



The relationship between gambling and intimate partner violence against women

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ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

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ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800 RESPECT–1800 737 732 and Lifeline–13 11 14.

Contents

List of tables	4
List of figures	4
Key acronyms	5
Executive summary	6
Aim of the study	6
Methods	6
General discussion of findings	7
Findings in relation to the research questions	10
Recommendations	11
Conclusion	14
CHAPTER 1:	
Introduction	15
Research aims and questions	16
CHAPTER 2:	
State of knowledge review	17
Gambling and problem gambling	17
The prevalence of DFV among people with a gambling problem	18
Relationships between gambling and DFV	19
Towards a socio-ecological understanding of the relationship between gambling and DFV against women	28
Conclusion	30
CHAPTER 3:	
Methodology	31
Theoretical framework	31
Methodological approach	31
Stage 1: Interviews with service providers	32
Stage 2: Interviews with participants with lived experience of gambling-related IPV	35

Stage 3: Re-analysis of the interviews with older women	38
Data analysis	38
Enhancing the trustworthiness of the research	40
Ethical considerations and approvals	40
 CHAPTER 4:	
A socio-ecological analysis of gambling-related IPV against women	42
Participants	42
The interaction of IPV with a male partner's gambling	43
The interaction of IPV with a female partner's gambling	44
The women's experiences of violence	44
The women's experiences of economic abuse	45
The broad determinants of gambling-related IPV against women	48
Gambling-specific determinants of IPV against women	61
Adaptive grounded theory model	78
 CHAPTER 5:	
Service provision for clients with reported gambling-related IPV	80
Participants	80
Service provision for women experiencing gambling-related IPV	80
Experiences of presenting clients	82
Client groups	83
Service providers' perspectives	85
Service providers' suggestions for improvements	91
Conclusion	93

CHAPTER 6:	
Conclusions and recommendations for policy, practice and research	94
Interaction of problem gambling with gendered drivers of IPV	94
Gambling-specific determinants of IPV against women	95
Key recommendations aimed at preventing and reducing the gambling-specific determinants of IPV against women	97
Strengths and limitations of the research	101
References	102
APPENDIX A:	
State of knowledge review methodology	116
APPENDIX B:	
Interviewer guide for the interviews with service providers	119
APPENDIX C:	
Interviewer guide for the interviews with lived experience participants	124
APPENDIX D:	
Key characteristics of participants whose interviews were analysed	133
APPENDIX E:	
Situational maps	136

List of tables

Table 1: Characteristics of service providers (N = 39)	34
Table 2: Characteristics of lived experience participants (N = 77)	36
Table 3: Number of interviews analysed for each group of women with lived experience	38
Table 4: Organisation of socio-ecological levels, meta-themes and core themes in the analysis	39
Table 5: Gambling-specific determinants of IPV against women	96

List of figures

Figure 1: Socio-ecological model of the determinants of gambling-related IPV against women	79
Figure 2: A positional map of the interaction of problem gambling with gendered drivers of IPV	95

Key acronyms

ANROWS	Australia's National Research Organisation for Women's Safety
AOD	Alcohol and other drugs
APA	American Psychiatric Association
CALD	Culturally and linguistically diverse
DFV	Domestic and family violence
DVO	Domestic violence order
EGM	Electronic gaming machine ("pokie" or poker machine)
IPV	Intimate partner violence
WHO	World Health Organization

Executive summary

Australians are the world's biggest gamblers with the highest per capita gambling losses (Boyce, 2019). A substantial proportion (16.7%) of Australians who gamble monthly or more often have symptoms of a gambling problem. A gambling problem is defined as difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others or the community (Armstrong & Carroll, 2017; Neal, Delfabbro, & O'Neil, 2005). Previous research has found that gambling problems are clearly and strongly linked to being a perpetrator or a victim/survivor of domestic and family violence (DFV), particularly intimate partner violence (IPV) (Dowling et al., 2014; Dowling et al., 2019). Given that gambling problems in Australia are widespread, a detailed understanding of the nature of the relationship between gambling and IPV is needed to inform appropriate interventions to reduce this violence against women.¹

Aim of the study

This study aimed to investigate the nature of the relationship between gambling and IPV against women by a male partner. Four research questions guided the study:

1. How does gambling by a male partner interact with his violence against his female partner?
2. How does gambling by a female partner interact with violence from her male partner?
3. How does gambling by a male partner interact with his economic abuse of his female partner?
4. Do older women have distinctive experiences of violence from a male partner linked to gambling?

The study focused on IPV by men against a female partner because this is the most common form of DFV linked to gambling (Dowling et al., 2014; Dowling et al., 2019). Gambling-related IPV in this study refers to situations where the IPV is linked to the perpetrator's gambling (where the male perpetrator of IPV has a gambling problem) or where the IPV is linked to the victim's/survivor's gambling (where the female victim/survivor of IPV has a gambling problem).

¹ "Gambling problems" and "problematic gambling" are terms also used in this study in recognition that the harm from gambling is not caused solely by those meeting criteria for a clinical diagnosis of "problem gambler". Substantial harm is also caused by those with lower levels of problem gambling severity (Browne et al., 2016; Browne et al., 2017).

The study examined IPV in accordance with the definition of it found in the *National Plan to Reduce Violence against Women and their Children 2010–2022* (Council of Australian Governments, 2011, p. 2):

[IPV includes] acts of violence that occur between people who have, or have had, an intimate relationship. [Its] central element [...] is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening.

Methods

The study was designed to address several gaps in knowledge. Most previous research into gambling-related IPV has measured whether or not violent acts have occurred between partners, where one or both have a gambling problem. In contrast to this "violent incidents" approach, the current study focused on victims/survivors' lived experiences to understand how gambling also interacts with patterns of coercive control. The study was also designed to examine the socio-ecological context within which this violence occurs to inform interventions across areas of influence. Gender and power in relationships are critical elements in IPV. Accordingly, the study drew on concepts from the Socio-Ecological Model of Violence against Women (Our Watch, Australia's National Research Organisation for Women's Safety, & VicHealth, 2015) to examine how gambling interacts with gendered drivers of violence against women. Gendered drivers are factors that consistently predict higher levels of violence against women (e.g. disrespect of women); where these gendered drivers are present, additional factors (such as alcohol consumption) can increase the frequency and severity of this violence (Our Watch et al., 2015). Due to the absence of existing theory, our research used an adaptive grounded theory approach, including situational analysis, to develop a model of the determinants of gambling-related IPV against women.² Thus, the study explored not just the individual- and

² Classic grounded theory method (GTM) comprises a purely inductive approach to investigation in order to construct theory (Charmaz, 2006; Charmaz & Henwood, 2007; Glaser & Strauss, 1967). Adaptive grounded theory (Layder, 1998) instead uses both inductive and deductive procedures to develop and explain theory, in recognition that existing theory can be modified and elaborated upon based on new data (Strauss, 1987; Strauss & Corbin, 1994). The study also used two situational analysis tools to deepen the adaptive grounded theory approach: situational maps to identify the main elements in the

relationship-level factors that co-occur in gambling-related IPV, but also their interaction with reinforcing factors at societal and organisational levels.

To align with this overall study design, we selected unstructured, in-depth interviews as an appropriate way for participants to share their experiences of gambling-related IPV. While the interviewers were provided with detailed prompts they could use, they found that the participants needed very little prompting, apart from those used in a normal conversational style. We interviewed 72 women across all Australian jurisdictions with lived experience of gambling-related IPV perpetrated against them by a male partner. In line with ethics requirements and approval, we recruited only women who had experienced gambling-related IPV and received professional help for one or both of these issues. To capture the broad types of situations within which this violence occurs, 24 women were recruited with lived experience of IPV related to their own gambling and 48 women with lived experience of IPV related to a male partner's gambling. Of these latter 48 women, 18 opted to focus their interview mainly on economic abuse. We provided this option to gain detailed insights into this type of IPV which is commonly associated with gambling problems. We also interviewed five men who had perpetrated gambling-related IPV against a female partner and who had participated in a behavioural change program. Recruitment took place between July 2018 and April 2019, mainly through support services for gambling and DFV and online advertising.

To further enrich understanding, we interviewed 39 service providers working in DFV, gambling, financial counselling, and culturally specific support services, who had professional experience working with women victims/survivors or male perpetrators of gambling-related IPV. Interviews were semi-structured to ask for short cases of clients affected by gambling-related IPV, and to advance understanding of service provision and associated barriers and enablers. Inductive and deductive analysis identified themes that were integrated into a socio-ecological model of the determinants of gambling-related IPV against women (Chapter 4).³

situation, and positional maps to depict the broad types of situations found in relation to gambling-related DFV against women (Clarke, 2003; Clarke & Friese, 2007).

3 Inductive reasoning is a "bottom-up" approach that uses participants'

General discussion of findings

Broad determinants of IPV against women

Based on the interviews, the presence of several gendered drivers of violence against women and reinforcing factors appeared to set the broader context for the IPV experienced by the women in this study. At the individual and relationship levels, these gendered drivers included perpetrators' condoning of violence against women, rigid gender roles and expectations that characterised the relationship, male control over family decision-making, and having family and friends who condoned aggression and disrespect of women. Other factors frequently interacted with these gendered drivers to increase the frequency and severity of the IPV against these women. These included perpetrators' previous experiences of violence, their substance use and mental health issues, and backlash if their partner questioned his authority.⁴ Several organisational/systems influences also reinforced the IPV, including gendered responses to victims/survivors from services, particularly police and justice systems, as well as limits to effective support available through domestic violence orders (DVOs), emergency help and other support services. Gendered social norms, norms tolerating violence against women, and the stigma of IPV were societal factors that appeared to exacerbate women's experiences of IPV.

Gambling-related determinants of IPV against women

Within the broader context described above, this research found that gambling by both men and women intensified IPV against women. The gambling-related determinants of IPV identified in this study are summarised below.

experiences and views to identify broader themes and develops theory interconnecting these themes; deductive reasoning is a "top-down" approach that begins with theory, develops hypotheses to test the theory, and analyses data to investigate whether they support or contradict the theory (Creswell & Plano Clark, 2007).

4 Backlash refers to the (often aggressive) resistance to change that occurs where existing or expected power differentials and hierarchies are challenged (Our Watch et al., 2015).

Individual and relationship influences relating to gambling

Characteristics of problem gambling interact with gendered drivers of violence against women to reinforce IPV

Problem gambling is characterised by preoccupation with gambling, cravings, urges and withdrawal symptoms (Griffiths, 2005). Women described how their male partner's preoccupation with gambling exacerbated his controlling and self-centred tendencies to the exclusion of his family's welfare. Cravings and urges to gamble, and irrational beliefs about winning, resulted in anger and frustration if unable to gamble, typically directed at the female partner who was blamed for his gambling losses. Many women described how their partner's gambling escalated steeply over time, along with the frequency and severity of his violence. Female victims/survivors of IPV with a gambling problem used gambling as a means of physically and emotionally escaping their partner's abuse. Women described their own gambling problems as escalating rapidly. Male partners used the woman's gambling as an excuse to perpetrate violence against her, while frequenting gambling venues to escape from abuse exacerbated her gambling problem.

Financial stressors from gambling reinforce IPV

The men with a gambling problem usually exercised control over the family's finances and subjected their female partner to economic abuse as the gambling losses escalated. Verbal, emotional and physical violence were used to silence her criticisms of his gambling and to coerce her into providing money. Many women lived in constant fear, submitting to their partner's demands to try to avoid further violence. Most women reported that the resulting poverty trapped them in the relationship, extending their victimisation, with the abuse intensifying as the gambling problem worsened. Those who left their relationship were typically destitute and in debt, with little prospect of ever recovering financially. Where the woman had a gambling problem, financial effects were also acute and could include economic abuse of her partner, such as creating debt and using household funds for gambling without her partner's knowledge. Women described being humiliated, threatened, punched and raped after gambling

losses. A cycle of violence emerged as women's gambling losses accumulated, and arguments escalated.

Emotional stressors from gambling reinforce IPV

The women typically felt shocked and betrayed to learn of their partner's gambling and economic abuse which he had typically concealed for a long time. They reported ongoing stress as gambling losses increased. Many women blamed themselves for not recognising the problem earlier and felt powerless to change the situation. Many women with a gambling problem believed they deserved their partner's abuse. Regardless of which partner gambled, women typically felt guilt and shame and diminished self-worth which reportedly deterred help-seeking and lowered their capacity to leave the relationship. Having a gambling problem also increased the emotional stress of the person who gambled. Women consistently reported a cycle of abuse, where their partner's violent outbursts were preceded by his mounting stress over and tension surrounding his gambling.

Relationship stressors from gambling reinforce IPV

Problem gambling contributes to numerous relationship stressors due to financial pressures, prioritisation of gambling over the family, and disruption to family functioning. Where gambling causes conflict with an abusive man, triggers for violence multiply. Many women recalled violent backlash when they questioned their partner's gambling. Gambling problems among women also contributed to arguments and lack of trust. Most women reported being abused by their partner before they developed a gambling problem, but this violence escalated as relationship stressors grew.

The interaction of problem gambling with substance use

Women reported that they or their partner being affected by alcohol or drugs, especially crystal methamphetamine, dramatically increased their gambling. They described alcohol- and drug-fuelled violence following gambling losses as escalating quickly and viciously, with women being terrified for their own and their children's safety.

The interaction of problem gambling with mental health issues

Women who gambled frequently reported anxiety or depression prior to their own uptake of gambling, and were attracted to gambling to cope with these issues, as well as with their IPV victimisation—which further eroded their mental health.

Organisational and systems influences relating to gambling

Gambling venues, practices and products facilitate problem gambling

Certain gambling industry practices were said to exacerbate gambling problems, including the extensive accessibility and advertising of gambling. Both participants with lived experience and service providers particularly criticised electronic gaming machines (EGMs or “pokies”), and also wagering and casino gambling, as major sources of gambling problems, exacerbating IPV against women by abusive male partners. Participants with lived experience also provided personal examples of venues that consistently ignore problem gambling behaviours, including gambling away lump sum payments and very long gambling sessions. None of these participants reported that they or their partner were offered any assistance from a venue for the gambling problem, even when they or their partners visited the venue in distress about the gambling. Some of these participants also said that venues were passive bystanders to perpetrators’ abuse of their female partner in relation to his or her gambling, with no efforts reported to protect the ongoing safety of women.

Attractive features of gambling venues

Women who gambled, as well as service providers, highlighted the attraction of gambling venues as “safe spaces” for women to physically and emotionally escape from IPV. Being highly accessible and open late at night, women were also attracted by these venues’ inviting atmosphere, comfortable environment, security, free food and child-minding facilities. Many women were attracted by the social connection in these venues, particularly with staff. These frequent but superficial interactions helped to reduce social isolation, while allowing women to keep their domestic problems private. However, their frequent use of EGMs exacerbated their gambling problem and often resulted in further violence from their partner.

Limited support for women who are financially destitute

Several factors emerged as important considerations in service provision when IPV is related to gambling. Women victims/survivors were often financially destitute from the economic abuse by their male partner and reported needing immediate practical, financial and accommodation support for themselves and their children. Finding emergency help was often extremely difficult, especially in regional locations. These difficulties were reported to greatly deter women from leaving a violent relationship or to result in them returning to their abusive partner.

Limited recognition by services of problem gambling as a contributor to IPV

Participants consistently noted the limited recognition of gambling as a contributor to IPV, including by police and the justice system; social services; and some gambling, DFV and other support services. Women reported that some organisations downplayed the male partner’s gambling problem or considered it irrelevant to the situation. Screening and support for these intersecting issues were inconsistent across the services sector.

Limited recognition by services of gambling-related economic abuse

Economic abuse often went unrecognised, particularly by non-gambling specific services. Slow and ineffective responses from the justice system and financial institutions could enable the economic abuse to continue, often for many years.

Little knowledge about problem gambling issues in some services limiting assessment and referral

Service providers noted that gambling was not on the radar for some services, limiting screening and referrals to appropriate financial, legal or counselling support. Some women attending gambling help found their IPV victimisation was ignored, even though it was the underlying reason for their gambling. Women also noted the difficulties of referrals between services, and the benefits of integrated services that could provide support for IPV; economic abuse; and gambling, mental health and substance use problems.

Limited protection against gambling-related economic abuse by financial institutions

Participants noted that financial institutions provided little protection against economic abuse. Perpetrators were reportedly able to forge their partner's signature on mortgage redraws, loan applications and asset sales documents, and spend this money on gambling. Measures to prevent further financial loss were reported to be inadequate or slow. Service providers highlighted the importance of effective responsible lending and fraud detection practices by financial institutions.

Societal influences relating to gambling

Social norms around gambling

Heavy gambling was reportedly embedded into family and peer subcultures for many men with gambling problems. Gambling venues were places where men could find peer encouragement to subordinate women and gamble heavily. Many women reported resistance from their partner's family and friends if they criticised his gambling, as gambling was viewed as a normal male activity. These norms drive the social acceptance of heavy gambling and contribute to the related IPV.

Low community awareness and knowledge of problem gambling

The normalisation of gambling can hinder recognition that gambling problems have severe consequences. Many women did not link their partner's gambling to the family's financial distress or his abusive behaviour. Family and friends were also reported to have little understanding that gambling could be so destructive. Family members and partners were therefore ill equipped to recognise symptoms of a gambling problem, assist those affected to seek help, or take action to protect themselves and their family's finances. Unresolved gambling problems tend to escalate, potentially increasing gambling-related IPV by abusive male partners.

Stigma of problem gambling

All women interviewed felt that problem gambling was intensely stigmatised. This stigma often deterred these women from seeking social support and professional help, extending the time they spent in the abusive relationship. Service

providers noted that it may take many sessions before IPV victims/survivors reveal their gambling problem due to the associated shame, delaying the provision of appropriate help.

Few alternative safe spaces for women in the community

The use of gambling venues as safe spaces to escape from IPV increases the risk for women victims/survivors of IPV of developing a gambling problem. Women's patronage of gambling venues as refuges from abuse reflects a broader lack of safe spaces in the community for women. A lack of safe spaces, both recreationally and for women seeking refuge, was identified as a key factor contributing to gambling problems among women and their IPV victimisation.

Findings in relation to the research questions

How does gambling by a male partner interact with his violence against his female partner?

EGMs were the most common source of gambling problems among the men referred to in this study, although some also experienced problems with casino, race or sports gambling, including online betting. The vast majority of women reported that their partner was abusive and controlling before the commencement of his gambling problem. Male perpetrators reportedly intensified both their violence and gambling over time. This pattern often commenced with anger and arguments over gambling, followed by increased verbal and emotional abuse. As the gambling problem escalated, physical and sexual violence could also occur. Some men were reportedly physically violent before the gambling became problematic, with this violence intensifying with the gambling problem. Within this longer term pattern, the abuse typically cycled through shorter term phases linked to gambling activities, involving tension-building when unable to gamble, violent outbursts linked to losses, then subsidence before the cycle recommenced.

How does gambling by a female partner interact with violence from her male partner?

Gambling problems among the women stemmed exclusively from EGMs, which they played to gain physical and emotional respite from their partner's abuse. Some women experiencing economic abuse also gambled to acquire money to support the household, while others gambled to gain some independence from a domineering partner through having a separate pastime, or in the hope of a large windfall so they could leave the relationship. Nearly every woman characterised her male partner as controlling, self-centred and misogynistic. Against a backdrop of controlling and coercive behaviours, violent incidents often occurred after gambling losses, with perpetrators blaming her gambling for all problems in the relationship and using it to justify their violence. Most women reported developing a gambling problem after the IPV commenced, although a few reported developing the gambling problem first. Regardless of the temporal sequence, escalating IPV prompted increased use of EGMs by these women, compounding their gambling problem and its consequences, with the partner then responding with more violence. These women were in a relentless cycle of gambling and abuse.

How does gambling by a male partner interact with his economic abuse of his female partner?

Nearly all male partners with a gambling problem perpetrated economic abuse. This most commonly involved economic exploitation of the woman's resources to gain money for gambling, and included stealing from the woman, children or family business; spending all his income on gambling; withdrawing money from her accounts without permission; gambling money earmarked for household expenses; and frequently lying about where the family's money was going. Perpetrators often created debt for their partner without her knowledge by fraudulently using her credit cards and forging her signature on loans or extended mortgage applications. Economic control included preventing the woman from having any money or allocating her a meagre amount to maintain the household. Some men also sabotaged the woman's efforts to gain or keep employment or to advance

her qualifications. Economic control appeared to be part of these men's broader agenda of coercive control.

Do older women have distinctive experiences of violence from a male partner linked to gambling?

Older women are a priority group identified by Australia's National Research Organisation for Women's Safety (ANROWS), so we re-analysed the interviews with 22 of the 72 women aged 50 years or over to address this research question. Most of the older women had experienced IPV many years and even decades ago, in a context of strict gender roles, strong social pressure to stay married, and IPV as a private matter. They reported extremely poor institutional responses, with a lack of emergency, DFV or gambling help services, and discrimination and victim-blaming by police. This extended these women's experiences of violence and had long-lasting consequences. Several spoke of lifelong trauma and damage to relationships with children, family and social networks. Most women had never recovered from the economic abuse, and were unlikely to do so given the limited working life they had left. Many women had avoided re-partnering due to loss of trust in others and their eroded self-esteem. Some women gambled to escape loneliness and boredom in older age. The experiences of these older women serve to emphasise the importance of continued efforts to reduce gender inequality in the prevention of violence against women; adequate services and systems to support women victims/survivors of IPV; and increased societal awareness of the links between gambling and IPV to assist victims/survivors to gain appropriate support in the future.

Recommendations

Multi-level public health strategies involving multiple stakeholders, settings and responses are needed to tackle gambling-related IPV. Each level in the socio-ecological model can be thought of as a level of influence and a key point for prevention. The public health approach locates prevention strategies at three temporal points according to when they occur (Walden & Wall, 2014). When applied to IPV, primary prevention aims to prevent IPV from occurring,

and includes whole-of-population strategies. Secondary prevention is aimed at individuals showing early signs of risk, and includes early detection and early interventions. Tertiary prevention aims to reduce the consequences and impacts of IPV and prevent recurrence.

Primary prevention recommendations

The findings of the study highlight low community awareness of the links between gambling and IPV, and that economic abuse commonly co-occurs with problem gambling. This indicates a need for community education aimed at preventing gambling-related IPV and economic abuse before they occur, including population-level strategies. State and federal governments should increase this community awareness through the dissemination of health promotion tools and messages in a range of media to increase recognition of early signs, reduce stigma, and promote help-seeking. Health and community services should also make this information available to clients through educational materials and social media. Education providers (universities, TAFEs, schools) could conduct regular awareness-raising interventions about DFV, problem gambling and their co-occurrence to increase knowledge and understanding about their causes and consequences. All gambling operators should provide patrons with information about the links between gambling and IPV and sources of help, via prominently displayed signage, takeaway cards, messages on EGMs and websites, and a range of other media. Financial institutions should display contacts for problem gambling, financial counselling and DFV services in foyers and on ATMs and provide information on how to recognise and respond to these issues.

Given the strong links found between problem gambling and economic abuse, interventions are needed to minimise economic exploitation. Financial institutions should prevent use of credit for gambling by blocking merchant codes for all gambling operators from credit card transactions. They should also implement responsible lending practices that ensure that loans, including credit card debt, are extended only to people able to repay them. Financial institutions need stronger protocols and practices in place to prevent fraudulent financial practices against family members due to gambling, taking into account the possibility that DFV

and economic abuse is being perpetrated to manipulate and deceive family members.

This study found that women victims/survivors of IPV patronise gambling venues because they are some of the few safe spaces in the community where they can escape from abuse, but this increases their risk of gambling problems and further IPV. Alternative recreational spaces for women are needed where they can socialise and gain respite from domestic problems. Local governments should work to increase safe recreational spaces for women in their community. Community consultation is important to ensure these spaces are viable, welcoming and engaging for women, and provide culturally and age-appropriate facilities and activities to meet the varied interests of women. Governments at all levels could provide funding for women-led community initiatives that encourage alternative leisure activities for women.

Secondary prevention recommendations

This study highlighted limited recognition by some services of problem gambling as a contributor to IPV. Professional development for key workers (e.g. health and service providers, police, gambling operators, staff at financial institutions) aimed at early detection of gambling-related IPV is needed. This includes continuous professional development to raise awareness of the links between gambling and IPV; the gendered drivers of violence against women and the reinforcing role of gambling; the importance of early intervention; and indicators of gambling-related violence and how to respond appropriately. DFV, gambling and financial counselling services should also screen for mental health and substance use issues to enhance effective responses and referrals. This professional development may require further resourcing and capacity-building for these services, and specific education about referral.

While integrated services typically screen for a wide range of issues, specialist services may not do so. Screening and assessment tools with specific questions about gambling and IPV should be used by all DFV, gambling and financial counselling services to enhance effective treatment and referral. This may require further resourcing and capacity-building for the health and services sectors, and proactive

efforts by specialist services to build stronger networks so they can refer clients appropriately.

Other services and systems also appeared to have low awareness of how problem gambling can contribute to IPV. Further resourcing and capacity-building for the police and justice systems is needed so they can be proactive in assessing situations where IPV and gambling issues are linked, and provide effective responses and referrals for victims/survivors and perpetrators. Financial institutions also need to increase their capacity to help minimise IPV perpetrated by customers at risk of gambling-related financial distress. Staff should be trained to be alert to signs of DFV, economic abuse and coercion, and to confidentially check risks to women's safety and refer them to sources of help.

Access to safe spaces for women who are at risk of gambling-related IPV and who are socially isolated is needed. The study found that women use gambling venues as refuges to gain temporary relief from abuse. Local and/or state governments could establish safe refuges for women at risk of victimisation or who are seeking temporary respite from IPV. Women should be consulted in order to understand security risks in their community and the types of facilities where they could feel physically and emotionally safe. Prevention and outreach activities could then be arranged in connection with these facilities to help address gambling, IPV and other issues these women may be facing. Building on existing women's groups and support networks within local communities is crucial to optimise the effectiveness of outreach activities.

Participants identified numerous gambling industry practices that facilitate problem gambling and therefore contribute to gambling-related IPV. Gambling operators need to play an active role in minimising gambling-related IPV among individuals who are clearly at risk of victimisation or perpetration. Gambling operators should implement protocols and practices to help prevent and address gambling-related IPV. These include training venue personnel in IPV awareness and active bystander responses, including practical strategies for dealing with threats to women's immediate and ongoing safety. Regulatory requirements are needed for venues to implement interventions that reduce gambling-related harm (see Livingstone et al., 2019 for a thorough review). These

include changes to gambling products so they are less addictive; improved tools for customers to self-limit their gambling (e.g. pre-commitment systems); reduced accessibility and advertising of gambling; and the prevention of gambling by patrons showing signs of problem gambling and assistance for them to seek professional help.

Tertiary prevention recommendations

This study highlighted the benefits of integrated service responses for women victims/survivors of gambling-related IPV that involve treatment and support for IPV, gambling, and financial and comorbid issues. Appropriate and timely client referral and coordinated case management are needed. Accordingly, the co-location of gambling, DFV, financial counselling and mental health services, and strengthened networks with allied services (e.g. police, emergency accommodation, legal services), should be increased. Specialist services need to ensure they have adequate referral pathways supported by improved provider networks, particularly in regional areas where collaborative case management across services may be necessary.

Women in this study were often financially destitute but found it difficult to access emergency support when leaving a violent relationship. Increased crisis support is clearly needed, including financial and practical support, emergency accommodation, and immediate assistance to enhance safety (e.g. immediate access to DVOs; assistance to protect against digital abuse and stalking; home security systems). Funding for these services needs to be increased, regular and longer term, both to maintain existing services and to support growing and unmet demand. The gambling industry should directly fund services that assist victims/survivors of gambling-related IPV, to increase practical support to help women leave abusive relationships.

Some service providers noted the heightened vulnerability of certain cultural groups to both IPV and gambling problems. They also noted the benefits of providing outreach programs in collaboration with these communities. Dedicated funding is needed for outreach programs for regional/rural areas and for specific services for Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) communities.

Some service providers noted the scarcity of perpetrator rehabilitation programs and the difficulty of accessing these for clients. Effective rehabilitation of perpetrators is needed to reduce the re-occurrence of IPV. Where IPV is linked to the perpetrator's gambling, rehabilitation also requires treatment to address the gambling problem. Increased funding is needed for effective rehabilitation of perpetrators to prevent reoffending to ensure the safety of women and their families, including where IPV is linked to gambling.

In this study, nearly all IPV perpetrators with a gambling problem economically abused their female partner. Financial institutions therefore need to adequately protect women against gambling-related economic abuse. They should identify financial markers of problem gambling among customers (e.g. large transactions through gambling venues) and offer to assist them and their families to minimise the financial harms from gambling. They should also review their practices to ensure women are adequately protected against fraudulent activities by problem gambling partners, and to act quickly to limit further financial losses when discovered. This may require enhanced government and community scrutiny over the role of financial institutions in helping to reduce the harms from gambling-related IPV.

Conclusion

Where gendered drivers of violence against women are present, problem gambling exacerbates IPV against women, intensifying abusive behaviours due to the severe stresses that problem gambling places on individuals and relationships, and through organisational, systems and societal factors that reinforce problem gambling and gambling-related IPV.

CHAPTER 1:

Introduction

International and Australian research indicates a consistent link between problem gambling and domestic and family violence (DFV). Between 34 percent and 63 percent of people with a gambling problem report experiencing past-year DFV (Dowling et al., 2014; Korman et al., 2008; Suomi et al., 2019); DFV is more common in this cohort than among non-problem gamblers (Afifi, Brownridge, MacMillan, & Sareen, 2010; Roberts et al., 2016; Roberts et al., 2018). Family members report that victimisation co-occurs with the perpetrator's gambling problem and anger about immediate gambling losses, or with the perpetrator's accumulated anger about the victim's/survivor's gambling behaviour and related stressors (Suomi et al., 2013; Suomi et al., 2019). DFV can also motivate victims/survivors to gamble as a coping mechanism for past or current abuse, and to use gambling venues as "safe spaces" to escape from violence (Browne et al., 2016; Hing, Nuske, & Breen, 2017). While all types of abuse might be associated with gambling, economic abuse may be particularly common given the financial impacts of even moderate-level gambling and the large expenditure involved in sustaining a gambling habit (Browne et al., 2016).

Despite evidence for the co-occurrence of problem gambling and DFV, including intimate partner violence (IPV), relatively little research has examined the nature of this relationship. While several quantitative studies have examined prevalence rates, types of violence involved, and correlates of perpetration and victimisation, the complex relationships between problem gambling and DFV remain largely unexplored (Dowling et al., 2014; Roberts et al., 2016; Roberts et al., 2018). In-depth, qualitative investigations are missing. Noticeably absent is research that considers the role of gambling as a reinforcing factor potentially interacting with gendered drivers of violence against women to increase DFV against women. This is a critical gap in knowledge, given that women are more likely than men to be victims/survivors of DFV, including gambling-related DFV (Bellringer et al., 2017; Dowling et al., 2014; Lavis, Harvey, Battersby, & Smith, 2015; Roberts et al., 2018), demonstrating the asymmetric, gendered nature of this violence. Most gambling-related DFV occurs among intimate partners (Bellringer et al., 2017; Dowling et al., 2014; Dowling et al., 2016), indicating that gambling-related violence involving current and former partners warrants particular attention.

As widely supported by research and policy, gender inequality is at the core of violence against women, with higher levels of this violence predicted by disrespectful beliefs and behaviours towards women, low support for gender equality, and the maintenance of rigid or stereotypical gender roles, relationships and identities (European Commission, 2010; Heise & Kotsadam, 2015; Our Watch, Australia's National Research Organisation for Women's Safety, & VicHealth, 2015; World Health Organization & London School of Hygiene & Tropical Medicine, 2010). These gendered drivers set the social context for violence against women, enabling various reinforcing factors to increase its frequency and severity. These include the condoning of violence in general; experience of and exposure to violence; weakening of prosocial behaviour such as through harmful use of alcohol; socio-economic inequality and discrimination; and backlash factors associated with challenges to male dominance, power or status (Our Watch et al., 2015). To date, the role of gambling as a reinforcing factor for IPV against women in the context of gendered drivers has not been considered. This is surprising, given, for example, the potential of gambling problems to weaken prosocial behaviour and to challenge men's control over household finances; the enormous stressors that problem gambling can place on intimate partner relationships; the highly gendered nature of gambling with different normative standards of behaviour for men and women; the severe stigmatisation of women with gambling problems; and gambling marketing that sexualises and denigrates women, promotes laddish cultures, and reinforces gender stereotypes (Gordon, Gurrieri, & Chapman, 2015; Hing et al., 2017; Hing, Russell, Gainsbury, & Nuske, 2016; Milner, Hing, Vitartas, & Lamont, 2013; Raymen & Smith, 2017).

Further, most previous studies into gambling-related DFV are primarily prevalence studies (Afifi et al., 2010; Roberts et al., 2016; Roberts et al., 2018), reflecting that this is a relatively immature field of study; moreover, these studies have used methodologies likely to obscure gender asymmetry and patterns of power and control associated with IPV against women. These studies have measured DFV using instruments including the Hurt–Insult–Threaten–Scream instrument (HITS; Sherin, Sinacore, Li, Zitter, & Shakil, 1998) and various versions of the Conflict Tactics Scale (CTS; Straus,

1979; Straus, Hamby, Boney-McCoy, & Sugarman, 1996).¹ These instruments narrowly define and measure violence as individual occurrences of violent acts; pay scant attention to economic abuse; and obscure patterns of violence that are different for men and women in terms of extent, severity, intentions, motivations and impacts (Dobash, Dobash, Wilson, & Daly, 1992; Flood, 2010). There remain significant variances between results of national crime victim survey data, survey research tools (Cho & Wilke, 2010), and extensive qualitative interviews.

It is widely acknowledged that IPV is a complex phenomenon involving coercion and control, and not just the occurrence of violent acts. Coercive control is a pattern of oppression characterised by the use of intimidation, isolation and control, along with assault, to subordinate the victim/survivor and to acquire privileges such as use of time, resources, sex and personal service (Stark, 2009). It is an instrumental pattern of behaviours motivated by the desire to exercise power and control over the woman's actions, relationships and activities through microregulation of her everyday behaviours (Council of Australian Governments, 2011; Johnson, 2006; Kimmel, 2002; Stark, 2009; Tanha, Beck, Figueredo, & Raghavan, 2010). Understanding of the complexity of IPV continues to evolve with recent work beginning to explore topics such as the range of psychological tactics abusers employ, and financial forms of abuse (Postmus, Hoge, Breckenridge, Sharp-Jeffs, & Chung, 2018; Sweet, 2019). These modes of abuse have yet to be incorporated in predominant modes of testing or survey design, and have not been explored in previous studies of gambling-related DFV.

Research aims and questions

This study aimed to investigate the nature of the relationship between gambling and IPV against women by a male partner. Key research questions were:

1. How does gambling by a male partner interact with his violence against his female partner?
2. How does gambling by a female partner interact with violence from her male partner?
3. How does gambling by a male partner interact with his economic abuse of his female partner?
4. Do older women have distinctive experiences of violence from a male partner linked to gambling?

¹ The HITS instrument is used to measure both IPV perpetration and victimisation. For perpetration, it asks four questions about whether the respondent has physically hurt, insulted or talked down to, threatened with harm, or screamed or cursed at their partner. For victimisation, it asks whether the respondent's partner has physically hurt, insulted or talked down to, threatened with harm, or screamed or cursed at them. Some studies have administered the HITS instrument in relation to whether these have ever occurred in the past 12 months, and others have asked how often these actions occur (Rabin, Jennings, Campbell, & Bair-Merritt, 2009). The most used version of the CTS, the CTS2, measures 39 behaviours in the domains of negotiation, psychological aggression, physical assault, sexual coercion and injury. For each item, respondents are asked how often they carried out the behaviour, and also how often their partner carried out the behaviour. A reference period of the past 12 months is usually used (Straus et al., 1996).

