-2am
Epping RSL	195 Harvest Home Rd, Epping	45	\$3,203,430.72	9am – 12am, 9am – 1am (F & S)
Whittlesea Bowls Club	101 Church St, Whittlesea	50	\$2,862,223.89	10am – 12am, 11am – 12am/1am
Lalor Bowling Club	Cnr Sydney Cres & Gordon St, Lalor	36	\$2,355,933.71	10am – 11pm (M-Th), 12am (F), 1am (S)
Bridge Inn Hotel*	1425 Plenty Rd, Mernda	40	\$2,652,286.48	7am – 1am, 7am – 3am (Fri & Sat)
		648	\$96,219,037.65	

* 7 months only

3. Family Violence in the City of Whittlesea

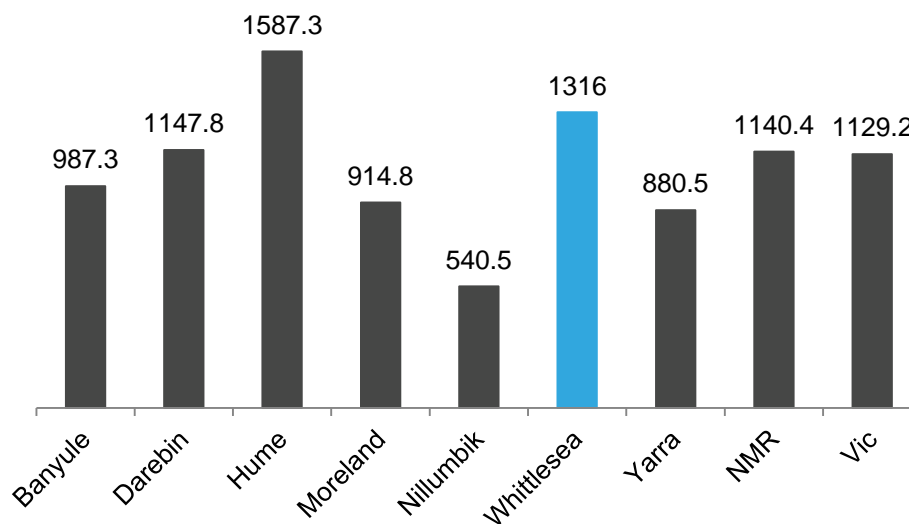
In putting in this submission, WITOG acknowledges the work of Women's Health the in North (WHIN). Information in this section has been drawn from Fact sheets⁴ developed by WHIN. Relevant fact sheets relating the family violence data for Whittlesea and the Northern Metropolitan Region have been included in the appendices to this submission. WHIN has collated this information from family violence statistics for Whittlesea obtained from Victoria Police records of reported incidents during 2013–14.

Whittlesea has a population of 179,261, of which 89,864 are women (59,901 are women aged 25 and over), and 61,574 are children and young people aged 24 years and under (29,963 female). In Whittlesea, family violence incidents increased from 2,110² in 2012-13 to 2,359 in 2013-14 (an increase of 12%) and the rate increased from 1,248.8 per 100,000 to 1,316 per 100,000. In comparison, in Victoria, family violence incidents increased by 7.4% from 60,550³ in 2012–13 to 65,393 in 2013-14, and the rate increased from 1,071.1⁴ per 100,000 to 1,129.2 per 100,000.

Many women experiencing family violence do not report this to the police; therefore, the Local Government Area (LGA) figures from Victoria Police are likely to underestimate the extent of the problem.

This data shows that Whittlesea experiences a higher rates family violence than surrounding areas and has significantly higher rates than the Victorian average. This is starkly illustrated in the table below.

CHART 1: 2013–14 FAMILY VIOLENCE REPORTED INCIDENTS RATE PER 100,000

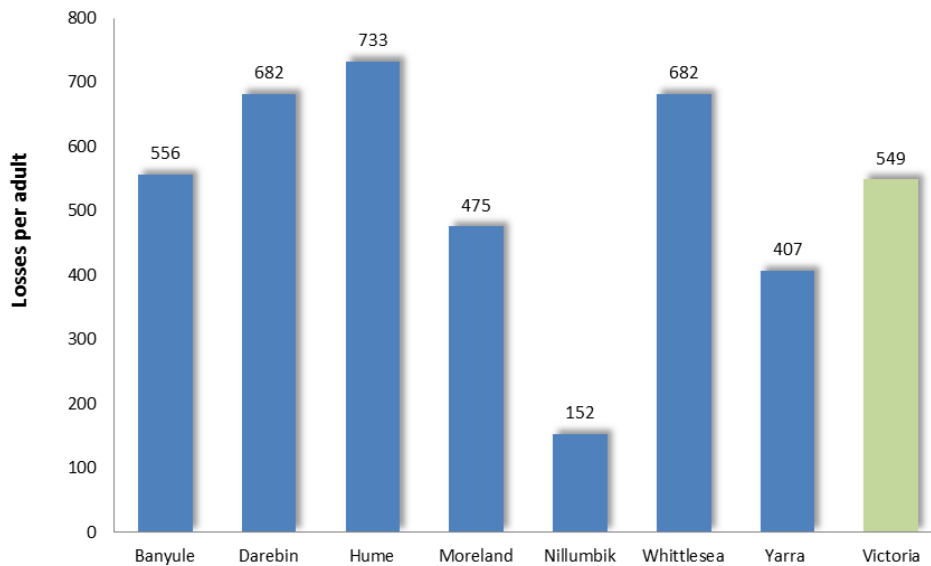


Source: Victoria Police (2014). Family Incident Reports, 2009–10 to 2013–14.

⁴ WHIN (2015) Fact Sheet http://www.whin.org.au/images/PDFs/FViolence/Factsheets2014/FV_Factsheet02-Whittlesea.pdf

4. Problem Gambling and Family Violence – the co-morbidity issue

It is not a coincidence that Whittlesea experiences both high rates of family violence and high rates of problem gambling. The only other northern municipality with such high rates is the City of Hume. Gambling losses in Hume are higher than those in the City of Whittlesea. Losses across the North are illustrated below:



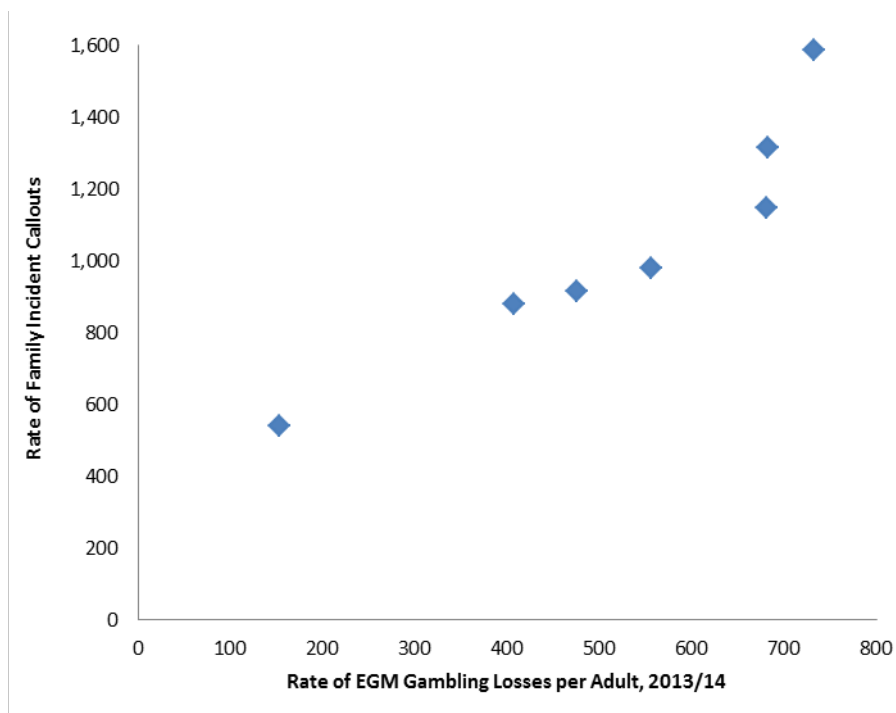
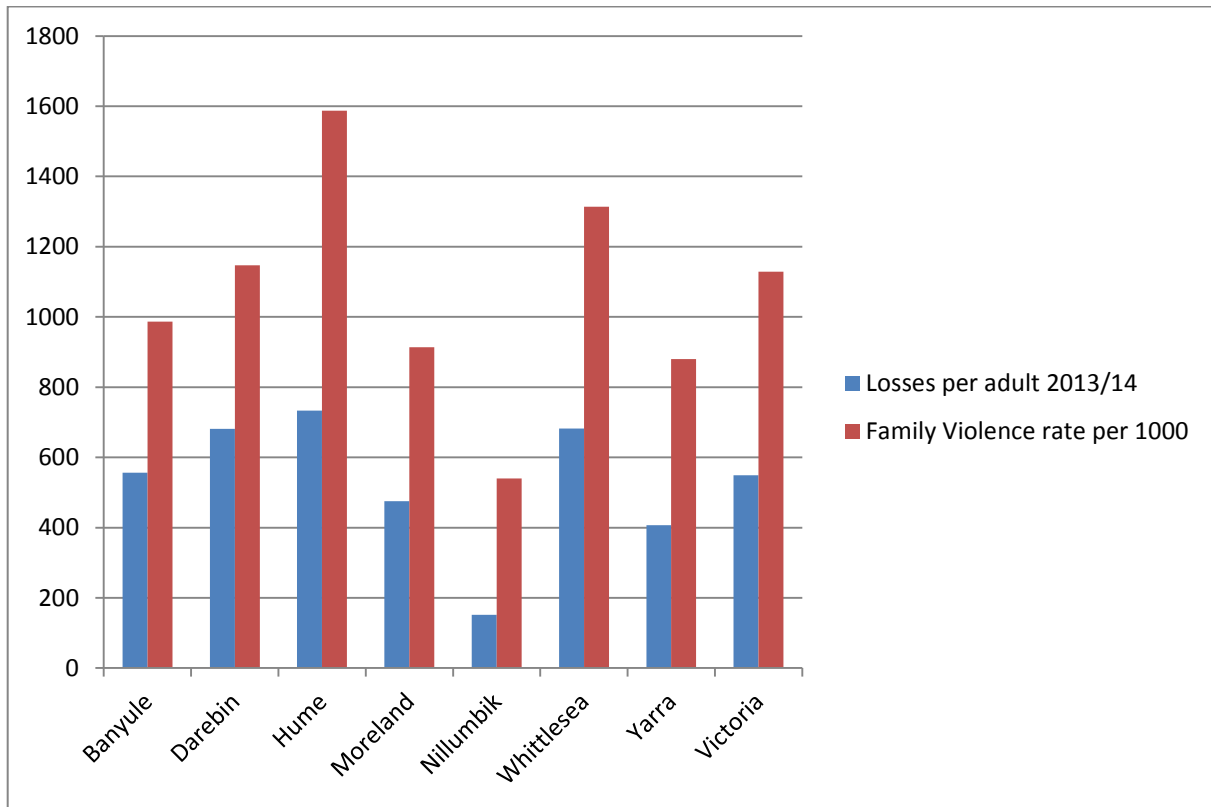
EGM Losses per Adult: Northern Region Municipalities, 2013/14

These losses can be correlated against family violence reports with data as per the table below:

	EGM Losses per Adult, 2013/14	Rate of Family Incident Callouts (your data)
Banyule	556	978
Darebin	682	1,147
Hume	733	1,587
Moreland	475	914
Nillumbik	152	540
Whittlesea	682	1,316
Yarra	407	880
Victoria	549	1,129
Correlation	0.93	

The correlation of 0.93 is extremely high and is difficult to attribute solely to other existing socio-economic factors.

