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# Gambling Support Study: understanding gambling harm experienced by female affected others

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**ANU Centre for Gambling Research**

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## Acronyms

ACT	Australian Capital Territory
ANU	Australian National University
CGR	Centre for Gambling Research
CSRM	Centre for Social Research & Methods
EGM	electronic gaming machine
NSW	New South Wales

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# Executive summary

The Australian National University Centre for Gambling Research was awarded funding from the NSW Government Responsible Gambling Grants Program 2019 to conduct the Gambling Support Study (referred to throughout as simply ‘the study’).

The overarching objective of this research was to understand how people, particularly women, who have a partner or close family member with a gambling disorder experience gambling-related harm. The study also explored how these ‘affected others’ can be supported and engaged by gambling help services.

Qualitative data were collected using semistructured interview methods. The study interviewed 15 representatives from gambling support service providers and 30 individuals who identified as being affected by the gambling behaviour of a partner or close family member (affected others). Interviews took place over a 4-week period (July–August 2019) and involved working closely with local services from New South Wales (NSW) and the Australian Capital Territory (ACT), including Relationships Australia (ACT) and Anglicare NSW/ACT.

This report presents rich descriptions of gambling-related harm and attitudes towards help seeking from the perspective of affected others, as well as experienced professionals who provide gambling support. Results illuminate help-seeking behaviour, including perceived and emotional factors that may prompt affected others to seek, or deter them from seeking, different types of help. The analysis applies the definition and conceptual framework of gambling-related harm of Langham et al. (2015).

Study findings enhance empirical understandings of gambling-related harm, and contribute to defining the range and depth of affected others’ experiences and help-seeking attitudes. Findings also highlight the need for further initiatives to better inform affected others about, and equip them with, help to protect their own emotional, physical, social and financial wellbeing. Health and wellbeing outcomes of those affected by others’ gambling behaviour can be improved by providing structured support to gambling service providers at key referral and service delivery points, and via a range of health promotion and awareness campaigns targeting this high-risk group.

The research was used to inform the creation of an animated digital resource targeting women who are affected by a partner’s or close family member’s gambling. A series of 1-minute clips based on qualitative data from the interviews was developed, with the primary aim of reducing stigma and promoting help seeking among the target group. Short segments of audio from several participants were incorporated into the design of the digital animation to increase its authenticity, relatability and overall impact.

A summative evaluation will generate insights into the effectiveness of the research and gather data on study outcomes, including how well the project delivered benefits to the target group. It will also involve a participant survey to obtain feedback on study outputs and determine the overall impact of the resources. This will be presented in a brief supplementary evaluation report.

## Key findings

This study resulted in the following key findings:

- Affected others are exposed to a diverse range of gambling-related harms. However, characteristics of harm emerged in the study sample that are broadly consistent with patterns of interpretation throughout the research literature.
- Partners of gamblers were especially affected by gambling-related harm, suffering both mental and physical health problems as a direct result.
- Participants experienced gambling-related harm primarily within the domains of interpersonal (relationship conflict), personal (emotional distress) and financial harm.
- Formal help was sought for four main reasons – psychoeducation about gambling, ways to approach the person with the gambling problem, ways to encourage help seeking and ways to support change.
- Barriers to available help include a lack of information about gambling services, a perceived disconnect between gambling services and help-seeking affected others, and significant emotional barriers such as shame, stigma, fear of judgment and the perpetuation of silence around the issue.
- Evaluation data revealed that participants, particularly those who participated in the resource development component of the study, reported feeling empowered – demonstrating the value of applied participatory research practices in this area.
- Evidence-based resources ('You're not alone' animated clips) were well received by service providers and affected others who participated in the follow-up survey, and were perceived to be appropriate for dissemination to a wide audience.
- Systems could be improved to better support affected others. Ideally, resources should be tailored specifically to family members' needs, and be available for affected others to access over the longer term and across a multitude of situations.
- Studies targeting members of a particular sex need to be mindful of the risk of reinforcing gendered gambling stereotypes and should have strategies in place to counter such unintended consequences.
- A future research project, complementary to this study, would be to investigate and depict understandings of gambling-related harm experienced by male affected others, thereby balancing the empirical knowledge presented in this report.

# 1 Introduction

The experience of gambling-related harm is not restricted to the gambler. Harm from gambling can affect individuals, families and the community in a number of ways. Types of harm include financial harm; relationship disruption, conflict or breakdown; emotional or psychological distress; decrements to health; cultural harm; reduced performance at work or study; and, in extreme cases, criminal activity (Langham et al. 2015).

Langham et al. (2015) recently put forward a comprehensive definition and a multi-level conceptual framework of gambling-related harm. The framework captures the breadth of experiences of harms across several primary domains, and incorporates the complex interrelationships between harms and sources of harm. It also discusses intergenerational harms, including generational financial loss, the delay of lifecourse events such as marriage and having children, and social disconnectedness.

Despite the degree of harm that can be associated with gambling, the literature shows that people affected by gambling do not routinely seek formal help, and specialist gambling services see only a fraction of ‘affected others’<sup>1</sup> of people with a gambling disorder.<sup>2</sup> Affected others tend to access help through a range of self-management strategies, such as general services (e.g. general practitioners, solicitors, clergy) and their own social networks (Rodda et al. 2013).

Research indicates that partners are particularly vulnerable to the negative effects of a family member’s gambling, and female gender is directly correlated with disproportionate experiences of harm. However, there is limited research into help seeking, and related motivators and barriers for female partners or family members of gamblers.

## 1.1 Background

Despite policy makers, health professionals and researchers increasingly acknowledging the impact of gambling-related harm on families and in community settings, problematic gambling behaviour is still commonly understood and treated at an individual level (Productivity Commission 1999). A lack of investigation into, and acknowledgment of, affected others’ experiences can perpetuate both limited treatment expertise and limited access to resources and support for this group. Consequently, affected others are often left feeling isolated and unsupported (Krishnan & Orford 2002, Hodgins et al. 2007).

A growing body of literature reports on affected others. Studies have shown that partners of gamblers experience high levels of personal distress (Kourgiantakis et al. 2013), and are at increased risk of depression, anxiety and isolation (Wenzel et al. 2008). Such couples also have a higher risk of experiencing significant relationship challenges (conflict and divorce) (Dowling et al. 2006).

Studies have also shown that women suffer disproportionately more harm (Salonen et al. 2016) and report higher emotional impacts (Dowling et al. 2014) than their male counterparts. A Swedish study found that women in such relationships experience more violence and take more sick days than the population at large (Salonen et al. 2016). A recent Australian study investigating the characteristics and help seeking of affected others recruited from Gambling Help Online reported that 89% of affected others using online services are female (most often the partner) and under 35 years old , and that more than half had found out about the gambling problem in the past 12 months (Rodda et al. 2017).

A recent Norwegian study explored how female partners of people with gambling issues experience everyday family life. It found that women in this position often take on a lot of responsibility for daily life activities (e.g. household finances, parenting) but experience little support (Klevan et al. 2019). Although taking control can be empowering for women in this position, research found a general lack of knowledge and recognition of gambling as a problem in wider social spheres. This increases feelings of loneliness, shame and burden:

*Taking over responsibility and becoming the one in charge, can be understood as ways of reclaiming dignity and gaining power albeit within limits. This duality needs to be considered when providing support to families. (Klevan et al. 2019)*

Among other studies, Patford's (2009) research highlights the substantial negative effects of problem gambling on partners and their children, including financial problems within the household, physical violence, diminishing quality of life, emotional distress and health problems (Patford 2009, Patford & Tranent 2013, Suomi et al. 2013).

### 1.1.1 Types of harm

Gambling-related harm has been operationally defined as 'the degree to which individuals experience negative consequence in various areas of daily functioning as a result of gambling' (Neal et al. 2005). In addition to the gambler, gambling-related harm is most likely to affect the gambler's partner, with 47% of partners subjected to serious adverse effects (Blaszczynski et al. 2015). In addition, 22% of parents, 21% of children, 15% of friends and 9% of work colleagues also report adverse effects of someone else's gambling (Blaszczynski et al. 2015).

Data on the negative impacts experienced by affected others who are partners were recently captured in the 2019 ACT Gambling Survey. The survey collected information about how an individual's gambling may affect those around them, and assessed the nature and extent of any harms experienced by partners, family members and friends (Paterson et al. 2019). The study also explored the forms of help and information that affected others would seek, and whether they had attempted to talk about gambling with the gambler themselves. The analysis found that:

- 14% (44 000 individuals) of Australian Capital Territory (ACT) adults had been affected by their own or someone else's gambling in the past 12 months
- males in the ACT participate in gambling at significantly high rates than women; however, 56% of women participated in at least one form of gambling during the past 12 months
- 5% of the ACT adult population (approximately 17 000 adults) had been personally affected by another's gambling
- those affected by others' gambling tend to be in the 18–44 year age group
- women are more likely than men to be affected by someone else's gambling (58%)
- married people are affected by others' gambling at high rates (41%); of the affected married people, 78% were female
- relationships most commonly reported as being affected were male relationships (i.e. father, brother, husband).

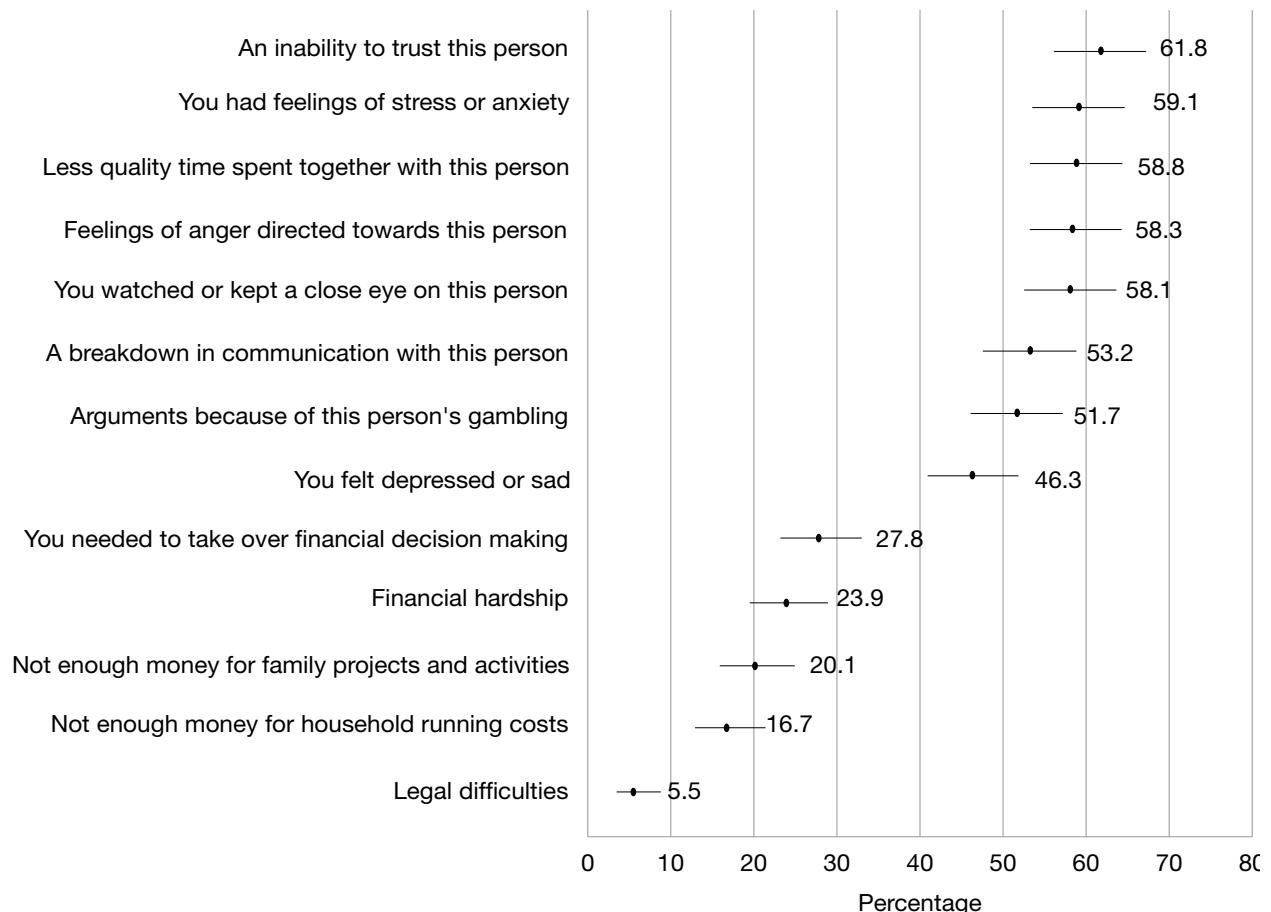
Gambling was reported as placing significant strain on relationships. Emotional impacts of others' gambling were particularly common, with more than 50% reporting arguments, breakdown in communication, less quality time, feelings of anger, reduction of trust, and stress or anxiety. In the ACT, 15% of people affected by others' gambling wanted support in the past 12 months, but the vast majority (14% of those affected) did not know where they would go to seek information or help (Paterson et al. 2019).

Figure 1 provides an in-depth look at the percentage of harms experienced by those affected by others' gambling from the 2019 ACT Gambling Survey (Paterson et al. 2019). It shows very strong significant differences between experiences of financial or legal harm and harms relating to relationship disruption and emotional or psychological distress. Just under 60% of affected others reported feelings of stress and anxiety, and anger towards the gambling person (Paterson et al. 2019). Having to keep an eye on the person and a reduction in quality time were also commonly reported. A little more than 60% reported an inability to trust the person whose gambling had affected them (62%), and more than half reported arguments and a breakdown in communication (Paterson et al. 2019).

In the ACT, 24% of those affected by others' gambling experience financial hardship, with 28% reporting that they had taken over financial decision making (Paterson et al. 2019). A lack of money to cover household running costs or family activities was also experienced by 17%. It is most likely that financial harms are experienced by others when they are co-residing with the gambler. One in four (25%) said that they had 'never' talked about gambling issues with the gambler (Paterson et al. 2019).

In New South Wales (NSW), men are significantly more likely to be represented in each of the Problem Gambling Severity Index risk categories, while women are more likely to be classified as non-gamblers (Browne et al. 2019). Approximately half of the harms occurring in the population were reported by 'problem gamblers', with progressively smaller proportions attributable to lower-risk categories, including non-problem gamblers (Browne et al. 2019).

**Figure 1 Types of gambling-related harm experienced by affected others in the ACT**



Source: Figure reproduced with permission from Paterson et al. (2019).

### **1.1.2 Help seeking and the wider population**

Of people in the ACT affected by others' gambling, 15% have sought help or support in the past 12 months, most commonly via an initial internet search (47%) and the gambling helpline (17%). Interestingly, as many affected others indicated that they did not know where to receive information or support as indicated that they would turn to friends or family (Paterson et al. 2019).

In Australia, the most frequent types of e-therapy accessed by family members are chat and email counselling, self-help information provided by the national online help service Gambling Help Online, and community peer support forums. Rodda et al. (2017) described the characteristics and experiences of family members seeking help online, the effect of gambling on the family member, and the types of low- and high-intensity services being accessed (Rodda et al. 2017). They found that the range of resources available for family members needs to be increased.

Although people who gamble often purposely conceal their behaviour and problems from others, affected others are primary candidates for identifying people in their lives with gambling issues (McMillen et al. 2004, Hing et al. 2013). They also potentially play a significant role in encouraging gamblers to implement self-management strategies or to seek professional help. One study found that partners (92%) and other family members (80%) are most likely to identify gambling problems, followed by friends (60%) (Cunha & Relvas 2014). Another study suggested that close others usually become aware through the gambler either disclosing their problem or through family and friends noticing social withdrawal and financial problems (Bühringer et al. 2014).

However, research relating to the sex of affected others accessing services is limited. A recent systematic review focused on gambling-related harm experienced by female affected others, recommending that treatment and counselling services consider the pervasiveness of indirect gambling harms, and be equipped to respond appropriately to the needs of affected others (Riley et al. 2018). However, to develop efficient and targeted support services, it is first necessary to understand the correlates related to different subgroups of experiences (Salonen et al. 2016). Beyond these studies, minimal research has been dedicated to understanding specifically women's experiences of gambling-related harm. Therefore, this study was designed to address these notable gaps by understanding the experiences of a subset of the NSW and ACT community that is highly impacted by the gambling behaviour of others.

## **1.2 Project design and deliverables**

This qualitative study had a descriptive, exploratory and interpretive design. The design was considered appropriate to acquire an in-depth understanding of female partners' or family members' experiences of harm and help seeking. This participatory research was divided into three phases: a consultation and recruitment phase, a data collection and resource development phase, and an evaluation and report writing phase (described below). The project timeline reflects these three main phases: a 1-month period of active project development, stakeholder consultation and participant recruitment; 2 months for resource development and implementation; and 2 months of project evaluation and feedback – approximately 21 weeks in total.

The project had three primary deliverables: a creative digital animation, a high-quality research report and an evaluation report. The qualitative data collected informed the development of a creative digital tool (see Appendix A). The resulting resource, animations totalling approximately 3 minutes, was offered to relevant service providers for internal use, and disseminated externally via online digital channels. The tool was then evaluated to assess its acceptability and implementation by services.

## **1.3 Project aims**

The overarching aim of the study was to address the gap in understanding outlined above, and develop an evidence base that can be used to inform targeted support for people experiencing harms from gambling. Specific objectives included the following:

- Describe the characteristics of affected others and major sources of gambling harms identified through lived personal experiences.
- Investigate opportunities and barriers relating to access to social support and formal gambling help services, and the degree to which support was perceived to be sufficient by the target group.
- Explore reasons for seeking help, previous help-seeking experiences, and expectations and needs of affected others from services.
- Address a significant gap in service delivery to female affected others to minimise harm from gambling, by contributing to the evidence base on the level of harm and service needs of female affected others.
- Develop and evaluate an evidence-based digital health promotion resource for service providers to use to empower, raise awareness in, and encourage help seeking by, the target group.

## **1.4 Project outcomes**

The study had a number of outcomes. In addition to this report, a series of evidence-based animations were created, depicting the experiences of women who are affected by the gambling behaviour of others. These digital resources are intended to be used and promoted at state, national and international levels to increase understanding and awareness of the indirect harm from gambling in our community.

The animations are also designed to encourage help-seeking behaviour of women affected by a partner's or family member's gambling. Improving the relatability of the messaging to women and encouraging service use has the potential to reduce the indirect health and social burden resulting from gambling.

This research will also benefit local service providers, who will be equipped with research evidence and digital tools to assist in promoting and destigmatising service use. It is intended that people who may have contemplated seeking help or advice, but were unsure or apprehensive, will be empowered to seek support. Although the study is confined to NSW and the ACT, it is intended that findings and resources will be beneficial to other Australian jurisdictions and internationally.

## **1.5 Report structure**

The report presents the study outline and methodology, and results of the qualitative investigation. It then discusses the key findings, and provides recommendations and implications for future research in this area, and an evaluation of the research and resources (see Appendix B).

## 2 Methods

This study is based on a qualitative research design, involving:

- interviews with gambling service providers in NSW and the ACT
- interviews with affected others
- design of the creative digital resource
- evaluation of the creative digital resource.

### 2.1 Ethics

The ethical aspects of this research project, titled ‘Addressing indirect gambling harms experienced by female partners and family members’, were approved by the Australian National University (ANU) Human Research Ethics Committee (Protocol 2019/395) via the Humanities & Social Sciences Delegated Ethical Review Committee in June 2019. (See Appendix C for project information sheets.)

Subsequent project variations (submitted on 5 September 2019 and 8 November 2019) requested approval to use a sample of participants’ audio from selected interviews in the animation (either in their voice or substituted with a voice-over – subject to participant approval), and permission to recontact participants and invite them to complete a follow-up survey as part of the project evaluation. These variations were accepted in September and November 2019, respectively.

### 2.2 Research design

In-depth, semistructured interviews were conducted, consistent with qualitative research methods. Interviews were conducted with service providers working in the NSW and ACT gambling sectors, and with women who were affected by a partner’s or family member’s gambling behaviour. These two groups were targeted to give a well-rounded understanding of the impact of gambling harms experienced by affected others, linking the clinical experiences of the former with the lived experiences of the latter. Data collection was carried out in NSW (Sydney, Queanbeyan, the South Coast and the Riverina area) and the ACT by the primary researcher.

The interviews were guided by distinct interview schedules, which contained broad themes as prompts (Appendix D). Interview guides focused on the types of harm experienced by the target group, related help-seeking behaviour and types of support available. Open-ended questions were used to elicit first-person experiences. The same themes were addressed in all interviews, but the order of questions often followed the order of the participants’ reflections. Participants were also given the opportunity to elaborate on subjects that they found important. Interviews lasted for 30–60 minutes. They were digitally recorded with permission and later professionally transcribed.

### 2.3 Stakeholder engagement

Stakeholders in NSW and the ACT were engaged during the project development phase. Building on past research collaborations with key stakeholders and service providers from the health and welfare sectors in NSW and the ACT, health and welfare services were informally contacted (by email and

follow-up meetings) to introduce the study, and seek feedback and suggestions regarding the proposed research approach. Specific service provider staff with knowledge of, and experience working directly with, affected others were also identified and invited to participate.

## 2.4 Recruitment of service providers

Two services that offer assistance with gambling – Relationships Australia (ACT/NSW Riverina) and Anglicare (NSW/ACT) – partnered with the ANU Centre for Gambling Research (CGR) to facilitate the research (see Appendix E for letters of support provided). Gambling-specific services across NSW and the ACT also participated in the research and provided support for the study, namely Care Financial Counselling Service (ACT); Gambling Treatment Program, St Vincent's Hospital (NSW); Gambling Treatment & Research Clinic, University of Sydney (NSW); Regional Family Support Gambling Help Counselling (NSW); and Think Psychology Solutions (ACT). Service provider staff were identified via internal processes. Representatives from support services were self-selected or suggested based on discussions with management. Gambling services operating across NSW and the ACT were posted a study invitation package, including an invitation letter, study flyers (Appendix F) for distribution and a project information sheet.

### 2.4.1 Profile of service providers

Ten one-on-one interviews were conducted with representatives from a number of gambling support services operating in NSW and the ACT. The sample was made up of male ( $n = 2$ ) and female ( $n = 8$ ) professionals, comprising gambling help counsellors and clinical psychologists (one in private practice and one intern), financial councillors, a gambling service manager, and an intake coordinator. One group interview was conducted with Multicultural Problem Gambling Service staff. These data were analysed separately (summarised in Section 3).

Data were organised into three main themes; within these are subthemes that are illustrated by quotes:

- characteristics of affected others (demographic profile, help-seeking behaviour, common emotions, uncertainty if it is gambling)
- support services (service models, awareness of services, referral pathways and access points, barriers, benefits)
- gambling as a hidden or highly stigmatised issue (distinct from other behavioural addictions).

### 2.4.2 Multicultural Problem Gambling Service

To further understand the harms impacting affected others, the Multicultural Problem Gambling Service (MPGS) was engaged. The MPGS is a NSW-wide service that assists people with gambling issues from culturally and linguistically diverse communities, and their families. Assistance includes free telephone counselling, information, advice and referral, and one-on-one counselling in a preferred language.

A 1-hour group interview was conducted on site. It was attended by the MPGS manager and six staff members, comprising gambling and financial counsellors, a capacity-building project officer, and a consultation and assessment officer providing bilingual support and services for local Chinese, Korean and Turkish communities.

## 2.5 Engaging affected others

### 2.5.1 Recruitment of affected others

Given that only a relatively small number of affected others seek formal support (Productivity Commission 2010), it was predicted that a recruitment strategy relying solely on referrals from participating services may present some sampling bias and recruitment issues. Therefore, a social media recruitment strategy was conducted, using Facebook advertising in NSW and the ACT, and the media. Other methods used to recruit participants included posting information about the study on physical notice boards in the community (e.g. libraries, waiting rooms), and on related Facebook pages of existing groups.