CHAPTER 2:

State of knowledge review

To inform the study, a state of knowledge review of research that has linked gambling and DFV, with particular emphasis on IPV, was conducted. Specifically, the purpose of this review was to:

- investigate the relationships between gambling and DFV
- explore potential explanations for these relationships
- advance the need for using the socio-ecological model to understand the nature of the relationship between gambling and IPV against women.

This chapter commences with a brief background on gambling and problem gambling, before presenting the findings of the review itself in three major sections: 1) the prevalence of DFV among people with a gambling problem; 2) relationships between gambling and DFV; and 3) a section promoting the need for a socio-ecological understanding of the relationship between gambling and IPV against women. The chapter concludes with a summary of findings and highlights the gaps in knowledge addressed by the current study. A detailed discussion of the methodology for the literature review is presented in Appendix A.

Gambling and problem gambling

In countries with legalised gambling, the majority of adults engage in one or more gambling activities at least occasionally. Commonly available forms include electronic gaming machines (EGMs or “pokies”), race betting, sports betting, casino games, poker, keno, bingo and lotteries. While most gambling occurs at non-harmful levels, a significant proportion of people experience harm from their gambling and, in more severe cases, have an identifiable gambling problem. Problem gambling is also referred to as pathological gambling and gambling disorder, and is classified in the DSM-5 as a behavioural addiction (American Psychiatric Association, 2013).² In Australia, using the Problem Gambling Severity Index, 0.6 percent of the adult population meet criteria for problem gambling, and a further 11.4 percent are at-risk gamblers (Gainsbury et al., 2014) who exhibit some but not all

of the behavioural indicators of problem gambling (Ferris & Wynne, 2001). Prevalence studies in numerous jurisdictions consistently report at least double the rate of problem gambling among males compared to females (Williams, Volberg, & Stevens, 2012). In Australia, problem gambling is twice as common, and at-risk gambling about 1.5 times as common, among men compared to women (Hing, Russell, Tolchard, & Nower, 2016).

As well as being considered a mental health disorder, problem gambling is widely recognised to be a broader public health issue whose impacts extend well beyond individual gamblers to have substantial social costs (Browne et al., 2016; Browne et al., 2017). In this review, the meaning we ascribe to “problem gambling” and “gambling problems” reflects a public health perspective. It adheres to the Australian definition, and refers to any gambling characterised by “difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community” (Neal, Delfabbro, & O’Neil, 2005, p. i). These adverse consequences are not restricted to those with a clinically significant level of problem gambling. A recent Australian study found that, in aggregate, 85 percent of all gambling-related harm occurs to those classified as at risk of problem gambling according to the Problem Gambling Severity Index, with only 15 percent of the harm associated with those classified as experiencing problem gambling (Browne et al., 2016). Further, gambling problems and related harms impact substantially on a wide circle of significant others, as well as the broader community (Li, Browne, Rawat, Langham, & Rockloff, 2016).

Gambling problems are most prevalent among adults who are young (18–30 years), male, single or divorced, unemployed, of ethnic minority status, or have comparatively low education or low income, and who gamble regularly on EGMs, casino games, race betting or sports betting (Hing, Russell, Tolchard, & Nower, 2016; Johansson, Grant, Kim, Odlaug, & Götestam, 2009; Welte, Barnes, Wieczorek, Tidwell, & Parker, 2004).³

2 The DSM-IV (American Psychiatric Association, 2000) classified “pathological gambling” as an impulse control disorder. The DSM-5 (American Psychiatric Association, 2013) uses the term “gambling disorder” and classifies it as a behavioural addiction.

3 EGMs are disproportionately located in working-class areas of social disadvantage and relatively low socio-economic status (Rintoul, Livingstone, Mellor, & Jolley, 2013; Vasiliadis, Jackson, Christensen, & Francis, 2013; Young, Markham, & Doran, 2012), and it is unclear how much these risk factors for problem gambling may be explained by heightened accessibility to EGMs.

While several reforms have been introduced for online wagering to enhance consumer protection, harm minimisation measures for EGM gambling have been widely criticised as inadequate (Hing & Nuske, 2009; Rintoul, Deblaquiere, & Thomas, 2017; Schüll, 2012).⁴ Problem gambling is highly comorbid with substance use disorders; mood, anxiety and personality disorders; impulsivity; and exposure to violence during childhood, indicating that these factors also need consideration as drivers of IPV (Dowling, Jackson, Thomas, & Frydenberg, 2010; Lorains, Cowlshaw, & Thomas, 2011; Petry, Stinson, & Grant, 2005).

Gambling problems can lead to a range of negative financial, emotional, vocational and health-related consequences for individual gamblers, which typically have deleterious impacts on relationships, including erosion of trust, increased tension and conflict, family neglect, and relationship breakdown (Browne et al., 2016). Characterised by addiction and loss of control (American Psychiatric Association, 2013), compulsion to continue gambling may overwhelm concerns for adverse consequences, placing enormous strain on family functioning, intimate partners and other family members (State of Victoria, 2016). Even moderate-level gambling can place substantial financial strain on families and cause a range of other harms (Browne et al., 2016). These gambling-related pressures contribute to IPV, including physical, verbal, emotional, sexual and economic abuse.⁵

The prevalence of DFV among people with a gambling problem

Problem gambling is associated with both DFV victimisation and perpetration. Elevated rates of DFV perpetration and victimisation among people with a gambling problem are evident in studies with varying types of samples. These include representative population samples (Afifi et al., 2010;

Bland, Newman, Orn, & Stebelsky, 1993; Dowling et al., 2018; Roberts et al., 2016; Roberts et al., 2018); convenience community samples (Browne et al., 2016; Korman et al., 2008); and people seeking treatment for problem gambling (Bellringer et al., 2017; Dowling et al., 2014; Echeburúa, González-Ortega, De Corral, & Polo-López, 2011; Palmer du Preez et al., 2018; Suomi et al., 2019). Elevated rates of DFV have also been found among family members of people with a gambling problem (Suomi et al., 2013); emergency department patients (Goldstein, Walton, Cunningham, Resko, & Duan, 2009; Muelleman, DenOtter, Wadman, Tran, & Anderson, 2002); and participants in batterer intervention programs (Brasfield et al., 2011; Brasfield et al., 2012). These studies indicate that between one third and two thirds of individuals with a gambling problem have experienced some form of DFV victimisation or have perpetrated DFV in the previous 12 months. The wide variation in prevalence estimates reflects differences in samples, types of DFV included, and measurement instruments for DFV and problem gambling. Cultural practices and norms may also explain some variation.⁶

While individuals with a gambling problem may be a perpetrator only or a victim/survivor only of gambling-related DFV, reciprocal violence also appears to be common. Among people seeking help for their own gambling problem in Australia, rates of victimisation only, perpetration only, and both victimisation and perpetration were 11 percent, 7 percent and 16 percent respectively in one study (Dowling et al., 2014); 20 percent, 16 percent and 33 percent in another (Lavis et al., 2015); and 20 percent, 11 percent and 22 percent in a third (Suomi et al., 2013). These figures suggest that problem gambling may be more strongly associated with DFV victimisation than with DFV perpetration, although an unwillingness to disclose DFV perpetration may have also affected self-reports of these data. Further, determining bi-directional violence is problematic in this field where women's violence is qualitatively different from that of men's (it is more likely to be reactive, retaliatory and committed in self-defence, and less likely to be lethal or result in serious injury), especially in relation to control-motivated instrumental violence (see, for example, Dobash et al., 1992; Johnson, 2006,

4 Commonwealth and state and territory governments in Australia have made strong progress on the implementation of the National Consumer Protection Framework for Online Gambling. Six of the 10 consumer protection measures have been implemented: banning lines of credit, restrictions on payday lenders, reducing the customer verification period to 14 days, account closures, voluntary opt out (e.g. pre-commitment) and restriction on offering inducements.

5 One case of familicide-suicide linked to gambling has been documented in the scientific literature (Anderson, Sisask, & Värnik, 2011).

6 For example, cultural aspects of gambling-related DFV are discussed by Keen, Pickering, Wieczorek, and Blaszczyński (2015) in relation to Asian communities and by Wannapaiboon, Chantachon, and Wanlu (2015) in relation to Thai communities.

2011; Kimmel, 2002). While some women use violence as a tactic during family arguments, men tend to use violence more instrumentally and injuriously to control women's lives (Kimmel, 2002).

Gambling-related DFV most often occurs between current or former partners. While parental involvement as victims/survivors or perpetrators is also common, violence involving siblings, children, extended family and in-laws occurs less frequently (Dowling et al., 2014; Dowling et al., 2019; Palmer du Preez et al., 2018; Suomi et al., 2013). Most research into gambling-related DFV has focused on IPV, with studies generally reporting very high prevalence rates. In a convenience community sample of 248 Canadian adults with a gambling problem, 63 percent reported being past-year victims or perpetrators of IPV (Korman et al., 2008). A lifetime prevalence of IPV of 69 percent was found among 81 Australians seeking treatment for problem gambling (Lavis et al., 2015). A meta-analysis of 14 studies found that over one third of people with a gambling problem are victims (38%) or perpetrators (37%) of physical IPV (Dowling et al., 2016). Lower prevalence has been found where single-item measures of DFV have been used (Arthur, Williams, & Belanger, 2014; Browne et al., 2016), perhaps because respondents focus only on more severe forms of this violence.

Relationships between gambling and DFV

The relationship between gambling and DFV is bi-directional, where gambling contributes to DFV and DFV contributes to gambling. Three key relationships are apparent and explored in this review: where the DFV perpetrator has a gambling problem; where the DFV victim/survivor has a gambling problem; and gambling to cope with or escape from DFV.

Because of the financial stress often caused by gambling and the need to access considerable amounts of money to sustain a gambling habit (Browne et al., 2016), this review also considers economic abuse linked to gambling. No studies have included economic abuse when measuring DFV linked to gambling. We therefore review the literature on gambling-related economic abuse in a separate section.

DFV perpetrators with a gambling problem

Prevalence

Prevalence figures on past-year DFV perpetration by people experiencing problem gambling range from 16 percent to 56 percent (Korman et al., 2008; Lavis et al., 2015). Three Australian studies of people seeking treatment for problem gambling found rates at the lower end of this range: 23 percent (n = 463; Dowling et al., 2014); 21 percent (n = 336; Raylu & Oei, 2009); and 16 percent (n = 81; Lavis et al., 2015). Australian studies have mainly used the HITS instrument (Sherin et al., 1998) which elicits summary measures of four forms of violence (hurt, insulted, threatened and screamed at) and does not explicitly ask about sexual violence.

In contrast, overseas studies using more detailed instruments have found substantially higher rates. For example, 56 percent of a convenience community sample of 248 Canadian adults with a gambling problem reported perpetrating past-year physical assault, injury and/or sexual coercion to intimate partners (Korman et al., 2008). This study was, however, publicised as involving gambling and conflict, so it may have over-recruited participants with experience of DFV. Among 144 Gam-Anon⁷ members surveyed, 98 percent of whom were women, 50 percent reported that their spouse (who had a gambling problem) had physically or verbally abused them and, in 10 percent of cases, were physically abusing their children (Lorenz & Shuttlesworth, 1983). A meta-analysis of 14 studies across several countries found that 37 percent of people with a gambling problem had (ever) perpetrated physical IPV (Dowling et al., 2016). A New Zealand study of 164 people seeking treatment for a gambling problem found a past-year prevalence rate of 43 percent for DFV perpetration (Bellringer et al., 2017).

Taking these studies into consideration, the Australian figures above possibly underestimate the true perpetration rate of gambling-related DFV. Further, perpetration is likely to be underreported because of stigma and shame, and also because the perpetration may not be recognised as constituting DFV. All estimates would be higher if they included economic abuse. Additionally, the behavioural measures used in these studies do not necessarily capture other manifestations of violence

⁷ Gam-Anon is the family arm of Gamblers Anonymous.

such as fear, nor do they measure patterns of power and coercive control. Quantitative measures of violent acts have been criticised for failing to illuminate the extent, dynamics, impacts and contexts of DFV, and the asymmetries in the perpetration and victimisation of DFV among men and women (Dobash et al., 1992; Flood, 2010; Kimmel, 2002).

Gambling is a significant risk factor for DFV perpetration

Regardless of varying prevalence estimates, growing international evidence indicates that gambling problems are associated with higher rates of DFV perpetration. In a representative US study (n = 3334), increased severity of gambling problems was associated with increased odds of perpetrating physical dating violence, physical marital violence, and physical child abuse (Afifi et al., 2010). The study provided evidence that perpetrating DFV is associated not only with severe pathological gambling, but also with milder gambling problems. A much larger representative US survey (n = 25,631) found that the presence of a gambling problem increased the odds of perpetrating physical IPV nearly threefold among both males and females (Roberts et al., 2018). Other studies also reveal that the odds of experiencing past-year IPV substantially increase if a partner has a gambling problem (Liao, 2008; Muelleman et al., 2002).

Higher prevalence of problem gambling has also been found among DFV perpetrators (Brasfield et al., 2011; Brasfield et al., 2012; Dowling et al., 2014; Izmirli, Sonmez, & Sezik, 2014; Korman et al., 2007). A meta-analysis (Dowling et al., 2016) found that 11 percent of IPV perpetrators report problem gambling; this compares to an average of 2.3 percent across countries where problem gambling prevalence has been measured (Williams, Volberg, & Stevens, 2012). Studies of gambling-related crime also provide evidence of gambling-related DFV, but these statistics reflect only violent episodes reported to police (Kuoppamäki, Kääriäinen, & Lind, 2014; Smith, Wynne, & Hartnagel, 2003; Wheeler, Round, & Wilson, 2010).

Forms of DFV are perpetrated by problem gamblers, but economic abuse is not studied

Quantitative studies of gambling-related DFV have found psychological aggression to be most common, followed by physical assault (Bellringer et al., 2017; Korman et al., 2008)—although the extent of economic abuse is unknown in these samples. The most representative data available, derived from population studies, pertain only to physical abuse. Based on 30 lifetime pathological gamblers in a representative population study in Edmonton, Canada (n = 7214), Bland et al. (1993) identified a lifetime perpetration rate of 23 percent for physical spousal abuse. A representative population study of males in the United Kingdom (Roberts et al., 2016) found a 9 percent rate of physical violence towards a partner in the past five years among pathological gamblers.

In a representative US study (Roberts et al., 2018), physical IPV perpetration rates were higher among females with a gambling problem (19%) than among males with a gambling problem (12%), and among females at risk of a gambling problem (8%) compared to males at risk of a gambling problem (5%). These findings are consistent with a detailed study of individuals with a gambling problem, where women were significantly more likely than men to perpetrate minor and serious injuries, and to slap, hit or try to hit their intimate partner with something (Korman et al., 2008). In contrast, no consistent gender differences were found in the perpetration of psychological aggression (Korman et al., 2008) and of DFV overall (Dowling et al., 2014). However, given serious concerns raised about the research instruments used in these studies, it is appropriate to question whether these results are an artefact of using acts-based measures of DFV that only capture whether instances of expressive violence have occurred at least once in the past year (Dobash et al., 1992; Flood, 2010; Johnson 2006, 2011; Kimmel, 2002).

Violence is directed at intimate partners

IPV is the most common form of DFV perpetrated by people experiencing problem gambling. An Australian study of 463 gambling treatment-seekers (Dowling et al., 2014) used a single item screen based on the HITS instrument (Sherin et al., 1998): “In the past 12 months, has a family member physically hurt you, insulted or talked down to you, threatened

you with harm, or screamed or cursed at you?” The study found that this violence was most commonly perpetrated towards intimate partners (27% towards current partners plus 12% towards former partners). IPV also predominated in a smaller study of help-seekers who had a family member with a gambling problem (Suomi et al., 2013).

Perpetrator characteristics

Several studies have examined characteristics associated with perpetrators of gambling-related DFV. Younger age and less than full employment have been found to significantly strengthen the relationship between problem gambling and DFV perpetration (Dowling et al., 2014; Dowling et al., 2016). Alcohol and other substance use and psychological disorders have also been implicated, although mixed results have been found. A study of emergency department patients found that women with a partner with a gambling problem were 10 times more likely to have experienced IPV, and this risk increased to 50 times if the perpetrator also had a drinking problem (Muelleman et al., 2002).

In a representative sample of 3025 men in the United Kingdom, problem and pathological gambling uniquely predicted several types of physical violence against partners after adjusting for alcohol and drug dependence, comorbid mental disorder and impulsivity, with alcohol and drug dependence having the greatest effect in attenuating the gambling–violence association (Roberts et al., 2016). Among male perpetrators in a behaviour change program, problem gambling also uniquely predicted sexual aggression towards intimate partners above and beyond alcohol use, impulsivity, and relationship satisfaction, although this relationship was relatively weak (Brasfield et al., 2012). However, Lavis et al. (2015) found no significant differences for alcohol misuse between treatment-seeking gamblers who had and had not perpetrated DFV. Further, a large representative US survey found that associations between physical IPV and problem gambling became non-significant when other psychological disorders were controlled for (Roberts et al., 2018).

Anger problems have also been implicated in the comorbidity between problem gambling and IPV. In Korman et al.’s (2008) study, IPV was perpetrated by 74 percent of people with a gambling problem who also had anger problems, compared to

45 percent of those without anger problems, and the presence of a lifetime substance use disorder among those with anger problems further elevated IPV perpetration. These analyses were not presented by gender, nor by the severity or types of violence, so the nature of the relationship between anger problems, problem gambling and IPV perpetration remains unclear. Further, the association between IPV and anger problems does not explain why the anger is usually directed towards women, as is consistently found in studies of IPV victimisation (Dobash et al., 1992; Kimmel, 2002).

Surprisingly, no research appears to have examined whether childhood experiences of DFV are associated with DFV perpetration by adults with a gambling problem—even though individuals with a gambling problem are more likely to have experienced DFV in childhood (Dowling et al., 2010; Scherrer et al., 2007), and people who have experienced childhood DFV are more likely to perpetrate DFV as adults (Capaldi, Knoble, Shortt, & Kim, 2012; Roguski & Gregory, 2010). Nevertheless, most young people who experience DFV do not perpetrate DFV in later life, indicating that these early life experiences do not have a direct causal role.

The quantitative findings above suggest a complex relationship between problem gambling and DFV perpetration. Dowling et al.’s (2016) meta-analysis concluded that younger age, less than full employment, clinical anger problems, impulsivity, and alcohol and substance use are implicated in this relationship for physical violence (but not gender), but that further research is needed to understand the temporal and causal nature of these links. Some shared characteristics of individuals with a gambling problem and DFV perpetrators, such as elevated mental health problems and substance use disorders, may account for higher rates of DFV perpetration among those with a gambling problem. Alternatively, psychological and substance use disorders may interact with problem gambling to compound the likelihood of DFV perpetration. Nevertheless, while these correlates illuminate some likely characteristics of gambling-related DFV perpetrators, they do not explain the fact that the victims/survivors of this violence are predominantly women (Bellringer et al., 2017; Dowling et al., 2014; Lavis et al., 2015). Quantitative studies into gambling-related DFV have not been sensitive to a gendered construction of violence in their design, measurement or interpretation.

Why gambling might contribute to DFV perpetration

Qualitative studies have further illuminated links between DFV and the perpetrator's gambling, particularly the temporal sequence of episodes of violence and episodes of gambling. In an interview study with 32 help-seekers using gambling or family violence services (Suomi et al., 2013), 18 were victims and 11 were perpetrators of DFV in relation to a family member with a gambling problem. Gambling and violence were related for over 70 percent of these gamblers, and in all cases the problem gambling preceded the violence. Interviewees attributed episodes of violence perpetrated by the gambler to the latter's anger and irritation over gambling losses and subsequent arguments about family finances.

Financial and other stressors, poverty and deprivation, low relationship satisfaction and high discord or conflict predict IPV perpetration in general for both men and women (Capaldi et al., 2012). Thus, financial stress and crisis in the home caused by problem gambling may be a key contributor to anger, aggression, relationship conflict and DFV perpetrated by gamblers (Suomi et al., 2013). Other research has found elevated rates of anger problems, violent tendencies and impulsivity among people with gambling problems (Cunningham-Williams, Ben Abdallah, Callahan, & Cottler, 2007; Korman et al., 2008), and episodes of gambling losses and ensuing family arguments may bring these tendencies to the fore (Afifi et al., 2010; Korman et al., 2008; Muelleman et al., 2002; Suomi et al., 2013). Other research has clearly linked large gambling losses by perpetrators to episodes of violence (Browne et al., 2016). Individuals who experience problem gambling have been estimated to spend around 35 percent of their net personal income and 22 percent of household income on gambling (Productivity Commission, 2010). These extensive losses are likely to be accompanied by anger, frustration and conflict with partners.

To fund their continued gambling, people experiencing problem gambling may maintain control over their partners and family finances, enforced through a pattern of behaviours which, in total, constitute coercion and control. A qualitative study with Asian ethnic subgroups in New Zealand explained IPV perpetration as an expression of the gambler's desire to exert some control over their own life and over their families,

from whom they had become disconnected (Sobrun-Maharaj, Rossen, & Wong, 2013). Overall, however, previous research has largely ignored the role of coercion and control in gambling-related IPV, and qualitative studies have not investigated gendered drivers of IPV (such as violence-condoning attitudes and behaviours towards women) and how gambling might reinforce these drivers.

In addition, little is known about how family functioning impacts on problem gambling and associated DFV. Suissa (2005) contends that people with gambling problems tend to blame their gambling addiction for being the source and cause of any violence. Family members may be complicit in externalising responsibility by bailing out, protecting and covering the gambler's problems (Holdsworth, Nuske, Tiyce, & Hing, 2013; Patford, 2009). Suissa (2005) argues that pathologising gambling problems encourages those affected to be viewed as victims of a disease, and any related coercive or violent behaviour as being due to this pathology. However, despite problem gambling sometimes being used as an excuse for perpetrating DFV, there is no research demonstrating that gambling by itself causes violent behaviour. Further, prevalence figures indicate that half or more than half of people with a gambling problem do not perpetrate DFV. Clearly, problem gambling cannot be the primary cause of this violence.

Other explanations have considered a range of factors in accounting for the heightened rates of DFV perpetration among adults experiencing problem gambling. As reviewed above, previous research has implicated distal factors including younger age and less than full employment, along with more proximal factors including mental health problems, substance use disorders, and anger problems. However, it remains unclear whether all or some of these factors simply correlate with both problem gambling and DFV perpetration, or whether they act to exacerbate the risk of DFV perpetration. Focusing on the more immediate antecedents of violent episodes, research has also proposed that the consequences of problem gambling heighten the risk of DFV through arousing the gambler's anger over gambling losses; they may then discharge their anger and frustration onto their partner.

Overall, the literature discussed thus far has identified several contributors to, and explanations for, the perpetration of DFV by individuals with a gambling problem. However, this body of research has relied on measures of DFV that focus on specific acts of expressive violence, divorced from any context of instrumental, patterned and enduring abuse based in notions of power, coercive control and perceived male entitlement. This acts-based interpretation has looked to individual and relationship characteristics to explain the violence perpetrated by people experiencing problem gambling, while largely ignoring broader societal, community and institutional factors. Importantly, the perpetration of this violence against women has yet to be considered from a gendered perspective, to understand how gambling problems interact with gendered drivers of violence against women to increase violence.

DFV victims/survivors with a gambling problem

Having a gambling problem increases the likelihood of being a victim/survivor of DFV, although prevalence rates are inconsistent across studies. Among 463 gamblers attending gambling help services in Australia, 27 percent reported being past-year victims of physical DFV, and this rate was significantly higher among women (38%) than men (21%) (Dowling et al., 2014). These gamblers were most commonly victimised by their intimate partners (22% by current partners plus 15% by former partners). Another Australian study, of 81 people seeking treatment for problem gambling, found that 20 percent were DFV victims, and this rate was again higher among women (Lavis et al., 2015).⁸

In New Zealand, past-year DFV victimisation rates among gambling treatment-seekers were 57 percent for women and 44 percent for men (Bellringer et al., 2017). In Spain, 69 percent of women recruited from gambling treatment services reported being a current or recent IPV victim, which was 10 times higher than the overall rate for adult women in that

country (Echeburúa et al., 2011). In Canada, 49 percent of a convenience community sample of 248 individuals with a gambling problem reported being victims of physical IPV in the previous year (Korman et al., 2008). More women (67%) than men (58%) reported victimisation, although this difference was not statistically significant.

A representative US study (Afifi et al., 2010) found that being a victim of “minor physical dating violence” and of “severe physical marital violence” was associated with increased odds of pathological gambling, after adjusting for socio-demographic factors and mental disorders.⁹ A large representative and prospective US study (n = 25,631) measured past-year problem gambling and other psychiatric disorders at wave 1, and past-year physical IPV three years later at wave 2 (Roberts et al., 2018). After controlling for socio-demographic variables, problem gambling was associated with a threefold increase in the odds of physical IPV victimisation, but only among females.

Based on these studies, there is little doubt that problem gambling is positively associated with DFV victimisation, especially for women.¹⁰ Thus, DFV associated with the victim’s/survivor’s gambling is a gendered issue, although the gendered context within which it occurs has not been widely investigated. Quantitative studies have relied on measurement instruments that do not illuminate gendered contexts and manifestations of violence against women, while qualitative studies have focused on the impacts of gambling problems on partners predominantly from a non-gendered perspective.

A bi-directional relationship exists between DFV victimisation and problem gambling, whereby problem gambling precedes DFV victimisation, and vice versa (Markham, Doran, & Young, 2016; Suomi et al., 2013). The prevalence of each

8 In contrast, an Australian study that analysed clinical case files of 266 clients of a residential substance use service found that 16.5% reported DFV victimisation in the preceding 12 months, but there was no significant difference in DFV victimisation between those with and without gambling problems, possibly because the sample was restricted to substance misuse clients (Rudd & Thomas, 2016).

9 In Afifi et al. (2010), “minor physical violence” was deemed to occur when a dating or marital partner pushed, grabbed, shoved, threw something at, slapped, or hit them. “Severe physical violence” was said to occur when a dating or marital partner kicked, bit, hit with a fist, beat up, choked, burned, scalded, or threatened with a knife or gun. These categorisations are based on the CTS2 (Straus et al., 1996).

10 Although the first published study to simultaneously relate current problem gambling to IPV victimisation in a general population sample (of Pacific populations in New Zealand) found no association, the analysis was constrained by small numbers of people with a gambling problem and use of non-standard problem gambling measures (Schluter, Abbott, & Bellringer, 2008)

of these relationships is not clarified by the studies cited above, and their cross-sectional design cannot determine causal directions. The discussion below focuses on problem gambling preceding DFV victimisation, and a subsequent section on the reverse relationship.

Problem gambling preceding DFV victimisation

Korman (2008, p. 21) hypothesised that victimisation of a family member with a gambling problem is “related to domestic conflict caused or exacerbated by financial or other stressors directly associated with gambling activities”. Supporting this hypothesis, the 11 interviewees in Suomi et al.’s (2013) study who had victimised a family member with a gambling problem reported that their violence was fuelled by the anger and mistrust that accumulated due to the gambling. Perpetrators are known to use the victim’s/survivor’s gambling problem to “justify” violence, shifting the blame onto the victim/survivor (Browne et al., 2016). Victim-blaming and external “causes” to justify abuse are frequently used by male DFV perpetrators (Henning & Holdford, 2006).

Problem gambling has numerous deleterious effects on families. Comprehensive literature reviews have identified the most common as loss of personal or household finances; anger, conflict, arguments and violence; mistrust, lies and deception; neglect of family and family responsibilities; relationship dissatisfaction; poor communication and family functioning; confusion of family roles and responsibilities; and development of gambling or other addictions within the family (Dowling, Suomi, Jackson, & Lavis, 2015; Grant Kalischuk, Nowatzki, Cardwell, Klein, & Solowoniuk, 2006).

Intimate partners are the most severely affected. Studies attest to the anger, distress, loss of trust, and sense of betrayal partners typically experience when they learn of the gambling problem (Holdsworth et al., 2013; Järvinen-Tassopoulos, 2016; Patford, 2009; Valentine & Hughes, 2010). Financial problems are often already acute, such as substantial debt, loss of savings that partners thought were secure, or the need to sell the family home (Holdsworth et al., 2013). This financial devastation and the realisation of their partner’s

deceit, often over an extended period of time, typically lead to significant distress among partners.

A systematic review (Kourgiantakis, Saint-Jacques, & Tremblay, 2013) confirmed these high levels of distress, with loss of trust in the gambling partner leading to despair and abandonment of hope, along with fear, anger, loss of safety and security, guilt, uncertainty, and relationship dissatisfaction. Partners may also experience distress about the financial and emotional repercussions for their children (Patford, 2009). They often feel considerable shame and embarrassment, leading to isolation from family and friends, and these relationships might already be strained by the gambler’s borrowing, demands, broken promises and theft of family valuables (Hing, Nuske, Gainsbury, Russell, & Breen, 2016; Kourgiantakis et al., 2013). These stressors impact negatively on family functioning, increasing tension, conflict and the risk of IPV (Kourgiantakis et al., 2013). One study conceptualised this tension and turmoil itself as a form of emotional abuse (Grant Kalischuk, 2010).

Disclosure of a gambling problem and help-seeking are typically crisis-driven, and gamblers often hide the problem for a long time (Delfabbro, 2012; Hing, Nuske, & Gainsbury, 2012; Hing & Russell, 2017a, 2017b; Suurvali, Hodgins, & Cunningham, 2010). Even after problem disclosure, partners often have to deal with numerous cycles of continued gambling, promises to quit, quit attempts and relapse. Relapse into problem gambling is a common experience (Battersby et al., 2010) and the problem may remain unresolved for an extended time. Partners therefore experience prolonged suffering and stress, leading to accumulated anger, mistrust and conflict (Suissa, 2005; Suomi et al., 2013). However, there is no evidence that problem gambling and related stressors are a direct cause of IPV victimisation in the absence of violence-supportive attitudes, and most partners of people with gambling problems do not act violently towards them. Instead, problem gambling is an antecedent to IPV victimisation that likely escalates the frequency and severity of the violence (Centre for Innovative Justice, 2017). How it interacts with gendered drivers of violence to increase the victimisation of women with gambling problems has not yet been explored.

DFV victimisation preceding problem gambling

Gambling as a way to cope with abuse and trauma

Gambling may be used as a means to cope with past or present trauma as it can modify mood, distract from life's problems, and facilitate dissociation from reality (Thomas, Allen, Phillips, & Karantzas, 2011; Thomas, Sullivan, & Allen, 2009; Wood & Griffiths, 2007). This maladaptive coping may lead to problem gambling if the behaviour is prolonged, and high rates of abuse have been found among individuals with a gambling problem (Afifi et al., 2010; Andronicos et al., 2015; Felsher, Derevensky, & Gupta, 2010; Hodgins et al., 2010; Kausch, Rugle, & Rowland, 2006; Nixon, Evans et al., 2013; Nixon, Solowoniuk, Boni, & Grant Kalischuk, 2013).

Among adult problem gamblers with a history of child abuse, this victimisation clearly preceded the gambling problem. Gambling to cope with violence-induced trauma may also be an immediate or ongoing response to DFV victimisation experienced in adulthood. Women have described gambling to cope with an abusive intimate relationship, and in some cases faced more violence after their subsequent gambling losses (Centre for Innovative Justice, 2017; Saugeres, Thomas, & Moore, 2014).

Women are more likely than men to gamble as a coping mechanism

Gambling to cope with or escape from negative mood states elevates the risk of problem gambling (Saugeres, Thomas, Moore, & Bates, 2012; Thomas et al., 2009). Women have a greater tendency to gamble to escape from stress, boredom and loneliness, while men are more likely to gamble to win money, outperform others or test their skill (Delfabbro, 2012; Grant & Kim, 2002; Lloyd et al., 2010). While some men do gamble for escape-based reasons, particularly those with EGM-related gambling problems (see e.g. Thomas, Allen, et al., 2011), the stresses they seek to escape from tend to differ from those of women. Saugeres et al. (2012) found that women were more likely to be seeking respite from abusive partners, difficult relationships, caring responsibilities, social isolation, emotional pain and worries. A quantitative study found that interactions between dysphoric moods (loneliness, boredom, anxiety, depression) and avoidance coping significantly predicted women's problem gambling,

while only loneliness and stress were significant predictors for men (Thomas & Moore, 2003).

Gambling on EGMs for emotional escape

Women experience problem gambling nearly exclusively with EGMs (Delfabbro, 2012). EGM gambling can provide a means of avoidant or emotion-based coping (Schüll, 2002; Thomas, 1998; Thomas et al., 2009; Thomas, Allen, et al., 2011; Thomas & Moore, 2003) to deal with loneliness, isolation and unsatisfying lives (Brown & Coventry, 1997; Trevorrow & Moore, 1998); and anxiety, depression and stress (Surgey, 2000; Thomas, 1998). Consistent with the desire for dissociation and time-out, women are more likely to gamble on activities requiring little skill or concentration, and to gamble in ways that maximise playing time (Hing & Breen, 2001; Hing et al., 2017).

EGMs pose particular risks for gambling problems and harm, with the design of EGM games being highly conducive to meeting the need for emotional escape. Numerous researchers have documented the structural characteristics, described as "addiction by design" (Schüll, 2012), of EGMs that act to encourage persistence and facilitate dependency (see e.g. Dowling, Smith, & Thomas, 2005; Harrigan, Collins, Dixon, & Fugelsang, 2010; Parke & Griffiths, 2006). Reflecting the immersive qualities of EGMs that facilitate dissociation, many problem EGM players describe entering "the zone" during intensive gambling sessions, a place away from reality where time, expenditure, family, friends, responsibilities and life's problems lose their usual importance (Livingstone, 2005). Many of the 62 gamblers in Livingstone's (2005) study explained that EGMs gave them a sense of dissociation that they derived from no other source. Achieving this state of trance-like absorption through repetitive and mesmerising EGM play is sought to provide time-out, numb pain and escape from worries. Players describe using specific strategies to ensure they are left alone so that their playing tempo, rhythm and immersion are not interrupted and reality remains suspended (Schüll, 2005). The goal is to continue playing, not to win money; money loses any external value except as a means to sustain play and time out from reality (Schüll, 2005).

Gambling venues are attractive to women seeking to escape abuse

In reviewing submissions to the Royal Commission into Family Violence (State of Victoria, 2016), the Centre for Innovative Justice (2017) concluded that many women with gambling problems have a history of DFV that almost always precedes their gambling, and that this “sometimes drove victims to seek respite in the warmth and relative security of a gaming venue, or in the repetitious nature of a pokies addiction” (p. 30). That is, as well as the gambling activity itself being a refuge for escape, so too is the gambling venue.

In Australia, EGMs are located in clubs, hotels and casinos that are usually attractive, well-appointed and comfortable venues which have progressively become more female-friendly (Hing et al., 2017). Women can generally expect to feel socially accepted in these venues, to feel welcomed by venue staff, and for other patrons to leave them alone while they play EGMs, and their safety is enhanced by the presence of security cameras, door staff and employees (Brown & Coventry, 2007). This high social accessibility means these venues offer women both a physical and cognitive retreat from the world and its problems (Thomas et al., 2009; Thomas, Bates, et al., 2011). EGM venues also have long operating hours, and are often the only places open at night and after midnight (Browne et al., 2016; Surgey, 2000). Clubs and hotels are also highly accessible, concentrated in low socio-economic communities, and located in nearly every Australian suburb and town, with most Australians living no more than a few kilometres from a venue (Hing et al., 2017; Rintoul et al., 2013; Young et al., 2012).