Pictorially, the following two graphs further relationship between average adult losses and the family violence reported incidents rate per 1000.



These observations about statistical correlations between family violence and problem gambling are supported by recent research which confirms that there is an established link between the two. One recent study found that there is family violence in up to 52% of families where there is problem gambling. This includes high rates of physical harm towards children. There is now consistent international evidence that gambling is a contributing factor to intimate partner violence (IPV) and family violence more broadly.⁵ Research indicates that people who have gambling problems being more likely than people without gambling problems to be victims and perpetrators of family violence.⁶

Rather than try to do justice to translating research findings from some of this work, we have included a relevant abstract below⁷ and commend the whole article to the Commission. We have attached it as an appendix to this submission.

Abstract

There exists only a small number of empirical studies investigating the patterns of family violence in problem gambling populations, although some evidence exists that intimate partner violence and child abuse are among the most severe interpersonal correlates of problem gambling. The current article reports on the Australian arm of a large-scale study of the patterns and prevalence of co-occurrence of family violence and problem gambling in Australia, New Zealand and Hong Kong. The current study screened 120 help-seeking family members of problem gamblers in a range of clinical services for both family violence and problem gambling. The main results showed that 52.5% reported some form of family violence in the past 12 months: 20.0% reported only victimisation, 10.8% reported only perpetration and 21.6% reported both victimisation and perpetration of family violence. Parents, current and ex-partners were most likely to be both perpetrators and victims of family violence. There were no gender differences in reciprocal violence but females were more likely to be only victims and less likely to report no violence in comparison to males. Most of the 32 participants interviewed in depth, reported that gambling generally preceded family violence. The findings suggest that perpetration of family violence was more likely to occur as a reaction to deeply-rooted and accumulated anger and mistrust whereas victimisation was an outcome of gambler's anger brought on by immediate gambling losses and frustration. While multiple and intertwined negative family impacts were likely to occur in the presence of family violence, gambling-related coping strategies were not associated with the presence or absence of family violence. The implications of the findings for service providers are discussed.

Keywords: Problem gambling; Family violence; Family impact; Family coping

⁵ Dowling, N., Suomi, A., Jackson, A., Lavis, T., Patford, J., Cockman, S., et al. (2014). *Problem Gambling and Intimate Partner Violence: A systematic review and Meta-Analysis*. Advance online publication. DOI: 10.1177/1524838014561269, retrieved from

<http://tva.sagepub.com/content/early/2014/12/02/1524838014561269.abstract>,

⁶ Dowling, N. (2014). *The impact of gambling problems on families*. AGRC Discussion Paper No. 1 – November 2014, retrieved from <https://www3.aifs.gov.au/agrc/publications/impact-gambling-problems-families/what-are-impacts-gambling-problems-families>

⁷ Suomi, A., Jackson, A.C., Dowling, N.A., Lavis, T., Patford, J., Thomas, S.A., Harvey, P., Abbott, M., Bellringer, M.E., Koziol-McLain, J. & Cockman, S. (2013). *Problem gambling and family violence: family member reports of prevalence, family impacts and family coping, Asian Journal of Gambling Issues and Public Health*, Vol. 3, No. 13, pp. 1-15. August 2013

5. The costs of problem gambling related family violence

In a comprehensive report published in 2012, the Victorian Competition and Efficiency Commission estimated that the social and economic costs of problem gambling in Victoria in the 2011/12 financial year were between \$1.5 billion and \$2.8 billion.⁸ The family violence related component of this cost was estimated to be between \$3 million and \$8 million. This was based on a co-morbidity level between problem gambling and family violence of 13%. The snapshot of the table below (from page 86 of the report) demonstrates the calculations that were used. Importantly, these calculations only capture well-being costs. They do not capture other costs incurred in the justice system, homelessness systems, etc. Moreover, they are based on a co-morbidity rate well below that which current research is suggesting.

Table F.3 Estimated wellbeing costs due to problem gambling in Victoria (2010-11) (cont.)

	Calculation	Lower estimate	Upper estimate	Comment
Annual rate of family violence due to problem gambling	b	1.5%		The PC provided a rate of family violence (13.1%) for the period of gambling from the Survey of Clients of Counselling Agencies This was annualised by dividing by the average period of gambling (8.9 years) (PC 1999, 9.9).
Counterfactual adjustment	c	80%		See above.
Estimated number of problem gamblers reporting family violence due to problem gambling	$d = a \times b \times c$	360		
Monetary value of family violence	e	\$7200	\$21 500	The PC assumption from compensation schedules (\$5000 to \$15 000) converted to 2010-11 prices (PC 1999, J.32).
Estimated cost of emotional distress from family violence to the gambler	$f = d \times e$	\$3 million	\$8 million	

VCEC (2012) p.86

The cost of problem gambling related family violence is likely to be much higher than has been previously considered. We have done some basic modelling below which indicates how much money might be saved through more effective measures to reduce problem gambling. It is acknowledged that the calculations above are simplistic and based on some assumptions. We are not economists. However, we have adopted a conservative approach in considering only problem gambling rates (1.17% prevalence) and the higher not moderate risk prevalence rates although it is likely that some moderate risk gambling is also associated with increased risks of violence. We urge more qualified people to review these costs to gain a more accurate understanding of the extent of this problem and likely savings that might be achieved through more effective action in this area.

- The Victorian Government estimates that the prevalence of problem gambling in the State is about 0.7%, with an additional 2.4% of people being classified as moderate risk gamblers. However, the estimated prevalence in the Northern Metropolitan Region is 1.17%.⁹
- The adult population of Whittlesea is 141,113.
- There are an estimated 1,651 problem gamblers in the City of Whittlesea (141,113 x 1.17%)

⁸ VCEC (2012) [Counting the Cost: Inquiry into the Costs of Problem Gambling](#). Victorian Government

⁹ Problem Gambling from a Public Health Perspective (2009)
http://www.gamblingstudy.com.au/pdf/FactSheet_3_v2.PDF

- There may be an 859 potential cases of family violence linked to this problem gambling (1651 x 52%)

Access Economics estimated that the average total lifetime cost of domestic violence was **\$224,470 per victim** in 2002–03 – the equivalent of \$307,000 in 2015 dollars.¹⁰

- The likely cost of family violence that is linked to problem gambling in the City of Whittlesea may be in the vicinity of \$263,569,168. It is acknowledged that this is a lifetime cost, not an annualised figure.

Addressing problem gambling as a contributing factor to family violence makes economic sense. These estimates suggest that if family violence related to the use of EGMs could be eliminated, this might save \$263 million in associated costs in the City of Whittlesea alone. This figure dwarfs annual government taxation revenue from EGM problem gambling. Given total losses in Whittlesea of about \$100 million, of which the government probably gets about half (\$50 million), the cost savings to addressing problem gambling related family violence could be very significant.

Failure to act to prevent EGM problem gambling when the solutions are clear and able to be implemented (as per the Productivity Commission) is not only problematic in relation to the State failing to exercise its duty of care, it is creating an economic burden when this money could be better spent in other areas of prevention. In particular, there are many family violence support services and family violence prevention projects where such savings could be very effectively invested.

6. What can be done?

The Productivity Commission undertook a major review on gambling in 2010 which resulted in the following observations¹¹:

- While precision is impossible, various state surveys suggest that the number of Australians categorised as ‘problem gamblers’ ranges around 115 000, with people categorised as at ‘moderate risk’ ranging around 280 000.
- It is common to report prevalence as a proportion of the adult population, but this can be misleading for policy purposes, given that most people do not gamble regularly or on gambling forms that present significant difficulties.
- The risks of problem gambling are low for people who only play lotteries and scratchies, but rise steeply with the frequency of gambling on table games, wagering and, especially, gaming machines.
- Most policy interest centres on people playing regularly on the ‘pokies’. Around 600,000 Australians (4 per cent of the adult population) play at least weekly.
- While survey results vary, around 15 per cent of these regular players (95 000) are ‘problem gamblers’. And their share of total spending on machines is estimated to range around 40 per cent.

¹⁰ The Cost of Domestic Violence to the Australian Economy (2004) Commonwealth of Australia, A report prepared for the Australian Government's Office of the Status of Women by Access Economics Pty Ltd, funded by the Australian Government under *Partnerships Against Domestic Violence*.

¹¹ Productivity Commission (2010) Productivity Commission Enquiry Report Gambling No. 50 26 Feb 2010

- The significant social cost of problem gambling - estimated to be at least \$4.7 billion a year - means that even policy measures with modest efficacy in reducing harm will often be worthwhile.
- Recreational gamblers typically play at low intensity. But if machines are played at high intensity, it is easy to lose \$1500 or more in an hour.

The Productivity Commission recommended that the following measures be implemented to reduce problem gambling related to EGM use:

- ✓ The amount of cash that players can feed into machines at any one time should be limited to \$20 (currently up to \$10 000).
- ✓ There are strong grounds to lower the bet limit to around \$1 per 'button push', instead of the current \$5–10. Accounting for adjustment costs and technology, this can be fully implemented within six years.
- ✓ Shutdown periods for gaming in hotels and clubs are too brief and mostly occur at the wrong times. They should commence earlier and be of longer duration.
- ✓ There should be a progressive move over the next six years to full 'pre-commitment' systems that allow players to set binding limits on their losses.
- ✓ Under a full system, there would be 'safe' default settings, with players able to choose other limits (including no limit).
- ✓ In the interim, a partial system with non-binding limits would still yield benefits, and provide lessons for implementing full pre-commitment.
- ✓ Better warnings and other information in venues would help. But school-based information programs could be having perverse effects and should not be extended without review.
- ✓ Relocating ATMs away from gaming floors and imposing a \$250 daily cash withdrawal limit in gaming venues would help some gamblers. But the net benefits of removing ATMs entirely from venues are uncertain.
- ✓ Effective harm minimisation measures for gaming machines will inevitably reduce industry revenue, since problem gamblers lose so much. However, this would not occur overnight and the reductions may be offset by other market developments.