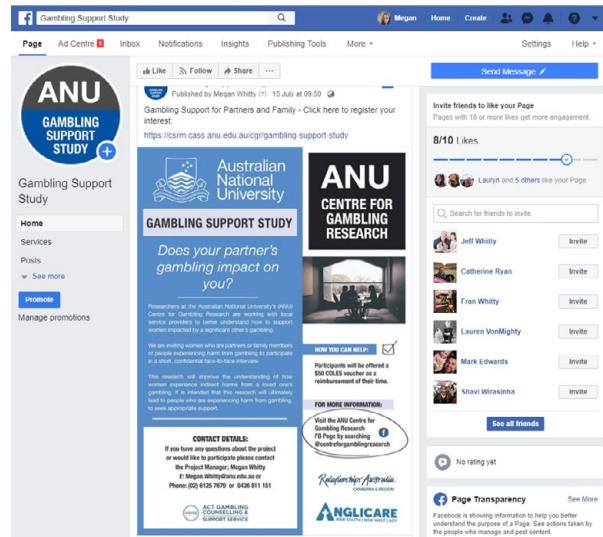
For 2 months, Facebook's paid advertising feature was used to promote the study to potential participants (Figure 2). Two posts were initiated at this time; one reached 4042 people within the established eligibility parameters (resulting in 814 post engagements), and the other reached 326 people (resulting in 98 post engagements). This online engagement amounted to a total of 23 link clicks and eventually 6 participants recruited to the study via this method. The sample was too small to fully utilise Facebook analytics data, but this was a good opportunity to test the cost-effectiveness and feasibility of this type of recruitment strategy within the target group. The lessons learned here could be useful for future research in this area using similar recruitment techniques.

The ANU website, including the CGR homepage and the Centre for Social Research & Methods (CSRM) launching page,<sup>3</sup> was also used to promote the study and attract participants (see Figures 3 and 4).

**Figure 3 CSRM banner and homepage promoting the Gambling Support Study**

The screenshot shows the homepage of the Centre for Social Research & Methods (CSRM) at ANU. At the top, there is a banner for the 'Gambling Support Study' featuring a photo of two people sitting on a park bench. Below the banner, the main content area has a heading 'Gambling Support Study' and a paragraph explaining the partnership with local service providers. A sidebar on the left contains links for 'CSRMS', 'RELATED SITES', and 'ANU JOBS'.

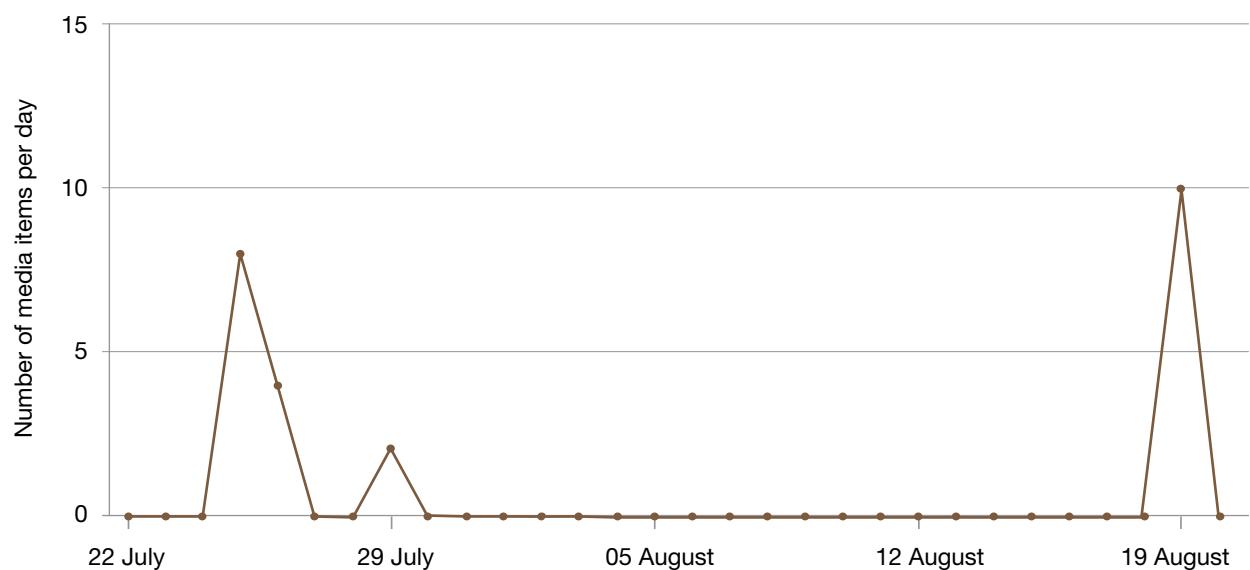
**Figure 2 Facebook project page screenshot**



**Figure 4 Gambling Support Study on CGR homepage**

The screenshot shows the homepage of the Centre for Social Research & Methods (CGR) at ANU. At the top, there is a banner for the 'Gambling Support Study' featuring a photo of purple teddy bears. Below the banner, the main content area has a heading 'Gambling Support Study: Supporting women impacted by a significant other's gambling' and a link 'read more'. A sidebar on the left contains links for 'CSRMS', 'RELATED SITES', and 'ANU JOBS'.

**Figure 5 Thirty-day media report**



### 2.5.2 ANU media reports

The media was also used as a recruitment method, helping to publicise the study and encourage participation. This involved a short but targeted media campaign across several platforms, including ABC News 24, Triple J radio and Canberra radio. Appendix G provides a full report and details of the information released on the different media platforms.

An analysis of coverage produced in the 30 days between 22 July 2019 and 20 August 2019 found 24 media items (see Figure 5). This coverage reached a cumulative audience of 603 000 and had an advertising space rate of \$85 055.

### 2.5.3 Sample selection of affected others

Adult women (aged 18 years and over) who have been affected by a close family member with a gambling issue represented the majority of interview participants, because their perspectives were the focus of this project. Sociodemographic variables were noted to provide an overall description of the participant sample. These were age bracket (18–24, 25–29, 30–39, 40–49, 50–59, and 60+), marital status (married or de facto, single/never married, separated or divorced, widowed), number of children, and location or residence.

The interview guide for participants was informed by the literature and adapted based on the qualitative data collected from service provider interviews. The interviews began with several structured questions covering sociodemographic information, and then moved to more open-ended questions relating to personal experience and opinions.

Participants were asked about how their partner's gambling affected them and their lives. The study focused on participants' own subjective perceptions of their experiences. Therefore, reported experiences of, for example, 'depression' and 'anxiety' constituted respondents' personal perceptions and interpretations, rather than psychological diagnoses. The experiences and the understandings of participants, and the meanings they attributed to these experiences were important, providing a critical window of understanding into their personal experiences and lives (Denzin & Lincoln 2011).

People who chose to take part in an interview were offered reimbursement for their time in the form of a voucher valued at \$50. Vouchers were redeemable at local Coles supermarkets for general grocery items (e.g. excluding alcohol or cigarette products).

## 2.5.4 Recruitment results for affected others

The primary modes of recruitment for this target group were direct referrals from gambling services, or Facebook advertising and other media promotion (Figure 6).

Overall, the recruitment response to this study was substantial, especially when considering the tight timeframes and limited resources available. This indicates that the research topic is timely, and interest in addressing the issue of gambling harm experienced by affected others is widespread in the broader community. The responsiveness of both service providers and lived-experience participants, in terms of recruitment and positive engagement throughout the life of the study, implies that investigation into this topic is not only welcome but actively encouraged by providers and members of the public alike.

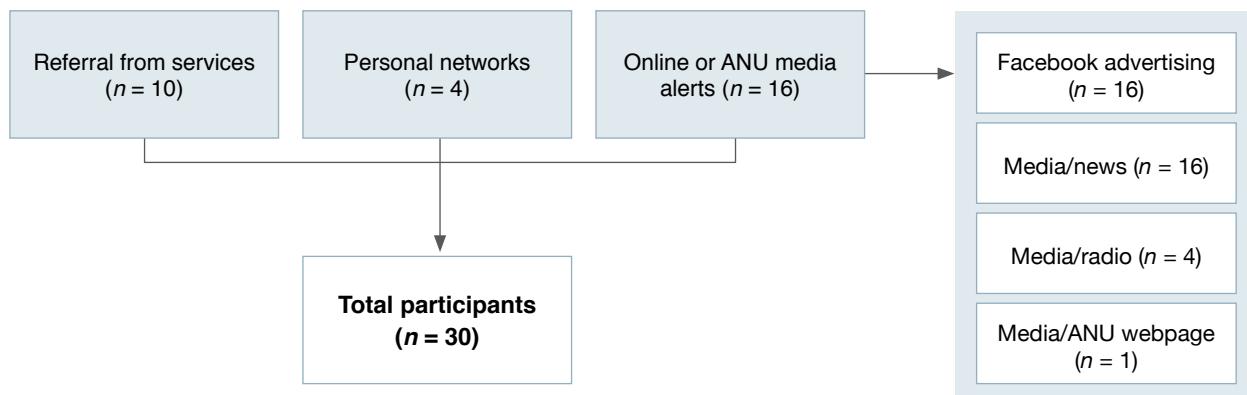
## 2.6 Analysis

Thematic analysis was used to systematise participants' experiences. The qualitative data were structured around addressing the objectives of this report (Attride-Stirling 2001). Inductive coding was used; however, the established taxonomy of Langham et al. (2015), including identified domains of harms and a comprehensive conceptual framework, was also used to provide an organising structure for the analysis of study results. The harms described by participants were organised according to pre-existing categories.

The aim of thematic analysis is to organise data into themes that are subject to further interpretation. In this study, this method was used to systematise data on participants' experiences of perceived harms and help seeking related to the problematic gambling behaviour of a loved one. The descriptions expressed by the participants and the evolving themes of the analysis were understood, interpreted and revised against the respective interview and the dataset as a whole (Brinkmann & Kvale 2015). Although the subsequent procedures of data analysis are described here as a step-by-step process, the different phases are in fact overlapping and often co-occurring. For example, the themes that were developed through the analysis involved an iterative process between descriptions and interpretations (Brinkmann & Kvale 2015).

Interviews were professionally transcribed and then analysed. Preliminary themes and subthemes that relate to impacts on participants' health, impacts on relationships with family members, and help-seeking behaviour were summarised. Coded meaning units were arranged into subthemes, with representational quotes included, aiming to adhere as closely to the interview texts as possible. Subthemes were clustered and organised into preliminary themes, through an iterative back-and-forth process between text and evolving themes. The interpretations of the text and development of themes were discussed by report authors.

**Figure 6 Flow chart of recruitment of affected others**



## **2.7 Feedback**

A hard copy of the final report was posted to all participating service providers and any participants who expressed an interest in receiving formal feedback on results and key learnings.

A brief summary of research findings and the full report are accessible online (on the ANU website). More information and any updates can be found on the Facebook project page (@Gambling-Support-Study) or on the CGR webpage, under 'Current Projects'.<sup>4</sup>

The investigators will seek to publish research findings in peer-reviewed academic publications, and also present them at the International Gambling Conference 2020 (pending acceptance of abstract).

# 3 Results

## 3.1 Overview

In total, 40 interviews were conducted across NSW and the ACT in August 2019, involving 45 participants from two groups: gambling help counsellors who have experience working with affected others ( $n = 15$ ), and people with lived experience of harm caused by another person's gambling ( $n = 30$ ). The two datasets were considered separately, with the former informing the analysis and interpretation of the latter. A discussion of the key findings and implications gleaned from the entire dataset is presented in Section 4. As the following findings show, financial hardship, emotional distress, erosion of trust and interpersonal issues are interwoven with many of the complex and compounding additional gambling-related harms experienced by affected others.

## 3.2 Themes from service providers

### 3.2.1 Characteristics of affected others attending services

Affected others make up a small proportion of the overall client base of the services consulted – ‘the proportion that we see is tiny compared to how many problem gamblers we see’ (clinical psychologist). The majority of affected others that do present to gambling services for support are women, and they usually only attend one or two sessions. It is also uncommon for affected others to be friends of the gambler. Primarily, affected others are female family members – wives/partners, mothers or children:

*It's really rare for us to see male partners of a female gambler ... but we will see some husbands of male gamblers. Male partners will come in and give the female gambler a lift to the sessions and sit in the waiting room and be supportive in lots of different other ways, but it's not usually in this way of coming to seek personal support. (Senior clinical psychologist)*

*There have been many occasions where I have had mothers, in particular, calling to ask if their son's come to treatment. But I've never had a father call for his son. It's always women. (Intake coordinator)*

Affected others are not initially motivated to contact gambling support services for themselves:

*So usually a family member, and they're usually female, will contact us to get information before the male client ends up coming in. (Clinical psychologist)*

*We get so many women saying 'I want to book for my husband' or whatever ... normally people go 'It's not about me', like they're not even thinking about themselves. (Intake coordinator)*

The most common scenario relayed by service providers was female partners presenting when the extent of the gambling behaviour is first disclosed or discovered. There is generally a level of confusion and a lack of previous understanding of the severity of the situation.

### 3.2.2 Help-seeking behaviour

Interviews with service providers found that female affected others are motivated to seek service support at points of crisis – either upon initial disclosure by the gambler of the issue, upon discovery

of the extent of the problem, or when the relationship with the gambler is breaking down. Often, the damage is quite acute by the time support is pursued:

*Most family members are kind of like in crisis, especially females ... there seems to be an element of abuse, particularly with husbands and wives ... long histories of manipulation and subjugation. Women don't feel like they can talk about their problems. Their husbands call them crazy and say they're making a big deal out of nothing. They get really distressed, they call up, they come for one or two appointments and then that's it. (Intake coordinator)*

*It is usually people that their lives have become completely unmanageable before they actually go and seek help. Because, if your mate is sitting there and you are doing the races and you are in their little club with them, then it is accepted. It is not an issue and I hardly think one mate is going to say to the other mate, 'Hey, I think I have a problem' most of the time. (Female, ex-partner)*

*They come in and they're almost like traumatised, baffled, they're like, 'My entire life has just been turned upside down. I've just found out. I had no idea'. I think they feel silly, they feel embarrassed, they're feeling angry, they're feeling betrayed, they're blaming themselves, 'Why didn't I pick things up earlier? Why couldn't I have put things in place?' Also, 'Why's he doing this to me? How could he do it?' There's just so much stuff going on. (Clinical psychologist)*

Gambling help services predominantly offer information and support to affected others. This includes acting as a specialist service offering specific advice, separate one-on-one counselling (cognitive behavioural therapy), or written information and resources about gambling and treatment; addressing partners' mental health and emotional wellbeing; offering strategies on how to build trust back up in a relationship; and acting as referral pathways:

*It's mostly about helping them to understand the treatment, the outcomes, how they can help ... or just assuring them up and helping them, do they need Family and Community Services, do they need to see a psychologist. But sometimes partners are coming along with more complex questions about kids or super or things like that. And we're not qualified to provide that. So, we are often pointing them in the direction of legal professionals who work in gambling, or financial counsellors, family lawyers and that sort of thing. (Senior clinical psychologist)*

Affected others access gambling support services via the 1800 gambling help hotline or internet searches:

*Usually they're more active than the gambler themselves in trying to access help services. Yeah, and often they just have a lot of questions. [They] have identified that their partner has got a gambling problem and they start to research for help. And through Google or through the gambling helpline is how they end up with us. (Clinical psychologist)*

*I think that's an indication about where the focus has been, historically, very much on the person with the actual gambling problem and not quite so much on the immediate needs of family around them. (Female, partner)*

What is also clear from the data is that gambling services are (unsurprisingly) geared towards the gambler. This is an inherently individualistic model, which may be interpreted as exclusive and not encompassing affected others.

### 3.2.3 Perceptual barriers

A prominent theme across service provider interviews was the covert nature of gambling behaviour (and associated issues), and the impact this has on affected others. In many cases, the gambling behaviour is hidden until the gambler becomes unable to function or begins to exclude all other activities from their lives, or the extent of the gambling behaviour (e.g. accrued debts) becomes known. Alcohol and drug misuse can cause changes that are noticeable relatively quickly to people around them, but

gambling disorders and issues can go undetected, because of the absence of any obvious physical signs of such behaviour:

*Some proportion obviously don't tell their wives, it's very secretive, it's very hidden. Because they come in and they've got so many questions, they don't understand, it has been hidden, or they'll know that they gamble, but they have absolutely no idea to the extent of it. I think the thing with gambling; it's just so hidden. (Clinical psychologist)*

Service providers also described the confusion affected others often feel around the behaviour of the gambler and the disorder itself. They frequently cannot identify gambling as the issue, often incorrectly attributing their partner's behaviour to something else:

*Often when we see wives or female partners in particular, it's more this idea that they thought their husband might have been having an affair or something bad might have been happening at work or, maybe they're not coping with retirement, and when they find out about the gambling, that sort of clicks. (Clinical psychologist)*

Also, participants believed gambling was thought of, and treated, differently to other behavioural addictions, such as alcohol, smoking and other drugs:

*Whereas with alcohol or drugs, you can see it. It affects people's behaviour and their appearance more. Obviously if they come home, they're intoxicated or you can see withdrawals or you can see physical things, but with gambling you don't see – it's not as physical. Therefore, it can be so much more hidden. (Clinical psychologist)*

*It's a really hidden addiction that's really hard to know who to turn to for help. It's very much like people blame the person who's the problem gambler. I felt that there's more people who, when you have an alcohol dependence, that people treat that as a disease, like addiction is the disease. But with gambling it's like well, yeah, but you're a piece of shit if you gamble. (Female, partner)*

*People don't understand how big of an impact gambling has. It's not just a Friday night down at the pokies, this person is gambling all their money, their inheritance, not paying the bills. It's like child safety stuff – a community responsibility. Talking about things in a community and collective way, might remove some of that stigma and shame that people traditionally, especially culturally in Australia, [experience]. (Clinical psychologist)*

Another reported perceptual barrier for affected others is that it is not their behaviour that is causing the issues, and therefore they are not the ones who need to access help services:

*I think sometimes people don't want to go and see somebody for a problem that's not theirs. (Senior clinical psychologist)*

*They're really angry and they don't understand gambling. They're trying to come to grips with it themselves. I think also, a lot of the time they feel like, 'I'm not the one with the problem'. (Clinical psychologist)*

A challenge for harm minimisation strategies for this group is engaging affected others in appropriate services before the harm becomes acute:

*Often, they're only aware of the problem when there is a crisis point. These women usually only become aware when something happens, whether it's a bill that hasn't been paid or getting behind on the mortgage or their partner or son or whatever storming out. I think that's the trickiness, is getting them before the crisis point. (Clinical psychologist)*

### **3.2.4 Emotional barriers**

Unfortunately, family members and friends often feel tremendously ashamed when the problematic gambling behaviour has gone unnoticed for substantial periods of time, resulting in an accumulation of

harms and consequences. Common emotions felt by affected others that may act as emotional barriers to help seeking include feelings of anger, a sense of betrayal (resulting from repeated breaches of trust), self-blame, embarrassment, and acute shame or stigma for being associated with excessive gambling:

*There's just so much more embarrassment around it. There's fear around it too. Obviously, they talk about how it's affecting their relationship, how distraught they are, the betrayal, the hurt. They're just baffled by it, can't understand. I'd say anger would be there and they're a little bit resentful and bitter. But then there's also shame. They're ashamed and they don't want people to know. I think sometimes the wives carry that too, so they don't want to present as well because maybe they're embarrassed that they didn't pick it up earlier? (Clinical psychologist)*

This is a very common theme related by service provider participants and those with lived experience. Perhaps the most common emotional barrier to seeking support for this group is embarrassment, shame and stigma:

*The issue that does come up is that there is a lot of shame around gambling. Children, not so much, but both wives and mothers of gamblers often have a belief that either it's their fault that their partner/son gambles or they're contributing to it in some way by their own behaviour. (Intake coordinator)*

*With mums, trying to keep it as a family matter is probably a big one. And then the shame and the guilt, avoiding conflict because the partner wouldn't want to shame and embarrass their partner, so they try to handle it inhouse. Which is just really difficult when someone has a major gambling problem. (Clinical psychologist, intern)*

Another barrier is that they simply did not realise how big the problem was, or do not want to cause conflict in the relationship by discussing support options with their partner. They also may feel that the situation they are in is quite hopeless:

*... would be to avoid the shame and the stigma attached to it, or those feelings, or avoiding those feelings. But also, I think to avoid conflict. And I would also say that in the early stages, I don't think anyone realises how big the problem is. So, I think there would be a little bit – I don't know if it's denial but just also just not understanding or aware. (Clinical psychologist, intern)*

### 3.3 Multicultural gambling services

The importance of providing specific gambling support for culturally and linguistically diverse communities was discussed at length during the group interview. We know that migrant populations, in particular, can be socially, culturally and economically marginalised, making them vulnerable to developing gambling problems.

The popularity and accessibility of gambling activities in Australia compared with other countries were discussed; these features may lead gambling being perceived as a way for new migrants to acculturate to their new community, or as a way to supplement income. Alternatively, migrants may be vulnerable because their culture of origin may be characterised by gambling activities – for example, playing cards or other games of chance may be viewed as a way to maintain cultural practices. Gambling can be associated with stigma and guilt, making help seeking difficult for people from some communities. These problems can be magnified if the person who gambles lacks the linguistic skills to access mainstream gambling support services.

Harms reported included discord between engaging with gambling and cultural beliefs, the impact of the time spent gambling on the ability to participate in cultural practices and roles, reduction in the ability to contribute or meet the expectations of a cultural community, and the subsequent reduction in connection with the cultural community.

## 3.4 Participants with lived experience

Qualitative methods were used to acquire a deeper understanding of the different types of harm experienced by partners (or close family) of someone for whom gambling is an issue. Of the 30 interviews, the majority (66%) were face to face. The remaining 10 interviews were conducted via Skype or FaceTime, or over the phone – with participants giving oral consent to take part. The thematic analysis is based on the participant interviews that were transcribed ( $n = 16$ ).

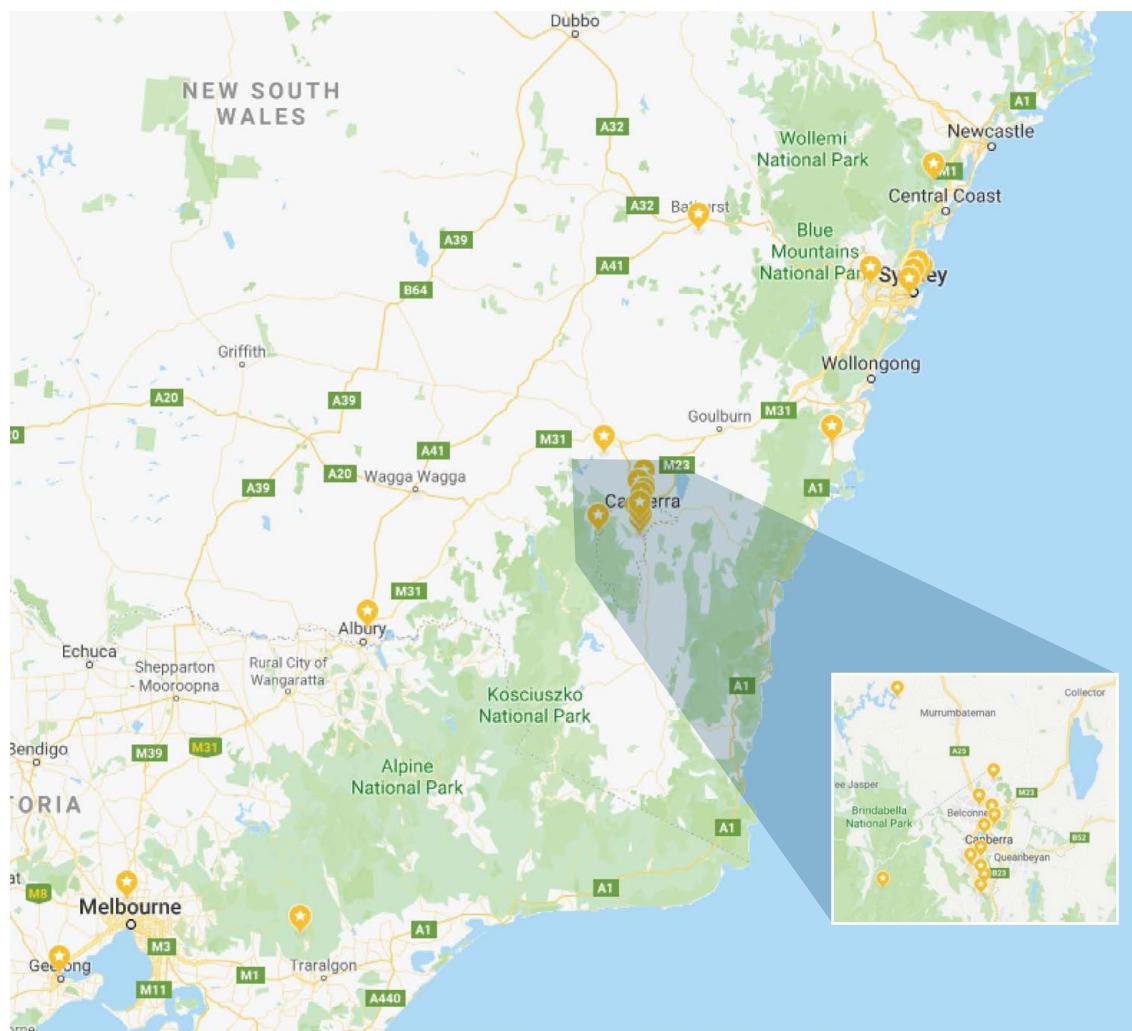
Open-ended questions afforded a great deal of data to be captured on the experiences and support needs of affected others. The questions also allowed respondents to explore the causal links between gambling and the associated harms.