The Royal Commission into Family Violence (State of Victoria, 2016) found that women sometimes go to gambling venues because they provide the only safe and welcoming places where they can avoid a partner’s violence, yet cautioned that venues are not a safe refuge if these women then experience gambling problems or harm. The Centre for Innovative Justice (2017) also noted that some services encourage DFV victims/survivors to seek refuge in gambling venues as safe spaces, but that subsequent gambling losses amplify and entrench these women’s fear and vulnerability, and increase their risk of committing illegal acts to cover their gambling losses.

In summary, DFV can give rise to problem gambling when victims/survivors gamble to cope with past or current DFV, abuse and trauma; or seek physical or emotional refuge in gambling venues. Problem gambling then compounds the victim’s/survivor’s difficulties and vulnerability to further violence and abuse.

Economic abuse linked to gambling

What is economic abuse?

Economic abuse is a recently recognised form of DFV, estimated to occur in 50–90 percent of DFV cases (Camilleri, Corrie, & Moore, 2015). Viewing economic abuse through a DFV lens helps to distinguish it from non-abusive economic control, where one party willingly relinquishes control over their finances to another family member (Corrie et al., 2013). While control over a family member’s finances is a critical ingredient of economic abuse, the accompanying coercion is its distinctive feature.

As with other forms of DFV, when perpetrated by men against women, a gendered perspective considers economic abuse to be primarily motivated by a desire for power and control over family economics, family decision-making and the victim/survivor (Adams, Sullivan, Bybee, & Greeson, 2008; Kutin, Russell, & Reid, 2017), and it therefore often co-exists with emotional abuse against the woman (Fehlberg & Smyth, 2000). Emphasising the coercive nature of this abuse to gain or maintain power over the victim/survivor, Kutin et al. (2017, p. 1) describe economic abuse as involving “behaviours aimed at manipulating a person’s access to finances, assets and decision-making to foster dependence and control”. It has been defined as involving “behaviors that control a woman’s ability to acquire, use, and maintain economic resources, thus threatening her economic security and potential for self-sufficiency” (Adams et al., 2008, p. 564).

Economic abuse can have serious and long-lasting impacts. Victims/survivors can be coerced into financial dependence on the perpetrator, and experience stress from deprivation and exploitation, seriously impeding their efforts to leave the abusive relationship (Adams et al., 2008; Weaver, Sanders, Campbell, & Schnabel, 2009). They can be left impoverished,

with debts incurred in their name, a poor credit history, no or few savings or assets, and limited earning potential, resulting in poverty which may further entrap them in the abusive relationship or in a lifetime of chronic poverty (Corrie et al., 2013). A strong link has been empirically demonstrated between being a victim/survivor of economic abuse and subsequent economic hardship (Adams et al., 2008).

Economic abuse is a hidden issue, with victims/survivors and practitioners sometimes not recognising it as such due to the many possible behaviours involved (Corrie et al., 2013). Adams et al. (2008) identified two overarching types of behaviours involved in economic abuse against women: 1) economic control preventing resource acquisition (e.g. by forbidding, discouraging and actively preventing the woman obtaining and maintaining employment, education or income) and preventing resource use (e.g. by limiting access to household finances and resources); and 2) economic exploitation of resources (e.g. by stealing her money, creating expenses, and generating debt).

Problem gambling and economic abuse

Practitioner and client experiences have highlighted problem gambling in the perpetrator as a risk factor for economic abuse (Bagshaw, Wendt, Zannettino, & Adams, 2013; Conrad et al., 2011; Johannesen & LoGiudice, 2013; Kutin, Reid, & Russell, 2019; Rabiner, O'Keeffe, & Brown, 2005). Literature considering these experiences includes cases where the perpetrator has spent the victim's/survivor's money, joint funds or savings on gambling without permission, and forced victims/survivors to subsidise the gambling through expecting them to pay gambling debts as well as all household expenses (Branigan, 2007; Camilleri et al., 2015; Chowbey, 2017; Corrie et al., 2013; Kinnear & Graycar, 1999). The Centre for Innovative Justice (2017) provided several examples of gambling-related economic abuse of women. These include using a woman's income to resource the gambling; duping her into taking out a bank loan for a legitimate family purpose and then spending it on gambling; driving her into debt during the relationship; coercing her into criminal activity and debt to fund the gambling; and gambling family resources away post-separation. These acts of coercion and control can entrap victims/survivors in abusive relationships, undermine their recovery, and sometimes lead to imprisonment if victims/

survivors have assumed culpability for gambling-related debts (Centre for Innovative Justice, 2017).

Analyses of crime reports also illuminate how easily economic abuse can be perpetrated by a partner with a gambling problem, as an intimate partnership usually means shared bank accounts, shared access to personal details for identification, ample opportunities for property theft at home, and sometimes shared agreement that one partner will manage the finances. Where the partner managing the finances also has a gambling problem, the risk of economic abuse appears high (Lind, Kääriäinen, & Kuoppamäki, 2015). A study of 55 problem gambling-related crime reports in Finland found that property crimes committed at home were most common, followed by identity theft to obtain extra money through financial transactions or short-term loans, and unauthorised access to a family member's bank accounts (Lind et al., 2015).

Female partners are particularly vulnerable to economic abuse where their male partner has a gambling problem. Studies of the impacts of gambling on partners often discuss the nature and severity of financial impacts, but rarely frame them as economic abuse or DFV. Holdsworth et al.'s (2013) study of 18 partners, 17 of whom were women, reported unrecognised debt due to gambling; loss of savings; sale of family assets, homes and possessions; funding the partner's contribution to household expenditure; and having to spend their life savings to pay for gambling debts. Patford's (2009, p. 183) research with 23 female partners identified that

the gambler took money from their purse, used their credit card without permission, stole children's savings and possessions, appropriated welfare payments, abnegated responsibility for household expenses, squandered financial windfalls, obtained personal loans without consultation and pre-empted the possibility of saving by spending their earnings in full.

This research also highlighted legacy effects, where the women had variously been unable to purchase a home, had lost their home, had had their children's inheritance diminished, did not receive child support, and faced ongoing requests for money post-separation due to their partner's gambling (Patford, 2009).

Few studies on gambling and economic abuse

Overall, few studies have focused specifically on gambling and economic abuse, and studies of gambling-related DFV have not included economic abuse in their scope. This is surprising, given the enormous financial strain that gambling places on individuals and families, the substantial amounts of money needed to sustain a gambling habit, and the strength of a gambling addiction. Large amounts of money can be lost very quickly—for example, \$1200 per hour when playing EGMs in Australia at their maximum input and speed (Productivity Commission, 2010). Further, chasing losses is a defining characteristic of problem gambling (Ferris & Wynne, 2001). Heiskanen (2017) identifies three problematic issues connected to money during different phases of problem gambling: needing money for gambling; financial deficits due to gambling; and obtaining money from various sources to address the problems caused by gambling, potentially through economic abuse of family members. Given the limited research on the topic, it is unclear how this compelling need for money might interact with gendered issues of coercion, control and dependence in gambling-related economic abuse.

Towards a socio-ecological understanding of the relationship between gambling and DFV against women

Little research into DFV beyond an individual and relationship focus

It is apparent from this literature review that the vast majority of research into the relationship between gambling and DFV has had an individual-level focus, examining demographic, psychological and behavioural characteristics of perpetrators and victims/survivors. Relationship issues, such as conflict and loss of trust due to the presence of a gambling problem, have also been considered. This body of research has proposed various factors that may contribute to gambling-related DFV. These include the perpetrator's anger over their own gambling losses and frustration at being out of control; the perpetrator's anger, mistrust and stress that can accumulate about the victim's/survivor's gambling problem; and when

victims/survivors gamble to cope with past or current DFV or seek physical or emotional refuge in gambling venues. Thus, gambling has largely been viewed as a primary cause, correlate or trigger for the perpetration and victimisation of DFV. DFV related to gambling has tended to be viewed as an episodic rather than longer term pattern of behaviour that is reinforced by the broader contexts within which it occurs.

To our knowledge, only one study has considered the relationship between gambling and DFV at an ecological level, finding significant associations between police-recorded DFV and accessibility to EGMs at the postcode level in Victoria, Australia (Markham et al., 2016). The authors concluded that gambling is likely to be both a cause and effect of DFV, and that there is a relationship between EGM accessibility and DFV partly because they both correlate with other unobserved variables like the density of alcohol outlets.

Gender as part of the socio-ecological context of gambling-related IPV against women

Developing a gendered understanding of IPV linked to gambling is important because, as noted previously, violence perpetration and victimisation are highly gendered, where violence is overwhelmingly perpetrated by men, and women are more likely than men to be victims of IPV and to experience more severe impacts (Dobash et al., 1992; Kimmel, 2002; Our Watch et al., 2015). Previous research into gambling-related IPV pointed to certain demographic, psychological and personal characteristics of perpetrators and victims/survivors, and their gambling behaviour. However, no research demonstrates that gambling problems are a direct cause of IPV, and most people with a gambling problem are not perpetrators or victims/survivors of this type of violence. A more complete explanation of gambling-related IPV requires a socio-ecological understanding of this behaviour in its social context. Central to this social context is gender inequality, expressed through social or cultural norms that excuse and downplay violence against women; support rigid gender roles and stereotyping; and condone aggression, disrespect and control by men towards women (Our Watch et al., 2015).

Gambling reinforces these drivers of gender inequality. It is a highly gendered activity; gambling by women is normatively

considered less acceptable than gambling by men, and contrary to women's socially defined roles as homemakers, nurturers and carers (Hing & Breen, 2001; Hing et al., 2017). This perceived gender role conflict may drive backlash responses if it is perceived to challenge men's decision-making, power and control (Our Watch et al., 2015). Being a "problem gambler" is a highly stigmatised and socially deviant identity that has disempowering effects on the individual (Donaldson, Langham, Best, & Browne, 2015; Hing, Russell, Nuske, & Gainsbury, 2015). Women with gambling problems are highly stigmatised (Hing, Russell, Gainsbury, & Nuske, 2016; Hing, Nuske, et al., 2016), and intersecting problem gambling and gendered identities may be used as an excuse to "legitimise" the perpetration of violence against them (Browne et al., 2016).

Several gambling-related, organisational-level factors might also reinforce gendered drivers of IPV against women. Gambling marketing frequently sexualises women and nurtures macho cultures, especially sports betting marketing aimed at young men (Sproston, Hanley, Brook, Hing, & Gainsbury, 2015). This marketing reinforces gender stereotypes, the denigration of women, and masculine identities constructed in competitiveness, control and sexual success, promoting attitudes that may contribute to violence towards women (Gordon et al., 2015; Milner et al., 2013; Raymen & Smith, 2017). The frequency or severity of gambling-related violence against women also increases where gambling operator practices act to ignore or elevate the harm from gambling—for example, by providing credit for gambling or by failing to intervene when individuals are showing observable signs of gambling problems (e.g. gambling for extended periods of time; trying to borrow money; displaying distress, anger or aggression when gambling; see e.g. Delfabbro, Thomas, & Armstrong, 2016; Thomas, Delfabbro & Armstrong, 2014). The limited availability of alternative safe spaces and the high accessibility of gambling venues that attract women seeking refuge from IPV represent additional community features that may increase the risk of both IPV and gambling problems for women.

At the system and institutional level, the ways services engage with women seeking help for the intersecting issues of gambling and IPV, and protocols for screening, assessing and helping them, are central to women's experiences of

this violence. A critical consideration is whether strategies promoted to assist women dealing with a partner's gambling problem may increase the risk of violence, such as assuming control of family finances and resources. Equally, strategies for women seeking refuge from DFV, for example in gambling venues, affect their likelihood of problem gambling and their consequent risk of further violence. Financial institutional practices, such as the ability to redraw on a mortgage, and providing loans and credit to a partner with a gambling problem impact on the economic abuse of women.

Overall, gambling reinforces the drivers of DFV in numerous ways, such as in the examples discussed above. It is critical to understand how this occurs at individual, relationship, organisational, systems and societal levels, as this will help to inform appropriate responses and interventions at these multiple levels.

Older women as an ANROWS priority group in DFV research

Additional attention will be given in this research to the priority group, identified by Australia's National Research Organisation for Women's Safety (ANROWS), of older women (aged 50 years and over), whose absence in IPV research, policy and practice has resulted in construction of older victims/survivors as a "hidden group" (Turner, Spangler, & Brandl, 2010). While older women less commonly experience IPV (World Health Organization, 2013), they may be less likely to report violence, seek help or leave violent relationships (Roberto, Brossoie, McPherson, Pulsifer, & Brown, 2013). Older women have fewer opportunities to rebuild economic resources, compounding financial stress and potentially deterring separation (Straka & Montminy, 2006). Older women experience disproportionately high levels of gambling harm (Browne et al., 2016), typically linked to EGM gambling to relieve loneliness, boredom, anxiety and depression (Hing et al., 2017; Thomas & Moore, 2003). Older women with EGM problems attract acute public stigma and experience severe self-stigma, undermining self-efficacy and help-seeking (Hing et al., 2015). These factors indicate that older women may have distinctive experiences of gambling-related DFV and DFV-related gambling.

Conclusion

Key findings from the literature review

Approximately 17 percent of Australian adults have symptoms of problem gambling whereby they experience difficulties controlling their gambling, which creates harm for themselves and others. These harms can include a range of negative financial, psychological, vocational and health-related consequences for the person who gambles, and relationship stressors including loss of trust, increased tension and conflict, family neglect, and family dysfunction. Problem gambling is most strongly associated with gambling on EGMs, casino games, race betting and sports betting.

Research has consistently found a strong link between problem gambling and being a victim/survivor or perpetrator of DFV. This relationship is bi-directional—gambling contributes to DFV and DFV contributes to gambling. IPV is the most common form of gambling-related DFV.

Most research has focused on the prevalence of gambling-related DFV, using “acts-based” measures of violence that count whether or not an abusive act has occurred in the past year. These measures do not account for the frequency, severity and impacts of the abuse, nor patterns of coercive control.

Studies have found that 16–56 percent of people with a gambling problem perpetrate DFV, and 11 percent of IPV perpetrators report a gambling problem. Individuals with a gambling problem who perpetrate DFV are more likely to be younger, not in full employment, have clinical anger problems, be more impulsive, and have alcohol and substance use disorders. Frustration and anger over gambling losses are linked to violent episodes by perpetrators.

Studies have found that 20–49 percent of people with a gambling problem are victims/survivors of DFV, with higher rates for IPV victimisation among women (up to 69%). A victim’s/survivor’s gambling problem can precede the IPV, with gambling losses and other stressors fuelling anger and mistrust by the perpetrator. IPV can also precede a victim’s/survivor’s gambling as a means to cope with past or current

trauma and distress. Women are more likely than men to gamble as a coping mechanism, and are attracted to gambling venues and EGM gambling for physical and emotional escape from IPV.

Economic abuse appears to be commonly perpetrated by people with a gambling problem, but very little research has investigated this. Economic abuse can include exploitation of the partner’s financial resources and economic control over the partner’s access to and use of resources.

Gaps in knowledge to be addressed in the current study

To date, analyses of how gambling interacts with gendered and other drivers to increase IPV against women have been noticeably absent in gambling–DFV research. This absence reflects the relative lack of maturity of DFV as a field of research in gambling studies and its focus to date on prevalence, before consideration of its causes. The current study aims to address this critical gap in knowledge through advancing a socio-ecological understanding of the nature of the relationship between gambling and IPV against women.

Previous research has investigated some of the individual and relationship factors that influence gambling-related IPV against women. However, the broader societal, community and institutional contexts within which gambling-related DFV occurs have not been examined. Through the use of situational analysis and adaptive grounded theory, the current study intends to help address this gap in knowledge to understand not just the individual- and relationship-level factors that co-occur with gambling-related IPV, but also their interaction with reinforcing societal-, institutional- and community-level factors. As such, it will explore the interrelationships between gambling and IPV, contextualised within a socio-ecological framework using methodologies that are sensitive to a gendered understanding of violence against women.

CHAPTER 3:

Methodology

Theoretical framework

We used the socio-ecological model (SEM) as an overarching framework to explore the contexts where gambling-related violence against women occurs. A socio-ecological perspective recognises that people's wellbeing is influenced by complex interactions between multiple factors (e.g. personal attributes; a person's physical, cultural and social circumstances) and at multiple levels (e.g. individuals, relationships, organisations, society; McLaren & Hawe, 2005; Stokols, 1992). This perspective assisted in understanding the determinants of this violence and informing appropriate public health responses.

We also drew on concepts from the Socio-Ecological Model of Violence against Women (Our Watch et al., 2015), which identifies gender inequality as the social context within which violence against women occurs. Gender inequality is described as "a social condition characterised by unequal value afforded to men and women and an unequal distribution of power, resources and opportunity between them" (Our Watch et al., 2015, p. 22).

Gender inequality is expressed through certain gendered drivers of violence against women: 1) condoning violence against women, including by justifying, excusing or trivialising it or by victim-blaming; 2) men's control of decision-making, which limits women's independence and ability to leave violent relationships; 3) rigid and stereotyped gender roles and constructions, which can manifest in men's sense of entitlement, their punishment of women who do not conform, and assumptions that men are naturally violent while women are naturally submissive; and 4) male peer relations that emphasise aggression and disrespect towards women (Our Watch et al., 2015).

Within the context of these gendered drivers, reinforcing factors can increase the frequency and severity of violence against women. This can occur where: 1) violence is normalised as an expression of masculinity; 2) a person has been a victim of or witness to violence; 3) pro-social behaviour is undermined, especially due to alcohol use; 4) women face socio-economic inequality or discrimination due to, for example, racism, sexual orientation or disability; and 5)

male dominance, power or status is challenged resulting in backlash (Our Watch et al., 2015).

This model brings a gendered and feminist lens to our analysis that legitimises women's perspectives and creates knowledge that is beneficial to women. It recognises that IPV cannot be adequately understood unless gender and power are taken into account (Johnson, 2005; Yilo, 2005).

Methodological approach

This study used adaptive grounded theory (Layder, 1998) and situational analysis (Clarke, 2003). This combined methodological approach facilitated a richer and more credible understanding of women's experiences of gambling-related IPV.

Adaptive grounded theory

The grounded theory method (GTM) takes an inductive, comparative and systematic approach to investigation with the aim of constructing theory (Charmaz, 2006; Charmaz & Henwood, 2007). GTM was considered an appropriate approach in the current study due to the absence of existing theory on the socio-ecological determinants of gambling-related IPV. There is, however, a much stronger theoretical knowledge base relating to the socio-ecological determinants of violence against women (more generally), including the Socio-Ecological Model of Violence against Women (Our Watch et al., 2015). We therefore used adaptive grounded theory to identify key determinants of gambling-related IPV against women based on the data, while also being informed by existing theoretical knowledge about violence against women.

Adaptive theory uses inductive and deductive procedures for developing and explaining theory (Layder, 1998). It engages with existing concepts and theories as data are gathered, coded and analysed, simultaneously shaping the theoretical model based on emergent patterns in the data. Analysis utilised key processes of GTM including open coding to generate substantive codes and categories; constant

comparison and negative cases to test codes and categories; recognition of emergent themes and selective coding to help saturate these themes; adapting data collection and analysis as the research proceeded; comparison of findings with prior theory; and new theory development. This approach allowed us to develop an adaptive grounded theory of the determinants of gambling-related IPV against women that was firmly grounded in the data.

Situational analysis

We extended our grounded theory approach by using some tools of situational analysis to better understand the complexity of women's experiences of gambling-related IPV (Clarke, 2003; Clarke & Friese, 2007). Situational analysis is an extended form of grounded theory that uses particular analytic methods to understand the situation of inquiry—in this case, women's experiences of gambling-related IPV. Situational analysis recognises that the complexity, messiness and denseness of actual situations in social life are central concerns, and that analysing their social dimensions is critical to understanding the situation (Clarke & Friese, 2007). During interviews, we encouraged participants to reflect on a wide range of actors, collective actors and elements that influenced their experiences. This situational approach helped to focus the interviews on the context within which this violence occurred, which provided valuable data to develop our subsequent socio-ecological model.

We also used two analytical tools of situational analysis to enhance our reflexivity and depth of analysis:

1. Situational maps were used to identify major elements in the research situation. "Messy maps" were generated from the data to identify all elements in the situation that appeared related to the participants' experiences. An "ordered map" then grouped these elements into categories, such as actors; discourses; and economic, sociocultural, temporal and spatial elements (Clarke, 2003). Situational maps intentionally work against simplifications by helping to reveal the messiness of social life and the multitude of elements embedded in the situation.
2. Positional maps were used to codify major situations found in the data to reveal key variations and stances taken in relation to an issue (Clarke, 2003; Clarke & Friese,

2007). For example, Wolf, Perhats, Clark, Moon, and Zavotsky (2018) mapped the dominant positions taken by participants in their study of workplace bullying as "guilty bystander", "maintaining the status quo", and "calling it out". We used positional mapping to depict the broad types of situations found in relation to gambling-related IPV against women, as revealed by the data.

Stage 1: Interviews with service providers

We conducted semi-structured interviews with 39 service providers, comprising professionals from DFV services, gambling help, financial counselling, and other relevant allied services (e.g. outreach, refuges). The purpose of these interviews was to explore the types of professional services provided for clients affected by gambling-related IPV; gather short case examples of clients' experiences to illuminate how gambling and IPV interact; and seek the professionals' views on the intersection between gambling and IPV, and their suggestions for improvements in policy and practice. We also asked these professionals to assist in recruiting participants with lived experience.

Inclusion criteria

The inclusion criteria for service providers were the following: aged 18 years or over; lived in Australia; and had professional experience with one or more of the following client groups:

- women with lived experience of IPV linked to a male partner's gambling
- women with lived experience of IPV from a male partner linked to their own gambling
- women with lived experience of economic abuse due to a male partner's gambling
- women with lived experience of using gambling venues as a safe space to escape from or cope with IPV
- male perpetrators of gambling-related IPV against women.

Participant recruitment

Service providers were recruited via the assistance of the project's research partners, the research team's relevant networks, and direct contact with publicly listed support services sourced online (e.g. gambling help, DFV services, legal services, financial services, women's health services). Recruitment materials were distributed directly to these networks via email, websites, newsletters and social media posts, and invited potential participants to an online registration page with the information sheet, informed consent form, screening questions and contact details to arrange an interview. The participant information sheet outlined the project, a definition of IPV, what the interview involved, participant confidentiality, voluntary participation, mandatory reporting rules, how participants would receive feedback, contact details for further information, details of support services, informed consent, and how to register their participation.

We initially sub-sampled from the pool of those who had registered interest in participating to gain a reasonable representation of different types of services, client groups, job roles, geographic locations and gender. In line with theoretical sampling, we then contacted additional services in jurisdictions with low representation, as well as culturally and linguistically diverse (CALD) and Aboriginal services which were not well represented in the initial pool. Service providers also recommended other professionals to contact who might provide particularly valuable or different perspectives on the topic.

Key characteristics of participants

The 39 participants differed by gender, location, clientele experiences, organisation service type, and job position (Table 1). Most participants were women (62%), and the majority were located in Victoria (28%), Queensland (23%) or New South Wales (18%), and in metropolitan areas (62%). Their services most commonly provided gambling help (64%) and/or financial counselling (49%), while one third (33%) provided DFV help or support. The participants worked in a variety of positions, most commonly manager/CEO (26%), gambling counsellor (15%), financial counsellor (15%) and

problem gambling financial counsellor (10%). They most commonly worked with women victims/survivors of IPV linked to a male partner's gambling (74%), and women victims/survivors of economic abuse linked to a male partner's gambling (50%). A smaller number of participants worked with male perpetrators of gambling-related IPV against a female partner (39%), women who used gambling venues as a safe space to escape IPV by a male partner (36%), and women victims/survivors of IPV by a male partner linked to the woman's gambling (28%).

Interview design and administration

The service providers were interviewed between March and July 2018, with 35 participants interviewed by telephone or online and four participants in a face-to-face focus group. Interview length ranged from 39–107 minutes and averaged 68 minutes. The focus group lasted 111 minutes.

Four experienced female interviewers, one from CQU and three from the Australian Institute of Family Studies (AIFS), conducted the interviews, based on the interview schedule in Appendix B. The interviews were semi-structured to ensure they covered the four areas listed below, while enabling participants to expand upon their answers and raise additional issues according to their professional knowledge and experience:

- service providers' professional experience in services and with clients relating to gambling and IPV, client types, and pathways to service use
- client experiences of IPV; being affected by gambling; interactions between gambling and IPV; interactions between gambling and economic abuse; and attraction and use of gambling venues as safe spaces to escape from or cope with IPV
- roles of others in the situation, such as individuals, groups, organisations and gambling venues, as well as social norms, peer influences and stigma
- professional views of how gambling contributes to IPV against women; how gambling might reinforce gendered drivers of IPV; early identification of gambling and co-occurring IPV as an issue for clients; victim support; and current and future improvements to policies, programs and practices.

Table 1: Characteristics of service providers (N = 39)

Characteristics	Frequency	Percentage
Gender		
Female	24	61.5
Male	15	38.5
State/territory		
Victoria	11	28.2
Queensland	9	23.1
New South Wales	7	17.9
South Australia	5	12.8
Australian Capital Territory	2	5.1
Tasmania	2	5.1
Western Australia	2	5.1
Northern Territory	1	2.6
Locality		
Metropolitan area	24	61.5
Regional area	15	38.5
Client experience^a		
Women victims/survivors of IPV by a male partner linked to the male partner's gambling	29	74.4
Women victims/survivors of IPV by a male partner linked to the woman's gambling	11	28.2
Women who used gambling venues as a safe space to escape IPV by a male partner	14	35.9
Women victims/survivors of economic abuse by a male partner linked to the male partner's gambling	23	59.0
Male perpetrators of gambling-related IPV against a female partner	15	38.5
Services organisation provides		
Gambling help	25	64.1
Financial counselling	19	48.7
DFV help or support	13	33.3
Outreach	4	10.3
Refuge	1	2.6
Other service ^b	10	25.6
Job position		
Manager/CEO	10	25.6
Gambling counsellor	6	15.4
Financial counsellor	5	12.8
Problem gambling financial counsellor	4	10.3
DFV advocate/case worker	2	5.1
Family relationships counsellor	2	5.1
Clinical psychologist	1	2.6
DFV violence counsellor	1	2.6
DFV financial counsellor	1	2.6
Therapeutic counsellor	1	2.6
Counsellor (unspecified)	1	2.6
Unknown	5	12.8

Notes: ^a Service providers were asked to select up to three client groups they mainly worked with in a professional capacity.

^b Other services include CALD counselling (n=4, focus group participants from Victoria), relationship/family counselling (n=3), post-separation services (n=1), legal information and referrals (n=1), men's behaviour change program (n=1), and general counselling services (n=1).

Stage 2: Interviews with participants with lived experience of gambling-related IPV

The second stage of data collection occurred through unstructured interviews with 77 participants with lived experience of gambling-related IPV: 72 female victims/survivors and five male perpetrators.

Inclusion criteria

Participant inclusion criteria were the following: aged 18 years or over; lived in Australia; had engaged with a support service in relation to IPV or gambling; were willing to talk about these experiences; and had lived experience relating to one or more of the following:

- women with lived experience of IPV linked to a male partner's gambling
- women with lived experience of IPV from a male partner linked to their own gambling
- women with lived experience of economic abuse due to a male partner's gambling
- women with lived experience of using gambling venues as a safe space to escape from or cope with IPV
- men with lived experience of perpetrating gambling-related IPV against a current or former female partner and who had engaged in an intervention or behaviour change program for controlling or violent behaviours towards women.

Participant recruitment and screening

Recruitment was conducted from July 2018–May 2019. The project was advertised through the following channels:

- the project's agency research partners
- service providers from the previous research stage
- the research team's relevant networks
- direct contact with publicly listed support services sourced online (e.g. gambling help, DFV services, legal services, financial services, women's health services, ANROWS)
- online advertisements on Google Ads, Gumtree, Facebook and Gambling Help Online

- an online article and website ads via the Mamamia news media website
- flyers distributed at a Gamblers Anonymous forum, Gambling Harm Conference (Vic), Mental Health Network forum (Vic), and the National Association for Gambling Studies Conference
- recruitment notices emailed to previous gambling research participants who had consented to being recontacted.

Recruitment materials were distributed through email, websites, newsletters, social media posts, advertisements, and a news article, inviting potential participants to register their interest via an online registration form or by email, phone, or SMS. Potential participants were provided with an information sheet outlining the project, a definition of IPV, what the interview involved, compensation, participant confidentiality, voluntary participation, mandatory reporting rules, how they would receive feedback, contact details for further information, details of support services, informed consent, and contact details to register for participation.

We carefully screened participants to ensure they met the inclusion criteria. We also collected additional information before the interview, including age group, geographical location, preferred interview method, and whether they wanted to bring a support person to the interview (excluding the IPV perpetrator). A female project officer contacted potential female participants to screen and arrange an interview, while a male project officer contacted potential male participants.

Key characteristics of participants

A total of 77 interviews were conducted. Table 2 summarises the key characteristics of participants. The vast majority were women victims/survivors of IPV (94%), most commonly women victims/survivors of IPV linked to a male partner's gambling (40%), and women victims/survivors of economic abuse linked to a male partner's gambling (25%). Approximately one in six (16%) were women who used gambling venues as a

Table 2: Characteristics of lived experience participants (N = 77)

Characteristics	Frequency	Percentage
Gender		
Female	72	93.5
Male	5	6.5
Age group		
18–29 years	9	11.7
30–39 years	25	32.5
40–49 years	19	24.7
50–59 years	14	18.2
60–69 years	10	13.0
70 years or over	-	-
State/territory		
Australian Capital Territory	1	1.3
New South Wales	19	24.7
Northern Territory	2	2.6
Queensland	29	37.7
South Australia	7	9.1
Tasmania	1	1.3
Victoria	15	19.5
Western Australia	3	3.9
Locality		
Metropolitan area	60	77.9
Regional area	17	22.1
Lived experience^a		
Women victims/survivors of IPV by a male partner linked to the male partner's gambling	31	40.3
Women victims/survivors of IPV by a male partner linked to the woman's gambling	10	13.0
Women who used gambling venues as a safe space to escape IPV by a male partner	12	15.6
Women victims/survivors of economic abuse by a male partner linked to the male partner's gambling	19	24.7
Male perpetrators of gambling-related IPV against a female partner	5	6.5
Interview mode*		
Phone	77	100.0
Online–audio only	0	0.0
Online–audio and video	0	0.0
Support person was present during interview	2	2.6
Support person NOT present during interview	75	97.4

Note: ^a Face-to-face interviews were not offered because of the geographically dispersed locations of participants.

safe space to escape IPV by a male partner, while 13 percent were women victims/survivors of IPV by a male partner that was linked to the woman's gambling. We were able to recruit only five male perpetrators (7%); the reasons for these low numbers are discussed in the ensuing section.

The participants were most commonly aged 30–39 years (33%) and 40–49 years (25%). Most interviewees lived in Queensland (38%), New South Wales (25%) and Victoria (20%), and in metropolitan areas (78%). All interviewees opted for a telephone interview, and only two opted to have a support person present during the interview.

Recruitment challenges

Recruitment of lived experience participants was more difficult than expected. We detail challenges and recruitment outcomes to inform future research of a similar nature.

Fifty-two interviewees mentioned how they found out about the study. Avenues included Gumtree advertisements (27%), Google Ads (23%), referrals from Relationships Australia Queensland (17%), other help services (12%), Relationships Australia South Australia (8%), emails to our previous research participants (8%), advertisements on Gambling Help Online (4%), and a friend (2%). These results suggest that effective recruitment for this type of study includes paid advertising and assistance from support services with relevant clients.

We were unable to contact several people who registered their interest or booked an interview. Interviews booked with 29 women did not proceed because they did not answer the phone at the scheduled time and could not be contacted later. A further 22 women registered for an interview and were eligible, but our numerous attempts to contact them were unsuccessful. Women victims/survivors of IPV can face challenging circumstances which may prevent them participating in a scheduled interview. Sharing and recounting these experiences also takes great strength and risks re-traumatisation. Some women may have decided this was too difficult for them after expressing an initial interest in participating. Similar studies should expect considerable drop-out of participants between recruitment and interviewing. A further 21 women were ineligible because they had not engaged with a support service for IPV or gambling. Our recruitment notices were clear that participants needed to have sought support; many more women may have otherwise participated.

Male perpetrators of IPV against a female partner were particularly difficult to recruit, despite consultation with numerous organisations. One research partner provided contact details of 29 men who had engaged in a behavioural change program, agreed to be contacted for research purposes, and were thought likely to meet other eligibility criteria. Of these, six were not eligible (gambling was not related to the IPV); four were not interested or refused; and 16 could not be

contacted. Thirteen men registered for the study online but were ineligible: three because gambling was not related to the IPV, two had not engaged in a behaviour change program, seven provided incomplete details, and one lived outside of Australia. A further two men emailed their interest and were eligible, but could not be contacted despite numerous attempts. These outcomes reflect the likely low prevalence of men who have perpetrated gambling-related IPV and have engaged in a behaviour change program, and stigma around IPV perpetration which would deter participation.

To address these challenges, we extended the recruitment and interviewing period from 6 to 10 months. We aimed for 80, but achieved 72 interviews with women with lived experience. However, the service providers discussed over 100 client cases which helped compensate for this shortfall and assisted in saturating key themes. We aimed for 20, but achieved only five interviews with male perpetrators. In consultation with ANROWS, we decided that pursuing additional interviews beyond the 10 months was unlikely to be fruitful. This small number of interviews with male perpetrators was insufficient to ensure saturation of themes.

Interview design and administration

Four experienced female interviewers conducted the interviews with women. A male researcher/social work practitioner with lengthy experience in working with DFV perpetrators interviewed the male participants. Participants were compensated with a \$40 gift card.

In line with GTM, unstructured interviews were employed to draw out the participants' stories. After explaining the purpose of the study, confirming their consent, and ensuring they were in a safe location, participants were asked why they had decided to participate in the study. This question eased them into the interview and oriented the interviewer towards what the participant hoped to contribute. The interviewer then clarified that s/he would like the participant to tell their story about how IPV and gambling had impacted their life, with fairly minimal interruption from the interviewer, except to clarify and perhaps seek more information on certain

Table 3: Number of interviews analysed for each group of women with lived experience

Group no.	Group	No. of interviews analysed
1	Women who had experienced IPV related to a male partner's gambling	30
2	Women who had experienced IPV related to their own gambling, and/or used gambling venues as safe spaces to escape from this IPV	24
3	Women who had experienced economic abuse related to a male partner's gambling	18
4	Older women (aged 50 years or over) from Groups 1–3	22

subjects—which they could decline to answer if they wished. If the participant needed prompting, the interviewer suggested they might start from when problems first started occurring and relate how the gambling and IPV developed over time.

While the interviews were unstructured, the interviewers were provided with prompts they could use to clarify issues such as the type(s) of problematic gambling; the trajectory of the gambling and IPV; the perpetrator's behaviour and the nature of the abuse; people, groups and organisations that may have helped or hindered the situation; experiences of help-seeking; and future improvements to services (see Appendix C). These prompts were used as appropriate, but interviewers found that the participants needed very little prompting, apart from those used in a normal conversational style, and they generally provided very detailed accounts. One exception was that in some early interviews, the women tended to talk mainly about the abuse (if the man had the gambling problem) and the gambling (if the woman had the gambling problem), but did not explicitly link these two issues, although these links were implied. After these early interviews, interviewers asked for examples of abuse occurring before or after an event involving gambling, if the participant had not already spoken about this. Participants could generally provide many examples. This adaptation aligned with GTM that seeks to adapt data collection in response to earlier findings. The interviews with the women lasted between 30 and 180 minutes.