WITOG supports the recommendations of the Productivity Commission in this area. In addition, we have considered what measures could be particularly useful in the City of Whittlesea and have developed a "Platform for safer gambling" which is attached in the appendices.

7. Conclusion

WITOG urges the Royal Commission to consider the benefits for reducing family violence of reducing problem gambling. This should occur via use of an evidence based framework with a focus on more effective government regulation. There is little evidence to suggest that the promotion of responsible gambling or industry self regulation will have any impact in this area.

KEY MESSAGE - Problem gambling is a known contributor to family violence. It creates significant and preventable harm that could be effectively addressed through government regulation. This would be a cost effective way of reducing the burden of family violence.

8. Appendices

The following documents have been sent as separate attachments:

Appendix 1: WHIN Fact Sheet Family Violence Whittlesea

Appendix 2: WHIN Fact Sheet Family Violence Northern Metropolitan Region

Appendix 3: Research article: *Problem gambling and family violence: family member reports of prevalence, family impacts and family coping*

Appendix 4: WITOG Platform for Safer Gambling

Safer gambling, healthier communities



A CALL TO ACTION FOR GAMBLING REFORM



www.policeandhealthinwhittlesea.org

Executive Summary

In a comprehensive report published in 2012, the Victorian Competition and Efficiency Commission estimated that the social and economic costs of problem gambling in Victoria in the 2011/12 financial year were between \$1.5 billion and \$2.8 billion.

The Whittlesea Interagency Taskforce on Gambling (WITOG) is a partnership of health and community agencies that directly experience these costs and the associated harms of problem gambling in our community. Costs arise as a result of increased reliance on community services and higher incidence of co-morbid issues such as mental health problems, financial difficulties and family violence. WITOG is focussed on reducing harms from gambling via achievable, evidence based reforms to poker machines and poker machine venues.

Forty years of evidence from practice in the Public Health field informs us that the most effective way to reduce the costs of problem gambling is to **create safer gambling environments and make poker machines safer for people to use.**

Accordingly, we have developed this call to action for gambling reform to promote our plan **Safer Gambling, Healthier Communities.** Many of the recommendations in this plan are supported by the Productivity Commission in their 2010 Gambling report.

This document will present the facts about losses and harms from gambling in the Whittlesea community. The WITOG platform for gambling reform, complete with supporting evidence, is included in the appendices. It gives further details in support of the above recommendations.

The key reforms that we recommend include:

1. Empowering local communities

Regulations to enshrine the right of communities to have more influence on the future location of EGMs – new EGM venues should only be established when supported by local Councils and a majority of residents.

2. Shopping centres for shopping not gambling

WITOG calls for the development of a longer term plan that would see the relocation of these venues away from retail precincts post 2022 with the next licencing arrangements. Across Victoria, venues in shopping centres cause the most harm.

3. Reduced opening hours for gaming venues

Mandatory closing periods to be extended to 8 hours for suburban venues. All suburban venues should close by 2am.

4. No cash out in gaming venues

End the legal loop hole which has resulted in the replacement of ATM machines with EFTPOS cash withdrawals in gaming venues

5. \$1 maximum bets / \$120 maximum hourly losses

Maximum bets in Victoria should be reduced to \$1. This is consistent with a strong recommendation from the Productivity Commission. Hourly losses should be capped at \$120.

6. Coin only machines

Note acceptors on machines in clubs and hotels should be eliminated and machines should operate on coins only. This would bring Victoria in line with Tasmania and South Australia.



Gambling in Whittlesea



Losses on EGMs for the past 3 years by month

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		648	\$96,219,037.65	

* 7 months only

Losses per electorate

Poker machines losses are overwhelmingly concentrated in more disadvantaged electorates.

Electorate	Total losses 2013/14	No. EGMs	Venues in electorate	No. of venues	Average loss per machine	Average loss per venue	Sitting member
Bundoora	\$32,472,630.15	307	Bundoora Hotel Bundoora Bowling Club Greensborough Hotel Greensborough RSL Watsonia RSL	5	\$105,774.04	\$6,494,526.03	Colin Brooks, ALP
Mill Park	\$17,276,614.34	91	The Plough Hotel	1	\$189,852.90	\$17,276,614.34	Lily D'Ambrosio, ALP
Thomastown	\$56,844,737.01	418	Lalor Bowling Club Epping Plaza Hotel Epping Hotel Epping RSL Casa D'Abruzzo ExcelsiorHotel FawknerRSL	7	\$135,992.19	\$8,120,676.72	Bronwyn Halfpenny, ALP
Yan Yean	\$12,278,894.65	175	Diamond Creek Hotel Bridge Inn Hotel Whittlesea Bowls Hogans Hotel, Wallan	4	\$70,165.11	\$3,069,723.66	Danielle Green, ALP

Of the **88** electorates in Victoria...

- **29** have average per venue losses over \$6 million, including most Whittlesea electorates. Of these 29 electorates, 11 are held by the Liberal Party and 18 by the ALP
- **28** have average per machine losses over \$100,000, including most Whittlesea electorates. Of these 28 electorates, 10 are held by the Liberal Party and 18 by the ALP

Electronic gaming machines in the City of Whittlesea generate higher losses than anywhere else in the State.

Gambling magnifies social disadvantage – a tale of two cities...

Statistic	Whittlesea 2013/14	Nillumbik 2013/14
EGM EXPENDITURE	\$96,219,037.65	\$7,281,530.47
SEIFA* DIS Score	988.60	1,098.26
SEIFA DIS Rank State	38.00	80.00
SEIFA DIS RANK METRO	5.00	31.00
Adult Population	133,658	49,153
Adults per Venue as at June	14,851	24,576
No. of EGMs	648	80
Average loss per EGM	\$148,486	\$91,019
EGMs per 1,000 Adults	4.55	1.63
EXP per Adult as at June	\$682	\$152
Workforce as at June	75,978	43,226
Unemployed as at June	6,042	1,004
Unemployment rate	7.95%	2.32%

*SEIFA is a measure created by the ABS that enables a comparison of rates of advantage and disadvantage across different areas. The lower the score, the greater the level of disadvantage. 1000 is the mean score.

On every measure, Whittlesea is more disadvantaged than neighbouring Nillumbik and losses are more than thirteen times as high.

**MORE THAN 13 TIMES
AS MUCH MONEY
LOST IN WHITTLESEA
AS IN NILLUMBIK**

www.pokermachinesharmwhittlesea.org



WITOG platform for gambling reform

APPENDIX

1

In a comprehensive report published in 2012, the Victorian Competition and Efficiency Commission estimated that the social and economic costs of problem gambling in Victoria were between \$1.5 billion and \$2.8 billion in 2010-11. WITOG is concerned that these costs are experienced disproportionately by problem gamblers, their families and local communities in less advantaged areas such as Whittlesea where losses are much higher than the State average. The reforms we suggest are practical and evidence based. Many are based on recommendations by the Australian Productivity Commission.

1. Empowering local communities

Local communities currently have very little power to determine if more EGMs should be introduced into their area. Community sentiment about EGMs may be considered as a factor in the Victorian Commission for Gaming and Liquor Regulation and in VCAT when they determine the outcome of these matters. However, the “no net detriment test” that applies in deciding these cases does not place much weight on community attitudes especially when they fall within usual levels of opposition to more pokies which are typically quite high¹ (~80% of community members feel there are too many EGMs already). Local government perspective is routinely dismissed.

In 2013, **25 gambling matters** were determined by the VCGLR in. 23 applications were approved (22 EGM increases at existing venues and 1 new venue) and 2 were refused (both increases at existing venues). Seventeen applications were opposed by local government, including both cases that were refused.²

If the community benefit provided by EGMs is genuine then it should be within the scope of future venue operators to persuade local government and the community that the installation of EGMs is a positive thing. The fact that communities remain overwhelmingly opposed to the introduction of more EGMs suggests that community benefit claims should be treated with scepticism. Unfortunately, for the most part, communities are experiencing the harms of EGMs without seeing any of the claimed benefits.

For this reason, **WITOG calls for regulations to enshrine the right of community to have more influence on the future location of EGMs and recommends that future EGM venues only be established when supported by local Councils and a majority of residents.** Where genuine community benefits are proposed, community opposition to gaming venues is expected to be reduced.

2. Shopping centres for shopping, not for gambling

The highest gambling losses in Victoria occur in venues that are located in or very close to major urban shopping centres. The table below identifies the six highest loss venues for the period 1 July 2013 – 31 Dec 2013.

TOP 6 high loss venues in the State	Venue Name	Municipality	2013/2014 Losses	No. EGMs	Location – Shopping Centre
1	Epping Plaza Hotel	Whittlesea	\$21,750,521.72	100	Epping Plaza
2	Gladstone Park Hotel	Hume	\$18,931,308.93	86	Gladstone Park
3	Keysborough Hotel	Greater Dandenong	\$18,240,723.71	87	< 1km from Parkmore S.C.
4	Bundoora Taverner	Whittlesea	\$17,846,734.66	90	Bundoora Square
5	Plough Hotel	Whittlesea	\$17,276,614.34	85	The Stables
6	Werribee Plaza Tavern	Wyndham	\$17,149,393.71	80	Werribee Plaza

Current planning regulations would not allow for the introduction of poker machines into these locations because they are recognised as contributing more significantly to problem gambling. The Productivity Commission found a “clear relationship between the accessibility and greater incidence of problem gambling” (2010). However, Clause 52.28 of the Victorian Planning Scheme which prohibits gaming machines in specified shopping complexes and strip shopping centres only came into effect in 2006 when the harms caused by gambling machines in these location were better understood. Prior to this date, a number of venues had set up in shopping centre locations often in disadvantaged outer urban areas. This has proved disastrous for these communities.

Money lost in these venues is more likely to be money that has been diverted from weekly shopping activities. The consequences of this are felt significantly by families who may subsequently struggle to make ends meet.

1 FACT SHEET 6 Relevant EGM Decisions that Considered Community Surveys, VRGF, <http://egm.responsiblegambling.vic.gov.au/fact-sheet-6> (3 June 2014)

2 VLGA Gambling News Bulletin – December 2013

WITOG calls for the development of a longer term plan that would see the relocation of these venues away from retail precincts post 2022 with the next licencing arrangements. In the interim, WITOG recommends that the hours of operation of these venues should be restricted to the hours of operation of the shopping centres within which they are located.

3. Opening hours of gaming venues should be reduced

The Productivity Commission has found that mandatory shut down periods in Victoria are too short and occur at the wrong times to make them effective as a harm minimisation measure. They considered research which found that for some problem gamblers, mandatory shut downs provide the “necessary impetus to discontinue EGM play”(14.25). The Commission suggested that mandatory shut downs should be of a duration that provides higher risk gamblers with a sustained break in play. Furthermore, they found that moderate risk and problem gamblers are over represented among players of gaming machines after midnight and that commencing mandatory shut downs earlier than 4am and for a longer duration could help problem gamblers without significant adverse effects for non problem gamblers.