### 3.4.1 Demographic profile of participants

The majority of people recruited were from the ACT ( $n = 17$ ) and NSW ( $n = 10$ ). As a result of the wide promotion of the study, we also had two participants from Victoria and one from Queensland (Figure 7).

Most participants were in their 40s ( $n = 9$ ) or 60s ( $n = 9$ ), and were married or in a de facto relationship (Table 1). Half of the participants had children (we did not distinguish between dependent and adult offspring).

**Figure 7 Geographic location of participants based on postcode**



Note: The participant from Queensland is not shown in this map.

Participants identified the gambler in their life as being a current partner ( $n = 15$ ), an ex-partner ( $n = 14$ ) or a parent ( $n = 1$ ). Four participants also indicated that they had a partner (or ex-partner) and a parent ( $n = 2$ ) or child ( $n = 2$ ) who gambled problematically. None of the participants identified as gamblers themselves; however, six explained that they either had gambled in the past or did so on occasion (but not to detrimental effect). When asked this question, the majority of participants expressed a strong dislike for gambling practices and the gambling industry in general.

### **3.4.2 Types of gambling causing harm**

The type of gambling identified as causing the most harm within this group was electronic gaming machines (EGMs) ( $n = 13$ ) or a combination of EGMs and other forms of gambling ( $n = 8$ ), including track racing, TAB and casino gambling. A few participants identified the gambler in their life as having a singularly specific gambling issue: sports betting, shares/real estate, and semiprofessional poker. Offline gambling (i.e. in physical venues) ( $n = 18$ ) was more common than online gambling ( $n = 5$ ) in this sample. A significant portion ( $n = 7$ ) indicated that the gambler engaged in both online and offline forms of gambling.

### 3.4.3 Severity of gambling harm

Most participants perceived their partner's gambling to be severe, based on the impact the gambler's behaviour had on them. Participants often acknowledged that the level of severity fluctuated, and depended on stages of treatment and acceptance, and external factors such as life stressors and situational changes:

*So, if I add up the amount of money that he has gambled and the degree, the lies and games that he plays, it's severe. (Female, partner)*

*It changed though, depending on what was actually happening in life events. (Female, partner)*

*It was pretty much anything and everything. Anything, from stocks to women's basketball to pokies, whatever he could be doing at the time. (Female, ex-partner)*

**Table 1 Demographic information on participants**

Factor	Option	Number
Sex	Female	28
	Male	2
Age (years)	18–24	1
	25–29	2
	30–34	5
	35–39	2
	40–44	3
	45–49	6
	50–54	2
	60–64	6
	65–69	3
Marital status	Married	12
	De facto	7
	Relationship	2
	Separated	4
	Single	5

**Figure 8** Word cloud of participant interviews based on word frequencies



The problematic behaviour was discussed by participants as having no clear beginning (only when they became aware of the extent of the issues) or anticipated end. Figure 8 shows a word cloud of participant interviews based on word frequencies.

### 3.5 Types of gambling harm

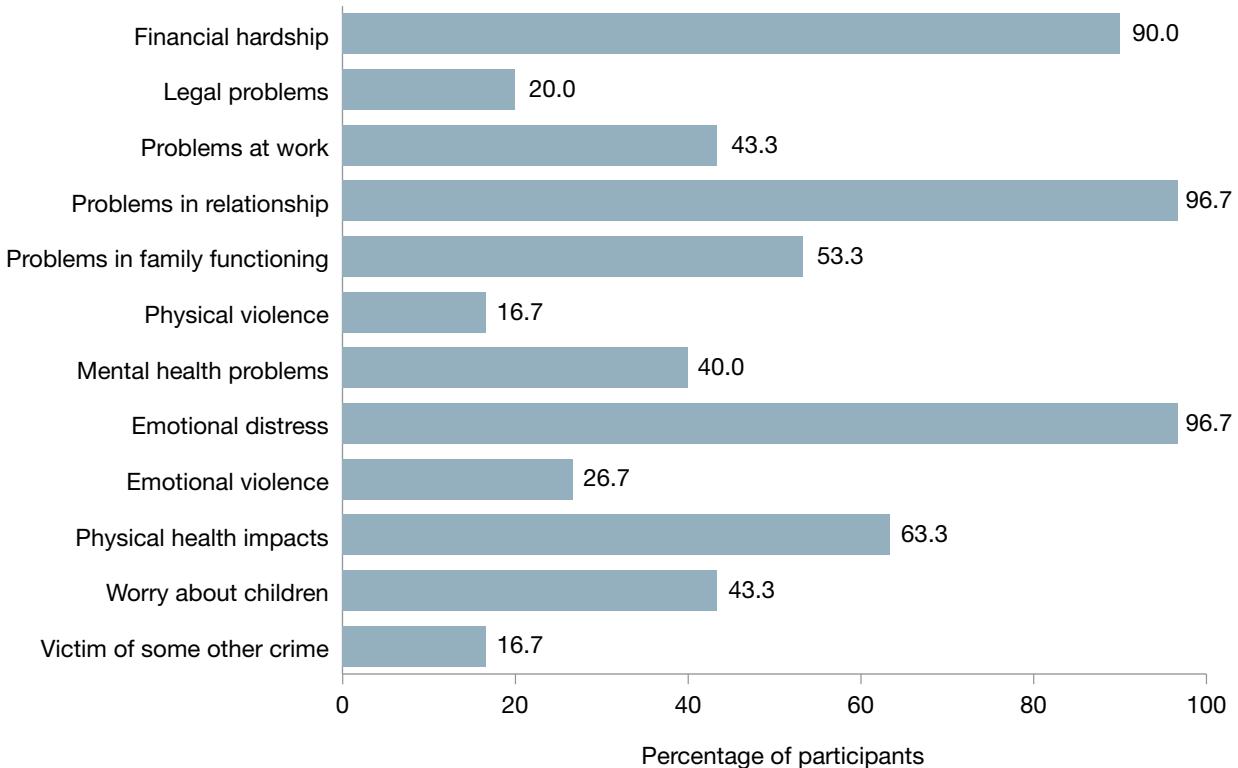
When asked if the impact of the gambler's behaviours ever caused any health problems, including stress or anxiety, all participants answered 'yes'. Study participants reported a wide range of negative impacts on their mental and physical health. Affected others described experiencing feelings of sadness, anxiety, stress or anger as a result of their partner's, or family member's, gambling. More than two-thirds reported that gambling often affected the quality of their relationship with the gambler. A breakdown of the specific categories of harm participants identified as relevant to them is presented in Figure 9.

Gambling was seen by participants as having a serious impact on individual and household finances, and on social life, personal health and wellbeing. It was also seen as causing significant emotional and relationship issues. In fact, essentially all participants reported that they experienced interpersonal problems (97%), financial hardship (90%), and some degree of emotional distress (97%) caused by another's gambling.

Harm clearly occurs across a broad number of domains in the lives of affected others. However, there was consistency across three main types of harm in this sample group: interpersonal harm (relationship disruption, conflict or breakdown), personal harm (emotional or psychological distress) and financial harm.

These categories make up three of the seven types of harm identified by Langham et al. (2015) within the 'taxonomy of harms experienced by affected others'. Figure 10 is a visual interpretation of Langham's taxonomy of harms experienced by affected others, showing the seven categories and the three temporal domains in which they can exist. The three harms that featured prominently for participants in this study (Figure 11) were further analysed. The following section discuss these three key gambling-related harms in more detail.

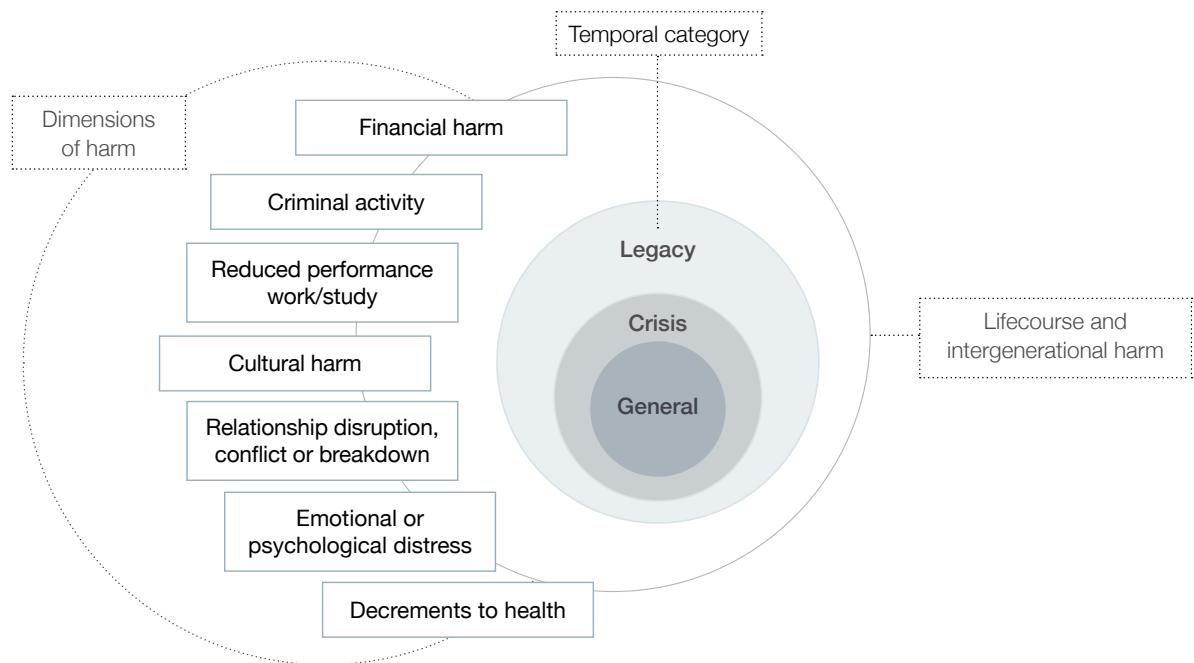
**Figure 9 Types of gambling-related harm identified by participants**



Participants were asked which two categories of harm had the biggest impact on them. The percentage of responses is shown in Figure 11, and illustrative quotes are shown in Figure 12. Each of the three main themes is further described and explored through subthemes below. Data saturation was reached; that is, analysis was conducted to the point where new themes stopped emerging. A full list of the negative impacts associated with each category of harm is in Table 2.

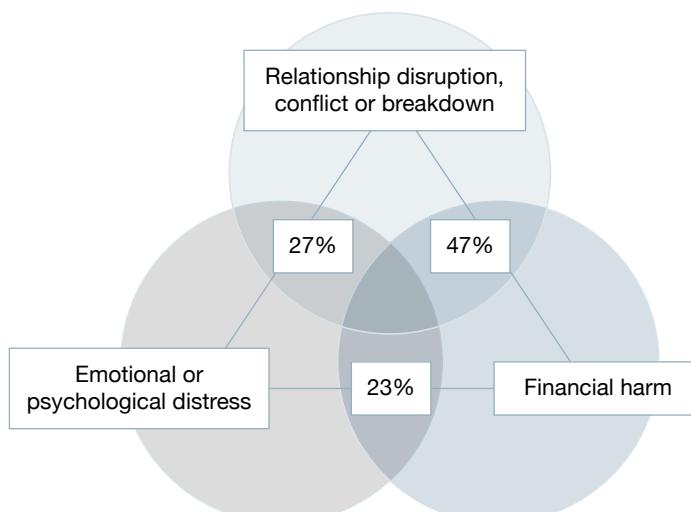
Direct quotes from participants are used throughout this section to illustrate specific examples of gambling-related harm, the mechanisms affected others use to describe their experiences, how personal impact is related back to the gambling behaviour, and how different harms are conceptualised and framed within the overarching harm theme.

**Figure 10 Taxonomy of harms experienced by affected others**



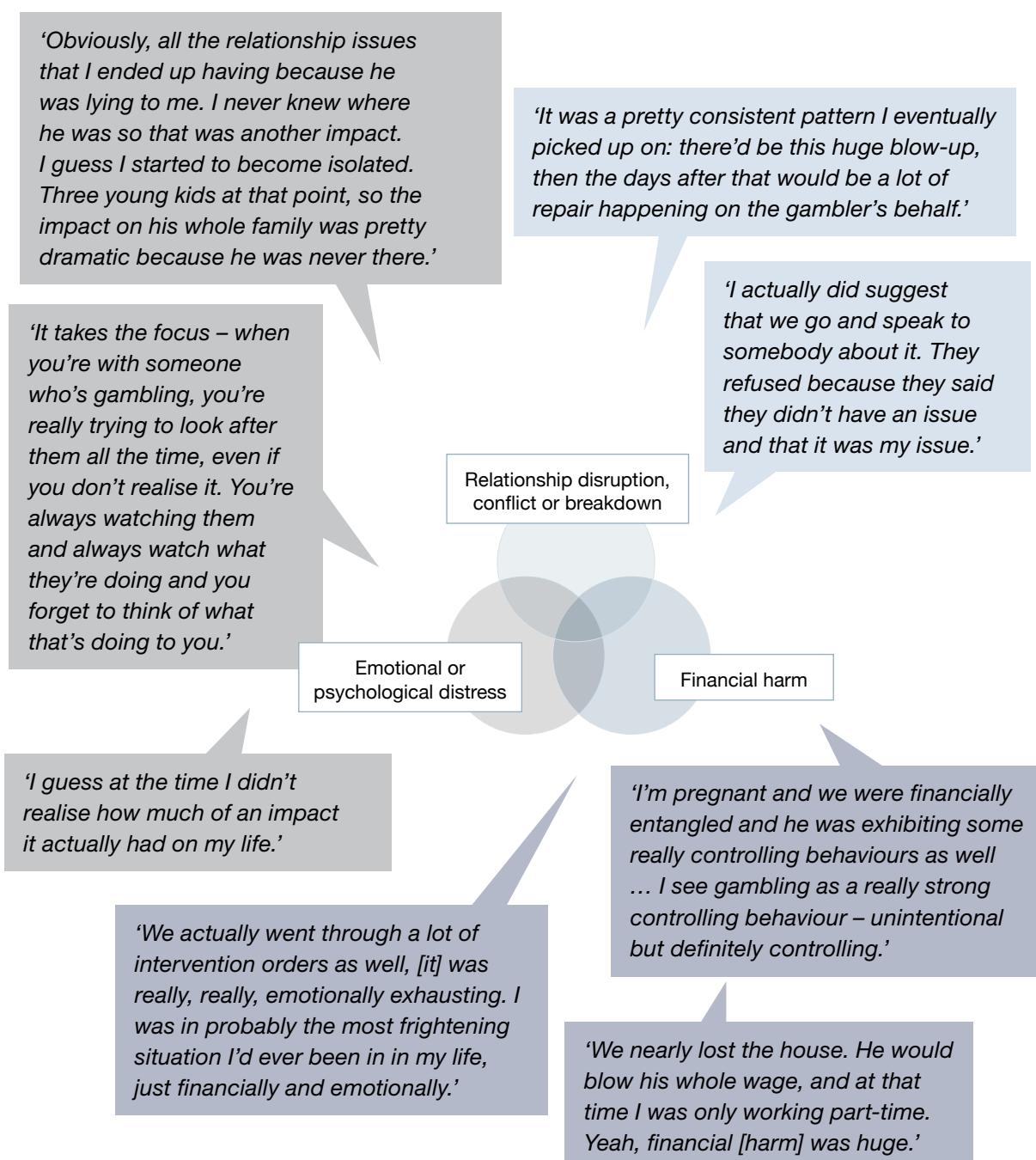
Source: Adapted from Langham et al. (2015).

**Figure 11 Three primary types of harm and response frequency**



The complex interrelationship between, and multiple causal sequences of, individual harms and dimensions were clearly evident in the data. For example, affected others reported strong causal links between emotional distress due to feelings of powerlessness and an inability to control the situation financially or physically. Despite the harms discussed being inextricably linked, overlapping and co-occurring, they are represented here as separate units of analysis for the sake of clarity and comparison.

**Figure 12 Primary spheres of harm identified by female participants**



**Table 2 Categorisation of harms experienced by affected others**

Category	Harm
<b>Relationship disruption, conflict or breakdown</b>	Dishonest communication within relationship from gambler to affected other Gambler is unreliable or unavailable to affected other Reduced amount and quality of time spent with gambler Feelings of unequal contribution to relationship with gambler Disengagement or withdrawal from relationship responsibilities by gambler Increased levels of neglect of relationship by gambler Reduced engagement in family or social events by gambler Tension in relationship(s) due to emotional and/or material demands of trying to manage relationship with gambler Conflict due to increased involvement in gambling or suspicion of increased involvement in gambling by gambler Loss of trust in relationship with gambler Episodic distortion of relationship roles (infantilising the person gambling, others – including children – having to take parental-type role) Significant disruption to other relationships due to emotional and/or material demands of trying to manage relationship with gambler Incidence or escalation of family violence or intimate partner violence
<b>Emotional or psychological distress</b>	Feelings of frustration over gambler's behaviour Anxiety when gambler does not respond to normal communication methods Emotional and psychological distress caused by difference from own value system Emotional or psychological distress from feelings of suspicion or being lied to Reduced feelings of self-worth Feelings of shame or guilt Loss of feeling safe and secure in life Increased feelings of inadequacy or personal failing because of inability to help gambler Emotional or psychological distress from being manipulated or threatened Perceptions of being stigmatised Anxiety when gambler disappears for extended periods of time without contact Emotional or psychological distress of being blamed for other person's gambling Emotional or psychological distress at people arguing because of gambling behaviours (children) Increased feelings of insecurity and vulnerability Emotional or psychological distress caused by other harms Loss of face or reputation due to impact of other harms Loss of sense of future or ability to get ahead Increasing feelings of powerlessness

*continues*

**Table 2** *continued*

Category	Harm
<b>Emotional or psychological distress (continued)</b>	Guilt over harms to other affected others Fear and distress from follow-up and harassment by creditors (legal and illegal)
<b>Financial harm</b>	Additional costs due to lack of capacity of gambler to meet costs, including their share of joint costs Reduction or loss of capacity to purchase luxury items, such as holidays and electronics Reduction or loss of discretionary spending, such as other family members' activities Erosion of savings Activities to manage short term cash-flow issues Cost of replacing items sold or pawned as part of short-term cash strategies Reduction or loss of non-immediate- and immediate-consequence expenditure Loss of capacity to meet essential needs (food) Loss of normal accommodation, requiring temporary accommodation Loss of major assets (car, home, business) Reliance on welfare Restrictions due to bankruptcy or credit rating 'Forced' cohabitation or involvement in unhealthy relationship due to financial constraint Further financial harm from attempts to manage debt Ongoing issues relating to financial security, poverty or financial disadvantage Higher costs associated with poor credit rating, including premium cost of pay-as-you-go services or increased security bonds

Source: Adapted from Langham et al. (2015), Table 2

### 3.5.1 Relationship disruption, conflict or breakdown

The main dimension of harm that emerged concerned the relationships between people who gamble, affected others and their wider familial networks. This type of interpersonal harm includes relationship disruption and conflict, or complete breakdown. In this context, it also encompasses reduced levels of intimacy, problems with parents, neglect of children, and various impacts on friends and socialising (e.g. avoidance of people or social functions).

A related key cause of relationship conflict is fights that arose when attempts were made to discuss the family member's gambling. Participants often described overreactions, deflecting behaviour or simply withdrawal:

*I was and continue to simply come up against a very hostile stone wall whenever I try to raise the subject. I have written him a number of very carefully worded letters explaining to him how his gambling, and the dishonesty around it, have affected me and have affected our relationship.* (Female, partner)

*Every time I tried to address the behaviour, it was turned around on me. I was made out to be the problem. Absolute refusal to talk about it. 'I should be able to enjoy my life.' 'I don't need your judgments.' That sort of flavour and it was just a repeated pattern.* (Female, partner)

As reflected in the above quote, patterns of behaviour, and the cyclical nature of gambling, were also common themes discussed by affected others. Here, one participant describes how her partner, during a period of abstinence from gambling, simply substituted the compulsive behaviour with a popular game played online:

*At one point, he'd stopped gambling, but then he became addicted to Candy Crush, which was really weird. He'd actually be yelling at my daughter across the house because she hadn't checked her Candy Crush to give him more lives. I'd be going 'Why are you squealing at her for having not checking her Candy?' And he'd go 'But she knows that I need lives'. He was so caught up in it that he couldn't see how stupid it sounded.* (Female, ex-partner)

Participants described differences in levels of engagement within relationships, relating that partners who gamble would go through periods of being detached, distracted or withdrawn. The following quote illustrates that affected others would often make sense of a partner's gambling behaviour in hindsight:

*He had become more and more separate and secretive and [spent] more and more time in his study ... it just explained things like why he always had to take the laptop on holidays.* (Female, ex-partner)

The distortion of relationship roles was not as common, but was raised by a couple of participants in relation to parent-child dynamics:

*I mean obviously we were children so you know, at one point we wouldn't have known anything until we were of a certain age and then we started realising that money was missing and dad was asking us for money sometimes.* (Female, ex-partner and daughter)

*He actually asked my [young] daughter to manage his gambling for him, he's basically expecting her to do these adult things.* (Female, ex-partner)

One participant whose mother gambled at problematic levels described the significant impact of this on their relationship. She also strongly expressed how responsible she felt for her elderly mother, and how the parental role – in their mother–daughter relationship – had been switched:

*In terms of the interpersonal issues, it's damaged our relationship, and it's caused me significant stress. I had taken on that parental role. I had other stresses going on, health issues and various other things. But it has been my primary cause of stress. And it has done significant damage to our relationship because she – up to this point, at least to me – still won't acknowledge that this is an addiction.* (Female, adult child)

For participants with children (particularly dependent children), another common subtheme within the relationship category was the impact their partner's gambling had on the children and attempts to protect the children from related harm:

*I can't be with someone who speaks to my daughter like that. I didn't realise that he was doing the same thing to me, I was just oblivious – but as soon as he started doing it to her ...* (Female, ex-partner)

*He never was at home to play with the family – bring up the kids basically. And then it got onto on the internet, staying up all night just using credit cards to blow money.* (Female, ex-partner)

The previous quote ties the exacerbation of a particular gambling harm – absenteeism – to the introduction of online gambling.