Stage 3: Re-analysis of the interviews with older women

This analytical stage of the research specifically focused on the ANROWS priority group of older women (aged 50 years or over). This stage involved re-analysing 22 interviews from the preceding stages where the women were aged 50 years or over. As discussed in the literature review, older women are a relatively overlooked group in IPV research as they are less likely to report IPV, seek support and leave abusive

relationships (Roberto et al., 2013). They may have distinctive experiences of gambling-related IPV as they are particularly attracted to EGM gambling as a coping mechanism, yet are highly stigmatised if they develop a gambling problem (Hing et al., 2015; Hing et al., 2017; Thomas & Moore, 2003). They also have less worklife left to rebuild their financial resources following gambling-related economic abuse from a partner (Straka & Montminy, 2006).

Data analysis

All interviews were audio-recorded with participants' permission, transcribed by a professional transcription service, and de-identified before analysis. Analysis used both manual coding and NVivo (Version 12) qualitative data analysis software.

Data analysis of the interviews with service providers

Comprehensive open coding of the data was first conducted using NVivo software. Data that articulated women's experiences informed the subsequent analysis of the women's lived experience interviews (see below). Data were also analysed in relation to service provision. The analysts (individuals in the research team conducting the analyses) reviewed the initial coding and then used open and axial coding to generate relevant themes. Thematic analysis (Braun & Clarke, 2006) was considered an appropriate method to generate a descriptive account of the nature of services and their clients, and barriers and enablers to optimal service provision, from the perspective of service providers.

Data analysis of the interviews with women with lived experience of gambling-related IPV

Before analysis, the interview transcripts were grouped according to their primary relevance for each research question (Table 3).

Table 4: Organisation of socio-ecological levels, meta-themes and core themes in the analysis

Level	Individual and relationship	Organisational and systems	Societal
Meta-theme	Gendered drivers	Gendered drivers	Gendered drivers
Core themes	Theme 1 Theme 2 etc.	Theme 1 Theme 2 etc.	Theme 1 Theme 2 etc.
Meta-theme	Reinforcing factors	Reinforcing factors	Reinforcing factors
Core themes	Theme 1 Theme 2 etc.	Theme 1 Theme 2 etc.	Theme 1 Theme 2 etc.
Meta-theme	Protective factors	Protective factors	Protective factors
Core themes	Theme 1 Theme 2 etc.	Theme 1 Theme 2 etc.	Theme 1 Theme 2 etc.

After familiarising themselves with the data, the analysts generated messy situational maps in an iterative process whereby actors, discourses and elements were added as each interview was analysed. These messy maps were then organised into an ordered situational map for each group (see Appendix E). These processes helped to immerse the analysts in the data, ensure that all factors that influenced the women's experiences of gambling-related IPV were identified, and inform subsequent coding and interpretation.

Open coding was an inductive and iterative process, using the constant comparative method to add new codes, modify existing codes, and recode data, as appropriate. This process occurred over several cycles (iterations) of coding and used a "bottom-up" approach that analysed participants' experiences and views to identify broader themes to contribute to theory development (Creswell & Plano Clark, 2007). This process captured the diversity and patterns within the data. Themes were generated by clustering codes so that they captured a meaningful pattern in the data. Selective coding was then used to help saturate the themes with further evidence and participant quotes. While privileging the interviews with the lived experienced participants, selective coding of the service provider interviews helped to further saturate the themes.

Theoretical coding was informed by the Socio-Ecological Model of Violence against Women (Our Watch et al., 2015). To better suit the data, we collapsed the socio-ecological levels in that model to three. We used a deductive approach to group our themes into this organising framework (Table 4).

Data analysis for the interviews with older women with lived experience of gambling-related IPV

We re-analysed 22 interviews with women aged 50 years or over to explore how their experiences of gambling-related IPV were influenced by their age and stage in life. In addition to the Socio-Ecological Model of Violence against Women (Our Watch et al., 2015), the theoretical coding was informed by a systematic review of the literature on older women and IPV (Weeks & LeBlanc, 2011). This review identified concepts to help interpret the themes that emerged from the open coding. These themes were retained where the women's interviews provided sufficient supportive evidence, and discarded if not. Additional themes, not identified in the systematic review, were then added where they were evident from the interviews. Selective coding helped to saturate the themes.

Data analysis of the interviews with male perpetrators of gambling-related IPV against women

Because of the small number of interviews, thematic analysis was used to manually analyse the data (Braun & Clarke, 2006). An experienced researcher with expertise in DFV perpetration and men's behaviour change programs led the analysis. The analysis involved open coding to inductively identify emergent themes. These emergent themes were further refined to focus specifically on the potential links between men who gamble and their self-reporting of IPV perpetration. Selective coding then helped to saturate the themes with further evidence.

Enhancing the trustworthiness of the research

Several procedures enhanced rigour and trustworthiness in the study, based on established criteria in qualitative research (Lincoln & Guba, 1985; Polit & Beck, 2014). We sought to enhance *credibility* by adhering to standard methods used in adaptive grounded theory research, and by gathering data directly from participants with lived experience. The sample of women participants was large for a qualitative study and, to enhance saturation, we deliberately sought participants with differing experiences of gambling-related IPV (Groups 1–4 as explained earlier). Qualitative research seeks to capture the range and depth of experiences, with the optimum sample size based on achieving saturation of themes. The unstructured nature of the lived experience interviews enhanced *dependability* as participants were free to tell their own story. Triangulation with interview data from service providers also enhanced credibility.

Several processes enhanced *confirmability* (Connelly, 2016) so that the results the study generated were not affected by individual bias, providing confidence that they could be repeated. The analysts collaborated closely, regularly discussing emergent findings to help shape the analysis as it proceeded. Several analysts reviewed each draft, and the wider research team reviewed the final findings. Providing detailed descriptions of the contexts and experiences of participants and being transparent about the study's methodology enhanced the *transferability* of findings so others can fairly judge how useful the findings are in their settings. Giving voice to participants through direct quotes, to portray deep meaning and increase understanding of their experiences, increased *authenticity*.

Ethical considerations and approvals

All stages of the research were carefully designed with ethical considerations in mind, to minimise risks to the participants, interviewers and research team.

Minimising risks to participants

The main ethical consideration was that talking about their lived experience was likely to cause participants discomfort or distress. Participating in an interview also might escalate the IPV.

The following strategies were used to minimise and manage potential risks to participants. The participant information sheet explained potential risks and listed contact details of support services: 1800 RESPECT (women only), MensLine (men only), Gambling Help, Lifeline and the National Debt Helpline.

We recruited only lived experience participants who had previously engaged with a support service in relation to IPV or gambling. This was to help ensure that participants had access to professional support if needed and that they had previously received support for these issues and their consequences. Only men who had engaged with professional help such as a behaviour change program were interviewed.

During recruitment, lived experience participants were offered multiple options for contacting the research team: online registration, telephone, email and SMS. They could use a pseudonym in all communication if preferred. In all direct contact with participants before the interview (phone, voicemail, email, SMS, mail), the research topic was purposely kept vague (avoiding the terms “gambling” and “domestic violence”) to ensure the privacy and safety of the participant (e.g. should the perpetrator hear/read the communication).

We also offered multiple interview methods so participants could choose which they were most comfortable with: phone or online (audio only or audio plus video). During recruitment and prior to interview commencement, participants were asked to ensure they were in a private space during the interview where they could not be overheard or interrupted (particularly by the perpetrator, which places their safety at risk).

All interviewers were experienced in conducting interviews of a sensitive nature and detecting signs of excessive distress. Tactics to minimise re-traumatisation of participants included

a focus on building rapport; careful listening; ensuring the participant was not rushed or interrupted, allowing them to direct the interview; being aware that some topics may be particularly painful and “backing off” if needed; responding to distress in a caring, empathic way; where appropriate, validating the participant’s experiences; and moving onto more positive matters if needed. The interviewers also offered repeated opportunities for participants to take a break, stop the interview, or withdraw from the research. Some interviews were conducted over two or three sessions where it was clear that the participant wanted to say more. The interviewers also communicated the potential beneficial outcomes of the research and did an informal debriefing at the end of the interview. Interviewers invited participants to contact them if they wanted to talk further, and had lists of support services on hand to offer participants.

Minimising risks to interviewers

The interviewers, and other core research team members, engaged in several training sessions to increase their familiarity with the topic and their interviewing skills. These included online modules on DFV, training by an agency partner on sensitively interviewing clients, and researcher-led training on situational analysis, intersectionality, and a gendered perspective on DFV.

Interviewers were at risk of experiencing discomfort or distress from the interviews, through vicarious trauma. To minimise risk, interviewers were advised to debrief after each interview via a project team member, journaling, or the Employee Assistance Program (EAP). If distressed, they were advised to contact professional support services (e.g. 1800 RESPECT, Lifeline, or an agency research partner).

Minimising risks to research partners

Agency staff who recruited participants were also at risk of experiencing discomfort or distress from their engagement with participants. The lead investigator monitored how research partners were doing (e.g. via meetings, personal contact) and these organisations had their own strategies to identify, minimise and manage risks related to research and client engagement (e.g. EAP, debriefing, counselling).

Risk management protocols

To further minimise risks and provide clear protocols in particularly risky situations, we developed risk management protocols. These formalised procedures for situations of imminent threat to the participant or others; concerns of child abuse, neglect or risk of harm; disclosure of illegal activity or other situations which risk serious harm; and interviewer safety.

Ethical approvals

Ethics approvals were sought and granted for the project from multiple human research ethics committees (HRECs): CQUniversity HREC (20852), Relationships Australia New South Wales HREC (111217_4), UnitingCare Queensland HREC (22618) and the Australian Institute of Family Studies (reciprocal approval). Additional approvals from research partners included Relationships Australia South Australia (approved by the CEO) and Relationships Australia Research Advisory Working Group (RAWG).

A socio-ecological analysis of gambling-related IPV against women

The overall aim of the study was to investigate the nature of the relationship between gambling and IPV against women. In addressing this aim, the study explored two main types of situations where the perpetration of IPV against women by a male partner is linked to gambling: 1) where the IPV is linked to the man's gambling; and 2) where the IPV is linked to the woman's gambling. After describing the participants, this chapter commences with an overview of both of these situations. The study also focused on economic abuse of women by a male partner with a gambling problem. The types of economic abuse experienced by women in this research are described next.

This chapter then examines the determinants of gambling-related IPV against women using a socio-ecological approach. This analysis focuses first on the broader determinants of violence against women, and second on specific ways in which gambling played a role in reinforcing the IPV against the women in this research. The chapter concludes with an adapted grounded theory of the determinants of gambling-related IPV against women.

Participants

Interviews with five groups of participants inform this results chapter. Appendix D shows the key characteristics of all participants in each group.

- Thirty women were victims/survivors of IPV linked to their male partner's gambling problem. These participants are designated as WMG (followed by the participant number) in quotations in this chapter. These participants were aged between 20 and 69 years. Four women were aged 20–29 years, 12 were 30–39 years, seven were 40–49 years, five were 50–59 years, and two were 60–69 years. The majority (25) of these women resided in metropolitan areas, while five lived in regional areas. The sample included participants from all Australian states and territories: New South Wales (9), Queensland (8), Victoria (5), South Australia (3), the Northern Territory (2), and one each from Tasmania, Western Australia, and the Australian Capital Territory.
- Eighteen women were victims/survivors of IPV linked to their male partner's gambling problem but chose to focus their interview mainly on the economic abuse they experienced. These participants are designated as WEA. These women were aged between 20 and 69 years. Three women were aged 20–29 years, five were 30–39 years, four were 40–49 years, three were 50–59 years, and three were 60–69 years. The majority (14) of these women resided in a metropolitan location, while four lived in a regional area. The sample included participants from Queensland (8), Victoria (4), New South Wales (3), South Australia (1), and Western Australia (2).
- Twenty-four women were victims/survivors of IPV linked to their own gambling problem. These participants are designated as WWG. These women were aged between 20 and 69 years. Three women were aged 20–29 years, eight were 30–39 years, four were 40–49 years, four were 50–59 years, and five were aged 60–69 years. The majority (19) of the women resided in metropolitan areas, while five lived in regional areas. The sample included participants from Queensland (9), New South Wales (7), Victoria (4), South Australia (3), and the Northern Territory (1).
- Five participants were male perpetrators of IPV linked to their own gambling problem. These participants are designated as MMG. Two participants were aged 30–39 years and three were 40–49 years of age. Three resided in Queensland and two in New South Wales. Three participants lived in regional areas, while two lived in metropolitan areas.
- Thirty-nine participants were service providers from relevant organisations and agencies. These participants are designated as SP. These service providers were from 25 different organisations, including specialist DFV and gambling help agencies, as well as larger organisations providing an integrated suite of services, including gambling, financial counselling and DFV. Quotations from these service providers in this chapter focused on the client cases they related in their interviews. Aspects of service provision discussed in their interviews are presented in the next chapter.

The interaction of IPV with a male partner's gambling

EGMs were the most common source of gambling problems among the male partners of the women interviewed, and among the men interviewed about their own gambling. Some men also experienced problems with casino, race or sports gambling, including online betting. These patterns are consistent with the well-documented, heightened risks posed by these continuous forms of gambling that facilitate persistence and loss-chasing, and with the structural characteristics of EGMs that encourage dependency (see e.g. Dowling et al., 2005; Griffiths, 1999; Schüll, 2012). Female partners reported that these men became consumed by their gambling and usually spent all available funds every time they gambled, including the family's income, savings, lump sum payments and loans.

The vast majority of women reported that their partner was abusive, misogynistic and controlling before the commencement or escalation of his gambling problem, reflecting gendered attitudes that underpin men's violence against women (Our Watch et al., 2015). Many women reflected back on early warning signs of their partner's domineering, manipulative, disrespectful and narcissistic tendencies that were then exacerbated by his gambling problem. Male perpetrators reportedly intensified both their violence and their gambling over time. As found in prior research (Afifi et al., 2010; Korman et al., 2008; Muelleman et al., 2002; Suomi et al., 2013), this pattern of abuse often commenced with anger and arguments over gambling and the financial stress it was causing, followed by increased verbal and emotional abuse. As the perpetrator's gambling problem became more severe and his desperation for money for gambling increased, physical and sexual violence could also become more frequent and severe. However, some men were said to subject their partner to physical and sexual violence before the gambling became problematic, with this violence further escalating as his gambling problem worsened.

The longer the relationship went on the worse it got ... financial, a lot of emotional, verbal, psychological, some physical ... the gambling came in ... dishonesty, shifting blame to me, disappearing for hours ... at the pokies ... it just creates a cycle ... of domestic violence. (WMG022)

I'd learnt not to do anything to make him angry, because it was frightening ... he would go into rages ... He was like a ferocious animal and I'd already become affected by the complex trauma, and so I just froze and became withdrawn. So this was happening ... cyclically ... I was with him for a long time ... the gambling is so interwoven with domestic violence, it's inseparable. (WMG001)

Within this longer term pattern of escalating violence, the abuse often cycled through shorter term phases of tension-building, followed by violent outbursts then subsidence. When the man was not able to gamble, often due to a lack of funds, he was "nervous and moody as tension built before a gambling session" (WMG047). This stage was followed by intense gambling, conflict and violence: for example, "violence peaked every Sunday or Monday after a weekend of gambling" (WMG026). Many women described violent punishment after gambling losses.

He tried to throw me out of a moving car one day when he lost a race ... I had two terrified boys in the back ... he lost his temper, and he started banging the steering wheel in frustration. And when I said, you know, "Please, come on, it's only a horse race", of course it became my fault. So every time he lost a race ... a bad day of losses was always a bad day for us. (WEA006)

Stages of intense violence were often followed by remorse, promises to change and a subsidence of the violence: "I'm sorry, I won't do it again, things are going to change" (WMG023). If women left the relationship at this time in fear of more abuse, perpetrators might plead for their return, especially if the woman was a source of money for gambling. The cycle would then recommence.

They'd apologise, and promise to change, and they'll do what it takes, and then you're sort of walking on eggshells, and then things explode again ... I unfortunately could not see it. (WMG022)

The interaction of IPV with a female partner's gambling

Consistent with previous research into gambling problems among women (Hing et al., 2017; Hing & Russell, 2019; Lee, 2019), gambling problems among the women in this research stemmed exclusively from EGMs. All of these women reported gambling on EGMs to gain physical and/or emotional respite from their abusive partner and from stressors in their relationship and domestic life. EGMs have well-known immersive qualities that facilitate dissociation, and many players describe entering “the zone” during intense play (Livingstone, 2005; Schüll, 2005, 2012). Due to these immersive qualities, EGM gambling can become a means of avoidance-based coping, and people are at heightened risk for problem gambling if they frequently play EGMs to self-regulate negative emotions (MacLaren, Harrigan, & Dixon, 2012; Scannell, Quirk, Smith, Maddern, & Dickerson, 2000; Shepherd & Dickerson, 2011). Women are particularly drawn to EGMs to gain an emotional escape from stress, boredom and difficult life circumstances (Hing et al., 2017), as clearly evident in the current research.

When the abuse started that's when I used it [EGM gambling] as an escape, and that's when the real addiction took over, like, the lack of control. (WWG086)

Gambling was something that they did because they found that being in a gambling venue and playing on pokie machines actually provided them with a sanctuary away from a presumably difficult and distressing home place. So, one woman I worked with for many years ... her relationship was [a] terribly violent and abusive relationship with a highly controlling man from the day she married, and so she had been married for many years and experiencing this before she found gambling, found the joys of poker machines. (SP001)

Nearly every woman characterised her male partner as being controlling, domineering, self-centred and misogynistic, and many men were physically abusive and violent before the woman commenced gambling. In fact, many women commenced gambling as a coping mechanism for this violence. Being in an abusive relationship meant being subjected to enduring instrumental violence based on the male partner's

determination to control the woman's actions, relationships and liberties. Expressive violence (reactive aggression) often arose after gambling losses, with perpetrators blaming her gambling for discord in the relationship and financial stress to justify their violence.

Most women with a gambling problem in this research reported developing a gambling problem with EGMs after their IPV victimisation commenced, although a few reported developing the gambling problem first. This temporal sequence was sometimes difficult to discern. The IPV for these women escalated over time with typically no clear point to identify its commencement. In addition, some women did not recognise their partner's behaviour as IPV when it was occurring, especially if it did not entail physical violence. Similarly, because gambling problems can exist on a continuum from mild to severe (Ferris & Wynne, 2001), the exact point at which gambling became a problem was often not recognised by those affected. Regardless of the temporal sequence, escalating IPV prompted increased use of EGMs by these women, compounding their gambling problem and its consequences, with the partner then responding with more violence. These women were in a relentless cycle of gambling and abuse, regardless of whether the IPV initially preceded the gambling problem or vice versa.

The women's experiences of violence

Every woman interviewed reported being subjected to many forms of abuse from their male partner, reflecting findings that multiple forms of abuse typically co-occur (Mechanic, Weaver, & Resick, 2008; Wilkins, Tsao, Hertz, Davis, & Kleven, 2014). As found in previous research on gambling-related DFV (Bellringer et al., 2017; Korman et al., 2008), the women most commonly reported experiencing verbal, emotional and psychological abuse, often accompanied by physical violence and, less frequently, sexual violence. Economic abuse was nearly always perpetrated where the male partner had a gambling problem (discussed in the next section).

All women with a problem gambling partner reported verbal and emotional abuse. This included manipulation, threatening physical abuse, name-calling, derisive comments and gaslighting.

He would say, “You do nothing around here. You think you do everything but everything is wrong. You never notice when I do things around here. I do everything and you do nothing”, that kind of thing and especially in front of the kids. Or if I pick him up on the way that he’s speaking to the children, he’ll go, “Oh, shut up, you fucking idiot” without even blinking an eye. He’ll just always call me a fucking idiot or a fuck-head—and it just blows out of his mouth like a nickname. (WEA001)

About two thirds of this group experienced physical abuse. This included hitting, punching, imprisoning the woman, spitting on her, attempted strangulation, and holding a knife to her throat. Many also received death threats against themselves, their children, extended family members or pets. Sexual violence, including rape, was reported by about one third of these women.

He held me and my son hostage in my son’s bedroom ... He grabbed one of the couch cushions ... and tried to suffocate me with it, with my son in my arms, and held a pocket knife up to my throat ... Usually it was just stuff like spitting on me ... My phone would always get smashed ... He would corner me and yell and abuse me and threaten me. (WEA018)

Nothing was good enough. He forced me to have sex, he drugged me, he took photographs of me while I was drugged ... he took videotapes of the activities he did while I was drugged ... he broke into our house ... when I was pressing criminal charges to get the evidence. So I didn’t even know there was evidence ... photographs and videotapes that he had of what he had been filming. (WMG084)

All women with a gambling problem also reported being subjected to emotional, verbal and psychological abuse by their partner. Examples included insults, denigration, threats of self-harm, gaslighting, withdrawing affection, pitting the woman against family members, and attempts to turn the children against her. Intimidating and threatening

behaviour was reported by numerous participants, including screaming arguments, property destruction, stalking, and death threats. This escalated to physical violence for most of these women, with some requiring hospitalisation as a result. Physical violence most often included pushing and slapping, and also striking with implements, attempted strangulation, being dragged around by the hair, attempted drowning, and degradation.

... holding me by my throat, pulling me by my hair across the house in front of the children, dragging me upstairs by my hair. One time he tried to put a rope around my neck ... he actually ended up punching me in the face ... and I ended up having stitches. (WWG057)

He pinned me down on the floor with one arm, and he also ... pulled out his penis and urinated on me at the same time. (WWG017)

One third of the women with a gambling problem recounted instances of forced sexual abuse or coercion, including rape; being made to perform sexual acts, sometimes violent, against their will; and sexual coercion (e.g. their partner refusing to wear a condom, causing unwanted pregnancy).

The women’s experiences of economic abuse

Nearly all 48 women with a problem gambling partner reported being subjected to severe economic abuse, including economic exploitation and economic control (Adams et al., 2008).

Economic exploitation

Economic exploitation occurred where the man took money or resources from the woman to fund his gambling. This dominated the women’s experiences of economic abuse, as he staked a claim to whatever money and resources the woman had, often without her permission.

Fraudulent use of banking products was widely reported and had significant repercussions. Forging the woman’s signature was commonplace to open accounts in her name. Some men

redrew nearly all available funds from joint mortgages. One woman's husband had secretly increased the mortgage to the extent where they owed more than when they first bought the house. He had also eroded all the assets she had brought to the relationship and generated additional debt to the point where they had to declare bankruptcy. Another woman's partner had redrawn about \$140,000 on the mortgage without her knowledge.

I had no clue whatsoever during the [14-year] marriage. I had a feeling he set up another bank account ... I saw statements afterwards as part of the split-up—the gambling was so substantial, I nearly fell over. It was like, “Oh, my gosh, he's spending \$100, \$200 every second day”. (WEA023)

Credit cards were sometimes fraudulently set up in the woman's name or changed to the man's name but linked to the woman's bank account. For example, one man transferred \$20,000 from a joint home loan to his partner's altered credit card and lost it all in one night gambling on cards. To fund their gambling, many men stole the woman's bank cards or withdrew money from her accounts without permission. Women could also be coerced into signing loan documents and providing inaccurate information.

I found out that he'd started a credit card in my name using my details. And that it got \$5000 worth of debt on it. (WEA026)

He would take my bank card. He would take my money. He'd just take whatever he wanted ... He tapped into my PayPal account. (WEA014)

He very much would force me almost into signing up for loans and things like that and make false statements and say I earned more money than I did and stuff on application forms. (WEA001)

Service providers confirmed that men with gambling problems often perpetrated fraud and financial exploitation against their partners to fund their gambling.

In terms of the ... male gambler, putting the woman on accounts, taking out loans ... [that have] also got the woman's name on them. Or borrowing against the mortgage that has the woman's name on it, for gambling,

and then they shove off and the woman ... also has a financial liability. I mean this has happened countless times. (SP010)

Men with a gambling problem were reported to frequently gamble away money earmarked for household expenses, with their partners only discovering this when it became clear that rent or electricity bills had not been paid. Women frequently could not afford to buy food and some women were left with large debts for rent, phones, utilities, rental bonds and property damage.

I had about 36 store cards at one stage ... I would just juggle. So, I might go and buy food on one, and then I could buy some clothes on another. But, then, when it came time to pay them, I would maybe buy something on another one ... and refund it for cash, and go and pay another card. I ended up in all sorts of problems for a long time. The sheriff ended up coming and taking all my possessions. (WEA027)

Stealing from the woman and their children occurred frequently: “All of my kids' pocket money was missing from their wallets” (WEA011). Searching for money in their partner's possessions, as well as stealing and selling her jewellery, were common occurrences: “I had all these beautiful rings that I'd inherited from my grandmother ... and when I got home he'd pawned them” (WEA011).

A frequent occurrence was the man using all of his income for gambling, leaving his partner to pay all household expenses. His contribution to household expenses could depend on whether or not he won at gambling, but even winning did not guarantee this.

We took it in turns in paying our rent ... He just stopped paying and he just didn't have any money ... He'd get paid, go to the pub and within about three or four hours, \$600 would be gone. So it fell onto me to try and catch it up, which I did. (WEA17)

I wanted to go shopping and buy nice shampoo and go home and cook a meal. The whole time I'm wanting to buy formula and nappies. The whole time I've got to stand in a TAB waiting for a horse to come over the line, to see if that's going to happen. (WEA027)

He had one night where he won quite a substantial amount of money, and she was like, “Oh, could you put some of that into rent?” And he blew up and physically assaulted her. (SP009)

Male partners frequently lied to trick the woman into lending them money, lied about paying expenses, and lied about what they had been doing with the money. Women often described their partners as calculating, scheming and manipulative in their attempts to gain money from them.

He lied to get me to lend him \$30,000 to establish a gym ... Which I gave him because I thought he'd top himself if he didn't have something meaningful to do. (WEA011)

Women know but they don't understand the entire depth, the figures, because these men are master manipulators. They duck and weave ... very good at their communication skills, the way that they don't really provide black and white answers ... [They are] very charismatic lying to creditors and they're actually lying to themselves ... they must believe that this isn't a problem. (SP006)

Economic control

Economic control occurred where the man attempted to control the woman's ability to access or earn money. The women described control as a major component of their relationship, and the man's control over financial decisions was central to this. Men's perceived entitlement to control family decision-making appeared to justify their ability to spend large sums on themselves, including for gambling, to the detriment of their family. For example, one unemployed man spent his redundancy payout of \$185,000 on gambling in a few weeks and then depended on his working female partner and his mother to pay for all of their daily necessities. Another man spent \$60,000 in about three hours of gambling, leaving his partner with nothing. Among some men, control over financial decision-making appeared to be part of a broader agenda to subjugate the woman.

He'd come out of a family where dad's powerful ... that sense of treating her like a servant, had that male privilege concept. He was making the big decisions about the money ... he's the man ... disempowering her ... minimising what she was doing ... he put her on pocket money ...

he basically had the control, which is fairly common in these situations where there's gambling. (SP032)

It was more just the hostile arrogance of “I will do as I please, no one will question me, you will get what you're given, you should be grateful”. (WEA016)

Most women found it extremely difficult to provide for their family due to the extent of their partner's economic control, and his refusal to allow her to spend money on herself or the children. Others described how their partner would use the family money for gambling, but instil guilt in them to deter them from buying family necessities.

He could always find the money for a haircut to keep himself well groomed. But, I never had the basics ... My basic self-care was out the window. I didn't have money to go and get hair trims and things like that ... I even stopped thinking of my own needs ... I was secondary ... I just had to make sure my son was fed and that I could keep a roof over his head. (WEA027)

He would manipulate the situation to me withholding money from him in a sense of he feels hard done by. I'm being mean, I'm being horrible because I want to save \$50 to go to Woolies later on. (WEA017)

Women who are socially and culturally isolated and face language barriers can be particularly vulnerable to economic abuse. For example, a service provider described this abuse wielded by a domineering and aggressive man towards his migrant partner:

He would frequently go to play the pokie machines ... come home in a very bad mood ... be very aggressive ... issues around food ... taking the baby bonus off her ... very controlling around the money ... if he took her to the shops he would ask her to pay for petrol ... she was very isolated ... the language barrier, he didn't like her attending English lessons. He didn't like her to have her own independent money ... a lot of intimidation and threats ... [she] met him online in Thailand. He lived in social housing ... considerably older than her and ... very, very manipulative. (SP007)

Some men also sabotaged their partner's efforts to gain or keep employment or to advance her professional qualifications. Violent and controlling behaviours were used to subject women to this form of economic control.

He started yelling at my boss ... it ended up outside, they were nose to nose ... my boss basically said to me, "This is my family's livelihood. I can't have things like this happening" ... I ended up having to leave that job. (WMG089)

He would offer to take me to the train station, and then he purposely wouldn't, so I'd miss my train ... ended up losing my job, because I just couldn't get there. I was making mistakes, I couldn't think straight. I was coming to work with black eyes and bruises all over me. (WMG023)

The broad determinants of gambling-related IPV against women

This section examines the broader context within which gambling-related violence against women occurs, analysed at individual and relationship, organisational and systems, and societal levels. It uses a socio-ecological approach to examine how gendered drivers of violence against women and reinforcing factors contributed to the IPV against the women in this research. Gendered drivers are factors that consistently predict higher levels of violence against women; within the context of these gendered drivers, reinforcing factors act to increase the frequency and severity of this violence (Our Watch et al., 2015). A later section analyses gambling-specific contributors to this violence.

Individual- and relationship-level gendered drivers

Several gendered drivers of violence against women were apparent at the individual and relationship level in the socio-ecological analysis. These included men who condone violence against women; men who have rigid gender roles and expectations; men's control over decision-making and limits to women's independence; and having family and friends who condoned aggression and disrespect of women.

Men who condone violence against women

The women's accounts of their male partner's abusive, controlling and coercive behaviours revealed that these men clearly condoned the use of violence against women, with the nature, severity and ongoing cycles of their abuse described earlier. Condoning violence against women is an obvious expression of gender inequality, which is widely recognised as the underlying context within which men choose to perpetrate violence against women (European Commission, 2010; Our Watch et al., 2015; World Health Organization & London School of Hygiene & Tropical Medicine, 2010).

As described earlier, perpetrators used violence against their partner to assert their dominance and control in the relationship, in response to their own problems, and to shift blame for these problems to the woman. They also used violence to vent frustration over their own gambling losses and to gain money for further gambling. Where the female partner gambled, perpetrators used her gambling to justify their violence against her.

The interviews with male perpetrators revealed that most of these men continued to attribute blame for their violence to their partner, despite the fact they had a domestic violence order (DVO) designated against them. At least one third of the women interviewed indicated that their partner was a serial abuser, moving quickly from one abusive relationship to another. This pattern of abusive relationships was described by a male participant.

[I] had a few pretty ugly domestic violence relationships ... the last one the worst ... [It was] a means to maintain my manhood ... I would come in at different angles and particularly psychologically, emotionally. I would participate in domestic violence because I felt I had an edge there. (MMG002)

Men who have rigid gender roles and expectations

Adherence to, and expectations of, rigid gender roles and identities were also strong drivers of IPV, consistent with previous research (Antai, 2011; Atkinson, Greenstein, & Lang, 2005; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Most women described their relationship as

hierarchical, where their partner felt entitled to exercise authority and power over them, elevate his needs above hers and the family's, and expect her unquestioning conformity to traditional gender roles.

Just ... an attitude to real entitlement like ... "I had a bad day. Why aren't you pandering to me?" ... He constantly raped her, so definitely physical violence ... I knew there were other women, and I knew that was part of his girlfriend's issue ... I would not trust that man around children. (SP002)

Women described being expected to cater to all of their partner's needs and they typically assumed all responsibility for childcare and household duties, sometimes working several jobs to support the family and his gambling. They often characterised their male partners as perfectionists and narcissists who imposed exacting standards upon them.

One night I was coming home from a really chunky consulting assignment, and he was sitting—and he'd been at home all day—he was waiting to be fed, so you know, so him and the children were sitting at home hungry. (WEA006)

So he'd come home and ... he started like going off at me 'cause the dishes weren't done or the floor hadn't been vacuumed ... if he wanted to go do something, he could just get up and go, but if I wanted to go and do something it was more of a hassle. (WWG012)

Violence and coercive control were used to reinforce this hierarchy and to punish the woman if she transgressed his standards and his gendered view of acceptable and unacceptable behaviour for her.

I was constantly told I was fat, that I was horrible to his children, that no one else would ever want me. You know, there were times when I would cook a meal and he didn't want it so it would be thrown at me, with glass smashed on the ground. So I would go to work the next morning just feeling sick and horrible. (WWG048)

Perpetrators were typically described as living their own lives autonomously, doing as they wished, with little regard for their partner's or children's welfare.

Now I see he lives totally selfish to meet the needs of himself and only himself. Women are objects, and they are there for his personal use, to gain what he wants out of them at the time, and that can change at any time also. (WEA031)

Men who control decision-making and limit women's independence

Violence more commonly occurs in relationships where men wield control over decision-making (Graham-Kevan & Archer, 2008; Mouzos & Makkai, 2004; World Health Organization, 2005). Where the male partner had a gambling problem, this control included decisions about the use of the family's finances and assets, and coercion of the woman to fund his gambling, regardless of the family's financial security. All 72 women revealed that their male partners used controlling behaviours against them.

My partner's quite a narcissistic person, so he's very controlling and very blaming. So he won't take responsibility for anything. So everything's always my fault, and he likes to control what I can and can't do, like I wasn't allowed to do anything. (WWG050)

He got so bizarrely jealous that he used to shine a torch under my door and under [my son's] door, to make sure that we wouldn't go behind his back and ring [my son's father] ... He used to ... go through my phone ... He used to put things of mine in different places and I'd say, "Do you know where that is?" He'd say, "Oh, you're fucked in the head, you moved it yourself, you need help" ... He was doing it just to be controlling. (WWG010)

Male partners also exercised control by using powerful and coercive dynamics to limit the woman's independence to pursue her social, employment, educational and recreational interests, and often restricted her interactions to isolate her from family and friends. Restricting victims'/survivors' liberties may be the primary motivator of IPV by men against women, exercised through coercive control tactics including intimidation, degradation, shaming and violent acts (Johnson, 2006; Stark, 2006, 2012; Tanha et al., 2010).

It was kind of a combination between sort of not letting me go anywhere and calling all of the potential interests

that I might have at uni and everything stupid ... All my sense of self kind of was slowly bled out. (WWG062)

When I met [partner], there was extreme outbursts if you were to go and want to spend time, even just to see family. The majority of my social life dropped off after meeting him. (WEA026)

Family and friends who condone aggression towards and disrespect of women

A further driver of violence against the women in this study was male peers and family members condoning aggression towards and disrespect of women. Male peers and family members (both male and female) were sometimes passive bystanders to the perpetrator's abuse and displayed a general tolerance towards it. As well as failing to intervene when witnessing violence, these bystanders sometimes trivialised and excused it, along with downplaying and hiding his gambling. Norms condoning violence towards women and being a passive witness to violence create a context for abusive men that normalises their use of violence against their partner (European Commission, 2010; Our Watch et al., 2015; VicHealth, 2012).

They [his friends] were observing it and they ignored it ... not feeling that it was appropriate to intervene or feeling that it was acceptable to speak to women and treat women in that way ... they were witnessing me being verbally abused ... and did nothing ... that was really hard. (WMG041)

I would try ... talk to his friends about it and they would just shut me out, literally shut me out. (WMG029).