Increasing closing hours at venues in Whittlesea would have no impact on clubs as they currently operate within hours that WITOG would consider reasonable. However, five hotels in the area operate for the full permissible 20 hours a day and these correspond to the venues with the highest per EGM losses where WITOG believes most of the harm from gambling is concentrated (see below). This pattern is repeated in municipalities across Victoria.

In light of the evidence and recommendations from the Productivity Commission, **WITOG calls for mandatory closing periods to be extended for suburban venues to a minimum of 8 hours to start no later than 2am.**

Venue	No. of EGMs	2013/14 losses	Opening Hours	
Epping Plaza Hotel	100	\$21,750,521.72	8am – 4am	20 hours every day
Bundoora Taverner	90	\$17,846,734.66	8am – 4am	20 hours every day
Plough Hotel	85	\$17,276,614.34	8am – 4am	20 hours every day
Excelsior Hotel	87	\$15,133,134.05	10am – 6am	20 hours every day
Epping Hotel	40	\$7,337,183.27	8am – 4am	20 hours every day
Casa D’abruzzo Club	75	\$5,800,974.81	M & T: 3-4 & 8-10pm, Wed: 9-12 & 7pm-1am, Thu: 5-9pm, Fri – Sat: 5pm-3am, Sun: 12pm-2am	From 3 – 14 hours / day
Epping RSL	45	\$3,203,430.72	9am – 12am, 9am – 1am (F & S)	15-16 hours / day
Whittlesea Bowls Club	50	\$2,862,223.89	10am – 12am, 11am – 12am/1am	14 hours / day
Lalor Bowling Club	36	\$2,355,933.71	10am – 11pm (M-Th), 12am (F), 1am (S)	13 – 15 hours / day
Bridge Inn Hotel*	40	\$2,652,286.487	7am – 1am, 7am – 3am (Fri & Sat)	18-20 hours / day
	648	\$96,219,037.65		

* 7 months only

4. No cash withdrawals

From July 2012, ATMs were banned in EGM venues. A comprehensive evaluation of this initiative³ was conducted in 2013 and found that:

- The removal of ATMs from EGMs venues has been an effective harm minimisation measure in the state of Victoria.
- Higher risk gamblers spend less time and money on EGMs, report increased self-control over spending and reductions in overspending and severity of problem gambling symptoms.

ATM removal has similarly been an effective consumer protection measure:

- Gamblers spend less time playing EGMs.
- Low risk gamblers spend less time at clubs, report increased control over gambling spending and report reductions in impulsive overspends on gambling.

In the year following ATM removal, EGM losses went down by 7%. However, since that time, EGM losses have started going up again with venues putting in place mitigation strategies including encouraging patrons to get cash out using EFTPOS facilities. This is subverting the intent of ATM removal and undermining the positive impact that ATM removal had on reducing problem gambling.

Patrons can now access more cash out than in the past because they are able to make multiple cash withdrawals up to the limits of their daily withdrawal amount as set by their bank. In some cases, this is thousands of dollars.

WITOG calls for an end to EFTPOS cash withdrawals in gaming venues. WITOG believes this is consistent with closing the loop hole created by the widespread replacement of ATM machines with PosConnect machines which is subverting the commendable work that the government has done in legislating to remove ATMs.

3 Thomas, A., Pfeifer, J., Moore, S., Meyer, D., Yap, L. & Armstrong, A. (2013). *Evaluation of the removal of ATMs from gaming venues in Victoria, Australia*, Department of Justice, State of Victoria. September 2013.

5. Introduce maximum bet limits

At present in Victoria, gamblers can bet up to \$5 with every push of a button. It is possible to bet every 3 seconds so at higher intensity of play it is easy to lose over \$1000 every hour on an EGM.

The Productivity Commission (2010) found that problem gamblers are much more likely than non problem gamblers to play machines at higher intensity of play. Reducing the maximum bet limit from \$5 to \$1 would have only minimal impact on recreational gamblers who typically do not play machines at higher intensity.

The Productivity Commission has concluded that “there are strong grounds to lower the bet limit to around \$1 per ‘button push’, instead of the current \$5 (Victoria) or \$10 (NSW) maximums. Accounting for adjustment costs and technology, this can be fully implemented within six years.” A maximum bet limit push would lower the amount that can be lost each hour to around \$120.

WITOG calls to maximum bets in Victoria to be reduced to \$1. This is consistent with a strong recommendation from the Productivity Commission. **Hourly losses should be capped at \$120.**

It is acknowledged that changes in these areas will reduce revenue in venues where there are high numbers of problem gamblers. This is a desirable outcome.

6. Coin only machines and lower maximum machine load ups.

At the current time, a gambler can feed up to \$1000 into an EGM machine in Victoria. This is called the machine load up. This is higher than every other State or Territory except NSW.

Most States also place limits on note acceptors so that machines can only accept coins, or can not accept notes larger than \$20. The Productivity Commission’s 1999 report found that problem gamblers are much more likely to use note acceptors. In Victoria machines can accept all notes up to and including \$50 notes. There is good evidence that gamblers who only use coins are more likely to take breaks and that limiting the amount a player can load into a machine can create a pause in high intensity play which can be beneficial to problem gamblers whilst not having much impact on recreational gamblers.

Note acceptors on machines should be eliminated. Machines should accept coins only with a maximum machine load up of \$20.

References and further reading

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What is the Whittlesea Interagency Taskforce on Gambling?

APPENDIX

3

The Whittlesea Interagency Taskforce on Gambling (WITOG) is a partnership of health and community agencies concerned about the impacts that EGM gambling is having within the municipality. WITOG was established in December 2012.

Our members include:

- Whittlesea Community Connections
- Neami National
- Women's Health in the North
- Plenty Valley Community Health
- Hume Whittlesea Primary Care Partnership
- Mill Park Community Care
- Kildonan Uniting Care
- The Salvation Army Crossroads

Our purpose is to **reduce harm from gambling** in the City of Whittlesea.

We work towards the following key objectives:

- Highlight the risks and dangers associated with poker machines (EGMs)
- Reduce gambling losses in the municipality to the Statewide average
- Promote a public health approach to reducing harm from gambling
- Support broader state and national campaigns for EGM reform

What has WITOG achieved?

In the past 12 months, we have:

- Generated numerous local news stories highlighting the harms caused by poker machines
- Produced a series of posters and postcards informing the community of the harms associated with poker machines
- Run an outdoor poster campaign with 50 A0 posters placed across the municipality
- Attracted funding from Whittlesea City Council and the Reichstein Foundation to further our work.

e-mail: contact@pokermachinesharmwhittlesea.org

www.pokermachinesharmwhittlesea.org

GAMBLE GAMBLE GAMBLE

Gamble, gamble, gamble,
 I tell you, I tell you, you can't win,
 You can have a win,
 But most of the time it's tickets in the bin,
 You lie, beg, borrow or steal,
 You don't even keep money for a meal,
 And when you do win you have to shout the bar,
 Back again the very next day,
 The punters forget you brought them a drink,
 You're just a no good loser that is what they think,
 So now I repeat this poem to myself everyday,
 And Gamble, Gamble, Gamble no longer, I have broken away.

By Eddy (Consumer, NEAMI National)



"Putting the health & wealth back into Whittlesea."

RESEARCH ARTICLE

Open Access

Problem gambling and family violence: family member reports of prevalence, family impacts and family coping

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Abstract

There exists only a small number of empirical studies investigating the patterns of family violence in problem gambling populations, although some evidence exists that intimate partner violence and child abuse are among the most severe interpersonal correlates of problem gambling. The current article reports on the Australian arm of a large-scale study of the patterns and prevalence of co-occurrence of family violence and problem gambling in Australia, New Zealand and Hong Kong. The current study screened 120 help-seeking family members of problem gamblers in a range of clinical services for both family violence and problem gambling. The main results showed that 52.5% reported some form of family violence in the past 12 months: 20.0% reported only victimisation, 10.8% reported only perpetration and 21.6% reported both victimisation and perpetration of family violence. Parents, current and ex-partners were most likely to be both perpetrators and victims of family violence. There were no gender differences in reciprocal violence but females were more likely to be only victims and less likely to report no violence in comparison to males. Most of the 32 participants interviewed in depth, reported that gambling generally preceded family violence. The findings suggest that perpetration of family violence was more likely to occur as a reaction to deeply-rooted and accumulated anger and mistrust whereas victimisation was an outcome of gambler's anger brought on by immediate gambling losses and frustration. While multiple and intertwined negative family impacts were likely to occur in the presence of family violence, gambling-related coping strategies were not associated with the presence or absence of family violence. The implications of the findings for service providers are discussed.

Keywords: Problem gambling; Family violence; Family impact; Family coping

Background

Emerging evidence shows that the most common adverse impacts of problem gambling include family and dyadic relationship dysfunction, financial hardship, co-occurring psychopathologies and family conflict (Dowling et al. 2009; Hodgins et al. 2006; Jackson et al. 1999; Kalischuk et al. 2006). Among concerned significant others, spouses and intimate partners are typically the ones most affected, primarily in the form of intra- and interpersonal distress (Hodgins et al. 2007). Extended family members of problem gamblers, such

as parents, are also financially and emotionally affected, especially when the problem gambler has no marital or intimate partner willing or able to act as a primary caregiver (Hodgins et al., 2006; Patford, 2007).

The family impacts of problem gambling

A number of studies focusing on the intrapersonal impact of problem gambling indicate that female partners report significant emotional disturbances, including anger, depression and anxiety (Dickson-Swift et al. 2005; Hodgins et al., 2007; Lorenz & Shuttleworth, 1983; Lorenz & Yaffee, 1988). Testifying to the depth of the emotional distress experienced by partners, the findings of some studies indicate that female partners report higher rates of suicidal ideation and attempted suicide than the general population (Lesieur & Rosenthal, 1991; Lorenz & Shuttleworth, 1983; Lorenz & Yaffee, 1988). Female partners of problem gamblers are also likely to engage in excessive substance use, impulsive spending and to report high rates of emotionally-related physical complaints (e.g., headaches, gastrointestinal ailments and hypertension) in response to problem gambling behaviour (Dickson-Swift et al., 2005; Lesieur & Rosenthal, 1991; Lorenz & Shuttleworth, 1983; Lorenz & Yaffee, 1988).