One participant who has experience as an affected other both in childhood (from her father) and as an adult (with an ex-partner) relayed the disruption gambling causes in the home:

*I also remember lots of stories. Just overhearing because you live in the same house, conversations between mum and dad about money and where is this money and where is that money and I guess arguments between the two of them and dad sort of making mum out as if she was a monster.* (Female, ex-partner and adult child)

Later in life, even with this exposure at an early age to gambling harm in the family home, she did not realise the effect her partner's gambling was having – particularly after a loss:

*I didn't realise how much the gambling was impacting family life from the sense [that] if I could go back I could tell when he was losing because my poor daughter would bear the brunt, you know? He'd come into the lounge room where her and I would have been sitting alone all day, and he would go 'Look at this place, it's a mess. You want to live like pigs?' (Female, ex-partner)*

Concerns regarding the neglect of children in the gambling partner's care also came up in the interviews:

*I had concerns for my daughter's safety with a gambler taking charge of her on a half-time parenting basis. I was always concerned that my daughter would be parked in a pusher outside the TAB while he went in and gambled and she'd spend all day there. (Female, ex-partner)*

*There're times where I'm fairly certain he doesn't have enough food to feed them across the weekend because he doesn't have money ... he owns a house but if he stops paying that, then he's going to lose that and then where do my children go to visit him? There's always that uncertainty as well. (Female, ex-partner)*

Within the category of interpersonal harm, 'loss' is a term used on high repeat – in fact, across all domains of gambling harm experienced by affected others. This includes loss of social connections, loss of available time of the person who gambles and loss of trust:

*I went through the whole situation on my own a lot of the time. The family knew about his gambling. Friends knew about his gambling but nobody really said anything. And I would sit back, isolate, make excuses why I couldn't just go and have a coffee with my girlfriends or couldn't go and do anything. It was usually because number one, he was never home or two, we actually had no money. I would always make excuses why I couldn't do things. (Female, ex-partner)*

Gambling-related harms, including financial consequences, are regularly experienced as a breach of trust by partners of people who gamble. The loss of trust within the relationship caused by the partner's gambling behaviour was a strong subtheme within the dimension of relationship or interpersonal harm. Although it is difficult to objectively measure, it featured prominently in the data around relationships. Repeated breaches of trust, and an inability to build back trust to a satisfactory level, were seen as a major source of relationship conflict and breakdown:

*Trust. It would honestly be trust. It's the trust and the respect, it's just not there so that's so damaging for a relationship when that's really what your relationships are built on. (Female, partner)*

*Trust, yeah. Honesty, trust, truth. I just said to him, 'Without trust, truth and transparency, I can't be in this relationship. I can't live with this so you need to go and sort it out. Yes, I understand shame, I understand embarrassment, but come on. You're not being honest with me and I can't live in a relationship with someone who's not honest'. (Female, ex-partner)*

Indeed, a loss of trust was one of the most disturbing consequences, suggesting that trust-breaking behaviour (dishonesty, lying, deceit and betrayal) underlies many of the relationship issues experienced by affected others. Loss of trust can lead to separation and divorce (Downs & Woolrych 2010):

*I remember asking him once, 'Did you think of the kids and I when you are [gambling]?' and he just blankly stared at me and said no, he didn't. (Female, ex-partner)*

*I don't feel I can believe anything that he says anymore, it's absolutely destroyed the trust in the relationship. When you're in a relationship with someone and then you find out that there has been this level of deceit going on, it is really a shock; 'Wow, this person I'm married to is not the person I thought he was'. (Female, partner)*

Loss of trust can also manifest as a legacy harm. For example, one participant described how the trust issues that characterised her partnership with her ex-husband who gambled continue to affect her in her new relationship:

*That trust thing, it is just so not there. It sounds horrible. In my head I am going, ‘Stop it, don’t be stupid, he is not gambling, he hates gambling, he hates wasting money’. But another part of me goes, ‘Well, I don’t know what the hell he is doing’. Or, if he doesn’t answer his phone, I panic as well because that’s what [my ex-husband] used to do. (Female, ex-partner)*

Domestic violence was not as strong an issue as emotional violence and manipulation, but was raised by participants on a few occasions:

*Physical abuse was twice. So, where he just grabbed me because he got the shits because he lost all of his money. And the other time he threw something right near my head that hit the wall. (Female, ex-partner)*

*She becomes violent when I disprove a statement she makes, e.g. throwing furniture, phones and uncontrolled crying. (Male, partner)*

*When the person just refuses to talk about it, is in denial, gets very angry, hostile, storms out of the room, and is verbally and physically abusive. (Female, partner)*

Interestingly, the most detailed and dramatic account of domestic violence captured in the data was perpetrated by the affected other (against her then partner):

*I used to cut up credit cards often so that he couldn’t access money that he didn’t have and he went down the fish and chip shop, pulled out a credit card and his credit card wasn’t there because I’d destroyed it. He came back to the house and he was furious with me, absolutely furious, and I smashed a plate – he was little and wiry and I’m quite tall – and I got him up against the fence and I had this plate against his neck with the jagged edge on his neck and I could have killed him! (Female, ex-partner)*

With roughly half of study participants being separated from the gambling partner at the time of interview, it appears (from this sample at least) that relationship breakdown or divorce is a not uncommon scenario. It also implies that the impact of gambling-related harm on affected others is sustained over time. This was further highlighted by the fact that many participants, when describing the impact that their ex-partner’s gambling had on their lives, often became quite emotional, regardless of how much time had passed since they separated:

*I just really had to confront a situation. I had to say to them I can’t do that because I don’t feel that it is a responsible decision for me to put my money with you into an investment like a house and then to be the one that gets the phone calls that somehow you have accessed the account and you have drained it or something. I just can’t live with that sort of stress and that in the end I had to end the relationship because they wouldn’t stop what they were doing. (Female, ex-partner)*

The eventual separation from partners who gambled was often recounted as a way for women in these situations to protect themselves and their families from gambling harm:

*For me to get the courage to sort of walk away from it ... when you’re in it you’re in it and you just live it, you just deal with it the best you can. Sort of blocked it out for a while I suppose. I’ve got the girls, so that’s where my focus is. I don’t really think about anything other than them and getting through the day with them. I just thought well, we’re together, we’ve got kids – just have to suck it up and deal with it really. (Female, ex-partner)*

*I’m married to someone that has a very serious mental health condition and he’s not aware of it, and just the impact on the relationship that his very serious and continuing dishonesty and deceit is having, and I really don’t know what that’s going to mean for the future of the relationship. And obviously that is very disturbing and very unsettling. (Female, partner)*

The above quote illustrates how interpersonal harms have a tangible impact on the experience of related harm, such as emotional distress.

### 3.5.2 Emotional or psychological distress

Personal harm encompasses emotional and/or psychological distress, such as increased worry; feelings of frustration, anger and loss of a sense of control; and decreased pride and self-respect. The most pervasive types of emotional and psychological distress were related to shame and stigma, which often manifested in feelings of isolation and helplessness:

*At the time I didn't realise, but on reflection I can see that I was very lonely, very lonely in the relationship. I was stressed without realising why I was stressed. When I left, the guilt lasted for years. I don't think I'll ever recover – I just genuinely though had no idea the extent ... I trusted him implicitly. (Female, ex-partner)*

Another persistent theme within this domain of harm that was reported by participants was an acute sense of powerlessness relating to their inability to control or influence the behaviour of the person who gambles:

*Nothing works and it's so surreal, almost like a bad dream. I have a partner who I love very much and will sacrifice my happiness for her because of how happy she makes our son and how much love her heart does have (when she isn't in gambling mode). I make myself believe that on a net basis it's better for me and our son if we stay together than, say, kicking her out. (Male, partner)*

*While we were actually together, it was definitely the emotional harm. That was probably because my anxiety got so bad because I didn't really know what was happening; always being on edge. I knew something was going on but I actually didn't know it was gambling for a long time; because it was quite well hidden. But yeah, probably the emotional stuff more than anything. (Female, ex-partner)*

The physical manifestation of distress (such as poor sleep practices in times of high stress) was identified as another form of harm within the domain of personal harm:

*It has been extremely destructive to me. A lot of times I feel physically ill. It's been really stressful psychologically and of course it's been really, really disruptive to the relationship. (Female, partner)*

*It did cause me stresses ... to the degree that I started having a few accidents. I fainted one morning and cut my eye. I fell over after a pilates session and fractured my wrist. I'm a pretty mindful person and careful but it was – yeah, it did cause me significant stress. (Female, ex-partner)*

Emotional or psychological harm was often intensified by the impact of other harms. For example, distress or anxiety was often linked to participants taking (or being given) more control within the relationship, such as managing household finances:

*I just had to take over his finances. So, that's where we've been for the last two years is me just controlling his finances; that's been a real struggle. I won't lie, it's exhausting being in charge of the finances all the time, like having to have a joint account that really is just so I can see what he spends money on; that's really tough. (Female, partner)*

The above quote demonstrates how coordinating finances, while providing a temporary sense of control, could also manifest as resentment. This links back to the distortion of relationship roles discussed earlier, with the affected other sometimes having to take on more management tasks and responsibilities.

### 3.5.3 Financial harm

Financial losses are a common feature of excessive gambling and were a dominant theme throughout all the data. Such harms were normally the first harm mentioned in interviews, with participants often

reporting estimates of total financial loss, overall spending patterns, and individual-occasion losses without prompting from the researcher. This might be because of the immediate, tangible or significant impact such losses can have on individuals and families. The financial harms discussed included missed rental payments, diminished savings, loss of inheritance, credit issues, debt and a general sense of financial insecurity:

*It was an enormous financial risk attached (how to manage mortgages etc.). It was very unsettling and you felt that ... there's this monster living in the cupboard and at any moment it could come out and grab you and the world's just thrown into awry.* (Female, partner)

*He stopped paying the bills ... stopped contributing financially, that's how I found out how serious it was and I had to top up the household fund. The crunch didn't really come until I did a binding financial agreement and the lawyer actually said to me, 'You know this can bring things to a head?'* (Female, ex-partner)

*It became something I couldn't ignore when they were ringing me whilst sitting in front of the poker machine and I knew where they were because I could hear all the noises in the background. And they were saying things to me like, 'Can you transfer \$400 and whatever dollars into my account because my car repayment comes out tomorrow and there is no money in the account'.* (Female, partner)

The previous quote shows how financial harms are inextricably linked to the other harms, and are often experienced at the same time or in direct relation to each other. For example, the disclosure or discovery of a significant loss or an unexpected debt incurred by the gambler would cause arguments, tension, worry and emotional stress for the affected other:

*Certainly financial problems as well and the health; so, there's that kind of stress, that financial stress, that anxiety about being lied to.* (Female, partner)

*My concerns are the impact on my finances if we stay married. Under Australian law, a marriage is viewed as a single economic unit. So even though we have kept our finances separate, I will be regarded as having financial responsibility for him, his debts, supporting him in retirement, etc. I've consulted a family law specialist about what my options are in regards to that. It's really scary.* (Female, partner)

*I have walled off my finances to ensure we have shelter, food and clothes while still repaying all the supposedly 'one-off' band-aids I applied to crisis after crisis, only to later discover I had barely scratched the surface and that no amount of money thrown at the problems would actually solve anything.* (Male, partner)

*At the moment he thinks he's already beaten it by himself and he's got a little bit of money in his own bank account. I had to separate the bank accounts. You can imagine all of that. He at last has the pleasure of being able to buy things for other people, you know what I mean? That was missing for a long time, it was terrible.* [Participant breaks down] (Female, partner)

The importance of being financially independent was raised on several occasions:

*For me the biggest lesson I've learned is that just women need to keep their own bank accounts. I never, ever had an opinion either way on that. When I was young he took control of my money before we were even married. And I'd say that's a big one for me, it's one that I would stand by no matter what, is have your own bank account.* (Female, ex-partner)

Financial harm was often detailed in relation to deflective tactics by the gambler. It was also commonly discussed in the context of controlling behaviour, and the term ‘financial abuse’ was used to categorise and distinguish it from other types of abusive behaviour:

*I was in a situation where it was a very controlled relationship. I was controlled mentally. Towards the end of our relationship, it got to the point where he took all the financial side of things away from me and changed all bank account details and everything. And put it on me that the reason that he did that was because I wasn't able to look after the finances – that I was the one who was not doing the right thing financially. I wasn't working either, yeah it was a really horrible situation going to the shops and using debit cards and having no money to buy the groceries. I remember him telling me I wasn't budgeting properly and he was working hard to support this family and I was just blowing it all. Which wasn't how it was at all. It was horrible. (Female, ex-partner)*

*He was always giving me a really hard time about money even though I was never spending any, and I could never understand why. He used to take my salary and leave me with \$250 a fortnight and kind of complain that I spent too much. It's very confusing, and he used to say to me it was because I didn't understand the cost of living. (Female, ex-partner)*

*My [partner] has lied to obtain payday loans from a dozen vendors, credit cards, personal loans, yet won't do a Section IX or personal bankruptcy because ‘that's for terrible people, the bottom of society, my problems aren't that bad’. I'm in trouble for buying a \$7 bottle of washing liquid instead of the \$5 one, this proves I'm terrible with money and is why we have no money. (Male, partner)*

The erosion of savings, financial resources and assets was another example of financial harm experienced by affected others:

*He said that his finances were very private and he wanted them to remain that way and I thought okay. I didn't know that there was anything sinister going on. We don't have joint bank accounts, but of course when you're in a marriage, one person's finances definitely affect the others, if the other one can't afford to pay for something, then you've got to pay for it. If it turns out they don't end up with any superannuation, then you're expected to pay for this in retirement so it still has a big impact. (Female, partner)*

A full list of the financial harms identified by participants is in Table 2.

### 3.5.4 Intergenerational harm and lifecourse harm

There were sufficient instances of intergenerational and lifecourse harms within the data to distinguish it as a subtheme. Described as a ‘pervasive legacy harm that impacts beyond the current lifecourse’, intergenerational harm refers to harm passed between generations (Langham et al. 2015). Lifecourse harm relates to times when a particular harm (or the cumulative impact of harms) was so profound that it created a change in the lifecourse of an individual or individuals.

Across the data, focus was often placed on the ongoing impact of gambling-related harms (also known as ‘legacy harms’), and the transfer of harm from one generation to the next was a common concern for many affected others who took part in this study:

*I very much worry about my children. They're both boys and I very much worry that they're going to have addictive behaviours. (Female, ex-partner)*

Participants also worried about the normalisation of gambling within the home and the impact of technology on the gambling behaviour of younger generations:

*But I've noticed also – things that seem to be targeted to children and young adults, which [don't necessarily] – involve money, but are soon going to, or they're going to lead to that. I'm really frightened about that. I just see the grandkids getting into it. It's too easy. I wonder if they see it*

*normalised for their fathers doing this all the time. That it's just normal to do this and then get into something that they didn't mean to get into that is a trap later on.* (Female, partner)

One participant described how she was concerned that the dysfunctional nature of her relationship (with her gambling partner) could have a negative impact on her daughters later in life. She related how that thought helped solidify her resolve to leave:

*It took me a while, but once I got the realisation, I thought, well, I don't want them to think that this relationship that we've got going, me and their dad, is normal, because it's not normal ... and think that it's OK to be treated like that. But they know that he wasn't ever really there – he was there physically but he wasn't there mentally to be a 'fun Dad' ... because he was either working or gambling basically.* (Female, ex-partner)

Another participant described the harm her daughter is exposed to as 'collateral damage':

*The sort of fallout has been the hardest for her. Not so much for me, I've moved on, but it's been really tricky for her.* (Female, ex-partner)

Lifecourse harms include financial insecurity caused by the loss of a significant asset such as a house or superannuation, or delays in lifecourse milestones such as getting married or having children (potentially leading to generational loss):

*We have put off buying a house, paying off loans and cars, and even having a second child.*  
(Male, partner)

*I was really upset with him because I'm getting older and having a baby has now been pushed back for us. He doesn't understand that I'm not willing to have a baby with someone who isn't responsible for finances and just their life in general.* (Female, partner)

*He would talk to his dad on the phone so he would at least try and call the kids at eight o'clock every night in between his games. My little girl would say, 'Is daddy going to (her words) pokie church?' And that's unfortunately the shit that my kids still remember, and the impacts that it had on them. I have taught my kids not to gamble. I remember when they were a little bit younger and they would walk past the pokies, and they would hear those noises and turn around.* (Female, ex-partner)

Another example of financial harm from a legacy perspective is people remaining in relationships they would otherwise leave because of financial constraints (e.g. facing homelessness as a result of an inability to establish themselves as a viable separate household):

*It could possibly be financial as well, if the woman is dependent on the gambler in the fact that maybe they are not working. Or they don't have the source of income of their own they may feel like, 'Well, I can't leave. I am trapped anyway. I have got no other way of supporting myself'.*  
(Female, ex-partner)

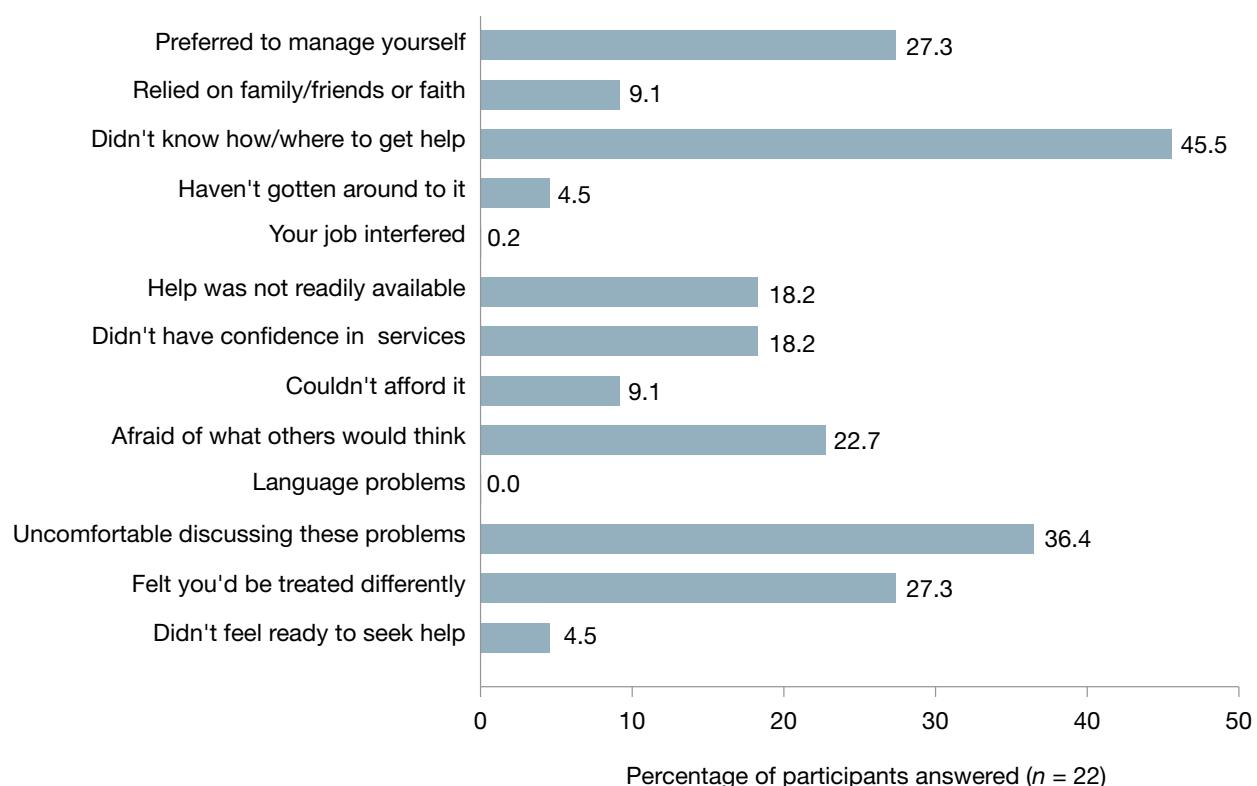
The loss of primary relationships and subsequent social connection was also reported and represented as both a lifecourse and an intergenerational harm:

*It was at a rowing club, easy, not a problem. We get there and there are pokies everywhere. I was like, 'okay well, shit, great'. We stayed there for about an hour and a half before he was struggling. I had to take him to the toilet. I had to wait outside the toilet for him to finish and then I just took him home.* (Female, partner)

A significant legacy harm within this category that emerged was how ongoing gambling caused long-term strain on the parent-child relationship, which in some cases can lead to irrevocable estrangement, and eventually a loss of connection between generations:

*He just doesn't have any awareness and he's got three children and he's alienated from two.*  
(Female, ex-partner)

**Figure 13 Reported reasons for not seeking formal gambling help**



Source: Responses adapted from 2018 Canadian Community Health Survey Core, Themed and Optional Content Module for Statistics Canada Survey.

*I think the biggest residual impact has been the impact on my daughter who is now 25, who has [audio unclear] relationship with her father or her father's family. Who is going to miss out on a substantial financial inheritance from her grandmother ... and issues around 'everyone else's father pays them some attention but mine doesn't', that kind of stuff. (Female, ex-partner)*

This participant described the impact on her (now 25-year-old) daughter as 'collateral damage', admitting that she thinks that her daughter is probably the most harmed by her ex-partner's gambling and, sadly, that that harm is enduring.

Surprisingly, the consistency with which affected others downplayed the harm they experienced using statements such as 'I know others have it much worse' or 'I don't think it's as bad as other people would probably have it', is worthy of note:

*I realise that there are people who are in a lot worse situation than I am. I'm lucky in a way. We don't have dependent children at home, we don't have joint bank accounts, we don't have any jointly held assets. (Female, partner)*

*He's never borrowed money to gamble. We've still been able to manage things – in comparison – I guess because we're a typical middle-class family aren't we, reasonably okay, professionals. We've got more buffers in place. (Female, partner)*

The idea that everybody's situation is different and 'rock bottom' may not look the same to all people who are experiencing harm from gambling was also acknowledged on several occasions.

## 3.6 Help-seeking behaviour of affected others

Participants were asked if they had ever sought informal advice from family or friends, and/or assistance from formal gambling help channels during times of crisis or distress. They were also asked what prompted them to seek help (if they had), what forms of help they received, and what were the key benefits, if any, for them. Of the respondents, 40% ( $n = 12$ ) had never sought informal advice or support (e.g. from a family member or friend), and 20% ( $n = 6$ ) had never sought formal advice or support (e.g. from a gambling support service or other organisation).

Participants were also asked if there were any reasons they did not seek help or advice, from a list of examples. In addition to the barriers presented in Figure 13, a number of other reasons were given for not seeking formal support. These included ‘didn’t want to keep bringing it up’, ‘felt responsible’, ‘pride’, ‘didn’t want to cause stress to others’, ‘didn’t understand the extent of the problem’, and the restrictions that ‘being a parent’ entails. The main barriers to gambling support for affected others are categorised as being either ‘perceptual’ or ‘emotional’ barriers. These are discussed below.