They just didn't think he had it in him because he was such a placid person ... it's not really good when your closest friends don't believe it, that he could be like that ... I mean you sort of start thinking, "Is it my fault?" (WWG045)

One male participant stated that his gambling friends were "a lot worse than me with domestic violence", that his friends "all talk about doing the same to their partners" and that "the government is always on the side of these females" (MMG006). This man's view was represented in his saying, "I mean, just touch a girl now and you're charged with sexual abuse and assault" (MMG006).

Individual and relationship reinforcing factors

Several broad (non-gambling) factors that reinforced the frequency and severity of IPV were apparent in the women's situations. These included a perpetrator's previous experiences of violence; a perpetrator's heavy alcohol and other drugs (AOD) use and comorbid mental health issues; backlash by men; and women's economic dependence on men.

Perpetrators' previous experiences of violence

Growing up around violence and tolerant attitudes to DFV appeared to reinforce the gendered drivers of violence against the women in this study. Many women described how their partners had experienced violence as a child, growing up in households where their father's abuse of their mother, and often themselves as children, was ongoing. These violent behaviours could compound in families, being mimicked by male children as they grew into adulthood and being sustained by both generations throughout their lives. People experiencing family violence during childhood are more likely to perpetrate IPV as adults (Capaldi et al., 2012; Roguski & Gregory, 2010), as these formative experiences support deep social learning about gender inequity, gendered roles, and the use of violence against women. However, most young people who experience family violence do not perpetrate IPV in later life, so these early life experiences do not directly cause IPV perpetration in adulthood. Nevertheless, all women in this research, including women with a gambling problem, reported that their partners saw violence as a way to control, coerce and discipline them and to address problems and stressors, including those relating to gambling.

My first husband came from a family of four boys, and their idea to solve everything was to punch each other up, and the father was a really heavy drinker. The mother was, like, a protector of her four boys, and her four boys could do no wrong. He showed his first colours when we started to live together. (WWG024)

... his father had abused the children, the girls particularly, and the mother knew this, but nothing was done ... I suspect one of the boys was. I don't think [husband] was, because he was mum's boy, if you like, so that sort of explains a little bit about that. (WWG061)

Women growing up in violent households might also come to see violence as a normal part of intimate relationships. For example, one woman (WWG055) recalled that “all my family have hit me or abused me” and that she became “desensitised” to violence. She went from one relationship with a very violent and controlling man who had threatened to kill her, to another with a man she described as “very cold and violent” and “stalkerish”.

Perpetrators’ heavy AOD use and comorbid mental health issues

Alcohol consumption is a known factor that interacts with gendered drivers of violence against women to increase the frequency and severity of violence against women by weakening the perpetrator’s pro-social behaviour (Our Watch et al., 2015). The literature indicates a clear and persistent connection between alcohol use and violence against women, while illicit drug use is also a risk factor for IPV perpetration (European Commission, 2010; Noonan, Taylor, & Burke, 2017; World Health Organization & London School of Hygiene & Tropical Medicine, 2010). In this research, several women described how their partner was more likely to be violent when drunk.

He would be drinking, and he would come home, or walk in the door, and he had that glassy-eyed look. I just knew if I closed the door the wrong way, or if I didn’t answer a question correctly, I was going to cop a backhand. It didn’t matter what you’d say or do, you couldn’t pacify that. There was no reasoning with him when he had that sort of glassy-eyed look. (WWG017)

He did drink a lot. So, I would run away ... to the boat club. I wouldn’t leave until it was closed and maybe he was home and hopefully asleep. Then, I would creep in and go to bed. I wouldn’t go to bed with him, because I know that if he was drunk or [had] taken the pain killers and I’d wake him up, I didn’t know what I was in for. (WWG017)

Some of the men interviewed also described how their violence increased after drinking alcohol. For example, one participant explained that his partner would “say so many times ... ‘choose the drink or me’, or whatever, because she got sick of it in the end” (MMG001). Fights would happen

more frequently after his drinking alcohol and the violence was described by this male participant as “psychological domestic violence ... it would be name calling. I’d call her things ... I’d make her feel bad ... it was the verbal domestic violence sort of thing” (MMG001).

The presence of mental health issues in men, notably depression, also appeared to exacerbate their violence.

She’d just had enough and couldn’t do it anymore and I was too stupid to realise at the time ... my behaviour didn’t change and just, yeah, ended up in a huge, huge fight, it was pretty horrible. Depression sort of kicked in after that and things got really bad. (MMG001)

My husband’s passive aggressive. So the whole time when he’s here you never relax, ever. (WWG038).

Backlash by men

Threats to the established hierarchy and traditional gender order in domestic relationships interact with gendered drivers of violence against women to increase violence through the perpetrator’s backlash (Our Watch et al., 2015; World Health Organisation, 2010). Violent backlash from male partners was frequently experienced by the women interviewed when they challenged the man’s authority and position in the relationship.

Okay, so he doesn’t like to be questioned and he doesn’t like to be accountable for where he’s been. So it [violence] typically happened after he’d been maybe missing in action for 12 hours or a few days ... if I questioned him [about] what he does. (WWG057)

Research has found that violence increases with women’s share of relative income, but only where their male partners hold traditional views of role divisions in the relationship (Atkinson et al., 2005). Women in the current study provided examples where their partner undermined their attempts to retain employment and advance their education, and of men particularly being violent if the woman earned a higher income than they did.

I’m a female, but I work. And the position that I’m in is a lot better position than what he was in, and it pays a lot better, so guess he’s a bit, yeah, emasculated in effect that

I've got a better job than he did when he was working. And now that he doesn't have a job, it's worse. (WWG012)

Planning to leave or leaving the relationship was nearly always met with violent retaliation, as this undermined the status quo and the man's control over the woman. Women are most at risk of escalating violence when attempting to leave an abusive relationship (Our Watch et al., 2015).

The more that I tried to regain control of my life ... of the situation, the worse the abuse got ... I felt very unsafe being around him ... about ending the relationship ... I felt that my life was threatened ... I didn't know what he was capable of ... I felt like he didn't want me to be in a position of control or power, he wanted to have that control and power over me. And when I started to try and regain that for myself, his abuse worsened. (WMG041)

I started to try and regain my power. But that only made things worse. Oh, he didn't like it. He got angrier and angrier ... I started to sort of regain this independence, I think he could almost see that I was starting to slip away ... I continued with that ... before he beat the shit out of me. (WWG057)

From the day I declared it over up until the intervention order was served on him, he threatened to kill me every single day, and he said that he would make sure that he left me on the streets and that the children would hate me, and so that's what he's worked at doing since then. (WEA006)

Women's economic dependence on men

Women in an abusive relationship with a controlling man who regularly subjected them to economic abuse typically had very limited resources and were financially dependent on their partner. The male partner often kept tight control over the family's finances and gave the woman a meagre amount to live on and provide for the children. Women often stayed in the abusive relationship because they had stopped work to raise children and had no independent income. Others had insufficient income to live independently. They knew that if they separated from their partner, they would not be able to afford their household expenses as less money would be available. Consistent with previous research (Meyer,

2012), many women described how they became trapped in a violent relationship because they had no resources to support themselves if they left, heightening their risk of further victimisation.

It all came down to money and power. If you don't have the money, you don't have the power. You have to stay. You can't leave. You're stuck ... You need cash because you just can't do it otherwise. That's why most people, I would have to say, would stay in that position, a horrible relationship, because they don't have money [to leave]. (WEA014)

Other factors contributed to women's economic dependence on their partner. A few participants alluded to cultural backgrounds, particularly those that reinforced patriarchal values in their families and opposition to leaving a relationship even if violent.

She moved [out] ... the family overseas, because there's no acceptance of divorce or separation in their culture, started saying they were going to cut her off and she wasn't allowed to come home and she wasn't allowed to be part of the family if she didn't move in back with him, so she did. (SP002)

Some men actively undermined their partner's employment, while other female participants noted that the debilitating effects of IPV victimisation on their mental and physical health compromised their ability to work, increasing their dependence on their male partner.

He started beating into me to make me sell the house and make sure I really have no contact with anyone ... you do sort of cut yourself off ... that's why he did that as well ... I wanted to go back to work ... I gave in and sold our house, and went to the western suburbs ... It was worse then ... always defaulting on the mortgage and I sold my apartment to make the arrears. (WMG029)

You can't do high-powered work and have two kids and run a family and deal with abuse. I just got ... burnt out and I had to stop. And once the money stopped coming in, well, the problems just really escalated, really escalated, because he didn't have the money to gamble with any more. (WEA006)

Organisational and systemic gendered drivers of violence against women

At the organisation and systems level of the socio-ecological analysis, several gendered drivers of violence against women impacted on the women's experiences of IPV. These factors were grouped into one theme: gendered attitudes and behaviours that condone violence towards women.

Gendered attitudes and behaviours that condone violence towards women

All women in this research had sought assistance from one or more services and organisations in relation to IPV and/or gambling, often several years ago. While some women encountered positive and helpful responses from a range of organisations, many reported unhelpful responses that reflected gendered attitudes and behaviours and tolerated the abuse of women. These included responses from some police, the judicial system and medical practitioners.

Several women reported that the police did not take their abuse seriously, especially where there was no proof of physical injury. This reflects a "violent incident model" of IPV that equates abuse with discrete assaults and assesses severity based on the seriousness of the injury, while ignoring patterns of coercive control that are far more common, long-lasting and damaging (Stark, 2012).

I told him [the police officer] what was happening, and he said, "Do you have any witnesses of this ... or CCTV?" I said, "No". And he said, "I'll be honest with you, I'll take a report, and we can do a statement, but we're not going to be able to do anything without any further evidence" ... I just became really distressed, thinking, well that's exactly what they [perpetrators] do, isn't it? They're not going to do it in broad daylight. (WEA026)

I feel like he's [police officer] a perpetrator, you know, like he stands over me, he makes decisions when I tell him what I want ... you feel so alone and you know, like you feel abused by the system so to speak and then you feel abused by your partner. (WMG040)

The women related incidents where police failed to acknowledge that sexual assault can occur within marriage, colluded with the perpetrator to vindicate his actions, and privileged the perpetrator's fabricated account of events over the woman's, even locking her up while letting him go free.

[The police said,] "You went back into your marital home, so you can't charge him with anything." And I'm thinking, "Are you kidding me?", to say that in front of him, to verify to him that what he's done is okay, is ridiculous. But then to turn around and say it to the victim that they can't press charges on someone because they went back into the marital home; well, hang on, how many females go back into the marital home because they're scared and because they're abused? (WWG050)

The police treated me like absolute dirt. They removed me from the house and took me to the police station, did an interview, took my fingerprints ... Then, they said to me, "Oh, but you have a record". I said, "If you actually look up my record, it was for fraud, I've never hurt anybody in my life". He [the partner] pushed me up against the wall and I put my arms out to hit his hand out to his face, and I scratched it. Then, they're like, "Well, we're removing you from the house". (WWG024)

Gendered attitudes by police were also apparent in other ways. Women appeared to be sometimes blamed for the abuse because they did not live up to gender norms.¹¹ For example, some women who gambled felt they were treated poorly by police because frequent gambling is seen as an inappropriate activity for women. One woman felt that her abuse was not taken seriously because police thought she had more than one boyfriend, and therefore was presumably to blame for the abuse. Some women felt they were dismissed as hysterical, using up valuable police resources for seemingly insignificant matters. Others felt that police considered them a nuisance because of their past experiences of IPV, stereotyping them as "repeaters" rather than recognising that their abuse was ongoing (Stark, 2012). Some women felt a sense of betrayal that their abuser received a mild punishment.

I had to give my statement three times because the police officer didn't put half the information that he should have,

¹¹ Gender norms are roles, behaviours, activities and attributes that any given society considers appropriate for men and women (Our Watch et al., 2015).

and I was even told by police prosecution that it wasn't going to stand up in court, that [he] wouldn't be charged ... they hadn't got enough information or they hadn't taken photographs and they should have ... you don't feel like you're treated seriously ... "Oh you're another woman ... carrying on". (WMG040)

[The police] wouldn't come over, and I had to flee the house ... I was blamed sometimes by the police, because the police came out a number of times. I was blamed in one of those times saying it was my fault too. (WEA023)

Well, the incident in 2016 that was the catalyst for the break up, I sustained quite severe injuries and the police just gave him a common assault charge. So that's, you know, tantamount to me tapping you on the arm. (WWG057)

A few women reported encountering gendered attitudes among medical practitioners who ignored the seriousness of their situation. For example, one woman with facial injuries from her partner's violence, who sought advice for IPV problems, had her confidence shattered by the following response.

I went to the doctor with my face ... to report it, and the doctor said, "Why has this happened?" I said, "I can't understand this, you know, five years ago we were madly in love", and this German doctor said, "Well, you probably deserved it". (WWG033)

Compared to today, when healthcare professionals may be more likely to ask about IPV if the woman is distressed, some older women related how healthcare professionals they had encountered in the past were unlikely to check to see if the woman was safe.

The ambos [ambulance drivers] they would be people that had been working in the community for years and they know you get banged around. But, you know, even they wouldn't say, "Are you safe" or, you know, "Do you need somewhere to go?" (WMG002)

Responses such as these not only ignore a woman's immediate level of safety and increase the risk of further violence, they also act to trivialise, excuse and normalise the use of violence by conveying gendered attitudes and condoning the use of violence against women (Our Watch et al., 2015).

To help address these issues, the *National Risk Assessment Principles for Domestic and Family Violence* (Toivonen & Backhouse, 2018) have been developed and aim to provide an overarching national understanding of risk and managing risk in the area of DFV.

Organisational and systemic reinforcing factors

Some organisational- and systemic-level factors acted to reinforce the negative impacts of IPV among the women in this study, compromising their ongoing safety and recovery efforts. These included limited effectiveness of DVOs, difficulties accessing emergency help for women, unhelpful experiences with counselling, and a lack of integrated service responses.

Limited effectiveness of DVOs

An obvious threat to the women's continuing safety was the limited effectiveness of DVOs, with Australian research concluding that DVOs do not always keep victims/survivors safe and are inconsistently implemented (Taylor et al., 2017). In some cases, women had difficulty obtaining and renewing DVOs due to bureaucratic processes, but also because police evidence had not been properly recorded or the judge felt that the couple should be able to work out their problems without one. Older women in particular emphasised the difficulties they had experienced many years ago in obtaining a DVO and being discouraged by police from pressing charges against their partner.

They [the police] could have taken the DVO order out on him ... [but] it was a real effort on their behalf, you know, that I was just being a nuisance and ... it's not unless he's actually punching you in the face or breaking your bones or kicking you down the stairs or something, then you don't really have anything to whinge about ... Even though he told my 15-year-old that ... he was arranging to have somebody kill me, the police never locked him up for it. (WMG008)

Unfortunately, even though he'd breached it [the DVO] three times since then, it doesn't get automatically extended, I'll have to apply ... I've seen friends have trouble getting intervention orders, and it's almost always because they haven't called the police ... If you don't have a police report

and them to back you up, basically, it's just he said, she said, and that's how they'll treat it in court. (WEA024)

The police said, "Look, do you really want this to be in the papers, because if it goes to court, unfortunately, the papers are going to be there, and being a well-known businessman, you can bet your bottom dollar it'll be in the local paper that he's been belting his wife". (WWG003)

The ineffectiveness of police in enforcing DVOs against violent perpetrators was widely reported. Perpetrators often continued to harass, threaten, stalk and terrorise their victims with impunity. For example, one woman, whose partner had tried to strangle her on three occasions leading up to the DVO, reported: "The judge gave him an intervention order for 12 months and he was back on my doorstep that night" (WWG024). Online, mobile and other digital technology also enabled perpetrators to track, intimidate and stalk their victim.

I didn't realise ... but I was using the same Apple ID as him, and he was the master Apple ID thing, so he could track everything that I was doing. My messages, my emails, my Google history. He had put health apps on my phone ... [to] monitor my daily activity movements. And I couldn't delete them ... This security system ... actually worked through your IP address, and you could call the number and actually listen in to your house ... I called Telstra ... they said ... it looks like someone was using my hotspot or tapping into my service ... So I knew it was him. I knew I had no privacy ... I was even more isolated. (WMG089)

Difficulties in accessing emergency help

Although critically important when escaping from a violent relationship, many women encountered great difficulties in accessing emergency help and accommodation, such as safe shelters, refuges and daily necessities. Emergency facilities were scarce and typically short-term, especially in regional areas, where service provision faces challenges due to distances, dispersed populations and politically driven funding systems (Wendt, Chung, Elder, & Bryant, 2015). Difficulty in accessing crisis and support services posed further risks to these women's immediate and ongoing safety, because it deterred them from leaving violent relationships. These isolated women

often had nowhere to go as their support networks had been diminished through their experiences of IPV. Women also reported numerous bureaucratic hurdles to gaining longer term housing support. Many women commented that providing adequate emergency help would be a major factor in helping women escape situations of violence.

Where does a woman go? Even at this point in time when I work in women and children's services, they get two, or three nights until they can find a friend, or a family member. There is nowhere to go. Country services are even worse, because there are no refuges either. (WMG078)

We've been trying to work with her to escape the domestic violence ... She's been wanting to do it ... [but] there hasn't been enough actual support through housing—really it's about housing and other support services. Guess what? We missed the window of opportunity ... and she's stayed with him and she's pregnant again, against her will if you know what I mean. This is insidious. It's insidious in ways that I'm worried research couldn't even begin to flush out ... She will stay now because sexual violence has occurred and she's even more trapped than she was previously. But he's in charge of everything. He's in charge of how every cent is spent. (SP010)

If they provide more funding to the domestic violence refuge system ... tell women, "Hey, we've got a place for you to go ... We'll give you a house and a safe place to go ... We'll shove everything into that house that you require ... He doesn't have to know where you live". If you can do that, pretty much immediately you'll fix the problem, the women will come flooding. (WEA023)

Many older women in this research ruminated on their experiences of IPV often years or decades earlier, and the lack of support that was available then for IPV victims/survivors. This lack of refuges, child care and financial support kept them trapped in the relationship. However, women with more recent experiences of violence also reported that emergency help was extremely limited.

Well, where the fuck am I supposed to go? My daughter threatens her life if she leaves the house, her bedroom, her school friends, where she lived and her whole world. She didn't want to leave. He wouldn't leave. (WMG078)

Because I had three little kids, trying to work full-time shift work with no family to help me, and there was no child care ... So consequently I took him back and he kind of developed the gambling habit then. (WMG008)

There was no [child] endowment ... and no Centrelink and ... if you didn't work you got no money. (WMG002)

Unhelpful experiences with counselling

While many women reported very positive experiences with counselling, several women reported unhelpful and even harmful experiences which deterred them from further help-seeking. Some women found that counselling was expensive, difficult to access and in some cases intensified their shame, leaving them feeling defiled, disempowered and re-traumatised. This finding is consistent with other evidence reporting secondary victimisation among survivors of IPV (Laing, 2017). In a few cases, treatment approaches increased the risk of further victimisation, such as the use of empowerment strategies for the woman without safety planning. These initial responses often set the scene for the women's future help-seeking, so were also critical to their longer term recovery efforts.

I didn't get very much advice, it was sort of a place to vent and I can do that elsewhere, so I didn't see the point of paying \$250 an hour. (WMG082)

I deal with hundreds of women in this space. Most of them will say the counselling at best is neutral. It gives them a space where they can talk about this stuff, but they don't walk away with a sense of empowerment or being able to go forward, and at the end of the day, that's what most women experiencing family violence want to do. So it reinforces their own powerlessness. It's really bad. (WEA006)

I didn't want to say anything, type thing. And then she'd ask something, and I'd rattle for the next bloody hour, and then I'd come out feeling raped. Feeling ghastly ... It was really painful. (WWG019)

Lack of integrated and ongoing service responses

Many women in this study found that a lack of integrated services and inadequate triage and referral systems were major barriers to an effective response, as also revealed by previous research (Breckenridge, Rees, valentine, & Murray, 2016). This is highly problematic, given that non-DFV services may see a bigger volume of women facing physical and emotional IPV than specialist DFV services do (Kaspiew et al., 2015). Victims/survivors can enter DFV support systems via numerous points of entry, but these systems are complex to navigate, with victims/survivors being referred from one agency to another in an attempt to address all of their needs, often at a time of crisis (State of Victoria, 2016). Many women recalled having to repeat their story to numerous services, which increased stress, risked re-traumatisation, and deterred some from persisting with help-seeking.

I think repeating the same story, especially if you've got a complicated story, it takes so much time and effort, and you basically feel like you're doing it for the other person's sake. You know, to broaden their professional expertise. Because it takes about five sessions out of the ten sessions to get your family tree down, or whatnot, you know? (WMG55)

Specialist services and those with limited networks were said sometimes to apply a narrow lens and did not screen for other issues beyond their specialisation. This compromised their ability to assist with the complexity of issues, either directly or through appropriate referrals. The particular specialisation of service staff, rather than the woman's needs, might determine the focus of the counselling. For example, some women attending a gambling help service found that their IPV victimisation was ignored in their counselling, even though the IPV was the underlying reason for their gambling. The opposite could also occur, where the client's gambling problem was ignored in their treatment.

The intake worker was gambling specialised, and because it was one of the things I indicated in the intake interview, they made it ... for the funding, you've got to put in a category, and my first bout of counselling was purely for the gambling even though my gambling was specifically linked to my DFV relationship. (WWG049)

So every session, no matter how many times I tried to bring it [gambling problem] up, she [the psychologist] just really wouldn't talk about it. She kind of sideswiped the whole issue and start[ed] trying to diagnose me with some kind of other disorder which, it was really frustrating. (WWG062)

Some participants noted that abused women are left in a very vulnerable situation trying to access appropriate ongoing help, including for ongoing trauma. Older women, in particular, spoke about trauma from their violent experiences as lasting for the rest of their lives. For example, one woman who had left an abusive relationship ten years earlier commented: "To this day, it still has scars. It's an ongoing battle and it's not something that leaves tomorrow. It does not go away overnight" (WWG017). Another woman said that her partner's abuse and gambling "ruined my whole life ... you spend the rest of your life making up for what was happening at that time of your life" (WEA027). Current services were said to focus on crisis support and initial responses, with limited availability of longer term sources of help.

A lot of these people you just can't escape from ... the government has got sort of all these, I don't know, pretend kind of assistance I call it. It's the initial response. Then after that you're left to your own devices. What do you do then? (WWG057)

All our systems and all our resources are based around a crisis point, and it's all crisis counselling, and yeah, so it's useful ... [but] there is very, very little beyond that. I mean there are some really good programs ... bush therapy and equine therapy, and they're fantastic therapeutic processes, but they're too few and far between ... so few women have access to those programs relative to the numbers of women affected ... [We need programs that are] future-focused ... moving forward with—and putting the trauma behind you. (WEA006)

Interviews with service providers corroborated the experiences reported by the women, and are examined in more detail in the next chapter.

Societal gendered drivers of violence against women

At the societal level of the socio-ecological analysis, gendered drivers of IPV against women were grouped in the key themes of norms condoning violence against women; gendered social norms; and women's commitment to the family and the institution of marriage.

Norms condoning violence against women

Dominant social norms that condone or downplay violence against women increase the probability of this violence (Our Watch et al., 2015). Consistent with previous research identifying risk factors for IPV perpetration (Ruddle, Pina, & Vasquez, 2017), the subjugation of women and the use of violence against them were normalised for many perpetrators through their upbringing in abusive and patriarchal households. In some perpetrators' families, a culture of abuse and disrespect towards women was sustained across generations. In these contexts, the women reported that the perpetrator's family and social networks tended to be passive bystanders to this violence, further normalising this behaviour.

His father used to come home and beat his mother, and the mother used to beat the children, or beat him ... Yeah, so there was a background of violence and there was sort of more traditional gender roles, like the man in charge and those sorts of things. (WMG025)

As discussed earlier, some organisational personnel, especially in the police, justice and family law systems, ignored or trivialised the violence, and in some cases shifted blame to the victim/survivor. The system of awarding equal shared parental responsibility by Family Law courts was also said to perpetuate violence where children were placed with abusive men. These attitudes and behaviours both reflect and contribute to broader and ongoing social norms that tolerate violence against women.

Most women do believe that they're to blame when they come here [a help service]. But if they've been referred as a respondent by police, then they 100 percent think it's their fault usually, because most of the police say it's their fault. (SP004)

We place children into the care of abusive parents, and most of them are men, because violence is gender [based] ... and then we expect that we're going to see societal change. It defies logic. It completely defies logic. (WEA006)

A common experience among older women was that they did not recognise at the time that their partner's behaviour constituted IPV, reflecting societal silence around the issue and the prevailing view of IPV as a private matter. Nonetheless, even though IPV is now more publicly discussed, some women with more recent experiences of IPV also did not recognise their partner's behaviour as constituting abuse.

I never realised that what was happening to me was extreme domestic violence ... I've only really, like, in the last couple of years decided about how bad the DV was. (WMG002)

I was still blaming myself all the way, and then it was only at the very end, [when I saw a roadside sign saying] "If he bashes you, leave". I can remember ... thinking, you know, okay, I had my first real analysis of violence. (WWG003)

I was just listening to some young people talking, and she was talking about abuse in the house. Her friend said do you want to talk about it, and she said yes ... I thought they're actually having a conversation, whereas, once upon a time you just wouldn't bring it up, you would just go home, and when you're invited out you don't say "No, I can't come because he's put all the money on the trots". (WEA027)

Gendered social norms

Gender inequality, rigid gender roles, and norms relating to male authority over women's behaviour have a central role in increasing violence towards women (European Commission, 2010; Heise & Kotsadam, 2015; Our Watch et al., 2015; World Health Organization & London School of Hygiene & Tropical Medicine, 2010). Many women related how their male partner's expectations reflected these gendered social norms about women's roles in the relationship.

As soon as we got married, basically the day after, he then proceeded to stop doing everything he used to. For

example, cook or clean, share the stuff, he just stopped and said, "Oh, you're the wife, you've got to do it now". (WMG061)

He wanted us to be in a relationship that was like a reflection of his parents ... "You need to be the quiet reserved woman, do everything, and never complain. Don't expect me to contribute and just do it all without complaining", which is what his mother does. (WEA001)

Many women had also been socialised into gendered roles, to be submissive to their male partner, forgo control over family decisions, and assume responsibility for any problems in the relationship. This included doing more to try to please their abusive partner in an attempt to avoid further violence.

I felt as a mother, I felt like that was my role. That we had this little family and that I had to just work harder and do more and try and try and avoid arguments and try and avoid the abuse and just try and always be one step ahead to try and keep the peace and keep him happy. (WMG041)

I kept thinking, which many women do, "If you love more, if you give more, if you sacrifice more, then he will slowly come around that you are worthy and you're a good enough woman", and this is what women do. (WMG078)

Gendered expectations were particularly apparent among the older women in this research who reflected on their upbringing where parents had conveyed or modelled traditional gender roles that reinforced the elevated status of men and the devaluation of women. These patriarchal values appeared to shape these women's roles within their own marriage and their responses to their partner's abuse.

My parents were alive in the Second World War ... My mum was a very silent sort of person and she was also, which is really typical from her era ... was very honouring of the male ... And she was quite a powerless female in that she didn't see her own value. So I don't think she saw that females had value. I think she saw that men had value ... it was probably, well, do whatever you can to keep him happy. (WMG001)

In my generation your mother said, "You make your bed, you lay in it, don't come home with your problems. If you

get married, that's it ... that's your problem" ... So you didn't kind of talk about it. (WMG002)

I've been kind of raised with very Victorian attitudes that ... lend themselves to me being kind of a bit submissive ... I said [to my mother], "I'm telling you it's like enforced prostitution. I can't get over it." You know what she said to me? She put her hand on my arm. She looked absolutely so sad and she said, "Darling, women did it during the war. Don't worry." So I came from a long line of coping, suffering sorts of women. (WWG003)

Nevertheless, many women of all ages keenly felt that they fell short of societal expectations for failing to nurture a happy marriage and blamed themselves for problems in the relationship. Having internalised societal expectations to be the perfect wife, mother and woman, many women concealed the abuse and stayed in the relationship, enduring further violence as a result.

Women's commitment to the family and the institution of marriage

Many women expressed how they had entered the relationship with a vision of a fairytale family life, often not a mirror of their own upbringing. The image of a perfect, happy family, promulgated by the media and social norms, meant that the women tended to put up with their partner's demands until breaking point. This forbearance meant that their partners were able to subject them to extended periods of violence and abuse that was typically exacerbated over time. Many suffered in silence to maintain the façade of a perfect marriage.

I really valued family, and also the story ... that I was sold on, like you know, the stay-at-home [mum] ... I'm also adopted, so I didn't really want a broken family. He knew that that was really, really valuable to me. So basically, I will accept abuse and crumbs if you just please hang around. (WEA016)

Traditional and idealised views of marriage appeared to be strongest among the older women in this study who had been socialised into thinking that marriage was permanent, and that children should only be brought up within marriage. These values increased the pressure they felt to stay in the

abusive relationship. Referred to by Rennison and Rand (2003) as "social desirability biases", older women are less likely to recognise or report violence due to their socialisation, upbringing and feelings of stigma and shame.

At the end of the day, what I wanted to do was have a family. I was a girl, and all girls want to have this happy marriage and a family ... So, the little fairytale of the happy family never came to fruition. I never had any more children and I never got married and he ended up dead. (WEA027)

We considered we were marrying forever, at the time, and I never changed my mind. I felt that when you bring children into the world, you are offering them yourself and your husband as their support forever, basically; not just until they're 18. And having commenced my family, I was always loath to damage it in any way like that ... Death us do part, that's it. (WWG019)

Pressure to stay married, even to an abusive partner, was said to be particularly strong in some cultural communities.

There are a number of communities where domestic violence is viewed very differently ... the man handles the money, so if there's no money for food, well, that's tough luck. They hand over 50 bucks a month ... but you can't really live off, because the rest goes on gambling ... if the woman is strong enough that they try to protect the finances ... to protect the family, or there's an outright sort of confrontation ... if [men] don't know how to deal with that, what better to do than to lash out at someone who's closest to you, and who's going to put up with it for a long time. And the women who have been taught that once you marry, this is for life, will put up with it a long time. (SP016)

Societal-level reinforcing factors

The stigma associated with IPV was identified as an important factor that reinforced the negative impacts of IPV for most women in this research. Because of this stigma, women avoided social support and professional help in order to keep the IPV hidden, instead staying in situations of violence.

Stigmatisation of IPV

The stigma of IPV victimisation was strongly felt by every woman in this study, and the hidden nature of IPV reflects its societal stigmatisation (Murray, Crowe, & Akers, 2016; Murray, Crowe, & Overstreet, 2018). Stigma occurs when individuals are devalued or discredited because of a perceived negative attribute which disqualifies them from full social acceptance (Goffman, 1963). Stigma related to IPV is driven by societal beliefs about traditional gender roles; assumptions about family, race and socio-economic circumstances; victim-blaming; and systemic and stigmatising barriers to safety and security (Murray, Crowe, & Brinkley, 2015). IPV victims/survivors can experience this stigma from many sources, including health professionals, police, the justice system, legal representatives, DFV services, workplaces, friends and family members (Murray et al., 2015).

Research has identified how cultural, anticipated and internalised stigma deter help-seeking by IPV victims/survivors (Overstreet & Quinn, 2013). Cultural stigma, occurring at a societal level, was apparent in this research through attitudes and behaviours that delegitimised, downplayed or encouraged secrecy about the women's experiences of violence, and judgements that demeaned and blamed them or assumed they were weak, helpless, dependent or stupid for staying in the relationship. Many women therefore kept the abuse hidden, maintained social isolation, and avoided seeking support from family, friends and services.

I didn't really tell people because I was ashamed of the extent of it, and it wasn't logical. People would ... go, "What are you doing? Leave." I was pursuing him and he was doing the leaving. So people don't really give you understanding about that, because they look at you thinking, you're crazy ... because they say if you've got good self stuff you won't tolerate that stuff. You would want good for yourself. (WEA016)

The women's anticipated stigma manifested as fear that disclosing their IPV victimisation to others, including help services, would result in rejection, recrimination and devaluation.

I didn't want anyone to look at me like I was a victim or like I was a bad parent because the relationship lasted

longer than what it should have or anything like that ... and being looked at differently because I was a young parent ... I was scared that someone would label me like I've been a bad mum or living in a low socio-economic environment or making me feel like they're above me. (WEA018)

That's quite the norm, because what they've come to us for initially is the financial issues with the gambling, and it's quite a common thing to say, "Oh, you know, is there anything else that's happening? Do you feel safe at home?" and [they respond] "Yeah, yeah, yeah". Then when I rang her one time, she was actually in hospital ... this is how deeply embedded shame and that is. It's probably not just gambling. It's also the violence. (SP015)

Social stigma also resulted in internalised self-stigma. Many women expressed deep shame about their victimisation due to IPV. They feared humiliation and judgments by others who might not understand why they did not leave the abusive relationship, even though these women often faced barriers including poverty, their own mental health issues, social and family expectations to stay married, and fear of retribution from the perpetrator. Self-stigma undermined these women's capacity to seek social support or professional help or leave the relationship, extending and reinforcing their experiences of abuse.

And of course, look, I never told people that he choked me to the point where I was unconscious and I nearly died, and he did it in front of my three-year-old who was completely traumatised. I never told people. (WEA006)

You're very guarded ... people are very judgemental. They don't understand why you stay and I've been in domestic violence relationships where you're too scared to leave ... when they're physically abusive, that's even worse ... If you go and then they [the perpetrator] find you, they [others] don't realise what you go through. It's not as easy as what people think it is. (WMG088)

Gambling-specific determinants of IPV against women

The above analysis has discussed the broader context within which gambling-related violence against women occurs. This section more closely examines the mechanisms by which gambling reinforces this context. It uses a socio-ecological approach to discuss gambling-specific determinants of IPV at individual and relationship, organisational and systems, and societal levels, as found in this study.

Gambling-related individual and relationship factors

Several gambling-specific factors relating to individuals and relationships reinforced the frequency and severity of violence against the women in this research. These included certain cognitive-behavioural characteristics of problem gambling; financial, emotional and relationship stressors due to problem gambling; and the interaction of alcohol and drug use, as well as mental health issues, with problem gambling.

Cognitive-behavioural characteristics of problem gambling that reinforce IPV

Problem gambling has several cognitive and behavioural characteristics that were evident from the accounts of women with lived experience (both where they or their partner gambled), and that interacted with gendered drivers of violence against women to increase the frequency and severity of IPV against the women in this study.

Where the male perpetrator of IPV had a gambling problem, his preoccupation with gambling was said to elevate its importance to the exclusion of other aspects of life and to heighten his individualistic tendencies. Women generally characterised their problem gambling partners as self-centred, entitled and consumed by their gambling, prioritising their individual needs and urges to gamble above all else. As their gambling problem worsened, these men were reported to increasingly ignore their relationship, parental, financial and social responsibilities and discard concern for their partner's and children's welfare, including subjecting them to torment, violence, neglect and abuse.

He was just totally addicted to having a bet. When I ... went into labour, I gave him the money to ... buy some pads for me ... to take to hospital, and he actually put the money at the TAB instead ... So, I had to get myself to hospital ... When I was in the hospital having my son ... he asked my mother for the money for an engagement ring because he wanted to [propose] before I got out of hospital ... He took the money to the track ... he didn't turn up with the baby capsule and I was left to get home with my mum ... to find out I was being evicted [because he had gambled the rent money]. (WEA027)

I'd come home [from work], the children would still be in their pyjamas and starving at six o'clock at night, because he would have been absorbed in the gambling ... And I can't tell you what it was like to live with a man for six years longer than I wanted to because, you know, he made me physically sick—physically sick—but I knew that if I left him he'd take the kids, and I knew that he had no interest in looking after them. (WEA006)

Cravings and urges to gamble, when not satisfied, lead to withdrawal symptoms among individuals with a gambling problem. Participants reported that, when their partner was unable to gamble or when funds for gambling were depleted, his anger and frustration were often converted to violence. Many women felt their partner saw them as an obstacle to his gambling, to blame for his inability to gamble, and as an easy target for his violence. Cycles of violence were often described as connected to gambling events and losses, with tension building during times of non-gambling until it culminated in violent acts. Anything that threatened to prevent continued gambling, such as the woman confronting her partner, further gambling losses, or lack of access to money for gambling, also typically resulted in violence.