Some research shows significant dysfunction and dissatisfaction in the family and intimate relationships of problem gamblers (Dowling et al., 2009; Hodgins et al., 2007). Relationship dysfunction, in turn, is associated with a greater number of emotional consequences and greater gambling problem severity (Hodgins et al., 2007). Samples of problem gamblers and their partners have reported these relationship difficulties (Dowling et al., 2009; Harvey et al., 2007; Hodgins et al., 2007). Negative relationship dynamics are further illustrated in studies where partners of problem gamblers report unsatisfactory sexual relationships, communication issues, and difficulty in conflict resolution (Duvarci & Varan, 2000; Lorenz & Yaffee, 1988; Lorenz and Yaffee 1986). Early studies also suggest that a significant proportion of female partners and male problem gamblers consider separation or divorce, and that the rate of divorce is higher than in the general population (Dickson-Swift et al., 2005; Lorenz & Yaffee, 1988; Lorenz & Yaffee, 1986; National Opinion Research Centre, 1999).

While the link between problem gambling and these family members is relatively well established, the mechanisms involved require further explanation. Stress and coping frameworks posit that emotional distress and relationship difficulties in the family can be attributed to the lack of resources that are necessary to cope with the ongoing difficulties created by problematic gambling (Krishnan & Orford, 2002; Rychtarik and McGillicuddy 2006). Paradoxically, behaviours adopted by family members to cope with the gambling-related difficulties can serve to exacerbate these intra-and inter-personal impacts of problem gambling behaviour. For instance, a significant proportion of partners report borrowing from friends and family, covering for their partners, finding excuses for work absences, paying gambling debts, avoiding discussions about gambling, and taking on the responsibilities of the gambler (Lesieur & Rothschild, 1989; Lorenz and Yaffee 1986; Lorenz & Yaffee, 1988; McGurrin, 1992). The literature also suggests that couple relationships may become entrenched in a cyclical process, with problem gamblers experiencing an increased need to gamble as partners try to control their behaviour (Tremblay & Brisson, 2007). Over time, these dynamics may contribute to gambling relapses, escalating the level of conflict and mistrust in the family and diminishing its financial resources (Duvarci & Varan, 2000; Lorenz & Yaffee, 1988; Lorenz & Yaffee, 1986).

Problem gambling and family violence

Emerging research suggests that problem gambling is a specific risk factor for family violence. While the empirical evidence is limited, most of the available studies have examined problem gambling in relation to intimate partner violence (IPV) victimisation or perpetration. The high occurrence of both victimisation and perpetration of IPV has been documented by samples of problem gamblers and their family members (Afifi et al. 2010; Bland et al. 1993; Echeburua et al. 2011; Korman et al. 2008; Liao, 2008; Lorenz & Shuttlesworth 1983; Raylu and Oei 2007). While these studies suggest that problem gambling is a risk factor for IPV, different findings were reported in the first published study to examine problem gambling and IPV victimisation between both partners within an intimate relationship (Schluter et al. 2008). In this New Zealand study, using face-to-face interviews, no association between problem gambling and IPV victimisation in 700 couples with a Pacific infant was found although there was a strong association between alcohol use and IPV. The authors suggested that the null finding on problem gambling and IPV may be a product of two inherent limitations of the methodology: the non-standardised maternal problem gambling measure and the small sample of problem gamblers, rather than the absence of a true association between problem gambling and IPV.

Four years later, however, data from a further wave of the Pacific Islands Families study indicated that for the fathers in the cohort, gambling was associated with being perpetrators as well as victims of verbal aggression, and that being at risk of developing problem gambling or being a problem gambler were also associated with physical violence. Conversely, for the cohort mothers, at risk/problem gambling was associated with lower odds for perpetrating violence (Bellringer et al. 2008).

Studies of male-batterers and their female victims show consistently high rates of pathological gambling in these men (Brasfield, Febres, Shorey, Strong, Ninnemann, Elmquist, Andersen, Bucossi, Schonbrun, Temple, & Stuart, 2012; Goldstein, Walton, Cunningham, Resko, & Duan, 2009; Muelleman et al. 2002; Rothman et al. 2006). However, several studies indicate that females are as likely to use aggressive behaviours as males (Afifi et al., 2010; Cantos et al. 1994; Korman et al., 2008; Straus, 2008; Swan et al. 2008). While some suggest reciprocal, or bi-directional, IPV is more common than a consistent pattern wherein one person is either the victim or the perpetrator of violence (Korman et al., 2008), conceptual (Stark, 2009) and measurement concerns favour gender asymmetry (Taft et al. 2001). In addition to this emerging literature investigating the co-occurrence of problem gambling and IPV, several studies have revealed a high incidence of childhood victimisation experienced by problem gamblers or perpetration of child abuse by problem gamblers and their spouses / partners (Afifi et al., 2010; Bland et al., 1993; Lesieur & Rothschild, 1989; Lorenz & Shuttlesworth, 1983). Taken together, the findings of these studies are suggestive of a relationship between the presence of problem gambling and vulnerability to family violence. Unfortunately, few studies provide information about the relationship between problem gambling and violence that extends into the family beyond intimate partners and children (i.e., family violence). Future investigations of the patterns of problem gambling and family violence should ideally include multiple family members, evaluating different types of violence and how patterns of violence relate to other factors such as gender, age and other demographic characteristics (Korman et al., 2008; Van der Bilt & Franklin, 2003).

Moreover, the precise nature of the relationship between problem gambling and family violence remains unknown. Although the commonly held view is that people gamble

as a mechanism to cope with family violence (Affifi et al., 2010; Cunningham-Williams et al. 2007; Echeburua et al., 2011; Korman et al., 2008), it is possible that stressors caused by problem gambling activity may result in domestic conflict and the perpetration of violence by family members (Echeburua et al., 2011; Korman et al., 2008). Similarly, although the most common hypothesis relating to family violence perpetration is that the stress resulting from problem gambling is a catalyst for the perpetration of violence by the problem gambler against family members (Affifi et al., 2010; Korman et al., 2008; Muelleman et al., 2002), it may be that problem gambling is consequent to the perpetration of family violence (Korman et al., 2008). Further research, particularly through the use of prospective studies, is required to empirically evaluate the temporal and causal relationships between gambling and familial violence.

Understanding the relationship between problem gambling, family impacts, family coping, and family violence can provide information that may be employed to develop enhanced prevention and intervention programs for problem gamblers and their family members. An enhanced understanding about the impacts of problem gambling and the coping of family members of problem gamblers, especially in the presence of family violence, is a necessary prelude to more holistic treatment approaches. Accordingly, the current study aims to: (1) establish the prevalence and patterns of family violence victimisation and perpetration in a sample of help-seeking family members of problem gamblers; and (2) explore gambling-related family impacts and coping strategies in the presence or absence of family violence.

Method

Participants

The current article reports on Australian data only from a large-scale study investigating the prevalence of problem gambling and family violence in help-seeking populations across Australia and Hong Kong. During Phase 1 of this project, new clients (i.e., any individual considered to be a new presentation by the relevant agency) from participating treatment agencies in Australia were systematically screened for problem gambling, family member problem gambling, and family violence. During Phase 2, 13 interviews with family members of problem gamblers recruited from specialist problem gambling treatment agencies and 19 interviews with family members of problem gamblers recruited from other services such as drug and alcohol and family service agencies in Australia were conducted.

The participants described in Table 1 from Phase 1 are the 120 new clients of the participating problem gambling agencies, resulting from screening of consecutive cases, who reported past year family member problem gambling. In Phase 2 of the study, family members of problem gamblers who were also problem gamblers themselves were *only* administered the survey for problem gamblers and did *not* complete the survey as family members of problem gamblers. Of the family members of problem gamblers screened in Phase 1, 42 (35.0%) reported no gambling problems of their own and were therefore eligible to be administered the Phase 2 family member interview. Of these 42 family members without their own gambling problems, 32 (76.2%) were recruited for Phase 2 in-depth interviews that included standardised measures and a small number of open-ended questions relating to family impacts and coping. Table 1 displays the demographics of Phase 1 and Phase 2 participants. In reporting the results, we employ

Table 1 Distributions of demographic characteristics for Phase 1 and Phase 2 participants

	Phase 1 (n = 120)%		Phase 2 (n = 32)%	
	Male (n = 57)	Female (n = 63)	Male (n = 4)	Female (n = 28)
Born in Australia	82	85	75	86
English 1st language	95	91	100	96
Single ^{a, b}	54	27	25	40
In a relationship ^a	46	73	75	60
Single parent/person household ^{a, b}	23	35	25	48
Living with a partner ^a	34	54	50	41
Group/shared household ^{a, b}	42	10	25	11
Age: (M, [SD]) ^{a, b}	36.1 (12.1)	42.4 (11.6)	34.8 (9.3)	41.0 (13.8)

Note: ^a = Males and females significantly different in Phase 1 ($p < .05$); ^b = Males and females significantly different in Phase 2 ($p < .05$).

the term 'participant' to refer to the help-seeking family members of problem gamblers who acted as the informants for this study; the term 'family member' to refer to other family members (including a problem gambler family member) of the informant, the term 'family violence victim' to refer to participants who are victims of family violence, and the term 'family violence perpetrator' to refer to participants who are perpetrators of family violence.

Measures

Phase 1 measures

The Phase 1 screening tool included questions about participant demographic information (as shown in Table 1), problem gambling, family member problem gambling, and family violence victimisation and perpetration.

Participant and family member problem gambling Participants were screened for past year problem gambling using the Brief Bio-Social Gambling Screen (BBGS; Gebauer et al. 2010). Participants answered yes or no to the three questions of the BBGS: In the last 12 months: (1) 'Have you become restless, irritable or anxious when trying to stop/cut down on gambling?', (2) 'Have you tried to keep your family or friends from knowing how much you gambled?', and (3) 'Did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare? Participants were classified as problem gamblers if they positively endorsed one or more of the three items. As noted previously, these participants who were identified as having a gambling problem themselves were not given a phase 2 interview as a family member. Participants were screened for family member problem gambling using a single item: 'In the last 12 months, has a family member had an issue with their gambling'. Participants who positively endorsed this item were asked to identify the family member/s with the gambling problem from an extensive list of immediate and extended family members.

Family violence victimisation and perpetration Modified versions of the Hurt-Insulted-Threaten-Screamed (HITS; Sherin et al. 1998) were used to measure the past-year prevalence of family violence victimisation and perpetration. The original 4-item HITS scale was modified to a single screening item for family violence victimisation: 'In

the past 12 months, has a family member physically hurt you, insulted or talked down to you, threatened you with harm, or screamed or cursed at you? Permission to modify the HITS for evaluating the participant's perpetration of violence towards family members was granted to the investigators by the author. This questionnaire was also modified to a single screening item for family violence perpetration: *'In the past twelve months, have you physically hurt, insulted or talked down to, threatened with harm, or screamed or cursed at a family member?'* Participants who endorsed either one or both of the family violence questions were subsequently asked to specify the relevant family member(s) from an extensive list of immediate and extended family members.