### 3.6.1 Perceptual barriers to help seeking

Lack of access to services, whether because of a lack of awareness or a perceived lack of suitable options, was one of the primary barriers to use of gambling help services by this group:

*Just didn’t know where to get help and it wasn’t always easy to find either.* (Female, ex-partner)

*It was so hard because I was like, ‘there is no help for me. I don’t know how to do anything’.* (Female, partner)

Many participants expressed a lack of knowledge about available service providers in relation to help for affected others, and sometimes this exacerbated feelings of isolation:

*There’s just nothing out there, not easy or accessible for partners to actually get that information so you feel like you’re alone, attempting to solve the issue when you have no idea if you are or not.* (Female, partner)

*It was just really hard emotionally to deal with it and it would have been nice to have known about more services that were available. I didn’t really know about any ... it would have been good to give me a bit more understanding of how I could deal with the situation. Yeah, it’d be good to have more help out there for everyone, family, friends and the person who has got the addiction.* (Female, partner)

Support services specifically for affected others were generally perceived to be limited and hard to find:

*It is really hard to find support because when you’re looking for support, you want something that’s specific to gambling. There really isn’t – well back then there wasn’t – a lot of support for partners.* (Female, ex-partner)

This perception was also expressed by service providers:

*A lot of the people they’re ringing up because they want to know what services are there for their partner. I don’t think it’s widely known that this kind of service is available, honestly.* (Senior clinical psychologist)

*Yeah, most people don’t realise that we have services for family members. They’re not calling for themselves, they’re calling to book in somebody else. Like once they’re in the door then I can say ‘Oh we have this for you’ and that’s how we get them.* (Intake coordinator)

*I actually think partners and wives have no idea that they can also access these services. I don’t think they have a clue.* (Clinical psychologist, intern)

Another perceived barrier was the fact that specialist gambling services would not see couples together, instead keeping counselling quite separate for the gambler and the partner or family member. This was seen by one participant as being noninclusive and counterproductive:

*There wasn't enough service provision ... [or] maybe was in particular models that weren't going to meet everybody's needs. It's quite marginalised in the way the service is provided. There's hardly any constructive treatment programs for family members, hardly any group programs – and also, as a family member, it might take you longer to get to a specific gambling treatment service because you're still trying to work out whether or not this is a gambling problem. (Female, partner)*

This quote brings us to another important subtheme: the gambling stereotype as a barrier. If an individual is struggling to understand what is causing the harms they are experiencing, how can they seek appropriate support? This difficulty in identifying gambling as the reason for the harm is also perceptual – that is, the common stereotype of what a 'problem gambler' looks like may be incongruous with the person in their life who is gambling:

*I had never come across behaviour like this in my life and I didn't even know that there was – I think there probably wasn't much support, even at that time. (Female, partner)*

*For a long time I didn't realise my partner had a problem but in hindsight I was so oblivious to what was going on. (Male, partner)*

Not understanding the magnitude of the gambling behaviour or the financial losses incurred by the gambling partner was an often-repeated scenario and caused significant delays in help seeking by affected others:

*I did not understand the extent of the problem. I'm very comfortable seeking formal help if required ... but the red flags are not always as obvious as you think. (Female, ex-partner)*

*I didn't realise the extent of it when we first commenced the relationship. I knew that there was somebody who liked clubs and poker machines and drinking and things like that but I had no idea to the extent until a certain way into the relationship. (Female, ex-partner)*

*It's not knowing, it's not being obvious. I think gambling and that dishonesty and alcoholism – they often go together – is really crazy-making stuff because it's like 'Am I seeing this?' –they're very deceitful, very dishonest and very secretive, incredibly secretive. (Female, partner)*

*I do think sometimes it's helpful to talk more broadly about addiction, like when I was in that phase where I didn't actually pinpoint that it was a gambling addiction. (Female, ex-partner)*

### 3.6.2 A 'gamblin' man'

Another interesting barrier to early intervention and promoting help seeking among affected others was the perception that the gambling person 'doesn't fit the profile' of the stereotypical gambler:

*He came home and he said 'I've got a gambling problem' and you could have knocked me over with a feather. I just couldn't believe it. I didn't even know what it was really. Because he didn't fit my picture of people with gambling problems. (Female, partner)*

*Most people see gambling as going to pokies, TAB, all those things. They don't see the stuff that I suspect a lot of men in my age group – he's 73 – do. It's respectable. 'That's not gambling.' (Female, ex-partner)*

*People would say 'Oh, he doesn't seem like the type'. And I'm like, 'what the fuck is the type to you?' There are lots of people who function really well on a daily basis who struggle with addiction also. But it's just like explaining that to them. 'Oh, he's so nice.' Nice people can be addicts too. (Female, partner)*

The lack of broader awareness of gambling as a potentially debilitating addiction was a recurring sentiment, creating clear obstructions to identification of the issue and treatment:

*It's normalising it as well. That it actually is a really big problem and it's quite hidden. You know, so it could be your neighbour, it could be your friend. It could be anyone struggling with a gambling problem.* (Clinical psychologist, intern)

### 3.6.3 Emotional barriers to help seeking

The stigma and silence that surround gambling issues have a significant impact on affected others and their help-seeking attitudes. Guilt, shame, embarrassment and denial can be powerful barriers to seeking support. This is exemplified in the consistency of participant responses – for example:

*It's shame that stops you coming forward to talk about it. And fear of other people's judgments.* (Female, partner)

*I hate being ashamed and lying to friends and family about her problems, making excuses as to why two professionals on great salaries have such a very basic standard of living.* (Male, partner)

*I think the shame and embarrassment – I said to a colleague, 'I just feel really ashamed and embarrassed. You'd think I'd know better. I'm in the trade'.* (Female, ex-partner, mental health counsellor)

*Well it's quite humiliating when you're like, great got the weekly shop here and I can't pay for it.* (Female, ex-partner)

*I just didn't know where to turn when I wanted help to be honest and I just ended up seeking help from a friend. Her partner struggled with addiction so I just sort of said, 'Where would you go?' Even that like having to disclose that, you have to trust someone enough that they're not going to tell everyone that you work with or that you know ... I felt really pathetic for having to ask for help. That was hard.* (Female, partner)

A large number of participants had never sought advice or support from family or friends, suggesting that the stigma felt is so substantial that affected others would rather seek help outside their familial and social networks:

*I'm an intelligent and articulate person and it's quite humiliating, being in a situation like this. I used to have to drag him out of the TAB, I used to go down to the TAB and drag him out, like literally drag – and that's not something that you're going to talk to your family and your friends about openly.* (Female, ex-partner)

*I think for a lot of the time the reason why I didn't want to tell anybody to be honest, was just because of that whole pride thing.* (Female, ex-partner)

*I wasn't really seeking help, I don't think I really realised the problem; it was pretty hidden. Then the last year, I tried to find some counselling that was specific to gambling and couldn't.* (Female, ex-partner)

Another barrier that fits within this subtheme, which is perpetuated by shame and stigma, and perpetuates the silence around gambling, is the conviction affected others often have that gambling does not define the whole person:

*A person with a gambling problem is more than a person with a gambling problem. That's not the only aspect of who they are. They are a lot of other things, they have other aspects to themselves that you might admire or respect or love.* (Female, partner)

*You take the gambling side away from him, he is the most kind hearted, would do anything for anybody.* (Female, partner)

*I think all addiction is a disease. So, regardless of what you are addicted to, that is the disease and you have to treat the disease. My husband is a lovely person, but who he is as an addict, is an arsehole. When he's an addict, he's a horrible person and it was really hard to sort of separate those two. (Female, partner)*

*I'm a professional with a partner who is both a professional (accountant) and an extreme problem gambler. (Male, partner)*

*I was very conscious of that; that I felt that I was shattering their view of him. And how do you hold those two things in place; that this person can be a very genuinely wonderful person but still have this significant addiction in their life that they're struggling with. (Female, partner)*

This conviction fed into a strong desire to protect the image of the person who gambles:

*He is very caring and he is all of those things and very laid back and enjoyed by lots of people and lots of people knew him. I just thought, 'I can't say anything. This is a big secret. I'm not allowed to say'. And I was like that for the first seven years. I couldn't talk to anybody about it. I didn't talk to my girlfriends, family, nobody. Because I felt I couldn't break the image of this person. (Female, partner)*

Gambling is sometimes referred to in the mainstream media and the literature as the 'hidden addiction' because of the lack of visible symptoms. It is also deliberately and successfully concealed, often by the gambler, but also by their friends and family. The reasons for this are varied:

*We kept it inhouse ... just because I could see the stress that it has on other people. I didn't want ... sort of no-one knows that he still has a gambling problem. (Female, partner)*

*I think that a real big one for me and I guess, as much as I hated him gambling, I also didn't want others to see him as that person, 'Oh, my God, what is he doing to his family? I can't believe he is doing this'. So I didn't want to make him out to be a bad person I guess. (Female, ex-partner)*

*So that was advice from our accountant and I think he was probably the only person I spoke to at that stage ... there was all this silence around [it]. (Female, ex-partner)*

*It was something that was very hidden and not spoken about so there's absolutely no way that it would have suggested to do something about it because it was all underground. We weren't supposed to know about it even though we did eventually catch onto what was going on. It was just not spoken of. (Female, adult child)*

Another prominent 'emotional barrier' to support seeking by affected partners is that they have (or expect to) come up against judgment for staying in the relationship. Participants who were in a relationship with the gambler at the time of the interview persistently described anxiety around the simplistic 'just leave him' comments by others (including service providers):

*They were trying to be supportive, but their reaction was – 'You just need to leave him'. I was like, 'That's not helpful right now. I need you to give me something that I can work with. Just telling me, "leave your husband"'. It's hard not to be judged for staying with someone who's an addict. I've certainly got a lot of judgment from family, friends and peers. (Female, partner)*

These women envisaged that help seeking, and discussing a partner's gambling, would inevitably focus on them leaving the relationship and not much beyond that – reflecting a lack of understanding and appreciation of the complexity of their situation:

*There were people whose partners are gamblers and they've just packed their bags up and left, and I respect that. I'm not here to judge people, just like I don't expect people to judge me. I've chosen to stay. We've lost a lot of friends over the years because of his gambling and a lot of those people have always asked me, 'Why are you still with him?' I know why I'm with him, because I love him and he's my best friend and he's got a problem. It's a really frustrating problem. I just didn't want people*

*to judge me and say, 'Well there's an easy solution, just leave him and then you don't have that problem'. Well it's not as easy as that. (Female, partner)*

*I would probably say maybe some embarrassment or I guess stigma. Worried that other people are going to judge you for what your family member or your partner is doing, the fear of other people saying, 'Well, what are you sticking around for then? If you have got such a problem with it, why are you with the person?' (Female, ex-partner)*

Although some affected others had received, or were receiving, guidance, help and support as the partner of a client engaged in formal gambling counselling, a number of participants relayed that that was not their experience:

*I've been really discouraged in the sense that almost everyone I've spoken to professionally has simply said, 'Well the answer is – get rid of him'. (Female, partner)*

### **3.6.4 Key enablers of help seeking**

Participants were also asked about service needs of affected others, key enablers and access points. Having information on gambling-specific services readily available online that could be found by a simple internet search was seen as an enabler. Participants also reported accessing formal support (e.g. counselling services) via such pathways as the national gambling helpline; Lifeline; an employee assistance program; and other professional services such as financial advisers, accountants or lawyers:

*I sought advice from our accountant who'd set us up with the business arrangement ... and I think he was probably the only person I spoke to at that stage. (Female, ex-partner)*

*There are times where I've called Lifeline really late at night and stuff like that, just to talk to someone or get some strategies because he's just gone and gambled. I've used them before. It helps give me strategies and it also helps me to vent. (Female, partner)*

*You've got a structured intervention around helping listen and respond to their story, look at some ideas about their coping styles in a nonjudgmental way. (Female, partner)*

Participants who had used formal services described how they had benefited from the experience:

*They subsequently referred me to see a counsellor, which I started doing. So I went there to talk about strategies that I could use to help her with her gambling, but then within a couple of sessions, it turned into strategies to help me deal with how I was feeling. That was enormously helpful. I think what prompted me to seek help was that ... I thought, I'm not equipped to deal with this. I need a professional to tell me what to do to help her. I wasn't actually initially seeking help for myself. And it was only once I got into it that I realised, oh, I can actually use this as a resource – in fact, I've got all of this stress going on because of this as well, and I can use that support to help me deal with the stress. (Female, adult child)*

*Because we were engaged. We were planning on buying a house, and there was no way I was putting myself on the line for a house if he kept the gambling up. So I actually was the one that said to him, 'I am going to this group. They have the Gambling Anonymous next door. It is completely up to you what you want to do'. And he actually ended up going to the GA meetings. But yeah, I'd just found them, I think it was in a newspaper or something, there was an ad in it about it. I just feel it is really important that more support is out there for the actual partners as well. (Female, ex-partner)*

*I guess the most helpful stuff for me was in some ways normalising it although it was pretty shit. But yeah. Normalising it was really important and knowing that I wasn't on my own was another really good one, just being reassured that it wasn't my fault for what he was doing at the time. (Female, ex-partner)*

Participants were asked what they thought of peer support options for affected others:

*It would have been good to talk to other people to kind of get a realistic check on what [happens] and the escalation. Just the opportunity to talk openly about it and get some comparisons and maybe some strategies for either getting out or moving on. (Female, ex-partner)*

*It's the sort of situation where it's very easy to feel alone and sort of ashamed of having got into that situation. So being put in contact with others who are experiencing the same thing would be really helpful. (Female, partner)*

*Peer support group would be fantastic. (Female, partner)*

*Peer support – yeah definitely. Hearing other people's stories ... from people who have actually been there that resonates with it. Not just in that moment, but over time; what the trajectory looks like or what that cycle looks like. (Female, ex-partner)*

*I think the peer thing is quite good too. Because you actually see what other people are going through in the same situation. Yeah, that would work for me. I think it depends on the person. (Female, partner)*

*One of the things that I have not accessed that I think would be helpful are face-to-face support groups for problem gamblers ... it could be really useful to be able to talk to other people who can say, 'Yes, I have been in exactly that situation and this is what I did', or, 'This is what worked for us'. Yeah because as I said, the advice that's been given to me is simply get rid of him, but I would like to know what other things people in my situation might have done. (Female, partner)*

*What helped me the most was going to the groups ... that was really good because it made me realise that it wasn't my fault and that what he was doing was his own thing. That I loved him but I didn't trust him I guess. (Female, partner)*

Affected others identified a number of areas as important for services to provide, such as assistance in sourcing or obtaining further help (e.g. information on counselling services), support services (e.g. phone numbers or service details), support groups and alternatives to gambling-specific further help. This was to reduce stigma, facilitate access to information in times of acute distress or assist someone else. Raising awareness and encouraging help seeking were endorsed by all affected others in this study as extremely important.

## 3.7 Other key concepts

In addition to the main thematic harms and help-seeking behaviour, several other key concepts emerged from the data relating to advertising and regulation, and local policy.

### 3.7.1 Advertising and regulation

Gambling advertising in commercial and online media was often quite strongly resented by affected others in this study – particularly sports betting products, which were seen as excessive, unnecessary and perpetuating harm. Several thought of gambling product advertising and promotion as a kind of invasion of the (relative safety of the) home through various media:

*I believe it's getting worse ... because it's on your phones now. That's the problem and on TV – especially when we watch sport, it comes up about gambling. To tell you the truth I'm a bit over all the advertising and stuff that's encouraging gambling. How do we counteract that with information that says gambling's bad? (Female, partner)*

A question that arose was: where are the public health campaigns to combat the harms caused by gambling, and to provide awareness and education around the dangers of participating in gambling activities?

*But every commercial break that comes up! How can they better promote the harms and the impact of what it does to families? (Female, ex-partner)*

*There're so many more ads now on TV for those sports bet and all of those apps for gambling. My only saving grace is that my husband is a bit of a luddite when it comes to phones and he doesn't know how to use that to set it up. But even like watching a live football game or now it's against the law to promote gambling during the match, but do they flog it before. Yeah, it's everywhere. It's really hard and I just don't understand how that's okay. (Female, partner)*

The pervasive nature of advertising and links to online gambling through social media were reported as distressing by affected others, especially if their partner frequently used the gambling product being promoted. Seen as a potential trigger and constant reminder of gambling harm, online gambling products and gambling advertising in general also contributed to feelings of frustration. Coupled with the belief that inadequate policies and protections were in place to curb excessive gambling and the harm it causes individuals, families and communities, this created a sense of limited control and hopelessness among affected others.

Many participants also noted the increase in the potential for people to experience gambling-related harm via online channels:

*It's only a couple of years later when the internet blew up and then it really, really escalated. It was the pokies and online poker, he became addicted. (Female, ex-partner)*

*It happens in the home, it's just part of like computer games. That's why I see it as being more dangerous than the poker machines. I think that, in a way, that they've run their course and their time. This online stuff – it really needs to be regulated before the worst of the harm is done. (Female, partner)*

The sense that protective measures were not keeping pace with the new and subtle ways in which online gambling is starting to infiltrate daily life came through strongly – for example, the ineffectiveness of blocking programs or applications designed to stop users from being constantly bombarded with prompts to gamble (e.g. message pop-ups and phone notifications):

*It so annoys me, every time the footy is coming on ... those ads come on, 'Gamble responsibly'. What a load of crap. And then you have got teens or whatever, people being sponsored and it is not okay. This wrecks, I reckon, probably more lives than what half my clients with alcohol and drug issues would. It is everywhere. Now that it is on your phone, it makes it even easier. (Female, partner)*

*I think it's just so wrong, like how do people then fight it, and help support somebody when they've got a phone? I think that's the hardest thing, this constant messaging: 'You should gamble; look, everyone's having so much fun!' (Female, partner)*

### 3.7.2 Concerns with current policy

A key structural barrier, which is discussed in more depth in Section 4, is that specialist gambling support is not integrated with other health and welfare services:

*It's just like any other health issue and we need to take it from that approach. And I don't think we have, as yet. It would be easier if [they] had a drug problem or I was looking after someone with a stroke, or something, they would regard me as a significant part of the recovery team and someone who also needed support in my own right. But, with gambling, no no, you're not included in the counselling, yes, if you turn up you'll get some support but there's no systemic way of reaching out to people. (Female, partner)*

*People talk about sitting outside the pub, waiting for their parents to come out. We used to sit outside the club, waiting for them to stop gambling. So, there's personal responsibility of the gambler and his family. There's no responsibility on the people who are taking profits from gambling. That's what I've seen over the years, that I just shake my head about that. I would really like to see it change for other people. I think that there is a community responsibility around this, though. Not just – not just a personal responsibility.* (Female, partner)

*Kids especially, like say year 11 or year 12 at college. No one goes in to talk to them about gambling. We occasionally go in to talk to them about drugs and alcohol, but that can be just as bad.* (Female, partner)

The belief that Australia has inadequate gambling restrictions in place, and that regulation and consumer protections are not as strong as they could be, was common:

*Luckily, we lived overseas for quite a long time and there was no access to any kind of gambling. That was such a blessing. That's another thing that you wonder about. You know, when the access is so easy.* (Female, partner)

*What happens if someone spends all of their life savings in a pokies machine; nothing. There is absolutely no recourse for gambling venues for people who struggle with it. That's what I find really tough is that there is no support for people because they won't stop you. They don't give a shit. The amount of revenue they make from pokies is so high ...* (Female, partner)

People who participated in this study raised concerns about the limited or inadequate gambling harm reduction legislation, compared with, for example, alcohol policy:

*A pub would be crucified for walking around pushing more grog and 'bonus double grog' into customers who had been drinking for 12 hours. RSA rules mean you eventually cut them off and call them a cab.* (Male, partner)

These conversations were often punctuated by a real sense of outrage at the lack of industry (and government) accountability, and protections in place for 'high-risk' gamblers and their families:

*I hate that there are pokies, everywhere. I hate pokies with a passion. You can't go to a city pub without them.* (Female, partner)

*I hate that clubs and financial institutions are allowed to take money recklessly and lend money recklessly and there is absolutely no government service to step in and stop someone being preyed on because they're sick. The government won't step in.* (Male, partner)

Assertions that regulatory failures continue to exacerbate harm among 'high-risk' gamblers and their families were peppered throughout conversations with affected others:

*The whole policy of the terminology of responsible gambling and the pathologising of it as well in NSW, in particular, and that medical model that's taken around it. The message that people are sold is that everybody else is responsible except you, therefore you've got this dirty little secret that you have to hide – and you're shamed by the policy.* (Female, partner)

Some participants were particularly critical of the policy stance of 'responsible gambling' (and the term itself) because of the implied onus it places on the person who gambles and not on the industry as a whole. However, this view was not held by all participants.

## 4 Discussion

This qualitative study, through detailed narrative accounts and thematic description, enriches our understanding of the collective experiences of female affected others. Results across the total dataset expose areas of particular concern among the target group, highlight the commonality with which affected others experience significant gambling-related harm, and indicate reasons for affected others accessing (or not accessing) gambling-specific support services. Study findings indicate the predominance of three main harms – interpersonal, emotional/psychological and financial – identified by affected others.

These primary harms, along with associated legacy and intergenerational harms, are discussed in the next section. Following this, ways to address the identified perceptual and emotional barriers to help seeking, and improve service access for affected others, are discussed in more detail. The section concludes with a summary of key findings, implications for future research and author recommendations.

### 4.1 Learnings from the total dataset in context

#### 4.1.1 Characteristics of affected others

Study participants who identified as being personally affected by another's gambling relayed highly individualised experiences of harm, based on their own unique circumstances and perspectives. However, findings show strong thematic uniformity across experiences of harm and help-seeking attitudes within the sample group and in relation to the wider literature.

The characteristics of affected others who participated in this study influenced the data and the subsequent discussions of gambling harm. For example, the majority of participants in this study identified offline forms of gambling (such as club-based EGMs) as being the primary activity their partner or family member engaged in. Incidentally, this report includes relatively limited discussion of online modes of gambling and associated harms (online gambling is more commonly associated with a younger cohort than represented in the participant sample).

#### 4.1.2 Help-seeking behaviour

Study findings are consistent with other research reporting that affected others do not regularly seek help, but are often motivated to do so by significant emotional distress, financial concerns or fear that the problem will continue to worsen (Rodda et al. 2017). For example, Rodda et al. (2017) revealed that help was sought for four main reasons, including psychoeducation about gambling, and strategies for starting constructive conversations with the gambler on topics such as seeking support and behaviour change.

These reasons are echoed by the participants in this study who, once identifying a support service appropriate for them, wanted help with improving their coping skills and self-efficacy, as well as information, education and, in some cases, ongoing counselling. Study participants also reported wanting advice on their behaviour towards the gambler (e.g. should I lend them money and keep paying off their debts?) and other family members.

Help seeking was often precipitated by an identifiable ‘crisis point’. Both service providers and the affected others who took part in this study often identified financial harms as the tipping point for seeking assistance. However, this was mediated by the extent of, and access to, individual support networks (families and communities). Personal and relationship harms were also often cited as ‘key thresholds’ in seeking assistance, such as when harm to a primary relationship was threatening to cause (or had caused) a breakdown of that relationship.

A higher proportion of participants in this study appeared to have sought informal advice and/or formal support compared with the general population. This may be because the participant sample represents a proactive component of the broader target group, since they were also willing to participate in research. A large number of participants also indicated a history of information seeking and independent attempts to understand gambling disorder and support options for family and friends, before participating in the study.

Shame and stigma were cited as the most common barriers to help seeking by affected others, aligning with previous studies (McMillen et al. 2004, Hing et al. 2013). Part of the research process focused on engaging participants from regional and rural areas. This proved difficult, suggesting that stigma has an even greater impact on communities with smaller populations and is a significant additional barrier to help seeking and service access for affected others living in these areas.

In addition, confidentiality concerns were a major barrier to help seeking for people from ethnically and linguistically diverse backgrounds. This consideration is reiterated by Langham et al. (2015), who noted that the ‘notion of shame is also particularly strong in some cultural groups, and was both felt by, and directed at, the whole family’. Both smaller communities and culturally specific communities expressed concern about confidentiality, fearing that if they spoke about gambling and its impact everyone would know immediately, and there would be ramifications for the gambler (perhaps professionally) and their whole family. The legacy impact of shame in such settings would be an interesting avenue for further qualitative research.

## 4.2 Overview of gambling harm

### 4.2.1 Discourse of deficit

Findings reveal that gambling-related harms are multifaceted, and often so entwined with everyday life that such harms are sometimes only fully realised in hindsight or upon deep reflection. Participants reported a range of impacts, almost always framed within what a ‘discourse of deficit’ (e.g. time/money spent; house/trust lost, control gone). These experiences undermine affected others’ sense of self-identity, and cause embarrassment and shame as a result of the social stigma attached to their partners’ gambling. This creates additional conflicts within their relationship with the gambler and their broader social networks (Holdsworth et al. 2013). The wide-ranging impacts reported in this study are broadly consistent with previous research on the perceived family impacts reported by gamblers seeking help (Dowling & Oldenhof 2017), and family members seeking help online (Rodda et al. 2017). Further, study findings are in line with unified patterns of interpreting gambling-related harm experienced by affected others emerging from the literature. This research, therefore, supports a level of convergence in the field, in terms of identifiable, categorical understandings of these types of gambling-related harms (Langham et al. 2015, Shannon et al. 2017).

### 4.2.2 Key harms summarised

An in-depth assessment of the three domains of primary harm (interpersonal, emotional/psychological and financial) revealed that affected others in this study most strongly characterised gambling harm in terms of psychosocial impacts, including relationship and emotional difficulties. Harms often cross between the categorical boundaries of relationship, emotional and financial. Indeed, the interactions

between these harms – and determinants of health – are complex, and can manifest quite differently in individuals, families and communities (Langham et al. 2015). One interesting finding was that half the study sample discussed gambling-related harm in relation to past relationships; this highlights the enduring impact of legacy harms and the ongoing implications of harm, even when the relationship with the gambler (and therefore exposure to gambling harm) no longer exists (Langham et al. 2015).

This study operationalised the taxonomy of Langham et al. (2015) of gambling-related harms experienced by affected others. In doing so, the study has been valuable as a contextualising tool, proving a systematic means for measuring and qualifying harms. It allowed the exploration of the interrelationships between specific harms, sources of harm and the three temporal categories of Langham et al. (2015). The authors see the potential for the framework to inform sensitive screening and harm measurement tools for detecting harm among affected others, and facilitating more effective public health initiatives for this at-risk group.

## 4.3 Improving service awareness and access

Ideally, affected others should feel that they have access to the same free and confidential services as people who have direct issues with gambling. However, the results of this study suggest that specialised help specifically for affected others is perceived to be elusive, and pathways to support are often indirect. This is an interesting finding, considering the multiple independently operated community services, statewide gambling helplines and national online counselling services that are reportedly available for this group. In addition, joint counselling and peer-support options seem to be particularly lacking from the list of available support considered accessible to this group.

The extent to which this disconnect is tangible or simply perceived is beyond the scope of this research. However, the opinions presented in this study do reflect a local perspective held by highly motivated members of the target population, indicating that more concerted efforts are needed to increase awareness of specialised information and support options for affected others in NSW and the ACT. Improving rates of help seeking more broadly would involve the development of clear referral networks and pathways to specialist gambling services for affected others. It could also involve adapted counselling, additional online support, and an intensive training program for counselling staff working with affected others across a range of services (Bond 2015).

### 4.3.1 Addressing perceptual and emotional barriers

To summarise, perceptual barriers to help seeking include the inherent difficulty of identifying subtle signs of problematic gambling and its ability to remain concealed, a lack of awareness of low-impact gambling harms, and limited understanding of the benefits of support for affected others. As a result of these barriers, affected others usually only access support services once prompted by a crisis – when harm is most acute. By addressing emotional barriers (shame, stigma and guilt), and delineating the more common lower-level harms that resonate with a majority and better fit with the personal experiences of affected others, awareness campaigns would have more impact. If these campaigns were combined with existing health promotion strategies, the community as a whole would be better able to identify gambling issues, and individuals would be better equipped to address gambling harm earlier, more directly and with less stigma.