Every time he lost a race, or lost his temper, his anger would actually escalate, like it was all my fault ... It was like he was descending into madness and becoming more and more angrier and more detached. (WEA006)

He would go to gambling and he would blow thousands ... and then he would, you know, [say,] "It's your effing fault,

if you hadn't have ... well then I wouldn't have reacted this way and blown all this effing money". (WMG025)

Erroneous cognitions about gambling are also a feature of problem gambling, including inflated beliefs about luck, being able to predict the outcome of events and one's own skill. These irrational beliefs underpinned continued attempts to win at gambling despite mounting financial losses, motivating economic abuse and other forms of violence.

He really was obsessed with thinking he knew the final outcome of the race ... in his head he was going to double the [rent] money and pay the rent and then have enough to gamble for the day. (WEA027)

He had all these ideas how he can win the jackpot and can stop the [money] train [jackpot], and all these sort of stupid things. (WEA021)

He went into the office, wrote a cheque for \$6000, and took it to the casino [and lost it] ... They firmly believe that they can double it. "I'll be the hero here; I'll give her \$12,000" ... It's all their absolute rubbish thinking. (WEA015)

Also characteristic of problem gambling, many women described how their partner's gambling escalated steeply over time, and so did the frequency and severity of his violence. While some of these men made occasional promises to curtail their gambling, they all continued to relapse into problem gambling.

He went and he lost five grand in 2 weeks ... He broke down again, very upset and it was because he had been gambling again ... A week later he started being a little moody ... the next week it was more ... all those agitations ... aggression ... belittling, all the picking and insults ... started again and escalated as time went on. (WMG087)

The women with gambling problems also reported cognitive and behavioural characteristics of their gambling that included preoccupation, mood enhancement and irrational beliefs. Gambling became a central activity in their lives, and also provided a physical and emotional refuge from their abuse. They invariably described their gambling as a means to escape their partner's threats of abuse, and to enhance their mood by distracting them from the fear, worry, anxiety and

depression associated with living in an abusive relationship.

I could see that it [IPV] was escalating and I knew that I had to go somewhere to get away ... I just started to sort of disappear into the pub and then not want to just sit there and drink by myself, started then playing the pokie machines ... When something [violence] happens I get all these flashbacks to all the other incidents [of IPV] and then I seem to find myself in the comfort of a poker machine room. (WWG057)

Some women suffering economic abuse from their partner hoped to win at gambling so they would be able to support the household or leave the relationship. These irrational beliefs that they would win more than they lost drew them to EGMs, along with the cognitive escape and time out that the machines offered.

There's an element of hope. And even if it lets you down, it's no different to everything else that lets you down; but that's still got the odds with it. And also, yeah, the rhythmic escape, the sense of purpose. Like, I'm practically contributing to my life, because I could win, and I could drastically change my situation. (WWG055)

It was also sort of a secret, alone thing ... I just felt entirely consumed by this other person. Maybe it was a way of regaining my sense of self or my own identity. (WWG062)

Many women with gambling problems described how their EGM gambling escalated rapidly to problematic levels as well as their failed attempts to curtail their gambling. Regardless of whether their gambling problem preceded the IPV or vice versa, these women were in an ongoing cycle that reinforced both the IPV and their gambling. As part of this cycle, women would frequent gambling venues to try to escape from or cope with the IPV; frequent visits would therefore reinforce their gambling problem, and their partners would use the woman's gambling problem as an excuse to perpetrate violence against them.

Financial stressors from gambling that reinforce IPV

Central to the destructive effects of problem gambling were its devastating financial consequences for the participants and their families. The financial impacts of problem gambling

have been well documented, as the gambler spends large amounts of money on gambling, depletes funds needed for other household expenses, sells the family's assets and often creates debt (Browne et al., 2016; Heiskanen, 2017; Patford, 2009).

He had a Ladbrokes account ... I logged into it ... \$100,000 ... was obviously blown ... the casino ... the races ... he used to put \$5000 on a horse. (WMG089)

He had over a million dollars' worth of debt. (WEA011)

Many women experienced extreme financial deprivation as a result, with no money for food, clothes and other basic necessities; disconnection of utilities; and eviction due to non-payment of bills, rent or mortgage.

I had another baby by this stage. Three days with no power and he was earning \$3000 a week ... It's never his fault. Never, ever, ever, ever. So there was no remorse. (WEA16)

Among abusive men with a gambling problem, the near constant need for money directed their domineering tendencies towards controlling the family's finances in a way that caused enormous financial stress. Their behaviours reflected their perceived entitlement to control and use all available family resources for their gambling.

For 10 months [he] didn't contribute a cent to the family because he said he hadn't received the money [owed to him] yet ... I realised that he was lying ... he had received it 8 months earlier, and gambled it all in one day. So that was \$46,000. (WEA011)

As found in previous research into the experiences of women with problem gambling partners (Patford, 2009), the gambling was often kept hidden until severe financial damage had occurred and became impossible to hide. By this time, the couple's financial resources had typically been substantially depleted.

I had always believed that he didn't gamble. But just recently he became bankrupt and was being pursued for debt ... I had to find out that there were financial issues by someone trying to serve him with papers at the front door ... He's just been lying for 30 years. (WEA003)

Many other forms of abuse were used to prevent the women from having a say in how money was spent, to silence their questions about household finances or gambling expenditure, and to coerce them into providing money. Verbal, emotional, physical and sexual violence were enacted through rage, denigration, threats, physical assaults and sexual violence.

Gambling ... he never had any money ... if he asks me for \$50 and I don't have it, he'd throw food around ... then he'd hit me. (WMG029)

If he wasn't getting his own way ... and he wanted some money ... he'd have a big meltdown screaming ... carry on and be trying to attack the kids to get at me. (WMG008)

He said, "Hey cunt ... you forgot this", and threw my [baby] daughter off a highset unit block ... I put her up for adoption after that ... all because of a stupid pokies machine that he wanted the money for. (WMG020)

Ongoing violence typically resulted in these women living in constant fear, being silenced, and submitting to their partner's demands to try to avoid further violence. Where the women challenged their partner's use of household funds for gambling, further violence nearly always resulted.

I was silly enough to bother saying something. That was a major trigger. Me trying to stop it [his gambling] ... caused the most conflict, I guess. (WEA024)

The effects of poverty and economic abuse keep women trapped in cycles of violence and undermine their recovery post-separation, with IPV contributing to heightened rates of financial stress among women (Cortis & Bullen, 2016; Women's Legal Service Victoria, 2015). Most women reported that the poverty caused by gambling trapped them in the relationship, as they had no resources to support themselves or their children. Staying in the relationship extended their victimisation, with the abuse escalating as the gambling problem worsened. Looking after children, maintaining employment, and leaving the relationship with no resources created an insurmountable situation for many women.

I was 100 percent frightened of him being violent ... I had no money, so I had to come back ... I stayed another five years because I had nowhere to go ... it's too hard, and you go back ... it's too frightening ... they're coming

after you ... they're putting the threat of death on you ... it's really hard to get out of that, because you think that they're going to kill you, or do all this stuff to you. And I've had to fund all of these house moves, and there's just no money to [move]—the only incentive I got to move out of there was the fact that if I stayed in this house I was going to die. (WEA023)

Consistent with previous suggestions that episodes of gambling losses can lead to violence towards partners (Afifi et al., 2010; Korman et al., 2008; Muellemann et al., 2002; Suomi et al., 2013), participants reported that the financial stress from gambling fuelled the perpetrator's anger. Attempts to access money were frustrated through the inevitable gambling losses, which mounted as the gambling problem worsened. Dwindling assets and savings, and often mounting debts, were further obstacles to continued gambling. These factors were said to escalate the frequency and severity of the violence.

If he lost, there were times I ended up in hospital from in the pub ... [he'd] pick up a barstool ... and just knock me over the head for talking to someone, because he had just lost his money. (WMG020)

Most women reported that their problem gambling partner did not acknowledge gambling as the cause of household financial stress, with problem denial very common among people with gambling problems (Hing et al., 2012). Many women reported that their partner tried to shift the blame for his gambling or his gambling losses onto the woman, with this blame-shifting typically accompanied by physical and emotional abuse.

I tried to stop him ... "because you keep losing, and this is not how you're making money"... but he is already really addicted, and he transfer his problem onto me ... He perceived this as bad luck ... so he tried to blame me ... like threatening my [sponsored] visa. I'm a source of bad luck. (WMG092)

He would be just ... sarcastic ... so obnoxious, and yeah, just belittling me with things. And when I brought up that, you know, he's got an issue, a problem with gambling, you know, he would say that I've got a problem, not him ... and he would never admit it. (WEA021)

Where the woman had a gambling problem, financial effects were also acute and could include economic abuse of her male partner. The woman's gambling and its financial consequences often attracted her partner's ire. Women described being insulted, threatened, thrown out of the house, slapped, punched, stalked and raped.

He knew that I'd spent my last money on that [pokies], and I've gone to pick my stuff up ... So I went to say to him, "Can you hand me my bags?" He kept saying, "Come closer" ... so I've gone closer. Anyway, he fractured my eye socket, covered my mouth, and dragged me like a ragdoll ... It was like a 30-metre driveway ... Then stripped me naked ... mocked me, and then abused me the next morning, and then said, "You look hot with a black eye". (WWG055)

He said, "Did you lose it all?" ... and he just gave me a hell of a hiding with this walking stick ... He broke it into three pieces over my back and the back of my legs. (WWG017)

If a woman has a gambling problem, it puts them at risk of domestic violence if a man feels that she is taking unfairly from the family to finance her gambling ... that's probably the main risk. (SP018)

Several women described how their gambling problem and associated losses were used by their partner to justify the violence against them, consistent with previous research (Browne et al., 2016). The men often blamed the woman's gambling for all problems in the relationship, despite additional contributors such as his aggressive and domineering behaviour or heavy AOD use: "I know that there were several factors why it [the violence] happened, but he solely blames it on the gambling" (WWG010).

The five male perpetrators who were interviewed all spoke of experiencing financial stress as a result of gambling—either theirs or their partner's or both—in some cases losing their homes, vehicles and other significant material assets in order to pay their debts. At times of stress, arguments would break out and physical violence sometimes occurred.

Emotional stressors from gambling that reinforce IPV

People typically conceal a gambling problem for as long as possible to avoid public shame and negative judgments from others who might attempt to stop them from gambling (Hing et al., 2012; Hing et al., 2015). Women participants were typically shocked to learn of the extent of their partner's gambling and the economic abuse which usually accompanied it. This initial shock was followed by feelings of betrayal, anger, despair, distress and fear, consistent with previous research on the emotional impacts of problem gambling on partners (Grant Kalischuk, 2010; Holdsworth et al., 2013; Kourgiantakis et al., 2013; Lorenz & Shuttleworth, 1983; Patford, 2008, 2009; Valentine & Hughes, 2010).

It was the manipulation, and the lies, and the deceit which just pushed me over the edge to the extent that I had a total nervous breakdown. (WEA011)

Once aware of their partner's gambling, the women experienced ongoing stress and emotional exhaustion as the gambling continued and its damage mounted, as also found in prior studies (Hodgins, Shead, & Makarchuk, 2007; Shaw, Forbush, Schlinder, Rosenman, & Black, 2007; Wenzel, Øren, & Bakken, 2008).

He could never see that he was spending the shopping money to win the shopping money. It was just degrading. You've got all the people in the street looking at you being screamed at. It was exhausting. I had a baby and I was exhausted. I was totally exhausted. (WEA027)

Many women blamed themselves for not recognising the problem earlier and felt powerless to change the situation, with their feelings of guilt and self-blame eroding confidence and self-esteem. These effects were compounded by the stigma associated with problem gambling (Carroll, Rodgers, Davidson, & Sims, 2013; Hing et al., 2015), with partners often hiding the gambling problem from family and friends to avoid judgement and recriminations. These emotional stressors compounded those arising from their IPV victimisation.

I was too embarrassed to tell anybody really. I became quite withdrawn from the world. I lost quite a few of my girlfriends because it's embarrassing. Them and their partners are going on holidays to the Gold Coast, and

I'm sitting in a TAB being abused. I didn't think of it as abuse at the time, I just thought of it as my relationship isn't as good as theirs. (WEA027)

It's a young mother holding a baby ... her husband was the problem gambler ... she cried through the whole session ... he had been lying to her ... [about] problem gambling debts. So she didn't cotton on to what was happening. She was down on herself because she didn't check in with where all the money was going ... a lot of fear and shame and isolation, because she didn't want her family to know. (SP012)

The women's depleted emotional resources and diminished self-esteem about both the gambling and the IPV lowered their capacity to leave the abusive relationship, extending their victimisation. Many women talked about their desire to leave but they were too physically and emotionally exhausted due to the psychological strain of the gambling and the abuse. This stress was often coupled with pressures associated with employment, childcare and household duties and exacerbated by low social support.

I couldn't keep up the pretence anymore. You can only smile at people for so long and pretend everything is alright. When you start breaking down in public—if I was at my job and I started to cry. We even went to a work Christmas party once and he wanted money ... he just lost the plot in the middle of it. I was just so embarrassed I couldn't face those people anymore. I just couldn't face them. My self-worth just went into the pits. (WEA027)

Having a gambling problem also greatly increased the gambler's emotional stress as he was faced with mounting financial, relationship and other problems. All women reported that their partner's stress about his gambling was a major contributor to his violent episodes. As discussed earlier, this stress was often linked to financial issues, but could also be related to shame about not living up to expectations. One male interviewee reported feelings of shame and guilt once he returned to problem gambling, and this led to having a "short fuse" (MMG002) and to increased verbal and physical abuse. Service providers related some client cases where the

perpetrator's problem gambling, shame and violence were intertwined.

If you are the one who is supposed to earn the money to support the family, but ... the wife gets the job first ... and you find your way somehow to the club, and you had one or two wins, you think, "You beauty, I can make some money here while not having to think about my miserable life that cannot live up to expectations" ... If you keep losing ... you're not a happy man. (SP016)

Most women with a gambling problem reported feeling intense shame and guilt about their gambling, and felt judged by others as greedy, selfish and weak-willed. This shame and guilt can compound violence for women living with IPV. Several women believed they deserved the abuse because of their gambling, and guilt, shame and diminished self-worth led many women to stay in situations of violence.

There was emotional violence in lots of ways, but again, I was still thinking I deserved it. I was gambling. (WWG003)

So it's a shame on me for doing it. I'm doing wrong, you know, by gambling. So that's the way I would look at it. (WWG070).

With gambling being a behavioural addiction ... it's much harder for them to take a reflective position on gambling because there is no way out of the fact that they've started the behaviour and now they can't stop this behaviour. There is no substance they can blame. (SP025)

Relationship stressors from gambling that reinforce IPV

Relationship stressors due to gambling problems were endemic among the accounts of participants with lived experience. Consistent with other research, these stressors included conflict relating to financial pressures, the gambler's prioritisation of gambling over the family, and the sharing of family and household duties (Grant Kalischuk et al., 2006; Holdsworth et al., 2013; Patford, 2008, 2009; Suomi et al., 2013).

The men's accounts revealed that they spent long periods of time in gambling venues. This meant that the bulk of childcare was provided by the female partners, and these women had to manage their household and financial situation while

facing the difficulties caused by the man's gambling. Women also described how the gambling severely disrupted family functioning, creating tension and conflict.

The amount of child neglect that went on when I was married because of the gambling was just terrible. (WEA006)

I was working full-time. I was working three different jobs and he wasn't working ... I went through a lot of grief with him gambling away ... our money and it's never enough to make ends meet. (WMG088)

Gambling was the thing [cause of conflict], but when we had no money I started doing sex work ... because he wouldn't work ... He hated me doing that job and so did I. But he ... would let me go and then he would abuse me over it ... say that that was the problem and that's why he was in a bad mood ... and then I'd be like, "Just get me out of it ... just work for two or three weeks and let me ... get a new job" ... but he would never be able to control his gambling ... But I'm out of it now, thank god ... There was a lot of stigmatisation surrounding that ... like it's a really easy way to put me down. (WWG063)

Loss of trust is one of the most damaging impacts of problem gambling on relationships (Grant Kalischuk, 2010; Lorenz & Shuttleworth, 1983; Patford, 2008, 2009; Valentine & Hughes, 2010). Many women spoke about their sense of betrayal as their partner squandered their future wellbeing, and their complete loss of trust due to his deception and lies about gambling.

I don't know when he's telling the truth. It makes my head hurt. It's all jumbled up in a big knot ... Then I start doubting myself ... a big, massive thing for me. I actually started doubting myself, and doubting, "Can I do anything? Can I do anything properly?" (WMG013)

As discussed above, conflict resulting from these stressors commonly triggered or was used to excuse violence by men against their female partners. Many women therefore maintained silence about their partner's gambling to try to avoid conflict and prevent the violence escalating.

I gave up on the fight and ... for a little while there, I was giving in pretty much to everything to save the argument. (WEA17)

I really didn't confront him very much at all, because if I did he would get so aggressive and he would withdraw more with real aggression. So I knew I had to be real submissive, because otherwise I wasn't going to be able to feed the kids. (WEA016)

I couldn't bring up anything negative or discuss his behaviours otherwise it would turn into him screaming or putting things back on me. (WMG040).

Problem gambling among women also contributed to relationship conflict, arguments and lack of trust, as found in previous research with partners of women with gambling problems (Patford, 2008). Where women lived with abusive men, they were often subjected to verbal and physical abuse in response to the woman's gambling losses. Perpetrators reportedly used the gambling to justify their dominance by increasing their violence against their partner. Other research has found that episodes of violence are fuelled by the anger and mistrust that accumulate due to a family member's gambling problem (Suomi et al., 2013).

He'd say, "Well, next time you go to the poker machines, don't buy any ice cream, then you won't be so fucking fat"; things like that ... "You'll have to write another shopping list ... nothing is coming off my shopping list, you've got to get me razors, deodorant, you can't have deodorant, fuck you, you'll go without"; things like that, yeah. (WWG010)

The main reason we started arguing was because I was gambling, but I believe I was gambling, to start with, because of the medication ... Once we were full-on fighting, no matter what the reason, I started using the gambling as an outlet to get away from him, as an escape. (WWG010)

The interaction of problem gambling with AOD use

In this study, EGMs were the most problematic type of gambling for all women and most of the male partners who gambled. In Australia, EGMs can only be played in venues licensed to serve alcohol, specifically clubs, hotels and casinos, with alcohol often consumed simultaneously with gambling. As discussed earlier, alcohol consumption reinforces IPV

against women, by weakening pro-social behaviour by perpetrators (Our Watch et al., 2015).

Alcohol use can also reinforce IPV indirectly through increasing gambling. Women reported that AOD use, especially "ice" (crystal methamphetamine), increased their or their partner's gambling and gambling losses dramatically. Being AOD-affected when gambling can decrease inhibition and increase impulsive, erratic behaviour as well as dissociation, resulting in less control over gambling, greater likelihood of chasing losses, and less immediate concern for the consequences (Cronce & Corbin, 2010; Ellery & Stewart, 2014; Ellery, Stewart, & Loba, 2005).

It just goes hand in hand, ice addiction with gambling ... That's just what they do. They get high, and they gamble all their money away. Thousands and thousands. (WMG023)

It was ... alcohol ... there was methamphetamine ... I could see him being erratic. I wanted him to spend time with me but then I realised he was frantically putting on all these bets on greyhounds and Keno and pokies ... he's turned into a monster. (WMG079)

As discussed earlier, increased gambling losses heighten financial, relationship and other stressors reinforcing IPV against women. Further, AOD consumption can increase the frequency and severity of IPV following gambling sessions, with women describing AOD-fuelled episodes following gambling losses as escalating quickly and viciously, including multiple punches to the head, black eyes, smashed teeth and other injuries, as they were blamed for his or her own gambling losses.

The interaction of problem gambling with mental health issues

Problem gambling in women is particularly associated with depression, anxiety, loneliness and low self-esteem, although causal directions are sometimes unclear (Thomas, 1998; Thomas & Moore, 2003). Nonetheless, in this study, most women with a gambling problem who had experienced depression or anxiety reported that their mental health issues preceded the commencement of their abusive relationship and their gambling. However, while they were vulnerable to

gambling due to these comorbidities, their IPV experiences compounded these comorbidities and resulted in increased gambling as a coping mechanism.

I found myself going to the pokies to pass the time and just to help with my anxiety ... It was like a relief to watch the things spin around and you'd think about that, instead of thinking about anything else. It was wiping the old brain freeze. It's like I just sat there, and the anxiety just quietly dissipates and I just—oh I got two little Indian fellas and I've won something, and that was refreshing from everything else that was going on. It was relief and a distraction. (WWG017)

I had anxiety and a bit of depression, so I was working full-time at that stage so I started playing in my lunch break ... just because I felt good. I could go there and feel good, the people would talk to me, I was escaping the stuff that was happening at home. (WWG048)

Several older women in this research spoke about being drawn to gambling to cope with the legacy of IPV after they had ended the relationship, such as the damage it had done to their sense of self-worth, social connections and family relationships.

After counselling, I learned that it was almost a form of self-punishment. You know you feel so bad, and my self-esteem was so low I actually felt the need to punish myself as well for allowing myself to be in that position. So, what I did, was I would punish myself financially until I basically ran out of money. (WWG017)

Coming home was like, god, I've got to go home to an empty house, I just don't think I can take that, I need to go somewhere where I can just sit and have a drink, relax ... you just sort of come home and you think, god, you've had this whole life, doing all this stuff, and here you are on your own, what's wrong with you? ... There's a big void, and it's lonely. (WMG064)

A male participant reported feelings of emptiness; this feeling led to an escalation of his ongoing gambling problem which provided a distraction from this ennui.

In my mid-twenties ... I guess, where I came into quite a bit of money and I just, despite the fact that [I had] a

lot of good things going for me at that point, I still felt emptiness ... I had like three or four hundred dollar coins left and I went into a poker machine and pumped 'em in and did well and I won. I ended up pulling out 70 something dollars and now I went racing back and we ended up going down to the pub and having a can of beer. I felt an emptiness and because I wasn't feeling full in other areas I started going down and playing pokie machines ... essentially it was some sort of distraction ... when I'm in front of those screens participating, it's like being devoid of those feelings. (MMG002)

Interactions between comorbidities, problem gambling and violence are complex. In this research, mental health issues appeared to increase some participants' vulnerability to problem gambling, with problem gambling in either partner then potentially increasing the frequency and severity of violence perpetrated by abusive men. Several older women related how their experiences of IPV had eroded their mental health. They had taken up gambling to help cope with trauma, low self-esteem and loneliness after ending the relationship, and had subsequently developed a gambling problem.

Gambling-related organisational and systems factors

Several gambling-specific factors relating to organisations and systems reinforced gambling-related IPV against women in this research. These included gambling venues, their practices and products, and their attractive features. Issues relating to support services included limited support for women who are financially destitute due to gambling-related economic abuse; limited recognition by services of problem gambling as a contributor to IPV; limited recognition by services of gambling-related economic abuse; little knowledge about problem gambling issues in some services, limiting assessment and referral; and limited protection against gambling-related economic abuse by financial institutions.

Gambling venues, practices and products

Numerous participants criticised aspects of gambling venues and their practices and products for particularly exacerbating problem gambling. In turn, increased problem gambling

elevated the frequency and severity of IPV perpetrated against women by violent and controlling male partners.

Several participants criticised the easy accessibility of gambling in pubs, clubs, casinos and online which could be patronised for long hours on any day or night of the week. This wide geographic and temporal accessibility meant it was difficult for people experiencing gambling problems to escape the temptation of gambling. It also made self-exclusion from individual venues ineffective, as several previous studies have found (Hing & Nuske, 2012; Hing, Tolchard, Nuske, Holdsworth, & Tiyce, 2014; Pearce, Mason, Hiscock, & Day, 2008).

I thought I need to be in a job where I'm absolutely away from these things, and of course I got to Darwin then blow me down, they've got an EGM venue down the road. (WWG003)

I excluded myself from both [venues] ... but it just so happens that probably 100m away is the local pub. So I'm a member there, and they already know me, because I've got the member's card. So you get welcomed by first name all the time, and then you get free drinks and all the rest. (WWG033)

Gambling advertising and promotions are known to increase gambling expenditure, gambling more than intended, and impulsive and riskier gambling, and these effects are pronounced among people with gambling problems (Binde, 2014; Hing, Russell, Rockloff et al., 2018; Hing, Li, Vitartas, & Russell, 2018; Hing, Russell, Li, & Vitartas, 2018). Participants considered that the proliferation of gambling advertising in Australia increases problem gambling by normalising gambling, triggering temptations to gamble, and offering bonuses and rewards that gamblers find difficult to resist.

I drove past the local pub, and it had a big flashing sign out, "Pokies, pokies", and I just could not help myself, because it was on my mind, because I'd been there talking about it at Gamblers Anonymous, and even though I was hating it, talking about the fact and how much it sucked, I was wanting to play; the urge was just eating me ... I went to Gamblers Anonymous and stopped at the pokies on the way home. (WWG031)

The increase of gambling on TV, advertising for gambling and apps ... is not helpful, with this little thing like 10 seconds "gamble responsibly" at the end of it that no one could even hear. After this great big, lavish commercial about how fantastic it is to gamble and how easy it is to gamble, that's actually problematic and it actually I think is a contributing factor ... So they give people hope ... [an] easy way, very accessible and people who are desperate will, a proportion of those, will succumb. (SP010)

As noted earlier, gambling problems among participants were mainly related to EGMs. Described as "addiction by design" (Schüll, 2012), EGM characteristics that increase their addictive potential include visual cues and sound effects, and prize and price structures, as well as within-game elements, such as tokenisation, multi-line betting, game features and losses disguised as wins (Livingstone, 2017; Parke & Griffiths, 2006). Large amounts of money can be lost very rapidly, up to \$1200 per hour when playing EGMs at their maximum input and speed (Productivity Commission, 2010). The high event frequency, immersive qualities and continuous nature of EGM games facilitate persistence and loss-chasing, which are distinctive characteristics of problem gambling (Ferris & Wynne, 2001).

I'm absolutely convinced that these poker machines will, by the very nature of their design, they will addict any vulnerable human brain, and that human brain can be quite a normal human being and a normal brain, without any preconceived type of, well, psychological problems or anything like that. (WEA003)

Several studies have documented the widespread failure of venues to intervene despite clear signs of problem gambling behaviours and codes of conduct that detail expected interventions by staff (Hing, Nisbet, & Nuske, 2010; Hing & Nuske, 2009; Rintoul et al., 2017). Many women and service providers also criticised gambling venues for largely ignoring problem gambling behaviours. The women gave examples where they or their partners spent all their wages, gambled away a lump sum payout, gambled every day of the week, and one participant made seven withdrawals from a venue ATM in one gambling session, as clear indicators of problem gambling that venues ignored.

You've got people spending their whole wages ... Then, they're going home to abuse their partner because they've spent all that money ... With the pubs and clubs ... if they see someone is spending ... hundreds and hundreds of dollars, they need to put a stop [to it]. (WMG025)

... at these TABs if they see your husband coming in every time. You see it. You see the woman straggling behind with all the kids. You can tell, if the husband is putting \$100 on the nose, but the kids are eating chips and gravy, it's pretty obvious that there's some sort of a problem there ... [They need] awareness from the people taking the money ... having counselling available at those venues. (WEA027)

One participant with a gambling problem who had subsequently completed responsible gambling training questioned the trainer to highlight the ineffectiveness of venue responses in preventing excessive gambling.

... this teacher was trying to justify health and safety, and our duty of care, and what we should be doing as employees. I put my hand up, and I said, "How can you justify a 65/70-year-old sitting in a gambling room ... for 10 hours, and say that that's a duty of care? That's not right." And he said, "Look [name], it's a grey area." And I kept hassling him, trying to question what he'd have to say. He said, "[Name], put your hand down. If you don't be quiet, you're not getting a [responsible gambling training] certificate." (WWG033)

Venues benefit financially from problem gambling, with 41 percent of EGM losses in Australia derived from problem gamblers and a further 19 percent from moderate-risk gamblers (Productivity Commission, 2010). High gambling expenditure is often rewarded through loyalty club points and elevated status, practices criticised for incentivising and exploiting heavy gamblers (Griffiths & Wood, 2008; Williams, West, & Simpson, 2012; Wohl, 2018).

He got like a lump sum payout, and he did a week at the casino straight, and they sort of turfed him when he lost, but he did quite well ... and made it to the VIP sections. (WWG049)

Even visits to the venue by angry partners did not prompt an intervention with the person's gambling, nor attempts to ask about a woman's safety. Venue personnel were said to be passive bystanders to abuse.

He came in and stood behind me playing the poker machine, and he said something out really loud ... like, "Fucking spending—blowing all our money, fucking good on ya", or something really horrible, and stormed out, and people all around me looked. I was so embarrassed ... so I went into the toilets, and not long later, I heard them announce over the loudspeaker, my name, "Please come to reception, please", and I had to go to the reception and he'd left a message saying—for me to go home immediately. (WWG031)

A strong theme articulated by the male perpetrators who were interviewed was that they thought that the gambling venues knew that they (and sometimes their partners) had a gambling problem but did not intervene at any point to refer them or offer them support services. One participant recommended that "there should be more stringent rules and regulations ... about people with gambling issues ... It's knowing to stop and not keep going, that's the problem" (MMG004).

Attractive features of gambling venues

Women who gambled spoke at length about the attraction of venues as safe spaces for them to physically escape from an abusive partner. Similarly, gambling help service providers noted that many women clients frequented venues to gain some respite from IPV.

I was actually using the pokies as an escape from the domestic violence. So when the violence and the emotional abuse would erupt, I would leave the house, because I had no friends or family around me. So I would actually go the pokies and that's where I would stay. I was never coming home. I didn't want to be at home. (WWG086)

EGM venues are highly accessible for women, due to their geographic dispersion throughout suburban Australia and long opening hours; in many locations they are the only venues open late at night (Browne et al., 2016; Rintoul et al., 2013; Surgey, 2000; Young et al., 2012). The inviting atmosphere,

comfortable environment, free food and child-minding facilities were said to be attractive features of these venues, where women could feel welcome and socially accepted when they went there alone. Other research has noted the social accessibility of EGM venues for women (Hing et al., 2017; Thomas et al., 2009; Thomas, Bates, et al., 2011).

It's a comfortable atmosphere where you can just turn up at any time, like for instance in the middle of the night, and there's no, you know, you don't have to worry about the social—anything—like I probably didn't even dress up, you know, do much with my appearance. It was very easy. (WWG049)

I wouldn't just go into a pub and stand around and drink by myself. It was easy to sit down at a machine, and yeah ... they do look after the women in places like that, and they will ... bring around drinks and promotions and bags of food and stuff like that. There's not many other places where I would go where I would have that kind of service, you know, that interaction. (WWG031)

That's how I started. I found a getaway. Because they have their child-minding, I said, "This is a great idea to take my kids there every week", which I did every Sunday and it would be my routine with my children. (WWG069)

Many women were also attracted by the social connection they found in these venues, particularly with venue staff. These frequent but often superficial connections helped to reduce the social isolation these women were often experiencing, while allowing them to maintain their privacy and keep their domestic problems hidden. The women also sought out venues for their security, noting they were one of the few places where they could safely spend time and relax.

At the time, it wasn't gambling, it was just an excuse to spend time in this lovely environment, which was so welcoming, and unlike anything else I had to go to ... Girls would come over to wipe your table, and they'd say, "How's your day going?" ... Otherwise nobody would have talked to you all day ... Just loved it. And I really felt that you had to be either drinking or playing the pokies to be there. (WWG019)

They often have the image of family-friendly community ... so they are open late and they are warm and welcoming

places and people can maybe get a biscuit or a cup of coffee, whereas if someone was looking at ... escaping a violent situation ... there's not many options of places that might be safe and secure and friendly and welcoming and able to accommodate someone to just come in and have a cup of coffee with their kids. (SP035)

However, while these women might feel physically safe in these venues, their frequent use of EGMs exacerbated their gambling problem, and their gambling losses were often met with further violence from their male partner.

Older women in this research also spoke about being attracted to gambling venues after they had ended the abusive relationship and found it difficult to make friends, socialise or participate in other leisure activities as they aged and their health declined.

I think, as you get older, it's harder to make new friends. Like, where do you go, do you know what I mean? (WWG024)

Mainly the social contact ... just get out and talk to somebody ... I like getting to know the girls behind the bar too, you know, you feel comfortable and you have a yarn to them ... Because the men have got the men's shed, but there's nothing really for women that are bored. (WWG038)

The men interviewed described the availability of EGM venues as influencing their decision to gamble. Four of the five participants described alcohol availability at gambling venues as contributing to their problem gambling also. A socially isolated migrant man stated that he found company in the gambling venue and pressure to gamble. These men also referred to the way gambling venues provided a forum for mixing with other men who shared similar attitudes towards women. The clubs and hotels were described as providing a social group to belong to where other men shared about being the "boss" and being in control, particularly of finances. Sometimes female partners attempted to gain control over the couple's finances. One participant described how he agreed to this arrangement but then:

I'd go to the pub and I'd have a few beers with the boys and they'd be like, "Don't let your missus take care of the

money” ... and then I’d think, “Oh yeah you’re right, you know ... why is she doing this?” (MMG001)

Limited support for women who are financially destitute due to gambling-related economic abuse

Service responses to IPV victims/survivors have been discussed earlier. However, when the IPV is related to gambling, several additional factors are important considerations in service provision.

With their financial resources depleted by gambling, women victims/survivors of gambling-related IPV are typically financially destitute when they leave the abusive relationship. Many women related how they had no resources and nowhere to go. Financial destitution appeared more common where the man had a gambling problem. This aligns with findings that gambling expenditure and gambling-related debt among men with gambling problems are about double the level for women (Crisp et al., 2004; Hing, Russell, Tolchard, & Nower, 2016). Thus, women victims/survivors of gambling-related IPV are very likely to need immediate practical, financial and accommodation support, as well as longer term support while they build financial security. However, support services were often inadequately resourced to help reduce the risk of further abuse through providing safe accommodation and emergency funds, preventing women from leaving highly dangerous situations. This shortage was particularly acute in regional areas.

They [the refuge] weren’t interested to try and help me ... I rang them after hours to let them know that my ex had found me, all I got was ... “If he jumps the fence, call the police” ... it’s not just my life that’s in danger, it’s putting everyone else in this complex at risk, just the trauma, like witnessing it. (WMG080)

What will help somebody get out of that kind of relationship where their partner is gambling is ... getting a private rental, the funding for that ... and furniture and being able to start up a new life ... and know that wherever you’re going to go it’s going to be stable. It’s not ... a shared kind of place where other mothers are experiencing the same thing with their children. That’s not what people want. They want a homely kind of environment where

things can be normal for the kids and it’s not traumatic for them. (WEA018)

Limited recognition by services of problem gambling as a contributor to IPV

A consistent theme raised by women was the limited awareness and recognition of problem gambling as a contributor to IPV by a range of services, including police, justice systems, corrective services, social services and some support services such as legal centres. Some women found that their partner’s gambling was downplayed or trivialised, or not considered relevant to his behaviour or to the woman’s situation.