Phase 2 interviews

Among other questions, the Phase 2 interviews included an open-ended question concerning the relationship between family member problem gambling and family violence for participants who reported both: *"In what way are the aggressive behaviours and problem gambling related?"* The Phase 2 interviews also included an open-ended question concerning gambling-related family impacts: *"What impact do you think your family member(s) gambling has had on you and your family members?"*, and an open-ended question concerning their gambling-related coping strategies: *"What strategies have you used to cope with your family member's gambling?"*

Procedure

The current article reports data from a large-scale international study investigating the prevalence of problem gambling and family violence in help-seeking populations. The study was approved by the University of Melbourne Human Research Ethics Committee (project 0,838,146) and the Victorian Department of Justice Human Research Ethics Committees (project 1,119,644).

During Phase 1 of this project, 1030 new clients (i.e., any individual considered to be a new presentation by the relevant agency) from 17 participating programs at 11 treatment agencies (problem gambling, mental health, domestic violence, family support and substance abuse) across three Australian states (Victoria, South Australia, and Tasmania) were systematically screened for problem gambling, family member problem gambling, and family violence. Screening of consecutive cases was conducted for two to six months at each participating treatment agency, with the time frame being dependent on the agency's view as to how long they could sustain the extra effort involved in this data collection task. The screening questions were administered at the service site by agency staff and participant's responses were recorded on site and subsequently collected as hard copy by the researchers.

During Phase 2, in-depth interviews with 394 problem gamblers (212 in Australia and 182 in Hong Kong) and 137 family members (32 in Australia and 103 in Hong Kong) recruited from specialist problem gambling treatment agencies in Australia and Hong Kong were conducted. Phase 2 interviews included questions about participant and family member mental health, substance use, general health, gambling-related family impacts, and gambling-related coping strategies, as well as the open-ended questions described above. The length of the interviews ranged from 20 to 90 minutes with an average length of approximately 45 minutes. All interviews were conducted by researchers who had postgraduate training in clinical or educational psychology.

In this article, as previously noted, data from the Australian arm of the project only, is presented. This includes the family violence prevalence data for the family members of problem gamblers from Phase 1 ($n = 120$) and the qualitative responses relating to family impacts and coping for the family members of problem gamblers recruited into the Phase 2 interviews ($n = 32$).

Analyses

For Phase 1 data, chi-square tested for group differences in family violence victimisation and perpetration prevalence estimates. Adjusted residuals (ASR) above 2.0 and below -2.0 were employed to indicate significant deviations from the expected chi-square distribution. For Phase 2 data, a thematic analysis approach (Braun & Clarke, 2006) was used to identify common categories of response in the open-ended questions about the relationship between problem gambling and family violence, gambling-related family impacts and coping strategies. A preliminary coding scheme was established and the data were reviewed to ensure that all responses were consistently attributed to the categories. One author carried out the coding for the current themes and any dilemmas and the validity of outcome themes were resolved in discussions with the research team (Saldaña, 2009).

Results

Phase 1: prevalence of family violence

Of the 120 Phase 1 participants, 52.5% ($n = 63$) reported some form of family violence in the past 12 months: 20.0% ($n = 24$) reported only victimisation, 10.8% ($n = 13$) reported only perpetration and 21.6% ($n = 26$) reported both victimisation and perpetration of family violence. Table 2 shows that there were significant gender differences between the family violence groups ($\chi^2 = 17.61$, $df = 6$, $p = .01$), with more females in the 'victimisation only' group and more males in the 'no-violence' group than expected ($2.0 < ASR$).

Participants were able to report multiple family members in relation to the family violence questions. There were 94 perpetrators in total reported by 52 participants. Of these 94 perpetrators, 41 (43.6%) were problem gamblers. These 41 problem gambling perpetrators of family violence were mostly the participants' current live-in partner ($n = 12$; 29.2%), parents ($n = 12$; 29.2%), and ex-partners ($n = 8$; 19.5%). Smaller proportions were identified as children who could have been adult children ($n = 3$; 7.3%), extended family ($n = 2$; 4.8%), and siblings ($n = 2$; 4.8%). There were 70 victims of family violence reported by 42 participants. Of these 70 victims, 28 (40.0%) were problem gamblers. These problem gambling

Table 2 Distributions of victimisation and perpetration of family violence for males and females for 115 Phase 1 participants

	Phase 1 family violence		All%
	Male ($n = 55$)%	Female ($n = 60$)%	
No FV	62 ^a	33 ^b	47
Only FV victimisation	7 ^b	32 ^a	20
Only FV perpetration	11	10	11
Both FV victimisation and perpetration	20	25	22
Total	100	100	100

Note: ^a = ASR > 2.0; ^b = ASR < -2.0.

Note: ^b = Five participants did not provide an answer.

victims were the participants' current live in partners ($n = 8$; 28.6%), parents ($n = 7$; 25.0%), ex-partners ($n = 4$; 14.2%), children (either young or adult) ($n = 4$; 14.2%), siblings ($n = 3$; 10.7%), and extended family members ($n = 1$; 3.6%).

Overall, 34.2% ($n = 41$) of participants reported any form of family violence towards or by at least one problem gambling family member in the past 12 months: 15.0% ($n = 18$) reported only victimisation by at least one problem gambling family member, 4.2% ($n = 5$) reported only perpetration towards at least one problem gambling family member, and 15.0% ($n = 18$) reported by victimisation and perpetration of family violence towards or by at least one problem gambling family member in the last 12 months.

Of the 120 Phase 1 participants, 65.0% ($n = 78$) also reported their own problem gambling as measured by BBGS. The frequency of family violence victimisation was not significantly different between participants who were problem gamblers ($n = 37$; 47.4%) compared to non-problem gamblers ($n = 26$; 33.3%) ($X^2 = 1.97$, $df = 1$, $p = .18$). The frequency of family violence perpetration was, however, significantly higher for participants who were problem gamblers themselves ($n = 32$; 41.1%) than participants who were not problem gamblers themselves ($n = 15$; 19.2%) ($X^2 = 6.01$, $df = 1$, $p < .001$).

Phase 2: patterns of family violence

Of the 32 participants who took part in Phase 2 interviews, 62.5% ($n = 20$) reported some form of family violence in the last 12 months: 15.6% ($n = 5$) reported victimisation only, 3.1% ($n = 1$) reported perpetration only, and 43.8% ($n = 14$) reported both victimisation and perpetration of family violence.

Family violence victimisation

Of the 32 participants, 19 (59.4%) reported family violence victimisation in the previous 12 months. Similar to Phase 1 screening, participants were able to report multiple family members in relation to the family violence questions. There were 38 perpetrators in total reported by 19 participants. Of these 38 perpetrators, 18 (47.4%) were problem gamblers. Of these 18 problem gambling perpetrators, 38.8% ($n = 7$) were live-in partners, 33.3% ($n = 6$) were ex-partners, 16.6% ($n = 3$) children or their children's partners, and 11.1% ($n = 2$) were parents.

Participants who were victims of family violence by a problem gambling family member ($n = 18$) answered an open-ended question about the ways the problem gambling and family violence were related. Thirteen (72.2%) of the 18 perceived that the problem gambling and family violence was related and all 13 indicated problem gambling had preceded the family violence. Victimisation of participants by problem gamblers was most often attributed to financial losses, whereby fights ensued over money within the family:

"She [wife] gets very defensive about her gambling, becomes irritable and nasty if she had a big loss or if someone says something to her about her gambling. Always making excuses, not taking responsibility.", or

"He [husband] gets aggressive when he doesn't have money and loses his temper. When he loses money, he takes it out on his close ones", and

"When he's [husband] lost a lot of money and then comes home angry and gets it out on me."

One participant attributed verbal violence and conflict in her intimate partnership to her son's problem gambling: "*We fight over our son's problems and gambling is one of them.*" Similarly, another participant described conflict with her sister over her mother's gambling:

"My sister is angry with me for continuing contact with mum. She thinks we should have nothing to do with her. She does not understand it is compulsive behaviour. She feels rejected by mum."

Participants who were victims of family violence by a problem gambling family member also mentioned confounding factors that exacerbated the relationship between family violence and problem gambling:

"The other way they are related is that he drinks when he gambles and becomes more aggressive", and

"When they get angry, they get very depressed and can't reach out to anyone else because they are so caught up in their own problems and narcissistic behaviours".

Family violence perpetration

Of the 32 participants, 15 (46.9%) reported family violence perpetration to one or more family members in the previous 12 months. The 15 participants reported violence to 24 family members, 11 (45.8%) of whom were problem gamblers. Of these 11 problem gambling victims, 5 (45.5%) were current partners and 6 (54.5%) were ex-partners. There were no immediate or extended family members such as in-laws, reported.

Among the 11 participants who were perpetrators of family violence towards a problem gambling family member, eight (72.7%) reported that the problem gambling and family violence were related. All eight participants indicated that problem gambling preceded the family violence. Aggressive behaviour was most often expressed as a consequence of feeling anger and mistrust:

"Only because of the gambling problem [of husband] makes me so angry and so I lash out", or

"He [ex-husband] destroyed the family with gambling and mistrust and I'm angry with him".

One participant reported displaced violence against her children as a response to her husband's gambling:

"Gambling plays a role because I'm angry at him and the aggression comes out in my relationship with my children".

Gambling-related family impacts and coping

To examine differences in gambling-related family impacts and coping strategies in the presence and absence of family violence, the 32 participants were placed into two groups: (1) participants who reported any form of family violence ($n = 20$); and (2) participants who did not report family violence ($n = 12$).

Family impact

In relation to the open-ended question regarding the family impacts of problem gambling, three categories of response captured all answers given by the participants (excluding answers: no/little impact; $n = 3$): (1) *financial impact* including lack of money, stealing, and theft; (2) *intrapersonal impact* including, stress, anxiety, and depression; (3) *interpersonal impact* including breakdown of a marriage or intimate relationship, trust issues, aggression, fights and the time spent gambling instead of with the family.

While all three impacts were relatively equally mentioned in both violence groups, participants who reported family violence ($n = 20$) were more likely to mention all three types of impacts in their comments:

“Financial impact, physical impact from family violence and emotionally when I’m trying to provide for our children, feeling helpless, angry and frustrated”, and

“Very emotional issue, puts financial strain on us and is a source of arguments, my mother is heavily in debt”, or

“Most of them don’t know, my daughter has been borrowing money from me and gotten angry when I haven’t given her money and abused me verbally”.

In contrast, the impacts on the non-violence group ($n = 12$) were mostly centred around the one major issue of financial impact:

“Only financial impact, I had to always pay the bills, at the moment its good he [husband] has improved and we are both paying the mortgage”,

Other impacts were reported:

“There is that lack of trust and feeling of anger, change in how we [husband] manage our life”, and

“Emotional impact on my mum [about sisters gambling], anxiety, she’s really stressed all the time and can’t sleep”.