### 4.3.2 Implications for practice and future research

Findings show that service providers are in a strategic position to effectively assist affected others. Therefore, an important consideration for future practice is ensuring that intake coordinators, helpline operators and practitioners working at gambling help services have the knowledge and confidence to support and refer affected others. Also important is the development of harm minimisation strategies to address the full breadth of gambling's impact on partners and families.

Investigation into incidence, patterns and risk factors associated with the different harms experienced by affected others is an important area for future research. For example, a longitudinal study would afford much greater understanding of the intergenerational and legacy harms experienced by affected others.

## 4.4 Recommendations

Based on the findings of the current study, the following are recommended:

- Facilitate peer-support opportunities and supportive environments (online and offline) to combat the social isolation and stigma affected others experience.
- Strengthen referral pathways within systems, and ensure that service providers have the knowledge and confidence to assist affected others.
- Use empowering and strengths-based approaches to raise awareness of gambling support services and encourage help seeking.

## 4.5 Limitations

This research had several limitations. The project's timeframe and resources were limited, and the scope was narrow, meaning that we were unable to explore perspectives and experiences that lay outside this narrow focus. This study did not allow an exploration of gambling-related harm from less obvious, but equally important, perspectives – such as male affected others and the impact of relational harm on Indigenous family networks.

Participants were recruited to the study via self-selection, meaning that the representativeness of the sample was conditional on those who volunteered. Self-reported measures were also used, which implies the existence of a level of insight of respondents to recognise not only the presence of harm, but also its relationship to gambling (Shannon et al. 2017). This level was not ascertained or challenged in any depth in the interviews.

## 5 Conclusion

Despite recognition that gambling can result in a range of harms that manifest beyond the individual gambler, investigation of the perspectives, harms and service needs of affected others (in particular, women) is limited. This study is one of only a handful targeted at understanding the experiences of gambling-related harm from the perspective of partners and family members.

Those who participated in this research consistently reported harms to mental and physical health, finances and relationships, as well as difficulty in coping with the often devastating consequences of a partner's or family member's gambling. Findings indicate that there are both structural and perceived barriers to accessing appropriate support for affected others, and that a public health approach could be useful in framing future attempts to address and reduce gambling-related harm for affected others.

This study makes an important contribution to the emerging research by highlighting the importance of developing mechanisms to empower people, particularly women, and target the promotion of service attendance for high-risk groups. It provides a detailed understanding of affected others' experiences of gambling-related harms. It also led to development of a creative digital tool to encourage affected others to seek gambling-specific support, addressing an important gap in the resources and evidence base. Understanding and supporting affected others is critical in safeguarding their health and wellbeing, and the health and wellbeing of their families and communities.

In summary, this final report presents in-depth analysis of the qualitative data collected, the development of a digital resource, and an evaluation detailing project learnings. It is intended that the 'You're not alone' animation will continue to be used and communicate research findings. Study outputs reflect alternative research dissemination methods that were specifically designed to emphasise accessibility and acceptability, and to be applied as a sustainable strategy for awareness raising and harm reduction in this area.

# Appendix A Development of the digital resource

## Premise and approach

Central to the objectives of this study was the co-design and development of a visual resource directly informed by the research. Ultimately, it is intended that the resource will be widely used to attract affected others to gambling support services. Therefore, the resource had to be engaging, relevant and easily incorporated into existing service delivery platforms.

**Figure A.1 Key messages from service providers regarding resource development**



After a competitive bid for quotes, an external commercial graphic design group was engaged to create an animation based on the research. A series of three short clips, designed to suit multiple media platforms for service providers, was proposed. This involved fostering a co-design relationship between the graphic design team at Creativa Videos and CGR researchers, who worked closely together to produce an informed and accessible resource – reflecting the collaborative nature of the research across various phases.

## Input from service providers

Participating service providers were asked for input regarding resource development at the time of interview, and then contacted again for feedback. Participants were asked what elements should be included in a short, informative clip to reduce stigma and encourage women to seek support for themselves in relation to a partner's (or close family member's) gambling. They were also asked about terminology – that is, whether there was anything to deliberately avoid referring to in such a resource. Responses and key messages are summarised in Figure A.1.

## Input from affected others

Similar to service providers, participants with lived experience of gambling harm were asked what an effective awareness campaign, targeting affected others, should encompass. Participants were encouraged to draw on their own experiences of help seeking and reflect on what might work for women in their situation. Responses varied, but most acknowledged that a considerable degree of sensitivity should be employed when discussing gambling-related harms, particularly in reference to family and relationships:

*It needs to be delivered by the right people in the right way in the right language, and it needs to push the right buttons. (Female, partner)*

Also, several participants noted the need for a certain level of subtlety (i.e. not just reiterating the obvious harms and stereotypes) because everyone's situation is different:

*A really important message is that you need to trust and believe in your own judgments. Some of us say, 'Well, it is not a problem unless you have lost your house'. Or some people say, 'It's a problem if they are missing and at the club once a fortnight'. Everyone has got their own ideas about when behaviour becomes a problem. I would like messages about use[ing] your own judgments about what is okay for you, if it is a problem for you then it is actually a problem. (Female, ex-partner)*

*I guess just not to blame yourself because it is so easily done, and reach out, talk to your friends. Reach out for support. The relief that I felt after I spoke to my friends and actually went, 'You know what? I am not protecting him anymore. This is what is going on for me'. That was actually huge, it made such a difference. (Female, partner)*

Findings indicated that harm minimisation messages focusing on 'low-impact harms' would also be useful to help raise awareness about what these might look like and to resonate with a broad spectrum of affected others.

## Animation process

The animation process began early, with a face-to-face meeting with the creative team based in Melbourne (August 2019), immediately after the data collection phase had finished. Key concepts, style, script, audience and functionality of the proposed animation were discussed at length. These discussions were then interpreted by the design team, who came back to the researchers with a number of ideas and potential animation styles. Figure A.2 provides examples of the different stages of the animation process.

The intention was for the audience to empathise with the characters in the clips, and to prompt people who might be in similar situations to action (e.g. seeking help from available services). Therefore, we wanted the tone to be one of empowerment and for this to translate visually, as well as via the content of the clips.

## Use of participants' audio recordings

Through qualitative coding and categorising of data into common themes, the personal context and storied experiences of participants are partly lost. In an effort to translate key experiences to a wider audience and yet preserve individual voices, a few representative and compelling interviews were identified and used in the development of the final resource.

Early in the consultation phase, it was decided that the most powerful way to do this was to use the audio stories of the participants themselves. The most impactful and visually descriptive grabs from a sample of interviews were sorted into themes based on the data, and a narrative was created around these. The selected audios were chosen because they succinctly expressed key lived experiences of the women involved in this project.

To ensure that the wishes of the participants and the integrity of the consenting process were upheld, six participants<sup>5</sup> were contacted and asked to reconsent based on the following:

- A non-disclosure agreement has been established with the graphic design team handling the audio to ensure participant confidentiality.
- Participants have the option of allowing the use of their voice, or having their words read by a voice-over artist.
- All material developed relating to participant audio will be provided to the individuals involved before public release.

**Figure A.2 Stages of the animation process**



## Script development and storyboard

Scripts were drafted based on the three most common harms expressed across the interviews: financial harm (video 1), interpersonal/relational harm (video 2) and emotional/psychological distress or personal harm (video 3). Research themes were represented by intertwining different participants' stories together. The focus, it was decided, should be on the strength and resilience of the characters depicted, and not on the harms themselves.

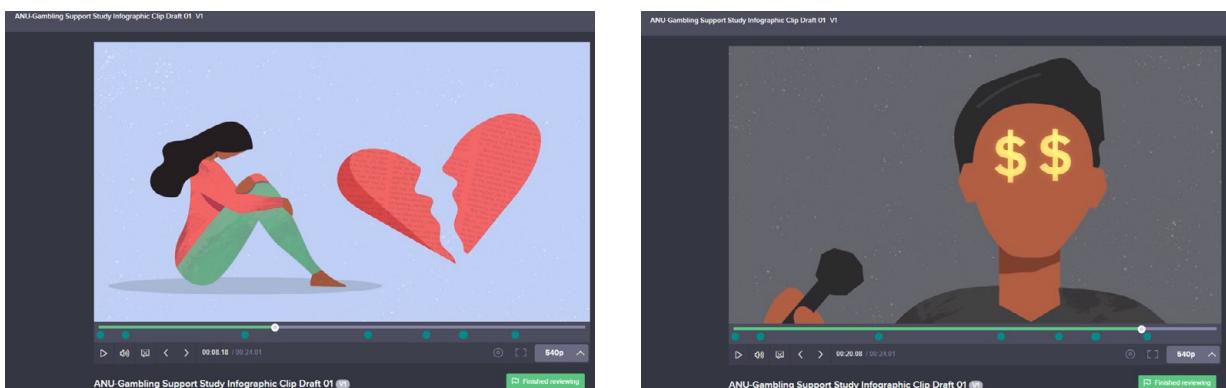
Figure A.3 shows example stills from the test animation, and Figure A.4 shows stills from the final 'You're not alone' animation series.

From the scripts, a storyboard of each video, divided into scenes, was circulated before the full animations were developed. The researchers (and external stakeholders) had multiple opportunities to provide comments and feedback before final approval of the visual scenes was given. Research partners Anglicare and Relationships Australia were also invited to comment on the animation in the latter stages of the design process, and were given the opportunity to provide feedback on the look and content of the clips before the resource was finalised.

The final compilation of participant stories was structured around the three central harms, and followed a similar style and format. Each clip begins by describing common harms affected others can face, focusing on a central theme identified in the opening scene – financial, interpersonal or personal. The narration goes on to illustrate lived experiences of being confronted with each of the three main harms, and negotiation around these harms. Finally, the clips conclude with a call to action: if you are experiencing gambling harm, break the silence and isolation, and seek free and confidential support from specialist gambling services. Viewers are directed to the national gambling helpline for more information.

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**Figure A.3 Example stills from test animation**



**Figure A.4** Stills from the final ‘You’re not alone’ animation series



## Delivery and implementation

Developed primarily for service providers to use to raise awareness and promote available support, the resources were distributed to all participating services in NSW and the ACT, and also disseminated to other locations in Australia. For example, the ‘You’re not alone’ clips were sent to known gambling help service providers via email, released on various online health promotion platforms and circulated on relevant social media sites. It was identified during the study that digital notice boards and waiting rooms (e.g. in doctors’ clinics) might be alternative settings in which the animation could be used. Opportunities to do so, and implementation of the resources within the services identified above, will continue to be monitored by CGR. Suggestions for service use include as educational tools for gambling help-seeking clients, in general practitioner waiting rooms and in education presentations in the community about gambling harm. Having them available in other languages would promote dissemination to services that support culturally and linguistically diverse communities.

The digital animations were a major output for the project, and were evaluated by CGR and collaborating services following implementation.

# Appendix B Evaluation

A succinct outcome evaluation was conducted immediately after the Gambling Support Study concluded. The evaluative criteria were based on the research context and objectives, which were to:

- gauge the acceptability and usability of the developed resource
- assess participant satisfaction with the research process
- document any lessons learned throughout the process
- give participants the opportunity to provide feedback on the above.

We also wanted to address research participants' interpretation of study findings, giving them a platform to be heard and contribute to the final conclusions. This follow-up contact also provided an opportunity to share the animated resources that were developed with those who took part directly in the research.

## Data collection

Evaluation data were collected via a short survey of service provider key informants ( $n = 15$ ) and participants ( $n = 30$ ). The survey was designed for each of these participant groups and distributed electronically via QualtricsXM. The main aims were to collect assessment information on the acceptability of the developed resource and the level of satisfaction of participants with the research process as a whole. The survey was open to all who participated in the study; however, it was voluntary – not compulsory. Responses were anonymised. Survey respondents were asked to answer all the questions honestly and feel free to add any comments at the end of the questionnaire. See Appendix H for the survey questions for each participant group.

## Results

The response rates for service provider and affected others survey participants were 67% and 71%, respectively.

### Survey results for service providers

Survey questions for service providers focused on:

- personal motivation to take part in the study
- whether they felt the research was of value
- their perceptions of the process
- whether they had any feedback on the dissemination of the resources
- their views on the digital animation.

On the whole, service provider respondents indicated that they mainly participated in this study to help people experiencing harm from gambling ( $n = 4$ ). Other motivators were to share experiences, and participate in research in general:

*We all need to better understand gambling harms and reduce stigma.*

*Research supports (hopefully) future support service design and delivery.*

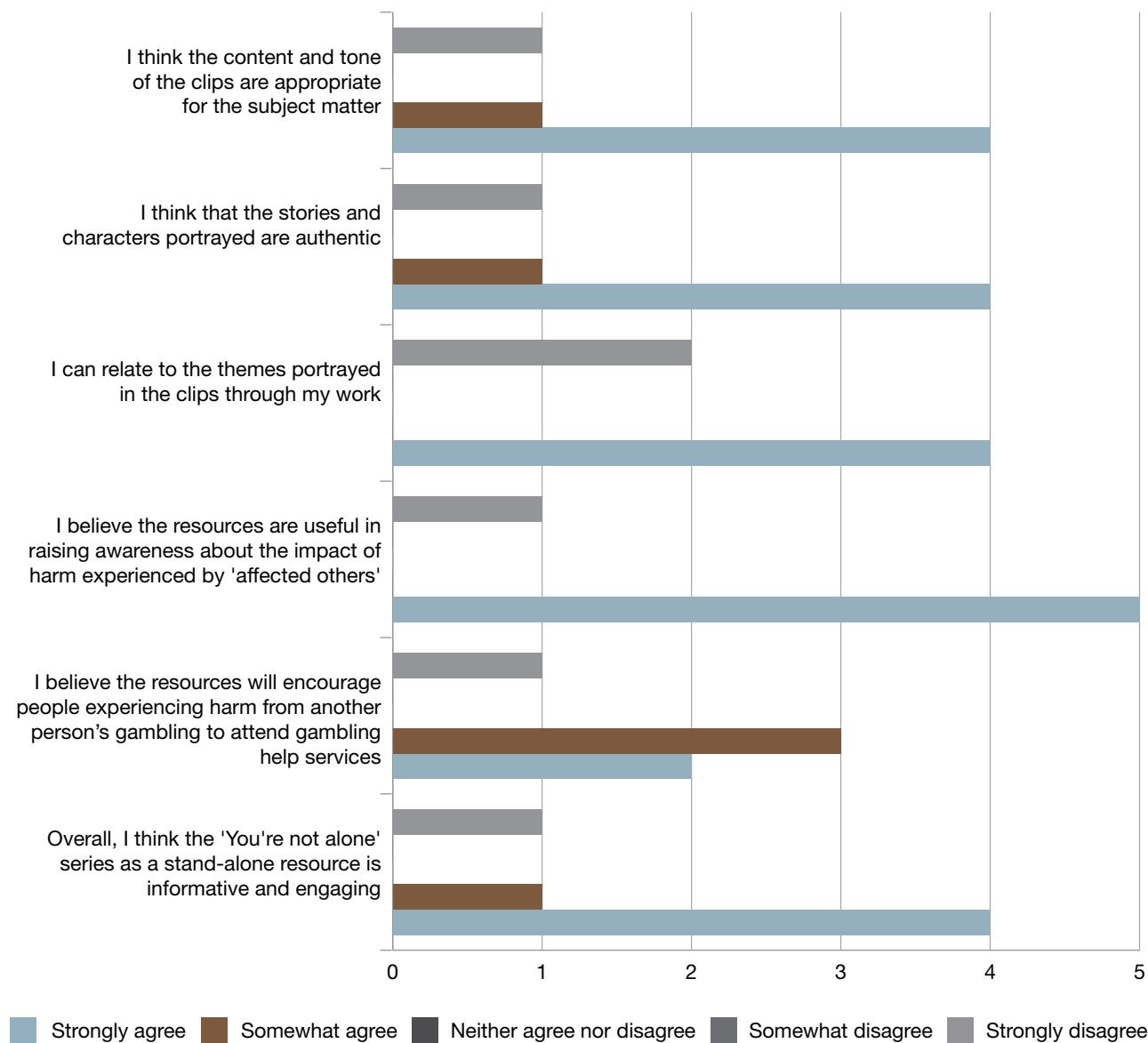
*We need more information out there to reduce the harms experienced in silence.*

Overall, respondents expressed positive feelings about the research, with 100% feeling that the researcher was approachable and professional. All reported that the information about the study was easy to understand, and 83% ( $n = 5$ ) stated that they believed their participation in the study was worthwhile.

The majority of service providers reported that the three animated clips were of value, as shown in Figure B.1. When asked whether these resources would be a 'good fit' within their organisations, respondents were divided, with 50% ( $n = 3$ ) responding 'yes' and 50% ( $n = 3$ ) responding 'maybe'. Respondents indicated that appropriate platforms to use these resources would be in gambling-specific and other health-oriented services, on social media and in mainstream media.

When asked where service providers would personally use these clips, respondents said that they would use them in educational presentations to the community about gambling harm, and as waiting room information. Two respondents made the comment that the clips are less relevant for their organisations because their clients already identify as being affected by gambling harm and are in treatment, highlighting that targeting service providers whose core business is not gambling would be more appropriate.

**Figure B.1 Service provider responses to the 'You're not alone' animation**



## **Survey results for participants**

The survey distributed to affected others included questions on:

- motivations for participating in the study
- their experience in being part of the study
- overall perception of the research
- their opinions on the animated clips.

The vast majority of individuals who responded to the survey reported that participation in the study was an extremely positive or somewhat positive experience. All considered the researcher to be approachable and professional.

The most common response regarding why affected others were motivated to participate was ‘to help others experiencing similar harm from gambling’. The second most popular reason was ‘to tell my story’. The act of sharing one’s personal story and taking part in discussions of gambling harm in this way was reported (at the time of interview and in the survey) to be a cathartic experience:

*Personally I felt validated and strong enough to break the code of silence and speak out.*

*It was therapeutic to know there are others out there who understand.*

In fact, it quickly became clear that this aspect – the sharing of one’s own story in a safe and responsive environment – was central to many respondents’ understanding of the perceived benefit of the study. For example, when asked whether the research experience was empowering, many respondents said that the process of talking through the harms they lived with was an empowering exercise in itself.

As well, for the participants whose voices were used in the ‘You’re not alone’ animation, an additional impact was knowing that their contribution could facilitate support seeking and help others:

*I found the experience empowering because I was able to share my experience with someone who wanted to help others in a situation similar to mine. I was able to share my personal story to create a resource for people. It was the first time I was sharing my life with someone in order to help others.*

*To think I was able to be a part of something that has the potential to help so many others in my position was an amazing feeling. To take something negative, and use it for good.*

This finding demonstrates the value of applied participatory research practices in this area. Despite the sensitivity of the topics discussed and the emotional nature of most of the interviews, affected others overwhelmingly conveyed affirming messages and feelings regarding participation in general. One person wrote:

*I’d never revealed any of the harm and impact gambling had on my family and relationship until this interview. It was very important for me to be involved so as to share my experience and help others going through what I went through.*

Unfortunately, one respondent did not feel that their experience was adequately captured in the resources, and this led them to feel disempowered by the process:

*My story was about overcoming, and none of that is reflected in the videos.*

However, the overwhelming majority of participants conveyed that they saw value in the research itself. Respondents highlighted the relative lack of availability of research and resources directed at affected others:

*There’s so much help for those with addictions but not those who are victims of the addiction it’s self [sic]. This research demonstrates a need in the community.*

*Gambling is normalised, glorified and promoted in the community, with no respect for the harm it causes to so many.*

*So often our side of the story is not addressed. Even by ourselves. It was therapeutic to know there are others out there who understand.*

Overall, participants strongly agreed that the digital animation was useful. Figure B.2 shows that, although some respondents felt that the animation did not resonate with them, the majority of individuals felt that the content was engaging on all measures. In open-text responses, many participants highlighted how the animation resonated with them personally, and that they would help promote awareness of the gambling harms portrayed.

Several respondents noted that the resources were very focused on male-centred gambling and did not include the breadth of relationships and scenarios, and the reverse-gender dynamic of male affected other and female gambler, which exists in the wider community.

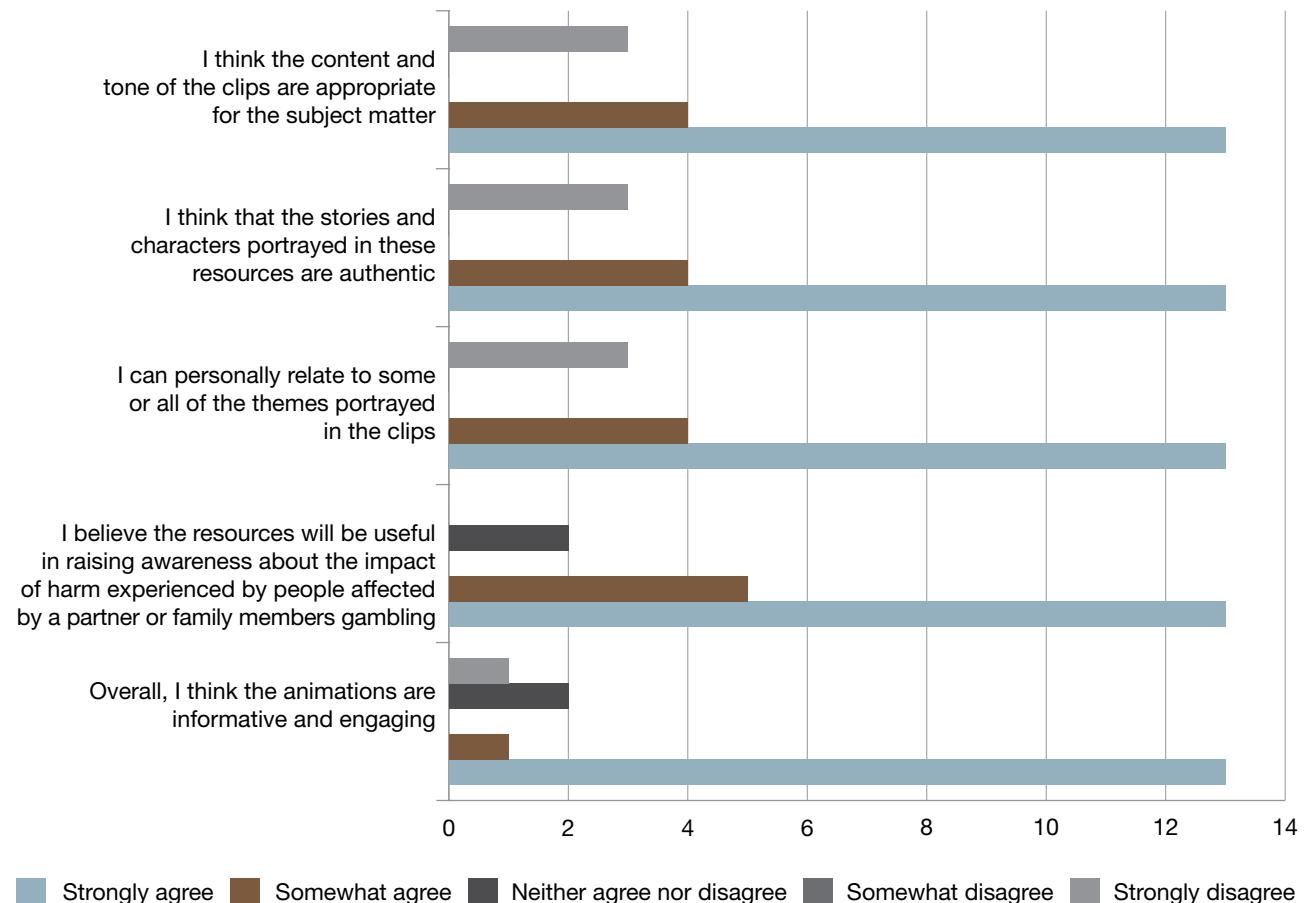
It is important to note that there may have been a degree of response error arising from the sequence of multiple choice options being inconsistent listed across the questions.