I lost pretty much everything that I’d worked my entire life towards ... I had an over-a-thousand page report detailing all his online gambling activities ... it was passed off as a hobby ... they also told me that in my situation there was no violence. And I had a QC. I spent over \$200,000 in legal fees ... to be told, number one, there was no violence, and that the gambling was a hobby ... and it was not only swept under the carpet, but I was made to feel foolish. (WEA006)

Another thing that would help is more education to the professionals, because ... you go [to counselling] and they don’t have much knowledge, because like gambling is like a specialised thing. There’s much more knowledge about drinking ... gambling is not as well-known ... It was [service] that I went through with that program, and they don’t realise the gambling problem ... [and] that it’s [financial abuse] domestic violence and that I really need to be in the domestic violence [program]. (WEA016)

Limited recognition by services of gambling-related economic abuse

Gambling-related economic abuse often went unrecognised, particularly by non-gambling-specific services. Further, slow and ineffective legal processes enabled the economic abuse to continue, often for many years.

I think just highlighting financial abuse and abuse a little bit more. Maybe like a brochure and a flyer in all of the sorts of services that can help women ... making that a little bit more public. (WEA024)

So he dragged me through the Family Law system over a period of five years ... and he just continued to gamble and drive himself further into debt ... the financial relationship took five years to end ... [so] whatever he gambled was my loss as well. So I shared the losses ... up until Family Law settlement ... I'm still bank-rolling him ... We've been forced to co-parent because ... we have equal shared responsibility, and there is nothing equal, shared or responsible about an abusive gambler. So I continue to carry him, and I continue to carry his debts. He hasn't honoured any of the court orders, you know, things that he's been told to pay and cover, he didn't pay, and so that puts the burden on the responsible party, doesn't it? (WEA006)

Little knowledge about problem gambling issues in some services limits assessment and referral

Services, such as DFV, mental health and local community health centres, typically do not assess clients for gambling-related issues, and may therefore miss the opportunity to provide a more integrated response. Service providers spoke at length about the siloed operation of some services and the difficulties of referrals between services. This could limit the provision of appropriate support for these women such as relevant financial, legal or counselling advice.

So the mental health services, domestic violence services, even the local community service and health workers, they're not funded to ask anything around gambling. So they're not screening and therefore we're missing this huge opportunity to help people that are often vulnerable or often at risk and it's just been just dismissed and it's an issue that's not currently being addressed as effectively as it should be. (SP040)

Older women also noted that there were no gambling help services when they were being victimised that could provide help for their or their partner's gambling problem. Services also had less awareness and understanding of problem gambling.

GA [Gamblers Anonymous] was very unheard of ... It's all voluntary. All the self-help programs are voluntary. But in [town], there was nothing in phone books or anything. (WEA015)

There was nothing like that back in my day. That's huge. Even with helplines—I don't even recall there being a helpline back in my day. So, there was nobody I could ring. (WEA027)

I was assessed three times by a psychologist ... over parenting. They always asked me if there are any issues with drugs or alcohol, they never asked me about [his] gambling. Never, ever asked me about gambling. And when I tried to raise it they shut me down. (WEA006)

And so the policemen ... just wrote down oh there's gambling losses or whatever. And I realised that the police had no idea about what they were dealing with, because when you go to the court, they have signs up saying that there's help for alcohol and drug treatment. But they had no gambling treatment in the court system. (WEA012)

Limited protection against gambling-related economic abuse by financial institutions

Many women found that financial institutions provided little protection against gambling-related economic abuse, and in fact some engaged in practices that enabled this abuse. This was also confirmed by several service providers. Perpetrators of economic abuse were reportedly able to forge their partner's signature on mortgage redraws, loan applications, credit card applications and asset sales documents, and then spend this money on gambling. In some cases, these liabilities were incurred in the woman's name only, while others were incurred as joint liabilities that the woman was left to pay. In these instances, the financial institutions involved clearly had inadequate controls over, and checks for, genuine consent and authentic signatures. Further, the women found that measures to protect family property and prevent further financial loss were inadequate or took a long time to implement, and there was limited redress when institutional practices failed to protect their assets.

They actually failed to cut him off from my bank account, and to the point where he took \$7000 out of my Visa card. And just as well I got online and ... I saw it, and I was horrified, and rang the bank and asked that an immediate stop be put on that. They then refused to accept liability for it. They said, "No, you are the primary card holder, and you are responsible for that debt". (WEA006)

One woman discovered that her partner had spent numerous of her mortgage payments on gambling, stolen from her bank accounts, and created \$15,000 of debt in her name immediately before leaving the country without her knowledge. When she explained this to bank which was pursuing her for mortgage default, she found:

They have very structured criteria, and I think that if you're still [technically] with the person, it's really difficult ... They [the bank] just said, "No ... you're not getting separated or divorced, it's not a relationship breakdown, we can't do anything for you". (WEA026)

Other research has criticised financial institutions for practices that exacerbate the financial harm to families from gambling, and suggested numerous improved practices (Brading, 2005; South Australian Centre for Economic Studies, 2010). Some service providers noted that financial institutions were improving their responsible lending practices, and that they had experienced success with some financial institutions when approached with evidence of harm, but that women could still be left destitute, in debt and with their credit rating destroyed due to their partner's gambling.

Gambling-related societal factors

Several societal-level factors related to gambling acted to reinforce gambling-related violence against the women in this research. Key factors related to social norms around gambling; low community awareness and knowledge of problem gambling; the stigma of problem gambling; and the limited availability of alternative safe spaces for women in the community.

Social norms around gambling

Gambling is a highly normalised activity in Australia, with around 64 percent of adults engaging in gambling in any given year (Gainsbury et al., 2014). The widespread availability of gambling, its extensive advertising, its strong linkages with sport and recreation, and peer and parental influences facilitate its normalisation (Gordon et al., 2015; Sproston et al., 2015). Parental gambling problems and the socialisation of children and youth into gambling are well-documented risk factors for problem gambling (Dowling et al., 2010;

Welte, Wieczorek, Barnes, & Tidwell, 2006; Williams, West, & Simpson, 2012).

In this study, having family, friends and an upbringing that condoned heavy gambling meant that the perpetrator's gambling was often trivialised or hidden by family and friends, or defended as a harmless hobby and a normal activity for men. Several male partners with gambling problems had grown up with frequent exposure to gambling and with parents who had gambling problems, with these norms then adopted by these men.

He was from a gambling family. They actually owned greyhounds. He was in a family of gamblers ... That was his upbringing, so for him, that was quite normal. (WEA027).

... his mother, who was a heavy gambler, and his father, who was a heavy gambler. And I'd say his father was violent. The whole situation, he's just replaying from his mum and dad. (WEA023)

Gambling for many of these men was embedded into social and family sub-cultures, and was a focus of their recreational activities, which acted to confirm the social acceptability of gambling. Male peer groups were also said to be a strong influence on some men's gambling and other behaviours.

He goes to the pub and there's a whole crowd of people and they're all enjoying themselves and they're having a beer and a gamble—that's just a day out ... [Instead] there can be a problem if you're gambling too much. It's not a social outing if you're doing it every day and abusing your family. (WEA027)

He would play [pokies] for hours on end and he would do it with his friends, so they were the ones that encouraged him to kind of partake in it ... But they similarly didn't know when to stop, so he was kind of socialising with people who were doing the same thing ... his friends are a really negative influence and they were all male as well. They would go out and just drink and smoke and visit prostitutes and all sorts of things ... he was seeing that all this is acceptable in his social circle and within his group of friends. (WMG041)

In Australia, men are more likely to be heavy gamblers and are two to three times more likely to be problem and moderate-risk gamblers compared to women (Browne et al., 2019; Hing, Russell, Tolchard, & Nower, 2016). In this study, participants commented that gambling was considered to be a normal hobby for men and sometimes formed a component of social rituals and routines among groups of men after work, on payday or after sporting events. A few participants reported that these gambling activities and routines among men also went unquestioned among some groups of women.

[It] seems to be like a socially accepted pastime for men to gamble ... he was a footy player ... So, that was just the after-game ritual, was to go back to the pub that sponsors the footy team, have a schooner and put 50 through the pokies to begin with and then that's where it sort of gets more and more and more. So, for some men, it sort of is part of that culture. (SP009)

We would kind of have a solidarity between all the wives that would be sitting outside the pub waiting for their husbands to come out, and, you know, hopefully have some skerrick of their pay left so that we could pay bills. (WMG002)

My husband has this sort of really, really deep attachment to horses, because he was raised in this culture. All his family has been into the racing ... it's just very deep in him. His whole family has a really bad problem. So he's got two other brothers, and they're both chronic gamblers, and his mother is obsessed with the poker machines ... And the women are all very capable, hard-working women who enable and carry the gambling. (WEA006)

Many women in this research met resistance from their partner's family, friends and social networks when they queried or criticised his gambling and his use of household money to fund it. This could involve social disapproval, active resistance, trivialising his gambling, or being an active bystander to gambling-related abuse.

I wasn't at the track with a big smile on my face being part of it. Our other friends were gamblers. I was the problem. Why aren't I letting him have fun? (WEA027)

Four of them ... called themselves "the Four Vices" ... his was gambling ... what attracted them to each other

as friends was that they were all a bit messed up ... so I just couldn't really get him to do anything ... I had people ... actively telling him not to ... It was kind of pointless. (WMG082)

I rang his mother and said to her, "Look, you know, I want you to know that I've declared the relationship over", and she of course launched into this vitriol against me, calling me stupid and ridiculous, and, "So what if he gambles", and you know, "So what if he was at the TAB". (WEA006)

Male perpetrators of gambling-related IPV who were interviewed for this study also suggested that peer pressure played a key role in their gambling. Men's social groups used gambling venues in order to socialise after work and particularly on Friday evenings. Where the men were not employed, pubs became places where they could connect with other men, and gambling and alcohol use was an essential part of the socialisation. One man described his mates as "never really helpful" (MMG001) and as encouraging him to continue to gamble and to resist his wife's attempts to control his spending. The problem of financial stress and the need for more money were described as strong justifications to continue to gamble and, where success was experienced with the pokies, this was reported as leading to further reliance on gambling. A family culture of gambling was mentioned, where contact with one of the participant's in-laws was predicated on meeting at a local bowls club for a trivia night, which was followed by playing pokies at the club.

Low community awareness and knowledge of problem gambling

The normalisation of gambling and limited publicity about gambling problems can undermine community recognition that problem gambling is a serious issue, is usually very difficult to resolve, and has severe consequences for affected individuals and families. This lack of awareness stems partly from the tendency of people to keep a gambling problem hidden from family, friends and the broader community. Many women in this research noted that they did not initially link their partner's gambling to the family's financial distress or his abusive behaviour, and some women found out about his gambling only after several years of abuse. Some women

with a gambling problem also reported keeping it hidden for a long time.

I had no idea, he hid it [his gambling] from me. We ended up, you know, moving in together, having a child, even getting married. I still didn't know. (WEA016)

I had a suicide attempt, and I was in hospital for 3 months in intensive care, and during that time he found out about all of the extent of the gambling. So then of course, it was ten times worse because I was dealing with constant abuse whilst I was in hospital. He cleaned out the house and took our two young children. From there, I told someone for the first time in 16 years that I had a gambling problem, because nobody knew. (WWG048)

Even if aware of the gambling, participants related their very limited understanding of how strongly people could be addicted and the severity of potential impacts, due to limited community education.

I just wish that I knew [then] the power that gambling can actually have over a person ... the actual hold that it can have on you. And how huge it actually is, and how real it is, and the problems that it can cause. Because it's ... worse than a lot of other addictions ... there's lots of it [community education] for alcohol and drugs ... but yeah, not enough on gambling. (WEA031)

Participants also related how their family and friends generally had low awareness and knowledge of problem gambling. While some information is available in gambling venues, limited information is conveyed to the broader Australian community to educate people about how to recognise a gambling problem and its impacts. Accordingly, non-gamblers and infrequent gamblers may be unaware of the signs and symptoms of gambling problems, their likely consequences and how to access or provide help, even though dedicated resources have been developed for this purpose.¹²

I can see that some people in society go, "Just stop. That's how you fix it. Just stop." They don't understand the compulsion behind the behaviour. (WEA001)

I feel that generally within society, that gambling is played down a lot because it's a more socially acceptable

addiction to have compared to something like drugs and alcohol. People think that you should kind of just put up with it and maybe don't recognise that it has just as big an impact, if not more. (WMG040)

The older women in this study also reflected on the lack of community awareness about problem gambling when they had experienced abuse, often many years ago, when there was even less public health information on the issue. This lack of information meant that the women, as well as their family and friends, had little understanding that gambling could be problematic.

I didn't understand the gravity of a gambling problem ... It's access to money, and it doesn't matter whose money it is ... not knowing it's a lifelong illness. It's not something that gets fixed ... They [family and friends] all thought he was wonderful. But a lot of them knew he was gambling; more than I knew ... Everybody gambles. Everybody puts money through the pokies. But they didn't understand the gravity of it. (WEA015)

And my family, yeah we knew gambling but no one knew ... the impact of gambling ... that you could get addicted to gambling. (WMG007)

I've seen the ads on TV and stuff about responsible gambling. That's probably a really big step, because it is seen as a problem. Whereas, back in the day it really wasn't seen as a problem, it was seen as a hobby. (WF027)

Without improved awareness about problem gambling, family and friends may be ill-equipped to assist the affected person to seek help or to take action to protect themselves and their family's finances. Where the gambling problem remains unresolved it tends to escalate, increasing the likelihood of further gambling-related IPV by violent and abusive male partners. Several reviews have noted the limited recognition of DFV linked to gambling, both in service settings and in the general community, along with the meagre amount of research conducted in this area (Australian Gambling Research Centre, 2014; Centre for Innovative Justice, 2017; State of Victoria, 2016).

¹² See https://mhfa.com.au/sites/default/files/MHFA_Gambling.pdf

Stigma of problem gambling

In line with international findings (Feldman & Crandall, 2007; Horch & Hodgins, 2008, 2013), problem gambling in Australia is highly stigmatised and associated with numerous negative stereotypes (Hing et al., 2015). Several participants noted that the stigma of problem gambling was worse than the stigma of IPV victimisation, and felt intense shame and inadequacy because their relationship was scarred by both of these issues. Women felt the public had more sympathy for IPV victims/survivors and were less likely to blame the women affected. Problem gambling, however, was attributed to bad character and greedy and selfish behaviour, with women feeling blamed for “choosing” their situation.

Because people’s view of it [gambling] is so negative—it’s not like drug addiction or DV, people can see that. People can see bruises, they can see people coming in and being upset ... but someone sitting at a poker machine, that’s her choice to go there. (WWG048)

Everybody that I have spoken to, even much earlier when everything first came out, everybody criticised me and said, “Well, you had a choice. You should have left [the pokies]”. (WWG048)

For three years in court my gambling was brought up, but it was brought up in the context of me being an unfit mother ... it was, like, it was a personality flaw in me ... and no one really acknowledged what I’d been through and why I might be gambling. (WWG057)

When people with gambling problems expect the public will apply negative stereotypes and hold demeaning and discriminatory attitudes towards them, self-stigma increases (Hing & Russell, 2017a). Increased self-stigma is associated with greater secrecy about the problem and lower self-esteem, and is most pronounced for women, older people and those with more severe gambling problems (Hing & Russell, 2017b). Women who gamble can be judged for failing to fulfil stereotypical female roles of homemaker and nurturer (Casey, 2006; McMillen, Marshall, Murphy, Lorenzen, & Waugh, 2004; Piquette-Tomei, Norman, Dwyer, & McCaslin, 2008). Stigma can also be experienced by the partner of the person with the gambling problem.

So it’s a shame on me for doing it. Whereas, you know, and I suppose that’s how it would be with other people

... they’re in domestic violence situations, they’re not the ones that are doing wrong. But they’re doing wrong, you know, by gambling. So that’s the way I would look at it. (WWG070)

She was feeling isolated ... to see the behaviours and the shame of problem gambling actually pass over onto the victims of problem gambling ... I was hearing a lot of the shame in her ... “I can’t believe I didn’t see this ... I’m with someone who’s a problem gambler and I can’t talk to anyone about it.” (SP012)

... the gambling, I was financially abused, so I didn’t have money, I had to borrow money and that was ... so embarrassing ... Yes, big-time stigma involved there. (WMG007)

Fear of these recriminating attitudes led many women to keep their own or their partner’s gambling problem hidden for a long time, even from those closest to them. This resulted in social and emotional isolation, along with the psychological burden of maintaining secrecy and the fear of potentially being exposed and judged by others.

I wish that I could talk to more people about it but ... there’s a lot of shame in it ... I felt betrayed and I felt as though he’d chosen gambling over us ... I felt really inadequate, that I couldn’t be better than a pokie machine, that a person would choose a pokie machine over me ... and that if I talk about this to people, maybe they’re going to think that ... there’s something wrong with me. (WMG041)

Social stigma about problem gambling therefore deterred these women from seeking social support and professional help, extending the time they spent in the relationship and the violence they endured. Some service providers also explained that it may take many sessions before problem gambling is revealed by clients, delaying the provision of appropriate help.

Few alternative safe spaces for women in the community

The use of gambling venues as safe spaces to escape from or cope with IPV is clearly concerning, given this use increases the risk for women victims/survivors of developing gambling

problems (State of Victoria, 2016). This risk was shown to be heightened by their emotional and physical vulnerability and the social isolation arising from their experiences of violence.

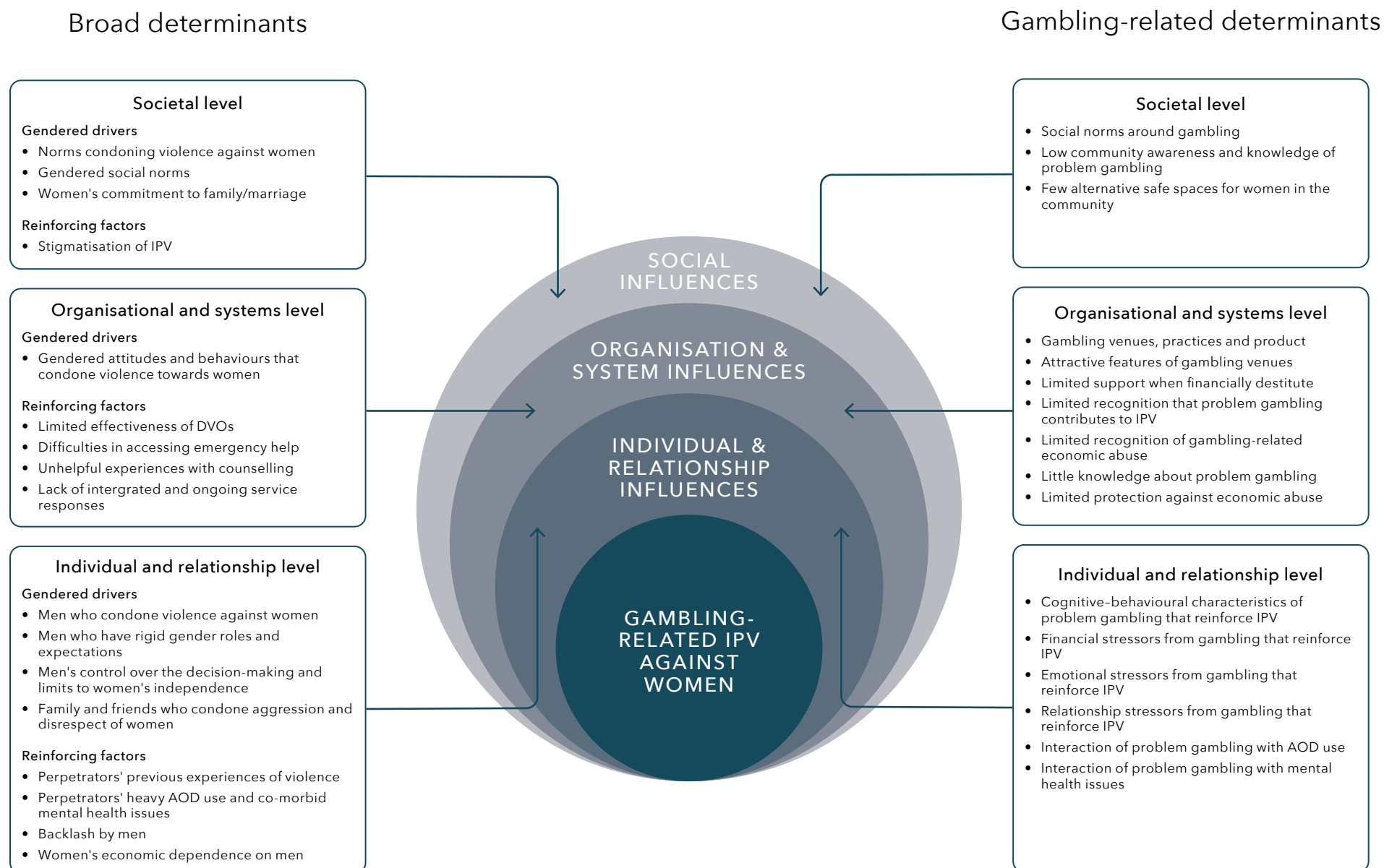
I cut myself off completely. I was the sort of person that I was buying friendship ... I found that my friends became the people that were sitting at the pokies. When I had a win, I had to buy everybody a drink, or give someone \$20. It was like I was giving money away. Almost like I didn't feel like I deserved to win it. (WWG017)

These women's patronage of gambling venues as refuges from abuse reflects the broader lack of safe spaces in the community for women, including recreational facilities that women can patronise on their own where they feel socially accepted, comfortable, catered for and secure (Hing et al., 2017; Thomas et al., 2009). A lack of safe spaces, both recreationally and for women seeking refuge, was identified in this research as a key factor contributing to both problem gambling among women and their ongoing IPV victimisation.

Providing leisure substitution activities and social spaces for people recovering from gambling problems has been found to normalise non-gambling forms of leisure and provide opportunities to practise social skills with non-gamblers and develop new social networks outside of gambling contexts (Jackson, Francis, Byrne, & Christiansen, 2013). Women may also benefit from education highlighting how frequenting a gambling venue poses risks for problem gambling.

Adaptive grounded theory model

The findings from the preceding socio-ecological analysis are presented in an adaptive grounded theory model of the determinants of gambling-related IPV against women (Figure 1). Consistent with our analysis, these determinants are depicted at three socio-ecological levels—individual and relationship, organisational and system, and societal. The left section of Figure 1 depicts the broad determinants of violence against women, while the right section depicts gambling-specific determinants, as discussed in this chapter.

Figure 1: Socio-ecological model of the determinants of gambling-related IPV against women

Service provision for clients with reported gambling-related IPV

This chapter presents results from the interviews with service providers about service provision for clients with reported gambling-related IPV. It first describes the participants and key aspects of their service provision, including entry points and screening. The service providers' perspectives are then presented in relation to intersections between gambling and IPV; the role of gender in gambling-related IPV; financial factors and the role of financial institutions; comorbidities; the capacity of services to manage complex and intersecting client issues; where service provision is working well; gaps in service provision; and suggestions to improve policy and practice.

Participants

We interviewed 39 service providers in metropolitan (25) and regional (14) areas and in all Australian states and territories (see Appendix D). These interviewees worked in 25 organisations, which included specialist services providing gambling help (5), specialist DFV services (4), financial counselling (1) and women's services (1), as well as 14 larger organisations providing an integrated suite of services including gambling help, financial counselling, and DFV support. Some also provided child and/or family counselling, and specialist programs for Aboriginal and Torres Strait Islander and CALD populations.

Service provision for women experiencing gambling-related IPV

Entry points to services and means of referral

Entry points and referral pathways for clients presenting with IPV and/or gambling issues depend on the presenting issues and the type, location and size of the organisation. Entry into agencies providing gambling help can be through self-referral, such as website or email enquiries, or through the Gambling Helpline which "triages" clients to local services. Referral to agencies providing DFV services can occur through external bodies such as medical, family and community services, and programs such as Policelink, a Queensland telephone service to report non-urgent incidents or crimes. IPV perpetrators

can also be referred through similar services or probation/parole services.

When clients reveal co-existing gambling and IPV issues, some integrated services can refer them to specialised counsellors within their service, but specialist services need to refer them to external organisations. Service providers also referred clients to specialist organisations that were not directly providing DFV or gambling support, such as legal or community services. Many service providers noted the limits of their service capability and the importance of referral for issues outside their expertise.

[Referral is] a really vital part of the roles that we play in that no one service has the ability to support these complex clients alone ... we don't have the skills or the capacity to be able to do that. But if we can network well with the other services that are around us, then we can better support our clients. (SP028)

Male perpetrators of IPV can be referred for compulsory counselling as conditions of their probation or parole release.

We get a referral ... through probation and parole, that's the first port of call. We then contact [the individual], make an appointment, they come in and do a number of intake interviews. Usually we do two and then we do an orientation as well. So we do three [interviews] before they join the [men's behaviour change] group. That intake assessment is very comprehensive ... we talk about the violence and ... get limited confidentiality permission from them. We let them know we'll be contacting their partner and/or ex, if they've left the relationship. The woman's advocate will contact that person. These men join the group. We talk about some of those contributing factors ... the group work is around identifying emotions and providing different ways of dealing with those emotions and behaviours. (SP003)

Screening and assessment of gambling or IPV among presenting clients

Although screening or assessment tools were used by all types of services, some were more comprehensive and better able to identify gambling and/or IPV situations relating to

clients or their partners. Integrated services were more likely to screen for multiple factors. Additional assessment may be undertaken, depending on the issues revealed from the initial assessment.

In our risk management framework all practitioners, all clinical sort of staff, are expected to screen for suicide, mental health, child safety, domestic and family violence, alcohol, drugs and gambling. That's mandatory. (SP005)

Everybody who comes in will complete a K10 [Kessler Psychological Distress Scale]. If the person is the one with the gambling, we will ask them to complete a PCL-5 [to assess post-traumatic stress disorder]. The universally administered screening tool gives us a really good insight into safety risks, and it's often at that point that we will learn about any DV. (SP001)

Service providers from non-DFV services reported that it could take ongoing dialogue for disclosures of IPV. This may reflect a client's fear of embarrassment, stigmatisation and uncertainty about next steps.

It's extremely common that women will present and you'll do an assessment and they'll go, "There's no DV here". They'll feel very ashamed or stigmatised and almost responsible for [the behaviour] and the perception is, "I'm going to end up in a women's refuge. I'll have no money and [be] with all the other miserable wretches and homeless children". (SP005)

Disclosure of IPV linked to problem gambling could also take several sessions if not revealed during a screening process, but client disclosures of gambling issues might alert counsellors to ask about IPV.

So there was really heavy problem gambling that was hidden from the husband ... So to me it presented as ... problem gambling in the client herself, but as we unpacked it, it appeared that the gambling was actually her way of getting away from the abuse, the verbal abuse and the controlling behaviours at home. (SP012)

One specialised financial counselling service explained that they routinely check for IPV, including economic abuse, among male clients presenting with a gambling problem.

I've definitely adjusted the way that I approach people who are gambling now. I always say ... "How does your partner feel about this? What does your partner know? Is your partner affected by what you've done? Have there been fights?" I try and get a sense of conflict, because ... it's definitely when you identify that gambling is an issue that you should immediately then check to see if there's family violence as well, including financial violence. (SP002)

Some service providers from women's services and specialist DFV organisations also reported that clients under-reported IPV because they may not initially identify economic abuse as IPV, including when linked to a male partner's gambling. Often service providers need to specifically ask about financial control, abuse or gambling to determine if economic abuse is occurring.

Not heaps of people disclose it as gambling, but I'd say probably about 50 percent of our clients, when we do our risk assessments, one of the questions is, "Does he control all the money?" or "Are there money issues?" And probably about half of the women say "Yes" to that question. I don't know if all that's due to gambling, but I think it's quite under-reported. There's no specific question about gambling. (SP009)

Service providers identified other reasons that women do not identify economic abuse as IPV, including uncertainty and fear of consequences including family break-up. This can lead to limited uptake of further services/referrals to address the IPV.

She was referred to a DV service. I don't think she ever took up that referral ... He's the father of the children. She would have [said] "He's not actually hitting me so it's not domestic violence". We always go through the ... 11 different categories of DV and physical abuse is only one of them ... [she was] concerned that a DV service would tell her that she had to split up and leave him. (SP005)

Most service providers also noted initial under-reporting of gambling behaviours, with disclosure often occurring after the initial assessment stage. Female clients often under-reported their male partner's gambling and some women and men under-reported their own gambling.

Our initial assessments take about an hour and a half to 2 hours, and there's always questions around drug and alcohol, mental health, gambling, and any other areas of concern. If there's not much trust there then the client may or may not disclose at that stage. Sometimes ... it's two or three meetings in before they'll disclose the gambling. (SP028)

Non-disclosure of problem gambling was said to be exacerbated if specific gambling-related questions were not included in the initial assessment tool. This was particularly the case in non-specialist services where there might be low awareness of gambling behaviours and circumstances.

Gambling wouldn't be part of that intake screen. I think it would be through the case management process ... where that story might come out. So a woman unpacking her story might be talking about the perpetrator's [gambling] and the effect that that had on the family. (SP007)

Yes, generally speaking gambling—it's a bit of a hidden thing. People are quite embarrassed to talk about their gambling if it becomes a problem. Though we do ask them, sometimes they're not upfront because really—it's like the social assessment that we do here is a very gentle one. However, sometimes people need to gain trust and confidence in the therapeutic relationship before they feel safe enough to disclose and that's what we get, more and more of that. (SP010)

You know there's people from all over Australia from all kinds of services that are working with violence, but gambling is not on their radar at all. (SP001)

Experiences of presenting clients

All 39 service providers discussed working with female victims/survivors of a male partner's gambling-related IPV. These victims/survivors often experienced multiple forms of abuse, including economic abuse; psychological harm; coercion; and emotional, physical and sexual violence. Some interviewees also worked with male perpetrators of IPV who presented for gambling help or IPV perpetration.

Most service providers described the economic abuse their female clients were subjected to, commonly resulting in debt and financial hardship due to their partner's gambling. Some male partners directly controlled the woman's funds or income, or created individual or joint debt without her knowledge. Several male partners reportedly fraudulently gained credit cards or bank loans in their partner's name.

You get the partner being forced to sign up for loans or the gambling partner fraudulently taking out loans in the partner's name or using joint assets. You just see a lot of financial violence when it comes to gambling because it is a money issue ... The clients that I see are very vulnerable. So they've either just come out of a family violence situation, or they're still in it ... When they start discussing the gambling, and then they start bringing out all of the debts, it's really easy to see how the debts have come about. Some women come in with really, really big bank loans, personal loans, credit cards, and they haven't actually used the funds. (SP020)

Thirteen service providers reported that several women clients were subjected to IPV from their male partner that was related to the woman's own gambling. The woman's gambling may be a reaction to her male partner's control of money, and a means to gain more financial control and boost household income. Alternatively, the man may control her finances in a way that constitutes economic abuse, rather than to try to prevent her gambling losses.

Sometimes we have female gamblers where their partner has been very controlling of their money, and they start gambling as a way to try and win some money to get some financial control in their life. And sometimes it's the other way around; sometimes a [female] partner has gambled, so the other [male] partner takes away their control over money, and uses that to control them, to a degree that might not be warranted by the situation. (SP018)

She wasn't working ... She was given an amount of money to look after the house ... It was too little to look after the house really ... she would be spending portions of it ... gambling and if she won money then it was an enormous relief to her. Otherwise she'd be trying to make ends meet with a whole lot less money. When he eventually found out that she was gambling ... she experienced some very

significant violence. She was somebody who experienced really bad physical violence. (SP001)

Several service providers noted that women may view EGM venues as safe refuges from a harmful domestic environment, which can then lead to or exacerbate gambling problems. However, not all service providers saw the presence of women in gambling-related spaces as being negative; rather, they saw that such spaces may represent a place of safety and respite for women. Such views, however, do not consider that gambling could lead to escalation of gambling-related harm to women seeking safety.

... at least half the women I see in the Gamblers Help program, at least half, would use [EGM venues] for an escape of some kind. And it would be [because] most of them are escaping domestic strain and arguments, and about half of them would be escaping what we would call domestic violence. (SP029)

A few service providers from integrated and financial counselling services reported working separately with both male perpetrators and female victims/survivors of IPV, and noted the importance of understanding the perpetrators' gambling behaviour to appropriately refer and manage affected clients.

I see ... significantly large numbers of perpetrators ... I work a lot ... with the women who are affected ... I also can get a picture of the women who are affected and what they're going through by the perpetrators ... Usually there's both [physical and financial abuse]. If not actual physical violence then definitely emotional and financial violence. But usually ... if there is financial and emotional violence there's usually some form of intimidation if the perpetrator is a man. (SP002)

The reason for [awareness of gambling comorbidity] that is ... so we can get the right supports around [the male perpetrator], because we don't deal with specialist addiction in domestic violence counselling. They need someone who deals with addictions, and we do have those people on our team ... We all have some generalist training in those areas, but ... from a perspective of addiction, we would consider that they need a specialist counsellor. (SP003)

However, perpetrators may not reveal their financial situation or abuse to their female partner, who may be unaware that her partner is attending gambling help services. A reluctance by male gamblers to reveal financial harm to their partner could limit referral or uptake of services for these men.

He has not confessed to her. She is aware that he gambles but she is not aware of the financial impact that they are in ... he has complete control over the finances ... the unfortunate thing is that women can find themselves in vulnerable positions and be financially impacted when their husbands are not being honest and transparent with their financial position. (SP006)

Client groups

Several interviewees from both specialist and integrated services had clients from population groups who may be at greater risk of gambling-related harm, or who may benefit from specialised support that is tailored to different settings and sub-groups due to cultural or other reasons.

People of Aboriginal and/or Torres Strait Islander background

A few service providers reported having large client bases of women of Aboriginal and/or Torres Strait Islander background and shared insights into how to best support these clients.

Just being here and waiting for [clients] to come in for one-to-one sessions doesn't tend to happen for gambling with Aboriginal clients ... So outreach services tend to work better. Groups; they're going out to do groups. We have one of our gambling help service therapists here that goes out and does a group with ... the public health service here ... The way to get good community access is either through the Elders or through Indigenous professionals or people employed to work with that community. So they have ... the trust of the community ... if you bypass those sorts of networks the chance of success is fairly low I would suggest. (SP005)

Specialist organisations also reported on the presumption of other contributing factors instead of harmful gambling when

dealing with IPV incidents within Aboriginal and/or Torres Strait Islander communities. For example, police and service providers might assume AOD use in IPV situations and not ask about gambling as possibly contributing to the violence.

So when police arrive at a DV [incident] usually alcohol gets the blame ... usually money gets the blame but there's no further questioning or screening around why it occurred. Because to me gambling's not discussed in communities enough, and the service providers assisting these families, perpetrators or couples, they're not asking the gambling questions ... and they're quickly summarising what possibly caused it which might have been alcohol, but when you look at the argument and what it was over ... then I'm seeing more it's the gambling. But again ... everyone tackling DV are not funded to talk about gambling or screen gambling. (SP040)

Service providers working with Aboriginal or Torres Strait Islander clients were also sensitive to issues around disclosure of gambling, IPV and safety concerns, and historical barriers facing women with families. This could also adversely affect uptake of referrals to other services due to fear of consequences, particularly concerning dependent children.

There's a real fear from women, particularly in the community, if they talk too much that their children will be taken away. So that can really hinder work in understanding gambling and the harms for those people in communities, because there is absolutely a fear that if we say too much, people will take our children away. (SP035)

People from culturally and linguistically diverse backgrounds

Many service providers described targeted services for clients from CALD backgrounds.