As expected, the family violence group mentioned the aggression and conflict in relation to interpersonal impacts. However, in the non-violence group, the interpersonal impacts were mostly related to trust, lack of closeness and time spent together.

Coping strategies

In response to the open-ended question about gambling-related coping strategies, the responses were coded under four major themes reflecting strategies the participants used to cope with family member’s problem gambling: (1) *financial control* including taking over the finances; (2) *supportive engagement* including talking, rationalising, giving advice; (3) *help-seeking* including support for the gambler to attend counselling; and (4) *avoidance and denial* such as keeping away from the gambler and doing their own thing.

There were no apparent differences in gambling-related coping strategies between the violence and non-violence groups. The most frequently reported strategies in both groups were related to financial control:

"I don't let him [ex-husband] steal money from kids, look after your purse, don't put money lying around", or

"Try and collect her [mother] money from the machines, go to the venues and push the button and tell her to stop. I have noticed she always wants more and plays until she runs out of money".

Nearly as common were strategies involving supportive engagement: *"We talk about it and make sure everything is on the table and out in the open"*, and *"Talk to them [husband], sit them down and tell them it has to change"*. Also consistently mentioned in both groups were strategies related to help-seeking: *"We've [with husband] been seeing a counsellor once a week and tried controlled gambling"*, *"Self-excluded"*, and *"Organised him [husband] to see a counsellor once a week"*.

In addition to the three themes involving engagement with the family member (financial control, supportive engagement, help-seeking), significantly less frequent in the responses were coping strategies of avoidance and denial: *"Keep self away from him [brother]"*, *"Try not to think about it and go into denial, thinking tomorrow will be a better day"*, and *"Aversion, keeping away"*, or *"Distraction from work"*.

Discussion

The first aim of the current article was to examine the occurrence and patterns of family violence in a group of help-seeking family members of problem gamblers. Consistent with the findings of previous research (e.g., Afifi et al., 2010; Bland et al., 1993; Echeburua et al., 2011; Korman et al., 2008; Liao, 2008; Lorenz & Shuttleworth, 1983; Raylu & Oei, 2007), the main results show a high occurrence of family violence in help-seeking family members of problem gamblers. In this study, over half of the family members of problem gamblers reported some form of family violence in the past 12 months and 34.2% reported that the family violence was perpetrated by or against at least one problem gambling family member. As noted in other studies, current and former partners were most often the victims and perpetrators of family violence (Cantos et al., 1994; Straus, 2008; Swan et al., 2008). The results also provide evidence of fairly high rates of family violence victimisation and perpetration in relation to the participants' parents that has not been previously explored in empirical research. Bidirectional violence was the most common form of violence in the sample, with 21.6% of participants reporting both victimisation and perpetration of family violence. However, female participants were more likely to be the victims of violence and were less likely to report no family violence in comparison to males. Interestingly, participants who reported their own problem gambling were more likely to be perpetrators, but not victims, of family violence suggesting that families where multiple members experience problem gambling are also more likely to be exposed to family violence.

A significant proportion of the reported family violence was related to the problem gambling of their family members. Participants reported that problem gambling and family violence were related in over 70% of their problem gambling family members. These findings are consistent with the findings of a North American study of female emergency department patients in which 64% of women with a problem gambling partner and experiencing intimate partner violence reported that there was a connection between the two (Muelleman et al., 2002). Findings of the current study also suggest

that problem gambling precedes both victimisation and perpetration of family violence. Victimization was seemingly related to an immediate aggressive response to gambling losses by the problem gambler whereas perpetration against the problem gambler was related to underlying anger and mistrust. These results seem to support the hypotheses that problem gambling directly or indirectly leads to family violence perpetration by the problem gambler as a manifestation of financial stress and crisis within the home (Afifi et al., 2010; Korman et al., 2008; Muelleman et al., 2002) and that problem gambling directly or indirectly leads to family violence victimisation towards the problem gambler as a manifestation of family conflict related to stressors caused by problem gambling activity, such as lack of trust (Echeburua et al., 2011; Korman et al., 2008). However, the relationship between problem gambling and family violence (and other risk factors such as problem drinking) is complex (Muelleman et al., 2002; Raylu & Oei, 2007). As Lee (2012) found, in a case series analysis of couples in therapy, although an elevated risk of intimate partner violence involving physical and verbal aggression and sexual coercion was found with problem gambling, their temporal and causal link was not always clear. She noted that half the couples in this study reported episodic and at times prolonged emotional and physical abuse by their partners during their marriage before the onset of gambling, precipitated by conflicts unrelated to gambling, but also noted a recursive escalating pattern of couple turmoil following the onset of problem gambling. It is clear that the directionality and causal relationship between problem gambling and family violence is worthy of further investigation.

The second aim of the study was to qualitatively explore gambling-related family impacts and coping strategies in the presence or absence of family violence. Negative family impacts of problem gambling were consistent with the literature and included negative financial, interpersonal, and intrapersonal impacts (Dowling et al., 2009; Hodgins et al., 2006; Jackson et al., 1999; Kalischuk et al., 2006; Shaw et al., 2007). In comparison with the family violence group, participants who did not report family violence reported fewer negative impacts of problem gambling. These findings provide partial support for previous studies where multiple sources of negative impacts are associated with more distressed family environments (Black et al., 2006; Black et al., 2003; Harvey et al., 2007; Hodgins et al., 2007).

Family member coping strategies did not differ between those who experienced family violence and those who did not. The most common strategies family members reported were related to financial control and supportive engagement. Other studies also show family members of problem gamblers most often engage in controlling strategies, such as exercising control of the finances and searching for evidence of gambling (Krishnan & Orford, 2002; Orford et al., 2005). Although avoidance and withdrawal have been demonstrated in previous research on problem gamblers (Orford et al., 2005), they were the least commonly reported strategies in the current study.

A number of limitations of the current study made it difficult to address some of the underlying mechanisms that could explain the high occurrences of violence in families of problem gamblers. These include a small sample size, potential self-report measurement errors, and a cross-sectional design. In addition, the sample was primarily derived from a help-seeking population presenting to gambling-specific counselling services, with a smaller number recruited from family violence or family counselling services. There is currently not enough information on the latter group for meaningful comparison to be made of the differences between these two help-seeking groups. The current study, however, provides evidence about the experiences of affected family members of problem

gamblers. It confirms the findings from previous studies about the co-occurrence of the two problematic behaviours-problem gambling and family violence-and is the first to empirically explore the relationship between these two problem behaviours.

Conclusion

The current study provides a snapshot of the intra-and interpersonal experiences of concerned family members of problem gamblers in the presence and absence of family violence. The evidence about the negative impacts of problem gambling on families is unequivocal and should be addressed in further research and clinical practice. The findings of the current study can be used to inform the treatment of problem gamblers and should be used to encourage routine screening for family violence in problem gambling services. The strain and burden of problem gambling on family members provides impetus for family-based approaches. While there are a number of descriptions of couple-oriented interventions for problem gamblers in the literature (Bertrand et al. 2008; Ciarrocchi, 2002; Lee, 2009), there has been to date, only limited testing of the effectiveness of these. One such analysis of intervention effects is Lee and Rovers (2008) report of the effects on 24 problem gamblers and their spouses of a Congruence Couples Therapy intervention (Lee, 2009). They found that there were significant improvements in a number of domains: problematic gambling behaviours (eg urge reduction); intrapsychic (eg self-awareness); interpersonal (eg communication and relationship improvement); inter-generational (eg insights into impact of family of origin on current behaviours); and 'spiritual' (eg compassion and hope). There has also been limited assessment of the effectiveness of family violence interventions (Stith et al. 2004). It is evident that the development of a rigorous evidence base for the efficacy of family and couples interventions for problem gambling is required.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

AJ, ND and ST designed the study; AS, TL, JP and SC were involved in data collection; AS project managed and led the data analysis. All authors contributed to and approved the final manuscript and all meet the NH & MRC guidelines for authorship.

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VIOLENCE AGAINST WOMEN: INFORMATION AND FACTS 2013-2014

According to the *Victorian Family Violence Protection Act 2008*, family violence is behaviour by a person towards a family member that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening; coercive; or in any other way controls or dominates the family member, causing them to fear for their safety or wellbeing or that of another family member; or behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of behaviour referred to above.

The Northern Metropolitan Region (NMR) of Melbourne has a population of 940,142, of which 486,273 are female (329,682 are women aged 25 and over), and 297,477 are children and young people aged 24 years and under (146,486 female).¹

In 2013-2014, family violence was the context for exactly half (50%) of all assaults, 52% of all abductions/kidnaps and 57% of all harassment offences in the NMR. More than a third of all rapes and 27% of all other sex offences were perpetrated as part of family violence. Three homicides were related to family violence.

OFFENCES ARISING FROM FAMILY VIOLENCE REPORTED INCIDENTS IN NMR, 2013–14

	Number of offences from family violence	Proportion of all corresponding NMR offences
Homicide	3	14%
Rape	117	35%
Sex (other)	276	27%
Assault	3,649	50%
Abduction/Kidnapping	63	52%
Harassment	468	57%

Source: Victoria Police Law Enforcement Assistance Program Database.

Nationwide, one woman is killed by her partner each week,² with the period following separation believed to be the most dangerous for women leaving violent relationships.³ Both separation and pregnancy are noted as times of vulnerability to domestic violence – of the 36% of Australian women who have experienced violence by a previous partner, 18% reported that the violence was perpetrated for the first time while they were pregnant.⁴

Violence against women is **serious**,
prevalent and **preventable**.

Women's Health In the North acknowledges
the support of the Victorian State Government



In Victoria, family violence incidents increased by 7.5% from 60,829 in 2012–13 to 65,393 in 2013–14, and the rate increased from 1071.1 per 100,000 to 1,129.4 per 100,000.

In the NMR, family violence incidents increased from 9,861 in 2012–13 to 10,721 (an 8.7% rise) – increasing the rate from 1,077.4 per 100,000 to 1,140.4 per 100,000

FAMILY VIOLENCE IN THE NMR

Victoria Police provides annual figures for reported incidents of family violence for the seven Local Government Areas (LGAs) in the NMR.⁵ This fact sheet presents the figures for the NMR as a whole. Individual fact sheets have been produced for each LGA in the NMR.

Many women experiencing family violence do not report this to the police; therefore, the NMR figures from Victoria Police are likely to underestimate the extent of the problem.