## Resource preference

Interestingly, the majority of both groups of respondents – affected others ( $n = 11$ ) and service providers ( $n = 4$ ) – indicated that they liked the animation based on interpersonal harms the most. Reasons for this were that they liked the way the characters were portrayed, and/or the scenarios resonated with them personally. One participant articulated their reason for favouring this clip over the others particularly well:

*I liked the interpersonal harm video the best because I believe that it displays the true complexities of gambling harm which go beyond losing a home or defaulting on a loan. The thing most partners I find present with is precisely that feeling of shame for staying with a gambler, needing to hide what's happening, feeling like they're going crazy etc. and I think that the interpersonal harm video really demonstrated what it's like to find out something awful about someone you love and how complicated that is for people. (Service provider)*

**Figure B.2 Participant responses to the ‘You’re not alone’ animation**



# Appendix C Ethics documents



## Information Sheet for Service Providers

### Addressing indirect gambling harms experienced by female partners and family members

#### Researcher:

Megan Whitty and Marisa Paterson from the Australian National University's (ANU) Centre for Gambling Research are conducting this research. They are committed to better understanding the harms experienced by women who have a close friend, significant other or family member affected by gambling.

#### Project Title: Addressing indirect gambling harms experienced by female partners and family members

#### General Outline of the Project:

- The project team will work with local gambling service provider staff, and female partners and family members (PFM) of people with a gambling disorder to better understand how to support women who are impacted by another's gambling.
- We will interview about 5 people over the course of 4 weeks. This will include representatives from local service providers: Relationships Australia, Anglicare, Care Financial Counselling Services Inc., and the Salvation Army. We will also talk to approximately 30 women in NSW/ACT who are concerned about, or affected by, a PFM's gambling
- More information can be found on the ANU Centre for Gambling Research webpage under *Current Projects* (<http://csmr.cass.anu.edu.au/centres/cgr>).
- The findings of this project will assist in the development of an infographic targeted at women who are concerned about, or affected by, a PFM's gambling to seek advice support services. A research report and evaluation report will also be produced for project funders and key stakeholders.
- Information about the outcomes of the project will be fed back to participants via service provider channels and directly from the ANU research team.
- The NSW Government Responsible Gambling Grants Program funds this research.

#### Participant Involvement:

- Your participation in this project is voluntary. If you do consent to take part in the interview you have the right to withdraw your participation at any stage of the project before a report is written. In case you wish to withdraw, all you have to do is contact the research team at ANU and the information will be destroyed and not used.
- In the interview you will be asked to reflect on your experiences working with clients who have a gambling disorder and their partners and family members. You can skip any question you would prefer not to answer.
- The interview will take approximately 30 minutes, and can be conducted wherever you are most comfortable.
- We expect that this research will improve understandings of how women experience indirect harms from gambling and are affected by a significant others gambling disorder. We hope that this understanding will provide better information to service providers on how to create greater awareness of relevant services. This will ultimately lead to a greater number of women seeking appropriate support.

#### Confidentiality:



Unidentifiable, general feedback from the interviews will be provided to four partner service providers: Relationships Australia, Anglicare, Care Financial Counselling Services Inc., and the Salvation Army. This information will help the service providers better engage and support female non-gamblers. The results may also be published in journal articles and presented at conferences but your individual identity will not be disclosed, unless you specifically request your name to be connected with your interview information. All interview information will be password protected at the ANU. Only those researchers directly involved in the project will have access to the interview results.

#### **Privacy Notice:**

In collecting your personal information within this research, the ANU must comply with the Privacy Act 1988. The ANU Privacy Policy is available at [https://policies.anu.edu.au/ppl/document/ANUP\\_010007](https://policies.anu.edu.au/ppl/document/ANUP_010007) and it contains information about how a person can:

- Access or seek correction to their personal information;
- Complain about a breach of an Australian Privacy Principle by ANU, and how ANU will handle the complaint.

#### **Data Storage:**

The information you provide will be handled with care. All information collected will be stored under secure password protected conditions at the Australian National University for 5 years following publication, in accordance with the ANU Code of Research Conduct. If you consent, the information you give us can be stored through the Australian Data Archive. This will mean that after the project is finished the information will be preserved and protected indefinitely. The reason for doing this is that community members, community groups and/or future research projects with the community may wish to access this information, even for historical purposes. All information will be stored confidentially. You can request to have this data stored with your identifying details (for example, your name) or the data can be de-identified. Authority to access this information stored in the archive needs to be sort through the ANU Project Manager.

#### **Queries and Concerns:**

- **Contact Details for More Information:** If you have any questions of complaints about the study please feel free to contact the Project Manager, Megan Whitty via email ([Megan.Whitty@anu.edu.au](mailto:Megan.Whitty@anu.edu.au)) or call (02) 612 57679 or 0436 811 151
- **Contact Details if in Distress:** If you experience any distress as a result of participating in this project, please contact Gambling Help- Freecall 1800 858 858, 24 hours, 7 days a week or visit Gambling Help at [gamblinghelp.nsw.gov.au](http://gamblinghelp.nsw.gov.au). Alternatively, you can visit your local service provider for support.

#### **Ethics Committee Clearance:**

The ethical aspects of this research have been approved by the ANU Human Research Ethics Committee (Protocol 2019/395). If you have any concerns or complaints about how this research has been conducted, please contact:

Ethics Manager  
The ANU Human Research Ethics Committee  
The Australian National University  
Telephone: +61 2 6125 3427  
Email: [Human.Ethics.Officer@anu.edu.au](mailto:Human.Ethics.Officer@anu.edu.au)

## Information Sheet for Interview Participants:

### Addressing indirect gambling harms experienced by female partners and family members

#### Researcher:

Megan Whitty and Marisa Paterson from the Australian National University's (ANU) Centre for Gambling Research are conducting this research. They are committed to better understanding the harms experienced by women who have a close friend, significant other or family member affected by gambling.

#### Project Title: Addressing indirect gambling harms experienced by female partners and family members

#### General Outline of the Project:

- The project team will work with local gambling service provider staff, and female partners and family members of people with a gambling disorder to better understand how to support women who are impacted by another's gambling.
- We will talk to about 30 women in NSW/ACT who are concerned about, or affected by, partners or family members gambling over the course of 8 weeks. We will also be talking to representatives from four local service providers that support people with gambling issues and their associated family members, including: Relationships Australia, Anglicare, Care Financial Counselling Services Inc., and the Salvation Army.
- More information can be found on the ANU Centre for Gambling Research webpage under *Current Projects* (<http://csrcm.cass.anu.edu.au/centres/cgr>).
- The findings of this project will assist in the development of an infographic targeted at women who are concerned about, or affected by, a PFM's gambling to seek advice support services. A research report and evaluation report will also be produced for project funders.
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- The NSW Government Responsible Gambling Grants Program funds this research.

#### Participant Involvement:

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- In the interview you will be asked to reflect on your experiences as partner or family member of someone who with a gambling issues. Remember, you are free to skip any question you would prefer not to answer.
- The interview will take approximately 30 minutes, and can be conducted wherever you are most comfortable.
- We expect that this research will improve understandings of how women experience indirect harms from gambling and are affected by a significant others gambling disorder. We hope that this understanding will provide better information to service providers on how to create greater awareness of relevant services. This will ultimately lead to a greater number of women seeking appropriate support.

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# Appendix D Interview guides

## Gambling Support Study Interview Guide for Service Providers

Questions:

Study ID: \_\_\_\_\_

### Interviewee background

- Male/female
- ACT or NSW based
- What is your current role/position?
- How long have you worked as a gambling help provider? Organisation \_\_\_\_\_

### Client characteristics

- Have you ever worked directly with partners of people with gambling problems? If yes, in what capacity?
- Research shows female partners of people with gambling problems are associated with a larger extent of harms, based on your general experiences working with clients, would you agree with that statement?

### Help-seeking behaviour

- What do you know about engaging friends and family of gamblers from a service provision perspective?
- How useful do you think such services are for female partners of people with gambling problems?
- What aspects of formal support do you think might appeal to women in such positions?
- What are the elements that may deter help-seeking for this group?
- In your opinion, how can the barriers to seeking formal support for this group be best overcome?

### Resource development

- What is the principle advice that you give partners or family of gambling clients?
- What elements do you think should be included in a short informative clip to reduce stigma and encourage women to seek support for themselves in relation to a loved ones gambling?
- Is there anything you would deliberately avoid including reference to in such a clip?

### Other

- Is there anything you would like to talk about that has not come up yet in our conversation?
- **Is there anyone else who you think might be interested in participating?**

Thank you!

## Gambling Support Study

### Interview Guide – Participants

**First, I'll ask some general questions about you and your household (Y/N, tick box Qs)**

**1. Demographics:**

**ID:** \_\_\_\_\_

1.1 Where do you currently live? Postcode: \_\_\_\_\_?

- NSW
- ACT

1.2 Could you tell me which age bracket you fit into please?

- 18 – 24
- 25 – 29
- 30 – 34
- 35 – 39
- 40 – 44
- 45 – 49
- 50 – 54
- 55 – 59
- 60 – 64
- 65 – 69
- 70+

1.3 What is your current marital status?

- Single
- Married
- De facto
- Separated/divorced
- Widowed
- No answer

1.4 Do you have any children? Y/N: how many: \_\_\_\_\_?

**2. Gambling specific questions:**

2.1 Is it your partner who has problems with gambling, or another family member?

- partner
- ex-partner
- parent
- sibling
- child
- close friend

2.2 What type of problematic gambling dose your partner engage in? Mainly online or offline or both?

- Bingo
- Track (horse, dog racing)
- TAB
- Sports betting
- Lottery or raffle tickets
- Electronic gaming machines (slot machines, pokies)
- Casino table games (poker, blackjack, roulette)
- Other (list)

2.3 Do you consider your partner's gambling issue to be;

- Mild
- Moderate
- Severe

2.4 Has your partners gambling ever caused you any health problems, including stress or anxiety? Y/N

(*Here are some commonly identified types of harm, please tick any relevant to you*)

- Financial hardship (payment issues, loans related to gambling)
- Legal problems (e.g. eviction or a threat of being evicted)
- Problems at work (e.g. having to take sick days)
- Problems in relationship (arguments, distrust, divorce or separation)
- Problems in family functioning (e.g. stress to children)
- Physical violence witnessed or being threatened
- Perceived mental health problems
- Emotional distress (stress, restlessness, anxiety, depression, hopelessness or guilt)
- Emotional violence (blackmailing, pressuring or intimidation)
- Any physical difficulties or health impacts (sleep problem, head-, or stomach aches)
- Worry about health or well-being of own child or of other close ones
- Victim of some other type of crime (theft or identity theft)

2.5 Have you ever sought **informal** advice or support for a loved one's gambling? Y/N

In what form? (from a family member or friend)

2.6 Have you ever sought **formal** advice or support for a loved one's gambling?

List organisation: \_\_\_\_\_.

2.7 If not, why didn't you? (*Here are some commonly identified reasons, please tick any relevant to you*)

- You preferred to manage yourself, or
- You relied on family/friends or your faith/spirituality
- You didn't know how or where to get this kind of help
- You haven't gotten around to it (e.g., too busy)
- Your job interfered (e.g., workload, hours of work or no cooperation from supervisor)
- Help was not readily available (e.g. couldn't get this kind of help where you live)
- You didn't have confidence in the services (e.g. you didn't think they knew how to help )
- You couldn't afford to pay or insurance did not cover
- You were afraid of what others would think of you
- Language problems
- You were uncomfortable talking about these problems (stigma, privacy concerns etc.)
- You felt you'd be treated differently if people thought you had these problems
- You didn't feel ready to seek help

**The following are open ended questions**

**[START RECORDING NOW]**

**3. Gambling harms**

3.1 Do you consider yourself a gambler? Y/N

3.2 What is the main type of harm (*use resource*) do you experience as a result of your partners gambling?

3.3 Are there any examples you would like to share?

**4. Gambling services and help seeking:**

3.5 What do you think is the most prominent barrier to seeking support?

3.6 How do you think services could be made more relevant/available for women, like yourself, who are partners or close family members of people with gambling problems?

3.7 Do you find something like this (...*show RA brochure*) useful? Why...? What about peer-support groups?

3.8 Would you be open to using online/internet based resources? Why, why not...?

(*Explain the infographic idea – we talked a little about this before...*)

3.9 What do you think would be needed for a good gambling awareness campaign in the community?

3.10 What would you avoid talking about in the infographic/digital animation resource?

**5. Final questions:**

**5.1** Is there anything you would like to talk about that has not come up yet in our conversation?

**[STOP RECORDING NOW]**

5.2 How did you find out about the research project: \_\_\_\_\_?

5.3 Is there anyone you know who you think might be interested/eligible to participate?

5.4 Would you like to be reimbursed for the time it has taken to conduct this interview? Y/N

5.5 I will be in touch when the findings from this project are available. Would you like to be provided with a written copy of your transcript? Y/N

**Thank you!**

## Appendix E Letters of support



20 June 2019

Director  
Centre for Aboriginal Economic Policy Research (CAEPR)  
Research School of Social Science  
ANU College of Arts and Social Science  
Australian National University

Dear ANU Ethics Committee,

**Re: Addressing gambling harms experienced by female concerned significant others: A qualitative study**

I am writing to provide endorsement and organisational support for the project titled '*Addressing gambling harms experienced by female concerned significant others*', being conducted by The Australian National University (ANU).

The project aims to help identify and address indirect harms from gambling experienced by women in the community, with a view to producing evidence-based resources for broad dissemination and service provider use.

As the lead organisation managing the ACT Gambling Counselling and Support Service, Relationships Australia is very supportive of this project. We welcome the opportunity to participate in, and make valued contribution towards, this research carried out by ANU's Centre for Gambling Research members Dr Megan Whitty and Dr Marisa Paterson.

Please feel free to contact me if you would like to clarify any details or discuss this further.

Yours sincerely,

A handwritten signature in black ink that reads "Fiona Loaney".

Fiona Loaney  
ACT Gambling Counselling and Support Service Manager  
Email: Fiona.loaney@racr.org.au

11<sup>th</sup> June 2019

Professor Michael Martin  
Chair  
ANU Human Research Ethics Committee

Dear Professor Martin,

**Re: Addressing gambling harms experienced by female concerned significant others: a qualitative study**

I am writing to provide endorsement and organisational support for the project titled 'Addressing gambling harms experienced by female concerned significant others' being conducted by The Australian National University (ANU).

The project aims to help identify and address indirect harms from gambling experienced by women in the community, with a view to producing evidence-based resources for broad dissemination and service provider use.

We welcome the opportunity to participate in, and make valued contribution towards, this research carried out by ANU's Centre for Gambling Research members Dr Megan Whitty and Dr Marisa Paterson.

Yours sincerely



Jeremy Halcrow GAICD  
Chief Executive Officer



Level 5, 221 London Circuit  
Canberra ACT 2600  
GPO Box 360 Canberra 2601

P 02 6245 7100  
F 02 6245 7199  
W [www.anglicare.com.au](http://www.anglicare.com.au)

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\*ARBN 067 887 156  
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## Appendix F Project flyer



**Australian National University**

### GAMBLING SUPPORT STUDY

*Does your partner's gambling impact on you?*

Researchers at the Australian National University's (ANU) Centre for Gambling Research are working with local service providers to better understand how to support women impacted by a significant other's gambling.

We are inviting women who are partners or family members of people experiencing harm from gambling to participate in a short, confidential face-to-face interview.

This research will improve the understanding of how women experience indirect harms from a loved one's gambling. It is intended that this research will ultimately lead to people who are experiencing harm from gambling, to seek appropriate support.

**CONTACT DETAILS:**  
If you have any questions about the project or would like to participate please contact  
the Project Manager; Megan Whitty  
E: [Megan.Whitty@anu.edu.au](mailto:Megan.Whitty@anu.edu.au) or  
Phone: (02) 6125 7679 or 0436 811 151

 ACT GAMBLING COUNSELLING & SUPPORT SERVICE



#### HOW YOU CAN HELP:



Participants will be offered a \$50 COLES voucher as a reimbursement of their time.

#### FOR MORE INFORMATION:

Visit the ANU Centre for Gambling Research  
FB Page by searching [@centreforgamblingresearch](#)



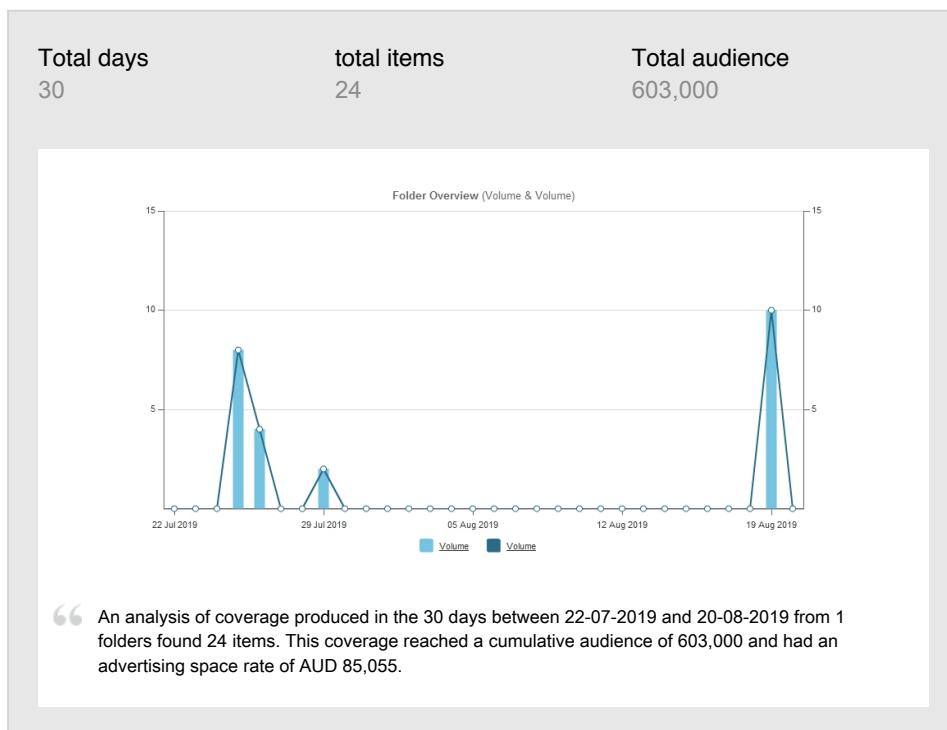
*Relationships Australia.*  
CANBERRA & REGION

 **ANGLICARE**  
NSW SOUTH | NSW WEST | ACT

# Appendix G ANU media report

TUE 20 AUGUST 2019

Gambling study - updated



Date	Volume	Audience
22 Jul 2019	0	0
23 Jul 2019	0	0
24 Jul 2019	0	0
25 Jul 2019	8	208,000
26 Jul 2019	4	52,000
27 Jul 2019	0	0
28 Jul 2019	0	0
29 Jul 2019	2	0
30 Jul 2019	0	0
31 Jul 2019	0	0



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Date	Volume	Audience
01 Aug 2019	0	0
02 Aug 2019	0	0
03 Aug 2019	0	0
04 Aug 2019	0	0
05 Aug 2019	0	0
06 Aug 2019	0	0
07 Aug 2019	0	0
08 Aug 2019	0	0
09 Aug 2019	0	0
10 Aug 2019	0	0
11 Aug 2019	0	0
12 Aug 2019	0	0
13 Aug 2019	0	0
14 Aug 2019	0	0
15 Aug 2019	0	0
16 Aug 2019	0	0
17 Aug 2019	0	0
18 Aug 2019	0	0
19 Aug 2019	10	343,000
20 Aug 2019	0	0

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## New study to look at wider impact of gambling

[nationaltribune.com.au](http://nationaltribune.com.au)

233 words • ASR N/A • Gambling Study • ID: 1150108164

[Read on source site](#)

25 Jul 2019 1:52 PM

### Audience

N/A UNIQUE DAILY VISITORS, N/A AVERAGE STORY AUDIENCE



## Researchers from the ANU Canberra have started a study to help women dealing with ...

[Triple J, Sydney, 07:00 News, Newsreader](#)

25 Jul 2019 7:01 AM

Duration: 0 min 31 secs • ASR AUD 24,783 • National • Australia • Gambling Study • ID: X00079696514



Researchers from the ANU Canberra have started a study to help women dealing with their partners' gambling problems. The two-month research aims to talk to some women about their experiences and figure out why often don't seek help. According to lead researcher Dr Marisa Paterson, she hopes the results of the study will provide valuable insights into the struggle.

### Audience

157,000 All, 99,000 MALE 16+, 49,000 FEMALE 16+

### Interviewees

Marisa Paterson, lead researcher, ANU Canberra

### Also broadcast from the following 7 stations

Triple J (Perth), Triple J (Melbourne), Triple J (Canberra), Triple J (Brisbane), Triple J (Adelaide), Triple J (Hobart),  
Triple J (Darwin)



## ANU researchers have launched a study which aims to help women who have partners ...

[ABC Radio Canberra, Canberra, 07:00 News, Newsreader](#)

25 Jul 2019 7:07 AM

Duration: 0 min 35 secs • ASR AUD 138 • ACT • Australia • Gambling Study • ID: X00079695236



ANU researchers have launched a study which aims to help women who have partners with gambling problems.

### Audience

10,000 All, 4,000 MALE 16+, 5,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, lead researcher, ANU

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## Interview with ANU Centre for Social Research Method's Dr Marisa Paterson. Bourchier ...

ABC Radio Canberra, Canberra, Breakfast, Dan Bourchier

25 Jul 2019 7:15 AM

Duration: 8 mins 24 secs • ASR AUD 1,983 • ACT • Australia • Gambling Study • ID: X00079709082



Interview with ANU Centre for Social Research Method's Dr Marisa Paterson. Bourchier recalls an interview in 2017 with Kate, a wife of a chronic gambler, on how gambling affected their life. He notes researchers found partners of problem gamblers rarely seek help. Paterson explains around one in ten or one in five people in the ACT are affected by gambling but these people rarely seek help. She notes their new study is focused on engaging with the partners or family members of gamblers. She adds the shame and stigma associated with the gambling problem is huge which is why it's hard for people to reach out for help. She explains there is a scale in the level of harm gambling does to the family and it doesn't always end up with people losing their house. Paterson notes they're working with Anglicare ACT-NSW and Relationships ACT for the research. She notes they just started the research last week so they're urging people who are experiencing gambling harm to come forward. She adds they're also active on Facebook, Twitter, and their website or people could contact them through their phones. She adds the interviews would be highly confidential. She notes they'd be researching in just a month.

### Audience

10,000 All, 4,000 MALE 16+, 5,000 FEMALE 16+

### Interviewees

Marisa Paterson, ANU Centre for Social Research Method



## ANU researchers have launched a study which aims to help women who have partners ...

ABC Radio Canberra, Canberra, 07:45 News, Newsreader

25 Jul 2019 7:54 AM

Duration: 0 min 34 secs • ASR AUD 227 • ACT • Australia • Gambling Study • ID: X00079695869



ANU researchers have launched a study which aims to help women who have partners with gambling problems.

### Audience

17,000 All, 7,000 MALE 16+, 9,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, lead researcher, ANU



## ANU researchers have launched a study which aims to help women who have partners ...

[2CC, Canberra, 12:00 News, Newsreader](#)

25 Jul 2019 12:03 PM

Duration: 0 min 50 secs • ASR AUD 134 • ACT • Australia • Gambling Study • ID: X00079701293



ANU researchers have launched a study which aims to help women who have partners with gambling problems.

### Audience

6,000 All, 4,000 MALE 16+, 2,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, lead researcher, ANU

Also broadcast from the following 1 station

2CA (Canberra)



## ANU researchers have launched a study which aims to help women who have partners ...

[2CC, Canberra, 16:00 News, Newsreader](#)

25 Jul 2019 4:02 PM

Duration: 0 min 34 secs • ASR AUD 60 • ACT • Australia • Gambling Study • ID: X00079703559



ANU researchers have launched a study which aims to help women who have partners with gambling problems.

### Audience

4,000 All, 2,000 MALE 16+, 2,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, lead researcher, ANU

Also broadcast from the following 1 station

2CA (Canberra)



## New research from the Australian National University hopes to find better support for ...

[2CC, Canberra, 17:00 News, Newsreader](#)

25 Jul 2019 5:02 PM

Duration: 0 min 51 secs • ASR AUD 90 • ACT • Australia • Gambling Study • ID: X00079707118



New research from the Australian National University hopes to find better support for women who were affected by a loved one's gambling. The ANU Centre for Gambling Research Dr Marisa Paterson says gamblers experiencing problems rarely seek help and hopes this study will find ways best suited to helping them.