NMR Family Violence Reported Incidents for 2013–14

- The total number of reported incidents in the NMR was 10,721.
- The total number of reported incidents in Victoria was 65,393.
- This is a rate of 1,140.4 per 100,000 for the NMR⁶ and 1,129.2 per 100,000 for Victoria.
- On average, 206 incidents of family violence were reported to police every week.
- Females (75%) were the majority of victims.
- Males (77%) were the majority of perpetrators.
- 72% of victimised women were aged between 15 and 44 years.
- Children were present at 3,585 reported incidents (33%) – a rate of 381.3 per 100,000, compared to 387.6 in Victoria.
- Charges were laid in 4,929 cases, giving a rate of 524.3 per 100,000 (507.7 in Victoria). A combined total of 3,128 Family Violence Intervention Orders (IVOs) and Family Violence Safety Notices (FVSNs) were issued, giving a rate of 332.7 per 100,000 (compared to 295.3 in Victoria).⁷

INTIMATE PARTNER VIOLENCE

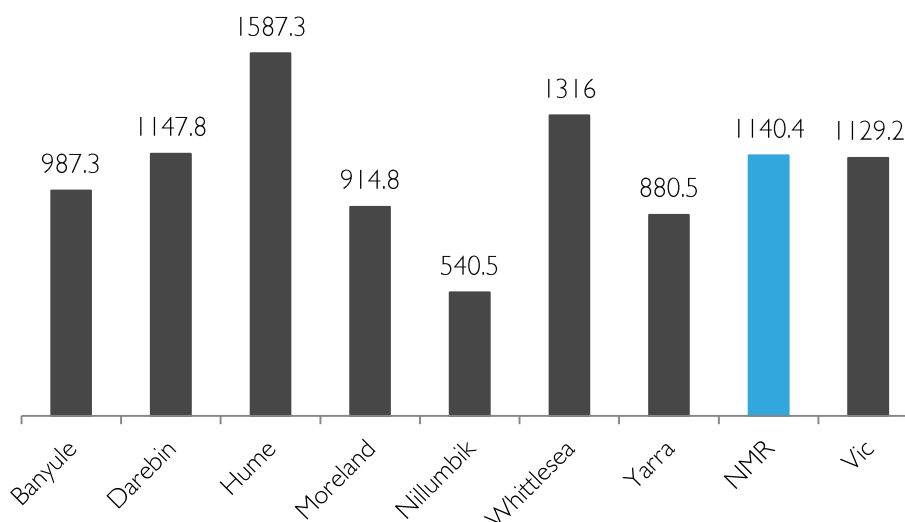
Although the proportions of male victims and female perpetrators of family violence seem to correspond, it is incorrect to assume that this represents males victimised by their female partners as:⁸

- the definition of family violence is broader than 'intimate partner violence' (IPV), and includes a range of relationships such as elder, father-to-son, and mother-in-law to daughter-in-law abuse
- where women do perpetrate violence against their intimate partner, the violence is not an equal violence.⁹

When Victoria Police family violence statistics are limited to IPV,¹⁰ in four out of every five incidents, the victim is female. In 2013–14, in the NMR, 12,892 persons were involved in IPV. Exactly half, or 6,446, were noted as the Affected Family Member (AFM), of whom 82% were female. The other half were noted as the 'other party' (or perpetrator) and 82% of these were male.

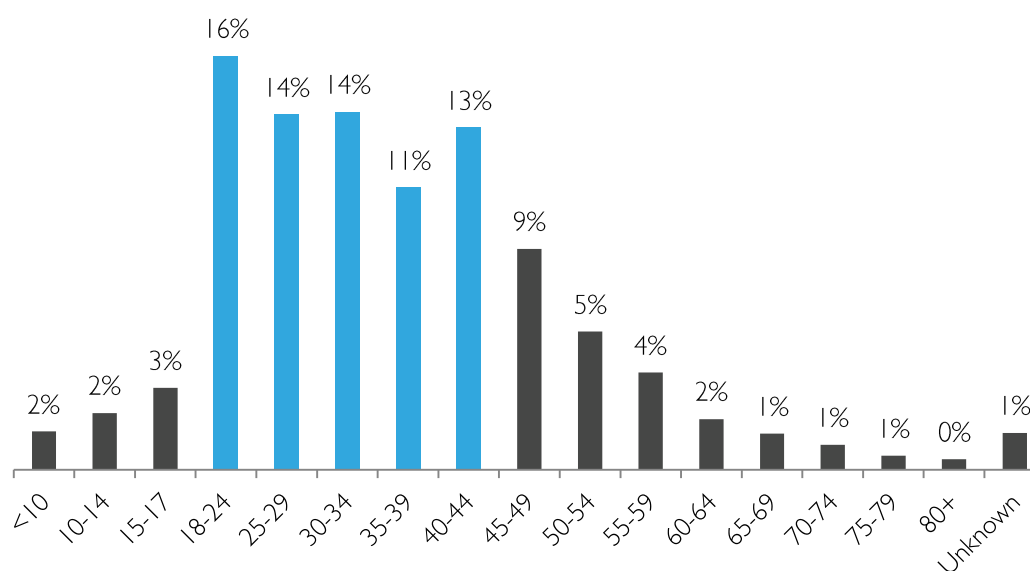
Where NMR victims reported that they were fearful or very fearful, 84% (3,667) were female.

CHART 1: 2013–14 FAMILY VIOLENCE REPORTED INCIDENTS RATE PER 100,000



Source: Victoria Police (2014), Family Incident Reports, 2009–10 to 2013–14.

CHART 2: AGE DISTRIBUTION OF FEMALE VICTIMS IN NMR, 2013-14



Source: Victoria Police Law Enforcement Assistance Program Database.

- Population data in this factsheet accessed 26/9/2014 from: (Cat. 3218) Regional population growth, Australia, 2012-13. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3218.02012-13?OpenDocument>; (Cat. 3101) Australian demographic statistics, December 2013. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Dec%202013?OpenDocument>; (Cat. 3235) Population by Age and Sex, Regions of Australia, 2013).
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- The NMR covers seven LGAs: Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra.
- As the NMR does not correlate with Victoria Police's North West Metro region, the NMR rates have been calculated based on totals of the seven LGA populations obtained from Victoria Police Corporate Stats. See footnote 1.
- Victoria Police (2014). *Family Incident Reports 2009–10 to 2013–14*. Retrieved from http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72311 (accessed 15/9/2014).
- VicHealth (2011). *Preventing Violence against Women in Australia: Research Summary*. Carlton South: VicHealth, p. 3.
- There are very few indications that women subject their male partners to the same level of severe, continuing and escalating violence as that which men perpetrate against their female partners. World Health Organization (2002) *World Health Report on Violence and Health*. Geneva: WHO, p. 94.
- The term 'intimate partner' is defined by Victoria Police in the statistics purchased on 21 December 2012 as 'persons with a relationship: married, defacto, separated, divorced or boyfriend/girlfriend'.
- Purchased data extracted from LEAP on 18 July 2014 and subject to variation. Produced by Corporate Statistics, Victoria Police, August 2014.
- Purchased data extracted from LEAP on 18 July 2014 and subject to variation. Produced by Corporate Statistics, Victoria Police, August, 2014.
- For Victorian crime statistics and rates, see: http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72178 (Accessed 26/9/2014).

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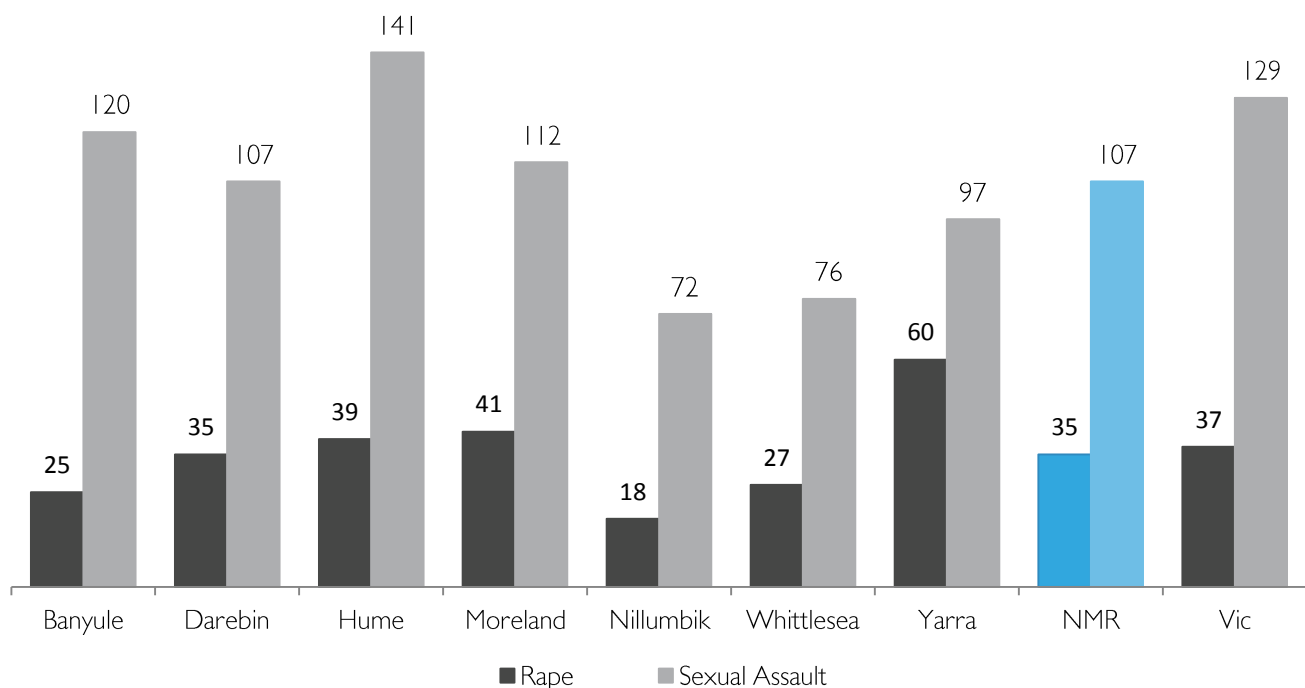
SEXUAL ASSAULT IN THE NMR 2013-2014

Police records of sexual assault offences are another measure of the extent of violence against women. As with family violence, recorded offences are likely to underestimate the extent of the problem. Sexual assault data is collected under headings of 'rape' and 'sex (non-rape)' (all other forms of sexual assault).¹¹

For the 2013–14 period:

- On average, 26 sexual assault offences were recorded by police every week.¹²
- Females (88%) were the majority of victims.
- 89% of female victims were aged less than 35 years.
- Males comprised 98% of alleged offenders.
- 331 rapes (with 228 victims) – this is a rate of 35.2 per 100,000 population compared to 2,144 rapes in Victoria (a rate of 37 per 100,000).¹³
- 1,006 other sexual assaults (with 543 victims) – this is a rate of 107 per 100,000 population compared to 7,467 other assaults in Victoria (a rate of 128.9 per 100,000).

CHART 3: 2013–14 SEXUAL ASSAULT (RAPE) AND SEXUAL ASSAULT (OTHER) RECORDED OFFENCES RATE PER 100,000



Source: Victoria Police Law Enforcement Assistance Program Database.