### Audience

4,000 All, 2,000 MALE 16+, 2,000 FEMALE 16+

Also broadcast from the following 1 station

2CA (Canberra)



## A new ANU study could pave the way to better support for those affected by a loved ...

MIX 106.3 FM, Canberra, 06:30 News, Newsreader

26 Jul 2019 6:32 AM

Duration: 0 min 31 secs • ASR AUD 186 • ACT • Australia • Gambling Study • ID: X00079710208



A new ANU study could pave the way to better support for those affected by a loved one's gambling. Director of the Centre for Gambling Research Dr Marisa Paterson states they will conduct confidential face-to-face interviews.

### Audience

10,000 All, 4,000 MALE 16+, 5,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, Director of the Centre for Gambling Research, ANU



## A new ANU study could pave the way to better support for those affected by a loved ...

hit104.7 Canberra, Canberra, 06:30 News, Newsreader

26 Jul 2019 6:32 AM

Duration: 0 min 27 secs • ASR AUD 84 • ACT • Australia • Gambling Study • ID: X00079710939



A new ANU study could pave the way to better support for those affected by a loved one's gambling. ANU Director of the Centre for Gambling Research Dr Marisa Paterson states they will conduct confidential face-to-face interviews.

### Audience

8,000 All, 4,000 MALE 16+, 4,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, Director of the Centre for Gambling Research, ANU



## A new ANU study could pave the way to better support for those affected by a loved ...

hit104.7 Canberra, Canberra, 07:30 News, Newsreader

26 Jul 2019 7:31 AM

Duration: 0 min 31 secs • ASR AUD 520 • ACT • Australia • Gambling Study • ID: X00079715598



A new ANU study could pave the way to better support for those affected by a loved one's gambling. Director of the Centre for Gambling Research Dr Marisa Paterson states they will address stigma and shame.

### Audience

34,000 All, 11,000 MALE 16+, 19,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, Director of the Centre for Gambling Research, ANU

### Also broadcast from the following 1 station

MIX 106.3 FM (Canberra)



## Australian National University: New Study to Look at Wider Impact of Gambling

Targeted News Service by Marisa Paterson

26 Jul 2019 11:35 PM

74 words • ASR N/A • Gambling Study • ID: 1150848729

[Read on source site](#)

### Audience

N/A UNIQUE DAILY VISITORS, N/A AVERAGE STORY AUDIENCE



## Gambling experts are considering the indirect harm gambling has on families and loved ...

2MCE, Orange, 13:00 National Radio News, Newsreader

29 Jul 2019 1:02 PM

Duration: 0 min 53 secs • ASR AUD 4,772 • NSW • Australia • Gambling Study • ID: X00079739598



Gambling experts are considering the indirect harm gambling has on families and loved ones in a new Australian study. The ANU calls for women with partners or family members with a gambling addiction to participate in confidential interviews. Gambling Research Director Marisa Paterson says Australia's support services need to become more accessible.

### Audience

N/A All, N/A MALE 16+, N/A FEMALE 16+

### Interviewees

Marisa Paterson, Gambling Research Director, ANU

### Also broadcast from the following 68 stations

100.9 FM (Albany), 101.5 FM Caboolture (Caboolture), 104.7 Gippsland FM (Sale), 2BOB (Taree), 2CBD (Deepwater), 2HOT (Cobar), 2MCR (Campbelltown), 2MTM (Coonamble), 2NCR (Lismore), 2SSR (Wollongong), 2WAY (Wauchope), 2WCR (Coonabarabran), 2XX FM (Canberra), 3MBS (Melbourne), 3MGB (Mallacoota), 3REG (Bairnsdale), 3SER (Pakenham), 4BCR (Bundaberg), 4CRM (Mackay), 4YOU (Rockhampton), 5CCR (Ceduna), 5THE (Millicent), Alpine Radio (Mount Beauty), Bay and Basin FM (Nowra), Bay FM (Brisbane), Beau FM (Beaudesert), BLU FM 89.1 (Katoomba), Burnett River Radio (Gayndah), Cairns FM 89.1 (Cairns), City Park Radio (Launceston), Cow FM (Casino), Encounter FM (Victor Harbor), Eurbodalla Radio (Moruya), Ezy FM (Lithgow), FM 96.3 (Tumut), Fraser Coast Community Radio (Hervey Bay), Gulf FM (Kadina), KCR FM (Perth), KRR (Kandos), NineFourOne (Wollongong), Noosa Community Radio (Sunshine Coast), Oak FM (Wangaratta), Opal FM (Lightning Ridge), Paradise FM (Ballina), PBA FM (Adelaide), Phoenix FM (Bendigo), Radio Mansfield (Mansfield), Rainbow FM (Warwick), Rhema FM Orange (Orange), Rock FM (Moranbah), Smart FM (Swan Hill), Star FM (St Helens), Tank Radio (Kempsey), Tasman FM (Hobart), Three Rivers Radio (Dunedoo), Triple B (Tanunda), Triple H (Horsham), Triple M Hobart (Deloraine), Twin Cities FM (Wanneroo), UG FM (Alexandra), Valley FM (Canberra), Valley FM (Brisbane), VOX FM (Wollongong), WAR FM (Gilgandra), Way FM (Canberra), Way FM (Launceston), Yass FM (Yass), York FM (York)

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## An Australian study is underway aiming to help families that are impacted by Australia's ...

2MCE, Orange, 17:00 National Radio News, Newsreader

29 Jul 2019 5:02 PM

Duration: 0 min 41 secs • ASR AUD 3,791 • NSW • Australia • Gambling Study • ID: X00079746216



An Australian study is underway aiming to help families that are impacted by Australia's high gambling raids. The study is being led by the Australian National University and aims to learn the flow-on effects of gambling on partners and loved ones. Dr Marisa Paterson, Gambling Research Director, ANU, says despite Australians being some of the world's biggest gamblers, there is a lack of understanding about the effects it has on people close by.

### Audience

N/A All, N/A MALE 16+, N/A FEMALE 16+

### Interviewees

Dr Marisa Paterson, Gambling Research Director, ANU

### Also broadcast from the following 70 stations

100.9 FM (Albany), 101.5 FM Caboolture (Caboolture), 104.7 Gippsland FM (Sale), 2BOB (Taree), 2CBD (Deepwater), 2HOT (Cobar), 2MCR (Campbelltown), 2MTM (Coonamble), 2NCR (Lismore), 2SSR (Wollongong), 2WAY (Wauchope), 2WCR (Coonabarabran), 2XX FM (Canberra), 3BBR (Drouin), 3MBS (Melbourne), 3MGB (Mallacoota), 3REG (Bairnsdale), 3SER (Pakenham), 4BCR (Bundaberg), 4CRM (Mackay), 4YOU (Rockhampton), 5CCR (Ceduna), 5THE (Millicent), Alpine Radio (Mount Beauty), Bay and Basin FM (Nowra), Bay FM (Brisbane), Beau FM (Beaudesert), BLU FM 89.1 (Katoomba), Burnett River Radio (Gayndah), Cairns FM 89.1 (Cairns), City Park Radio (Launceston), Cow FM (Casino), Encounter FM (Victor Harbor), Eurbodalla Radio (Moruya), Ezy FM (Lithgow), FM 96.3 (Tumut), Fraser Coast Community Radio (Hervey Bay), Gulf FM (Kadina), KCR FM (Perth), KRR (Kandos), NineFourOne (Wollongong), Noosa Community Radio (Sunshine Coast), Oak FM (Wangaratta), Opal FM (Lightning Ridge), Paradise FM (Ballina), PBA FM (Adelaide), Phoenix FM (Bendigo), QBNFM (Canberra), Radio Mansfield (Mansfield), Rainbow FM (Warwick), Rhema FM Orange (Orange), Rock FM (Moranbah), Smart FM (Swan Hill), Star FM (St Helens), Tank Radio (Kempsey), Tasman FM (Hobart), Three Rivers Radio (Dunedoo), Triple B (Tanunda), Triple H (Horsham), Triple M Hobart (Deloraine), Twin Cities FM (Wanneroo), UG FM (Alexandra), Valley FM (Canberra), Valley FM (Brisbane), VOX FM (Wollongong), WAR FM (Gilgandra), Way FM (Canberra), Way FM (Launceston), Yass FM (Yass), York FM (York)



## Australian National University researchers say isolation and not knowing where to seek ...

ABC Radio Darwin , Darwin, 06:00 News, Newsreader

19 Aug 2019 6:03 AM

Duration: 0 min 45 secs • ASR AUD 184 • NT • Australia • Gambling Study • ID: X00079984260

Australian National University researchers say isolation and not knowing where to seek support for a loved ones gambling are the common concerns highlighted in the Gambling Support Study, which will be finalised by the end of the year. ANU's Dr Marisa Paterson says they want to talk with more women for the study.

### Audience

N/A All, N/A MALE 16+, N/A FEMALE 16+

### Interviewees

Dr Marisa Paterson, Gambling Support Study project leader, Australian National University

### Also broadcast from the following 1 station

ABC Alice Springs (Alice Springs)



## Australian National University researchers say isolation and not knowing where to seek ...

ABC Radio Canberra, Canberra, 07:45 News, Newsreader

19 Aug 2019 7:50 AM

Duration: 0 min 40 secs • ASR AUD 205 • ACT • Australia • Gambling Study • ID: X00079985336



Australian National University researchers say isolation and not knowing where to seek support for a loved ones gambling are the common concerns highlighted in the Gambling Support Study, which will be finalised by the end of the year. ANU's Dr Marisa Paterson says they want to talk with more women for the study.

### Audience

13,000 All, 6,000 MALE 16+, 6,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, Gambling Support Study project leader, Australian National University



## ANU researchers are calling for more women to come forward in taking part to gambling-...

ABC Radio Canberra, Canberra, 09:00 News, Newsreader

19 Aug 2019 9:02 AM

Duration: 0 min 35 secs • ASR AUD 151 • ACT • Australia • Gambling Study • ID: X00079986842



ANU researchers are calling for more women to come forward in taking part to gambling-impact study.

### Audience

11,000 All, 4,000 MALE 16+, 7,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, Centre for Gambling Research



## Australian National University gambling researchers are calling for more women to ...

ABC Radio Darwin , Darwin, 10:00 News, Newsreader

19 Aug 2019 10:03 AM

Duration: 0 min 35 secs • ASR AUD 144 • NT • Australia • Gambling Study • ID: X00079988421

Australian National University gambling researchers are calling for more women to contribute in a study to look at an impact that gambling imposes on loved ones.

### Audience

N/A All, N/A MALE 16+, N/A FEMALE 16+

### Interviewees

Marisa Paterson, researcher, Australian National University

### Also broadcast from the following 1 station

ABC Alice Springs (Alice Springs)

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## Interview with ANU's Dr Marisa Paterson. The ANU looks at the impacts of gambling on ...

[ABC News](#), [Sydney](#), [ABC News at Noon](#), [Ros Childs](#)

Duration: 3 mins 2 secs • ASR AUD 9,857 • National • Australia • Gambling Study • ID: X00079998737

19 Aug 2019 1:24 PM



Interview with ANU's Dr Marisa Paterson. The ANU looks at the impacts of gambling on loved ones. The researchers hope the results will lead to better support services for those who need it the most. Paterson explains previous research has shown the relationship of people are really impacted mentally, emotionally, and also financially. She notes people who have a gambling problem rarely seek help. She says their project is working with Relationships Australia and Anglicare ACT-NSW who run gambling support studies.

### Audience

57,000 All, 32,000 MALE 16+, 24,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, ANU

### Also broadcast from the following 10 stations

ABC News (Melbourne), ABC News (Regional NSW), ABC News (Brisbane), ABC News (Adelaide), ABC News (Perth), ABC News (Regional Queensland), ABC News (Hobart), ABC News (Canberra), ABC News (Regional Victoria), ABC News (Regional West Australia)



## Interview with ANU's Dr Marisa Paterson. The ANU looks at the impacts of gambling on ...

[ABC News](#), [Sydney](#), [ABC News at Noon](#), [Ros Childs](#)

Duration: 3 mins 8 secs • ASR AUD 9,823 • National • Australia • Gambling Study • ID: X00079992372

19 Aug 2019 2:26 PM



Interview with ANU's Dr Marisa Paterson. The ANU looks at the impacts of gambling on loved ones. The researchers hope the results will lead to better support services for those who need it the most. Paterson explains previous research has shown the relationship of people are really impacted mentally, emotionally, and also financially. She notes people who have a gambling problem rarely seek help. She says their project is working with Relationships Australia and Anglicare ACT-NSW who run gambling support studies.

### Audience

55,000 All, 31,000 MALE 16+, 21,000 FEMALE 16+

### Interviewees

Dr Marisa Paterson, ANU

### Also broadcast from the following 10 stations

ABC News (Melbourne), ABC News (Regional NSW), ABC News (Brisbane), ABC News (Adelaide), ABC News (Perth), ABC News (Regional Queensland), ABC News (Hobart), ABC News (Canberra), ABC News (Regional Victoria), ABC News (Regional West Australia)

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## Researchers are the ANU say their research has revealed gambling addictions among ...

[ABC News, Sydney, Afternoon Briefing, Patricia Karvelas, and Gemma Veness](#)

19 Aug 2019 4:54 PM

Duration: 2 mins 19 secs • ASR AUD 7,393 • National • Australia • Gambling Study • ID: X00079995847



Researchers are the ANU say their research has revealed gambling addictions among relationships are very common and that more support services are needed to turn lives and relationships around. Statistics have revealed while six per cent of Australians is affected by a loved one's gambling, very few to look to support and women are overrepresented. Marisa Paterson from the Centre for Gambling Research explains they want to understand what these women's experiences are of a gambling problem within their family.

### Audience

56,000 All, 33,000 MALE 16+, 24,000 FEMALE 16+

### Interviewees

Ahalya Krishnan|Marisa Paterson, Centre for Gambling Research

### Vision

Australian National University

### Also broadcast from the following 10 stations

ABC News (Melbourne), ABC News (Regional NSW), ABC News (Brisbane), ABC News (Adelaide), ABC News (Perth), ABC News (Regional Queensland), ABC News (Hobart), ABC News (Canberra), ABC News (Regional Victoria), ABC News (Regional West Australia)



## Researchers are the ANU say their research has revealed gambling addictions among ...

[ABC News, Sydney, ABC National News, Gemma Veness](#)

19 Aug 2019 5:38 PM

Duration: 2 mins 22 secs • ASR AUD 7,285 • National • Australia • Gambling Study • ID: X00079996022



Researchers are the ANU say their research has revealed gambling addictions among relationships are very common and that more support services are needed to turn lives and relationships around. Statistics have revealed while six per cent of Australians is affected by a loved one's gambling, very few to look to support and women are overrepresented. Marisa Paterson from the Centre for Gambling Research explains they want to understand what these women's experiences are of a gambling problem within their family.

### Audience

54,000 All, 30,000 MALE 16+, 22,000 FEMALE 16+

### Interviewees

Ahalya Krishnan|Marisa Paterson, Centre for Gambling Research

### Also broadcast from the following 10 stations

ABC News (Melbourne), ABC News (Regional NSW), ABC News (Brisbane), ABC News (Adelaide), ABC News (Perth), ABC News (Regional Queensland), ABC News (Hobart), ABC News (Canberra), ABC News (Regional Victoria), ABC News (Regional West Australia)

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## ANU researchers say their study has revealed gambling addictions among relationships ...

ABC News, Sydney, ABC News Hour, Karina Carvalho

19 Aug 2019 6:44 PM

Duration: 2 mins 27 secs • ASR AUD 6,146 • National • Australia • Gambling Study • ID: X00079997923



ANU researchers say their study has revealed gambling addictions among relationships are very common and that more support services are needed to turn lives and relationships around. Statistics have revealed while six per cent of Australians is affected by a loved one's gambling, very few to look to support and women are overrepresented. Marisa Paterson from the Centre for Gambling Research explains they want to understand what these women's experiences are of a gambling problem within their family.

### Audience

44,000 All, 24,000 MALE 16+, 19,000 FEMALE 16+

### Interviewees

Ahalya Krishinan, Wife|Marisa Paterson, Centre for Gambling Research

### Vision

Australian National University

### Also broadcast from the following 9 stations

ABC News (Melbourne), ABC News (Regional NSW), ABC News (Brisbane), ABC News (Adelaide), ABC News (Perth), ABC News (Regional Queensland), ABC News (Hobart), ABC News (Canberra), ABC News (Regional Victoria)



## Researchers are the ANU say their research has revealed gambling addictions among ...

ABC, Canberra, ABC News, Dan Bourchier

19 Aug 2019 7:12 PM

Duration: 2 mins 21 secs • ASR AUD 7,099 • ACT • Australia • Gambling Study • ID: X00079995494



Researchers are the ANU say their research has revealed gambling addictions among relationships are very common and that more support services are needed to turn lives and relationships around. Statistics have revealed while six per cent of Australians is affected by a loved one's gambling, very few to look to support and women are overrepresented. Marisa Paterson from the Centre for Gambling Research explains they want to understand what these women's experiences are of a gambling problem within their family.

### Audience

53,000 All, 26,000 MALE 16+, 26,000 FEMALE 16+

### Interviewees

Ahalya Krishinan, resident|Marisa Paterson, Centre for Gambling Research

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# Appendix H Qualtrics survey



Australian  
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University

CENTRE FOR  
GAMBLING RESEARCH

## Gambling Support Study - Service Provider Feedback

Hello.

You were recently interviewed as part of the **Gambling Support Study**. We are following up with participants to (a) share the animated resources that were developed, and (b) gain insight into the level of satisfaction participants experienced with the research process. We would be grateful if you could take a few minutes to complete this survey. Your help with this is appreciated but it is completely voluntary.

All responses will be anonymous and kept confidential. Consent for participating in the survey is inferred by online completion. Please answer all the questions honestly and feel free to add any comments at the end of the survey.

**Thank you again for participating in this research!**

More information If you have any questions or concerns, please contact the Centre for Gambling Research Project Manager, Megan Whitty via email ([Megan.Whitty@anu.edu.au](mailto:Megan.Whitty@anu.edu.au)) or call (02) 612 57679. Alternatively, if you have any concerns and/or you feel you are unable to discuss this with us directly, please contact ANU Human Research Ethics Committee by email ([Human.Ethics.Officer@anu.edu.au](mailto:Human.Ethics.Officer@anu.edu.au)) or call +61 2 6125 3427.

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Australian  
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CENTRE FOR  
GAMBLING RESEARCH

Q1 What was the main reason motivating you to take part in the **Gambling Support Study**?

- I was referred to the study by my manager
- To find out more about how gambling affects others
- To help others experiencing harm from gambling
- To share my experiences
- To participate in research
- Other (please describe)

Q2 How did you find the research experience?

*Indicate the degree to which you agree with each statement:*

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I feel that my participation in this study was worthwhile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information given to me about the study was straightforward and easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt the researcher conducting the interview was approachable and professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Australian  
National  
University

CENTRE FOR  
GAMBLING RESEARCH

Q3 Do you feel participating in this research is important and valuable? Why/why not?

Q4 What do you think about the three animated clips?

*Indicate the degree to which you agree with each statement:*

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I think the content and tone of the clips are appropriate for the subject matter (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that the stories and characters portrayed are authentic (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can relate to the themes portrayed in the clips through my work (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the resources are useful in raising awareness about the impact of harm experienced by 'affected others' (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the resources will encourage people experiencing harm from another person's gambling to attend gambling help services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I think the 'You're not alone' series – as a stand-alone resource – are informative and engaging (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Australian  
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University

CENTRE FOR  
GAMBLING RESEARCH

Q5 Where do you think is appropriate to use these resources?

- Gambling specific services
- Other services (Women's health, Victims services, GP clinics etc.)
- On social media (Facebook, Twitter)
- In mainstream media (TV, radio ...)
- Other (please specify)

Q6 Do you think these resources are a good fit for use within your organisation?

- Yes
- No
- Maybe

Q7 Where would you personally use these clips in your organisation? (e.g. as an educational tool for clients)

Q8 What do you think the next step in disseminating these resources should be?

Q9 Which is your favorite of the three animated clips?

- Financial harm
- Interpersonal harms
- Personal harms



Australian  
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University

CENTRE FOR  
GAMBLING RESEARCH

Q10 Why do you like this clip the best?

- It resonates with me personally
- I like the characters portrayed
- It looks the most polished
- I'm not sure why

Q11 Do you believe the opportunity to provide feedback after participating in a study like this is important? Why/why not?

Q12 Is there anything you would like to provide feedback on regarding this study or how it was carried out?

-End-

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Australian  
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GAMBLING RESEARCH

## Gambling Support Study - Participant Feedback

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### Introduction

Hello.

You were recently interviewed as part of the **Gambling Support Study**. We are following up with participants to (a) share the animated resources we developed, and (b) gain insight into the level of satisfaction participants experienced with the research process. We would be grateful if you could take a few minutes to complete this survey. Your help with this is appreciated but it is completely voluntary

All responses will be anonymous and kept confidential. Consent for participating in the survey is inferred by online completion. Please answer all the questions honestly and feel free to add any comments at the end of the survey.

**Thank you again for participating in this research!**

### More information

If you have any questions or concerns, please contact the Centre for Gambling Research Project Manager, Megan Whitty via email ([Megan.Whitty@anu.edu.au](mailto:Megan.Whitty@anu.edu.au)) or call (02) 612 57679.

Alternatively, if you have any concerns and/or you feel you are unable to discuss this with us directly, please contact ANU Human Research Ethics Committee by email ([Human.Ethics.Officer@anu.edu.au](mailto:Human.Ethics.Officer@anu.edu.au)) or call +61 2 6125 3427.

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Q1. What was the main reason motivating you to take part in the **Gambling Support Study**?

- I was referred to the study by my counselor/service provider (1)
  - To find out more about how gambling affects others (2)
  - To help others experiencing similar harm from gambling (3)
  - To tell my story (4)
  - Other (please describe) (5)
- 

Q2. I felt the researcher conducting the interviews was approachable, easy to contact, and professional

- Strongly agree (1)
  - Somewhat agree (2)
  - Neither agree nor disagree (3)
  - Somewhat disagree (4)
  - Strongly disagree (5)
- 

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Q3. I feel that my participation in this study was worthwhile and it was overall a positive experience

- Extremely positive (1)
- Somewhat positive (2)
- Neither positive nor negative (3)
- Somewhat negative (4)
- Extremely negative (5)

Q4. Did you find the experience empowering? If so, how?

Q5. What do you think about the three animated clips?

*Indicate the degree to which you agree with each statement:*

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I think the content and tone of the clips are appropriate for the subject matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that the stories and characters portrayed in these resources are authentic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can personally relate to some or all of the themes portrayed in the clips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the resources will be useful in raising awareness about the impact of harm experienced by people affected by a partner or family members gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I think the animations are informative and engaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q6. Would you use these clips personally? (e.g. as an educational tool for friends/family/children?)

Q7. Which is your favorite of the three animated clips?

- Image: Financial harm
- Image: Interpersonal harms
- Image: Personal harms

Q8. Why do you like this clip the best?

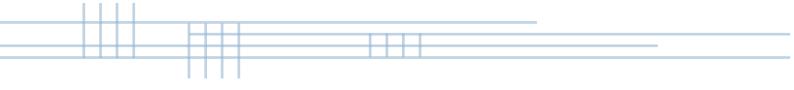
- It resonates with me personally
- I like the characters portrayed
- It looks the most polished
- I'm not sure why

Q9. Do you feel this research is important and valuable? Why/why not?

Q10. Is there anything you would like to provide feedback on regarding this study or how it was carried out?

-End survey-

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## Notes

1. The term 'affected others' is used throughout this report, rather than 'concerned significant others', which is also used in the literature. This is to maintain consistency across ANU Centre for Gambling Research reports and with the primary frame of reference used in this study (Langham et al. 2015).
2. A note on terminology: Reflecting efforts in the literature and wider field of gambling research, this report deliberately does not reference 'problem gambling'. Instead, the term 'gambling disorder' is used throughout. A gambling disorder is characterised by repeated problematic gambling causing significant personal impairment or distress (American Psychiatric Association 2013). A gambling disorder is associated with a diverse range of consequences, including significant financial hardship, financial crime, interpersonal conflict, social disengagement, decreased productivity, psychological distress and physical health issues (e.g. sleep deprivation) (Langham et al. 2015, Shannon et al. 2017). 'Gambling-related harm' is defined as any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population (Langham et al. 2015).
3. <https://csrm.cass.anu.edu.au/centres/cgr>
4. [https://www.facebook.com/Gambling-Support-Study-661784854294286/?modal=admin\\_todo\\_tour](https://www.facebook.com/Gambling-Support-Study-661784854294286/?modal=admin_todo_tour); <https://csrm.cass.anu.edu.au/centres/cgr/projects>
5. All six participants consented, one with the preference for a voice-over artist to be used instead of the interview recording itself.

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