[Organisation] is a [gambling help] service in Victoria which does provide in-language services for specific CALD groups because they are identified as high risk ... Chinese, Mandarin and Cantonese, Vietnamese and Arabic ... The main ones that we would see are Chinese, Vietnamese, Thai, Italian and Greek in the European communities and recently there's been a number of people coming from India, Pakistan and Afghanistan. (SP033)

Several interviewees reported on the sensitivities of working with CALD clients, and showed awareness of how migration and employment pressures could exacerbate financial and physical abuse.

He hadn't been in Australia that long. He couldn't get a job. It was difficult. When she got a job, he found that really difficult to deal with. So, it was a dangerous time. Like his gambling and the problems that emerged for him financially, and for them financially, was the escalation of the violence [that] came with the pressure of the financial consequences to them; but it was further escalated by her getting a job and the shame that that brought. (SP001)

Many service providers noted the necessity of specialist services for CALD communities. This need arises from cultural factors that impact on gambling behaviours, such as acceptability of gambling within the community and isolation from broader community services. Maintaining anonymity in dealing with interpreters and CALD service provider staff can be a challenge.

In some of the smaller populations of migrant communities, finding an unconnected interpreter is difficult. So we've had cases where an interpreter's turned up and go, "Oh, I know that family. I don't think I can work with them, you know, conflict of interest; we attend the same church". [In] some of the smaller communities there's not a large enough pool of people to find an interpreter. (SP028)

Older women

Twenty-one service providers described the experiences of older women affected by gambling-related IPV. Some older women had long-term experience of these issues, while others first faced these problems at a later stage in life.

According to her she had 40 years of domestic violence, and no one reported and acted on behalf of her, and she kept [it] a secret to ... everyone that's significant ... So her husband is a gambler. He still gambles and she got into gambling herself as well, due to loneliness and isolation and poor mental health. She started gambling to make herself [feel] better and she went into gambling and she started borrowing money from her close friends ... a lot of money. (SP013)

Other female clients reportedly commenced gambling at a later stage in life, after retirement or other commitments had ended. Sizable financial losses could exacerbate IPV.

She stopped working when she was about 62 ... She just started going to hotels for lunch with the girls and then she'd hang around a bit afterwards and they'd have a laugh and a play on the machines and then they'd go home. It just escalated for her ... She didn't tell her partner how much money she'd spent and she withdrew against the house. So he thought the mortgage was all paid off and there was actually unfortunately \$60,000 against it ... It came out what had happened ... she told him that she had gambled it and then he was physically abusive towards her as a result and continued to be physically abusive for a period of several months. (SP002)

Others noted that older women faced complex issues related to their own gambling and their partner's health status and ageing. While the gambling may be a coping mechanism, it may also be linked to further IPV. Some service providers were mindful of these complexities. A lack of knowledge relating to the gambling or health status of an older woman's male partner could further affect appropriate referrals.

[She was] a very senior woman and she was talking about how she gambles. Her husband has got Alzheimer's and he's still at home and she is the main carer. But I think there's some part of the disease where he can be really quite angry and aggressive, and sometimes she finds herself in a venue for much longer than she thought because she's escaping from a whole range of things and finds it a welcoming place and a place where she can zone out ... But she was saying that sometimes when she gets home, he knows that she's been out gambling and he gets really aggressive with her. (SP035)

Couples presenting together

An important issue was having appropriate protocols for obtaining information relating to gambling and/or IPV when couples present together. Issues of safety, and obtaining full disclosure from female clients about possible abusive behaviours, could be a challenge if both partners presented at the same time.

Now if you've got a couple in the waiting room and they're both sitting next to each other and completing the tool, what you have to be able to manage is the degree to which what is disclosed on the form isn't being influenced by the partner. So, looking at ways to have both members of a couple complete the form without the influence of the other is the trick really. (SP001)

To avoid risks to the woman's safety, some services conduct a quick risk check when a couple's appointment is booked. If there is any hint of abuse then they either separate first sessions or book a private first phone call before the couple's session, scheduled at separate times.

Service providers' perspectives

Intersections between gambling and IPV

Many service providers were aware of intersections between gambling and IPV. In particular, interviewees from financial counselling and integrated services recognised the link between problematic gambling, controlling financial behaviour and other forms of IPV. Specific mention of financial issues by clients could prompt further discussion of IPV.

Money's linked to control so whenever there's the capacity for a violent partner to control their other partner, they will use it. So I just see so much when there is gambling ... now it's quite often that I will look to see if there is family violence in there as well. (SP002)

Usually, with gambling what you get is financial control. The gamblers [have] what I would call real distorted values around money. It's okay for him and his partner to go without like new clothes or like he'll want them to shop at the op shop or things like that. But, it's okay to spend the money on gambling ... A lot of financial control that over the years really does build up. It's a really terrible thing for the non-gambler and often the woman to go through. (SP020)

However, some service providers found it more difficult to distinguish economic abuse from poor or harmful financial decisions within a relationship.

Many, many people take out big debts ... and their partners are unfortunately stuck with it ... it's hard to say when something becomes financial violence ... because I think it's a slider. You have bad decisions that affect the other person on one side and acute financial violence on the other. Where is the point at which some one person having a big debt that impacts the relationship, where does that start being family violence? (SP002)

Some service providers were aware that the threat of violence stemming from problematic gambling issues may constitute abusive psychological control, signalling a pattern of violence which creates a climate of fear around the female partner.

If you've had losses, and it's predictable that there'll be losses, gamblers come home in a bad mood ... [partners are] walking on eggshells ... [Gamblers are] looking for an outlet to express their anger ... it is more likely that any little thing will set them off. So it's not necessarily physical abuse but it often ... certainly the threat of abuse. It's the threat of. That's one of the most powerful things, the threat of, and also women trying to keep their children safe. (SP010)

Several interviewees discussed whether IPV precedes problem gambling or whether problem gambling is a trigger for IPV. This temporal sequence may be unclear among male gamblers because these behaviours may have been concurrent. Furthermore, identifying whether his gambling preceded his controlling financial behaviour may be difficult. In many cases, clients did not clarify this sequence. However, several service providers noted that IPV against female gamblers typically preceded the onset of the woman's gambling problem. As such, IPV was viewed as a contributing factor where these women used EGM venues to escape, physically and psychologically, from IPV in the home.

[Where] the domestic violence precedes the gambling problem ... I've got two women in my head immediately where gambling was something that they did because they found that being in a gambling venue and playing on pokie machines actually provided them with a sanctuary away from a presumably difficult and distressing home place. (SP001)

Several service providers commented on how problem gambling might exacerbate, or change the nature of, IPV among their client groups. In relation to male partner violence, two service providers noted:

I think the gambling exacerbated the violence. I did get a sense that perhaps things weren't too bad before he was gambling. (SP002)

The gambling gets out of hand, or whatever, and then it escalates into physical. But that doesn't mean there was no domestic violence, it just means it's changed. You know, it comes down to how do you quantify what domestic violence is? (SP003)

Other interviewees were quick to note that while problematic gambling might escalate situations of IPV against women, gambling—like AOD—does not cause the violence; underlying problems and dysfunction in the relationship often pre-exist.

I don't actually think that either gambling or alcohol, or drugs, is ever a trigger. I actually think that the psychological and emotional [issue] is always there prior, and then those other things ... become an additional burden that will create a situation where it escalates into a new, or a different, or a more escalated type of domestic violence. (SP003)

The role of gender inequity

Many, but not all, service providers were highly aware of how perceived gender roles and inequity affected their female clients, underpinning the gendered drivers of violence against women (Our Watch et al., 2015). Most DFV service providers demonstrated a nuanced understanding of the situation of their female clients, including control and coercion used by male partners, and women's feelings of blame, responsibility and vulnerability when faced with IPV. Service providers reported male entitlement and blame-shifting towards their female partner as perpetuating gender hierarchy, and promoting male power dynamics over women.

I always try and talk about women's vulnerability if they're exiting a relationship. Because women always blame themselves ... "I keep getting into these relationships". When it's actually more so that it's the perpetrators seeking vulnerable women and then they're Mr Nice Guy. Because

if he was going to be anything like her ex, she'd be just like, "Off you go" before anything even starts. That makes a lot of sense to women. (SP004)

Many interviewees who were not DFV service providers also generally understood how traditional perceptions of gender roles and power inequity could contribute to IPV.

I think gambling, like many things, when you've got a coercive, or a power inequity in a relationship, becomes a tool. Meaning ... it's a tool to financially abuse someone. (SP003)

Sometimes problem gambling can disrupt traditional norms about the husband being the provider, whereas sometimes if he gambles, he may feel threatened in his role as the provider. Or sometimes if a wife is gambling money that a man feels he's entitled to, you know, that sense of entitlement might be the seed of some domestic violence. (SP018)

Many gambling help providers were aware of how gendered views held by male partners about women's gambling could lead to violence. These male perceptions related to rigid gender roles and identities within a relationship, where the man was unable to control his partner's gambling.

[Gender views are] multi-faceted, against women. Look, it strongly interacts. From my experience as a counsellor, I would say that a lot of it emanates from a sense of frustration in the male partners of female gamblers. A frustration in their inability to do anything about their partner's gambling, that boils over into aggression and violence. The sense of impotence, I would say, in being able to ameliorate their partner's gambling, in the face of the financial fallout from their female partner's gambling. (SP030)

However, a few service providers noted that the gambling-related abuse may not always be gender-based, but instead reflects the grip that gambling has over the perpetrator.

It isn't always [gender-based violence] in the gambling help service. So it is an interesting issue that in some cases it is. You know sometimes ... when people are profoundly distressed, and the grips that gambling can have on them

is such, that it will get them doing things they would never dream of doing which is like when people will commit crimes. People will commit fraud. People will lie and cheat and do things. And that's not gender-based. That's what gambling gets them doing. In other situations, it is much more gender-based controlling behaviour that comes out of an entitlement to do this. (SP001)

Financial factors and the role of financial institutions

Service providers noted that women's employment and earning capacity was not a protective factor against IPV. Some reported that men often exploited the financial earnings of their partner for their own gambling. Providers noted that this could be linked to gendered expectations of control of female partners' earnings, and could result in IPV when expectations of access to financial resources are challenged by the woman. Financial autonomy of a female client can be compromised.

Often the women who go out to work are very reluctant to hand over the money to gamble with ... There definitely is cases like that [where] the man says, "Well, I'm handling the money" and the woman says, "Well, I made the money, and the children need shoes, and I won't give it to you". So the man gambles, the man loses the money the wife makes, the wife wants to put boundaries in place ... And that can lead to domestic violence, whether it's physical, whether it's verbal abuse. (SP016)

Other interviewees reported on the long-term financial harm experienced by some female clients and their children through economic abuse linked to gambling. This includes difficulties in getting out of debt and accessing credit, and increasing poverty levels.

People who are economically abused, they're straddled with debt, they're blacklisted from their homes, they've got poor credit, they're trying to rebuild their lives with all that going on, and ... that often pushes them into poverty. So it's that long-term impact on the family and the children is what I see through economic abuse, and I think gambling ties in with that. Because gambling impacts on a family's economic future. (SP024)

Some service providers from gambling and financial counselling services noted the importance of financial institutions helping to mitigate gambling-related economic abuse. Responsible lending practices should examine fund withdrawals in gambling venues when assessing loan applications, and prevent fraudulent loans being taken out in partners' names.

Part of responsible lending requires banks to look into bank accounts and statements and the activity over the three to six months preceding that application, and the responsible lending requires them to make a decision ... "Is this further debt that we're about to approve going to potentially put the person into further hardship?" Now if you've got lots of behaviour that indicates withdrawals at gambling venues, unexplained withdrawals, then there would be enough for them to say, "Well, hold on, we need to question this a little bit more before we approve this debt". So I think the banks are becoming a little bit more accountable now. (SP012)

He also did try and take out loans out in her name. He asked her if he was okay that she do that, and she said no ... except that then he just went and did it without her knowledge. The loans actually didn't go through because the [bank] picked up that there was some discrepancies between the information he was trying to provide and the fact he didn't know that she already had a savings account with them ... they have a really good fraud team. (SP002)

Some service providers noted that other financial institutions had less than rigorous approaches to offering credit or responsible lending requirements.

It would be very noticeable to a financial institution that someone has a gambling issue, because that information would be on their bank statement. But it doesn't seem to have any impact on their ability to get credit ... people do seem to be able to get into a lot of debt. (SP008)

I'm actually an ex-banker myself, but a lot of my advocacy work was to challenge the debt that was approved as maladministration under the Credit Act. So, you know, I spent a lot of time re-visiting and asking for assistance from the banks to work out what they base their assessment on, and there was a lot of debt we got waived as a result of the fact that the banks did not do their job under the responsibility requirements. (SP012)

Comorbidities

Several interviewees described significant comorbidities that affected their female clients—either experienced by the women themselves or by their male partner, including mental health issues and links to problematic gambling which could exacerbate IPV.

We have a mental health residential facility here in [town] for people all over [region]. It's pre-hospitalisation or post-hospitalisation, usually severe mental health or suicide attempt ... What we do is we go there once a month to capture those people that are there and talk to them about financial counselling, but we also talk about gambling and the risks because I would say probably everybody that we see that has a gambling addiction has a form of mental health problem aside from the gambling addiction. (SP015)

Many service providers also reported on the concurrent use, or sale, of illicit drugs which exacerbated the harm of both IPV and gambling. Gambling was often a mechanism used to try to obtain funds for AOD use. Gambling was also a vehicle for spending the proceeds of the sale of illicit drugs. Late-night or 24-hour access to gambling venues facilitated gambling linked to illicit drugs.

The other connection that I am seeing very strong is ice and pokies. And that ... definitely feeds into DV because [gamblers think] "I need the money for the ice, I need the money for the gambling and I need to gamble to get money for the ice. When I'm on ice, I'm up all night and what's open, well I can go to the pokies". And in [jurisdiction] you know, there are so many venues and they're just everywhere and they're open all night, or much of the night, and so there's a real strong connection that I am seeing. And when I hear ice, I think okay, pokies. (SP031)

Her partner was very violent, physically violent. He sold drugs and he gambled. What the cycle was with him ... he would sell drugs, he would get a load of money. Then he would gamble all the money away, then he would get violent. Then he'd calm down, he'd go sell more drugs and then he'd be calm. Then he would gamble and lose it all and get violent again. So this was the cycle that he was going through and she was going around it with him. (SP025)

Complex cases reported by the interviewees could involve drug use and problem gambling among women presenting at their service. These comorbidities may be pre-existing, or a coping mechanism in response to IPV.

I'm just thinking of one client who does ice and gambles on the races ... she's been so gaslighted ... Very, very manipulated ... she's so confused about the world. Her default position is that she's a worthless, good-for-nothing scum whore. So both drugs and gambling are definitely a release for her. (SP010)

Capacity of service providers to manage complex and intersecting client issues

Several service providers noted the difficulty of addressing women's needs outside of the services they provide. Although all providers could refer to other specialised services, barriers included time and capacity to do so and delays in responses to referrals by other services. Coordinating a collaborative case management approach with other services could be difficult.

The reality is that for our practitioners ... it's easier just to work on your own and provide the service you know how to offer to the client. They come in, they have 10 sessions, they leave. The case management collaborative approach does require more energy from practitioners in terms of taking the time out of their busy diaries to try and contact other services. Often it's very difficult. To get in contact with a client's GP is next to impossible. They won't take your call. They won't respond to messages. So you can waste a lot of time trying to contact other services and organisations. (SP005)

It's really difficult to get through to [DFV service]. I have actually had similar experiences with them, with varying clients that are in a very vulnerable state. You ring intake, leave a message, and they don't get back to you for two days. Sometimes they don't get back to us at all ... we're working on the financial aspect of their issues, but safety is a big thing ... when that client walks out the door, you shouldn't send them back home. (SP036)

Where there's violence around legal issues ... clients can ring them between certain restricted hours, but it's incredibly restricted. Only two days a week or something. We can ring them more often, but ... if a client wants

to ring them, it's virtually [impossible], it's really off-putting. (SP037)

Specialist DFV service providers reported on the importance of other services, particularly for external referrals, given their specific focus on DFV. However, some gambling help services noted the lack of incoming referrals, indicating that DFV services may not always screen for gambling.

We address DV, that's what we do. So we don't do mental health, we don't do drugs and alcohol, we don't do gambling. So I think it's important though that we have a bit of an idea of who the other services are and how they view DV as well. Because a lot of women will come to us after they've been to other services ... So we clearly work with women around the DV and safety planning around the partner's gambling or any kind of escalation of behaviours. But for seeking gambling support ... we don't do that. (SP004)

I don't think we have enough referrals coming through from DV services at all. In fact, I think there's a big gap there ... a real lack of services outside of the gambling help services actually screening for the presence of gambling. (SP031)

Some service providers working with male perpetrators of IPV noted the difficulty associated with the time it takes to get a perpetrator into a program outside of urban areas, and the potential challenges in working with male clients who were mandated to attend counselling, as opposed to voluntary counselling.

There's a lot of different men's behaviour change services in [capital city] so there's quite a lot of options. But it just depends on where they are and how long—and a lot of that time men are mandated ... to that service rather than men who are choosing to take part in those services. But there are a lot of different organisations that run the men's behaviour change here. (SP033)

Although he is turning up for counselling sessions, he's not necessarily voluntarily engaged in the process of making changes. That's a huge barrier ... if a person doesn't want to change there's nothing a counsellor can do to force that to happen. We can explore motivation to change. (SP005)

Where service provision is reported to be working well

Many interviewees gave examples of positive models of service provision to female clients. These organisations, often integrated in approach with multiple services (including DFV, family counselling and financial/gambling counselling in the one organisation), try to identify and address multiple needs.

We cover everything. So when clients come—either self-referral but mostly these days it's organisation referrals—we do a very comprehensive assessment which covers DFV, mental health, drug and alcohol, gambling and trauma ... That's part of our model and it's been so since our inception. (SP010)

Several informants with well-functioning service models noted the importance of adequate funding to provide long-term help to clients.

We've been very lucky in terms of the way we were funded because the funding began [many] years ago and they seemed to understand it a bit better in those days ... that we work along the whole spectrum ... it actually applies to mental health and DV as well [as gambling] so the whole spectrum, from pre-contemplation or when people are in crisis, right up to working with people in recovery ... We're able to offer weekly counselling for up to 2 years so we actually do the trauma work behind the presenting issue if the client is looking for that, and ready and able. (SP010)

Good referral systems, including warm referrals made by staff members, were said to be key in increasing uptake of referrals, and receiving timely and effective services.

I usually ask the client. If they're open to it, I say, "Can I go and see if the worker is available and invite them in?" Often the worker is available and we make a time. I'll try and introduce them if I can, or get that DV worker in with me. Then we both go through things together, and then they can have a session with that worker on their own. (SP020)

Identified gaps in service provision

Many interviewees identified gaps in service provision for women experiencing harm from gambling, IPV and

comorbidities. A major issue was a lack of specialist services and/or referral options, based on factors such as location and lack of provider expertise. This has the potential for gambling and/or IPV issues to be missed or not appropriately assessed and managed.

At the moment, it's a bit of a catch-22 because you don't want to talk too much about [gambling comorbidities] because if they ... turn around and say that they want support, we only have limited options to offer ... So you don't want to be awful by opening up this huge can of worms and expecting people to disclose stuff, and then have to write it off and say, "Well, I don't really know what to do about that". (SP009)

Many providers reported restrictions on their service provision based on a lack of funding, or funding being limited to certain services. This potentially limits support to female clients even if there is expertise within a larger integrated organisation.

We're not a [funded] provider of DV services. We certainly see people who are affected by DV ... I mean we may certainly be providing direct support to people in that situation but we're not funded as a DV service. (SP001)

Some informants noted that their funding only extended to female clients experiencing IPV, and thus they were not able to support other family members, such as children, directly. This could also affect how women and children are supported to leave IPV situations.

It's having services, DV services that not just deal with female clients. There is funding for the three different categories: male, female and children ... we've got the funding for three areas. I think that's a better way to do it so that you're providing some sort of help service to all family members ... and maybe you won't be seeing them together. I think clearly if there's DV you need to be seeing the male and the female separately. But you're giving some sort of support to each of the family members. (SP005)

A few interviewees noted that they could not engage female clients until they had left an abusive relationship, regardless of the barriers to leaving that might be posed by male partners.

There's a lot of organisations that can't, or won't, or aren't funded to, do anything until that person decides to leave the relationship. So I know that there are some services

around ... that will refuse service, and say ... “When you’re ready to leave, come back and see us, we can deal with it then”. (SP003)

Several service providers noted the increased need for services in rural and regional areas. Rural services were generally centred in main regional towns, although outreach services often existed. Regional locations, combined with client comorbidities requiring separate support, could exacerbate lack of access to services. Lack of privacy and community norms could also be challenges in these locations.

The majority of clients I have are out at [towns] where the main [services] are and this time last year I had 23 clients. This year I have 46 ... you’ve got huge drug and alcohol issues here. They’re trying to get some sort of drug rehabilitation centre here ... You’ve got drug dealers here that sell drugs just so they can gamble. (SP017)

He was at the pub in a small town and so he was having lots of interactions with the community there. She felt like the more he gambled, the more community support that he got, and that some people in the community were aware of what he was doing to her like taking her money and that was ... her kids’ and family’s money, basically, that he was gambling. (SP009)

One integrated service provider noted the potential risks to the safety of organisations and counsellors in regional areas who were not specialised DfV service providers.

If you have got a situation where there is DV and the woman is looking to leave, often the male’s been the perpetrator; he’ll blame the counsellor as ... colluding with the female to get her to leave the family or to leave him. So there can be anger directed towards the agency. DV services [are] set up to weather that storm, whereas for our agency we don’t have glass at reception and ... it’s not the intention for us to be dealing with that. So it can put our workers at risk to be the primary DV service provider. (SP005)

A gambling service provider based in a rural area reported on the difficulty of arranging court-mandated assistance for male perpetrators for their IPV behaviours. Waiting lists and lack of services were barriers.

There was a court order that he get help for ... not only his gambling issues, which I was providing ... but also for his family violence issues ... He refused to acknowledge that he had done it ... I convinced him that he had to ... satisfy the court ... There was one group ... for perpetrators, but it had a really long waiting list, like so long it was pointless in trying to use it. There’s just no services to rehabilitate perps ... There wasn’t anything we could find. (SP002)

Service providers’ suggestions for improvements

Many service providers noted the need for increased funding across the sector, both to maintain existing services and to address unmet demand. Funding would ideally be longer term to provide ongoing services where required. Specific funding for outreach programs for regional/rural areas and specific services for Aboriginal and Torres Strait Islander and CALD communities was also advocated.

The reality is [for] the users of our service ... it’s a constant flow through ... for everyone we see, there’s someone we can’t see, because we don’t have adequate funding ... meaning the [potential] users of the service are far greater than our capacity to meet that need. (SP003)

A clear finding was the necessity for all types of services to screen new clients for gambling, IPV and economic abuse issues. Some interviewees noted that funding should cover comprehensive screening, and support referrals to other specialist providers if required. However, other service providers noted that screening tools are free and should be integrated into existing service practices given the comorbidity between gambling, IPV, AOD and suicide. This would allow services to “identify and refer”, or “identify and safety plan”, even if the service is not funded to “identify and respond”. Interviewees also identified a need to increase public awareness of the known link between gambling and IPV, and that economic abuse is a form of IPV.

We know that people who gamble are much more likely to experience or perpetrate DV, like that link has already been very much shown, or that people who are experiencing DV are much more likely to have some gambling in there in the mix somewhere. (SP033)

Service providers also advocated for the establishment of well-linked service provider networks to provide appropriate and timely referral of clients and coordinated case management, especially given that women presenting with IPV issues relating to gambling often have complex needs.

Sometimes women are so affected by the situation that for them to even come to an appointment is a really big deal ... that is definitely a situation where people need multiple supports to get help ... they might need to sort out some of the legal issues first ... sometimes the debts just get put down the priority list, because they're trying to deal with having somewhere to live, being safe. So sometimes we [a financial counselling service] don't get to see women until perhaps they've left the violent relationship, and things have stabilised a bit. (SP008)

Many interviewees reported on the importance of professional training for practitioners to improve understanding of the links between, and screening and assessment for, gambling and IPV. Education and training opportunities should consider the gendered drivers of IPV, coercion and control.

When you identify that gambling is an issue ... you should immediately then check to see if there's family violence as well, including financial violence, which people are still not very aware of. (SP002)

Several service providers reported that effective rehabilitation for perpetrators to prevent reoffending was required to ensure the safety of their female clients (and their families). This would help to prevent reoccurrence of IPV behaviours linked to gambling.

You're not going to turn the tap off just by constantly trying to get the victims and the children to keep moving on. You've got to do the work with the perpetrators. Part of the problem is ... lack of funding, but ... also the government actually doesn't know what to fund, because they don't know what works, and so they've been reticent to fund stuff because the perpetrator work is so complex ... [also] the uptake is always very low. (SP034)

A few interviewees relayed concerns about more gambling platforms and products being available (e.g. online wagering), with potential increases in young people experiencing

gambling problems and demand for services. Many service providers reported that gambling environments (e.g. EGM venues, online betting sites) should promote public awareness around gambling harms and IPV. This would educate and inform venue patrons, and some of those affected by IPV. It would also help to reduce stigma around seeking assistance with gambling or IPV issues.

[I'm] very, very scared about the internet gambling; it is going to be super destructive, I think. It already is, but it's just going to get worse, obviously, with younger generations ... You've got to tick the box that you're over 18; so what? And you don't have to get out of your bed. So the people who are going to go to the club for company, and get gambling, that's a different cohort from international students or from younger people who can gamble on the way to work, to school, at school, at work. (SP016)

I think maybe in environments where there are a high number of poker machines, and gaming venues where they have posters around about problematic gambling, that there needs to be some information there in relation to DFV ... [also] policies that are ... more aligned with educating people and reducing the stigma and the shame around being caught in a cycle of addiction around gambling. (SP007)

Several service providers also noted that the normalisation of gambling, particularly for young people, should be addressed to alleviate some potential future harms associated with gambling. This could be done via policy and regulation regarding the availability and marketing of gambling products, and through disseminating health promotion tools and messages via conventional or social media.

I think we need to, first of all, stop normalising gambling, and we do need to address things like gambling advertising on TV, just thinking that it's a harmless thing to have a wager ... to realise the impact that it has on people, to ensure that it is linked in with all those other addictions, whether it be drug and alcohol ... that we do see gambling as also part of that same thing. (SP02)

Conclusion

We interviewed 39 service providers. These interviewees worked in 25 organisations, which included specialist services providing gambling help (5), DFV services (4), financial counselling (1) and women's services (1), as well as 14 larger organisations providing an integrated suite of services including gambling help, financial counselling, and DFV support. Some also provided child and/or family counselling, mental health and addiction counselling, and specialist programs for Aboriginal and Torres Strait Islander and CALD populations.

Reports from the service providers cohered with the experiences reported by women. While service providers from large, integrated services described systematic screening for a range of co-occurring issues including DFV and problem gambling, specialist services were less likely to do so. Many DFV services emphasised the need to focus on addressing immediate or acute harm to women and children, with safety, housing and legal matters being priorities. Thus, harmful gambling linked to DFV may not be identified at the outset or at all. However, if financial abuse or gambling problems were identified, sometimes through later disclosure, most DFV services recognised the need for timely client referral to organisations with appropriate expertise. Nevertheless, gambling was not on the radar for some specialist services, limiting appropriate support for these women such as financial or legal advice, or counselling.

Most integrated service organisations reported screening for DFV among clients presenting with gambling issues, and noted the importance of this, given the known links between gambling and DFV. A few specialist gambling services asked clients about DFV, particularly financial abuse, but risk assessment for DFV was not usually a routine practice. Women's co-occurring DFV might be disclosed in later counselling sessions, with specialist gambling help services then making appropriate external referrals. Several interviewees reported that clients did not always recognise financial abuse as DFV and that this would not be disclosed unless the service asked specific questions about financial control.

Larger, integrated services were well placed to refer clients internally for co-occurring issues. Integrating problem gambling and financial counselling, or the provision of DFV, gambling and mental health support in the one service, were reported to have clear benefits for clients. Many specialist service workers acknowledged being somewhat siloed, and faced difficulties in referring clients due to lack of services (particularly in regional areas), lack of resources (e.g. time to liaise with other services), waitlists for treatment, and difficulties in case management across organisations. Some specialist services also reported a narrow definition of clients they were funded to support, limiting their approach to fully addressing concurrent client needs. They emphasised the importance of good referral networks and case management, particularly in relation to rural services and client groups at higher risk of harm, such as certain cultural groups. Many providers also identified comorbidities such as AOD or mental health issues that affected female clients and their partners and required further referral or support. Service providers made numerous suggestions to improve service provision for clients affected by gambling-related DFV, and these are included in the study's recommendations.

Conclusions and recommendations for policy, practice and research

This chapter concludes this study by first presenting a positional map that identifies the range of situations where problem gambling and gendered drivers of violence against women each contribute to gambling-related IPV. Gambling-specific determinants of IPV against women are then summarised as the basis for the recommendations that follow. Using a public health framework, these recommendations are structured into primary, secondary and tertiary interventions that aim to prevent and reduce the gambling-specific determinants of IPV against women. Recommendations for further research are also presented. The chapter concludes by explaining the limitations and strengths of the study.

Interaction of problem gambling with gendered drivers of IPV

The majority of men affected by their own or a female partner's gambling problem do not perpetrate IPV against their female partner. Accordingly, gambling does not directly or solely cause IPV against women. Instead, gambling is one element of the context within which men choose to use violence against women. Gender inequality manifested through gendered drivers of violence against women provides the fundamental context; without this foundation, this violence would not occur. In the abusive relationships in this study, gender inequality was evident through rigid gender roles, men's control of decision-making, limits placed on women's independence, and condoning of violence towards women, reflecting broader social norms of gender inequality. Within this context, problem gambling exacerbates IPV against women, intensifying abusive behaviours due to the severe stresses that problem gambling places on individuals and relationships, and through organisational, systems and societal factors that reinforce problem gambling and gambling-related IPV. The result is severe abuse and violence against women.

As is apparent from the women's experiences in this research, problem gambling and gendered drivers of violence against women each contribute to gambling-related IPV to a greater or lesser extent. The differing extent of each of these influences results in different situations. To capture these influences across different situations, a positional map is presented here (Figure 2). Informed by research data, positional maps

seek to represent the range of situations that are relevant to a particular issue and are used in situational analysis to reveal the differences and concerns in each situation (Clarke, 2003). These situations are presented to enhance understanding of the complexity and diversity of the relationships between gambling and IPV against women.

Situation A in Figure 2 is where problem gambling is a major reinforcing factor for IPV in the context of strong gendered drivers of violence against women, and possibly other reinforcing factors. This situation occurs where IPV perpetrators are already abusive and controlling and condone the use of violence against women. Where a severe gambling problem is present in either the man or the woman, these already violent men escalate the frequency and severity of their violence as gambling losses and other stressors increase. Where the perpetrator develops a gambling problem, he is also likely to add economic abuse to his abusive behaviours in attempting to acquire more money for gambling, and to stave off gambling-related debts. Situation A was by far the most common experience among women in this study, where the gambling greatly escalated the violent behaviour of their already abusive partner.

Situation B is where problem gambling has a weaker role in reinforcing IPV that already occurs in the context of strong gendered drivers of violence against women, and possibly other reinforcing factors. This situation occurs where domineering and controlling perpetrators feel entitled to abuse their partner and already subject them to a pattern of ongoing violence. In this situation, the man's or the woman's gambling problem co-occurs with the IPV, but is not a major reinforcing factor in its escalation. Instead, other factors, such as alcohol consumption, may be stronger reinforcers that increase the frequency and severity of the violence. Situation B was an uncommon experience among the women in this study. Instead, the vast majority of women reported that problem gambling strongly reinforced the IPV.

Situation C is where problem gambling is a major reinforcing factor of IPV in the context of weaker gendered drivers of violence against women, and possibly other reinforcing factors. This might occur where the IPV commences after the

Figure 2: A positional map of the interaction of problem gambling with gendered drivers of IPV

		Influence of gendered drivers on IPV		
		Strong	Weak	None
Influence of problem gambling as a reinforcing factor for DFV	Strong	A Most common situation in this research. Problem gambling is a strong reinforcing factor in the context of strong gendered drivers	C Occasional situation in this research. Problem gambling is a strong reinforcing factor in the context of weaker gendered drivers	E Absent and highly unlikely situation. Problem gambling is a strong reinforcing factor in the absence of gendered drivers
	Weak	B Occasional situation in this research. Problem gambling is a weak reinforcing factor in the context of strong gendered drivers	D Absent but possible situation. Problem gambling is a weak reinforcing factor in the context of weaker gendered drivers	F Absent and highly unlikely situation. Problem gambling is a weak reinforcing factor in the absence of gendered drivers
	None	Out of scope	Out of scope	Out of scope

development of problem gambling, and where perpetrators already hold attitudes that support men's control over decision-making in the relationship or have rigid attitudes about gender roles. This situation was most commonly seen in the current research where a previously non-abusive perpetrator commenced financially abusing his partner as he sought ways to fund his worsening gambling problem. While this was not a common experience among women in this research, a small minority of women did consider their partners to be otherwise non-abusive men who had been corrupted by the gambling problem. A few women also reported that the IPV did not commence until after they had developed a gambling problem themselves, which was then met with anger and derision from their male partners.

It is possible that Situation D occurs. It was, however, absent from the accounts given by women and service providers in the current research. It could conceivably occur where problem gambling is a minor reinforcing factor of IPV in the context of weaker gendered drivers of violence against women, and possibly other reinforcing factors. This situation might be present where acts of abuse occur after the commencement of problems with gambling, where the gambling problem is less severe and creates fewer stresses on finances, the relationship or other factors. For example, gambling may be affordable for the couple, but the male partner nonetheless

tries to exert some control through occasional abusive acts linked to her gambling events.

Situations E and F were also absent in the data and reflect that IPV against women is highly unlikely to occur in the absence of gendered drivers of violence against women, despite the presence of a gambling problem in the man or the woman. This is consistent with the fact that most men with a gambling problem or with a problem-gambling partner do not perpetrate violence against them (Dowling et al., 2014; Dowling et al., 2016).

The shaded areas in Figure 2 were out of the scope of the current research as problem gambling is not present in these situations.

Gambling-specific determinants of IPV against women

In line with a public health approach, the findings from the study have been written up as set of key recommendations aimed at preventing or combatting the impact of gambling-related domestic violence. Guiding frameworks already exist to reduce gender inequality and the consequent violence

Table 5: Gambling-specific determinants of IPV against women

Gambling-related individual and relationship factors	
Cognitive-behavioural characteristics of problem gambling that reinforce IPV	Preoccupation with gambling, cravings, urges and withdrawal symptoms (anger, frustration) when unable to gamble, irrational beliefs about winning, escalation of gambling problems over time
Financial, emotional and relationship stressors from gambling that reinforce IPV	Financial stress from gambling losses, insufficient household funds, sale of assets and debt creation. Emotional stress from shame, lies, manipulation, loss of trust, distress, fear and social isolation. Relationship stress from conflict, prioritisation of gambling over the family, and disruptions to family functioning
The interaction of problem gambling with substance use	Use of alcohol and some drugs (notably “ice”) increases gambling through increasing impulsive behaviour and decreasing inhibition and concern for the consequences
The interaction of problem gambling with mental health issues	Mental health issues increase vulnerability to problem gambling, and are exacerbated by IPV
Gambling-related organisational and systems factors	
Gambling venues, practices and products that facilitate problem gambling	Including easy accessibility, prolific advertising, incentives for heavy gambling, addictive gambling products, venues not intervening with problem-gambling patrons
Attractive features of gambling venues	Venues seen as safe spaces by women seeking physical or emotional escape from IPV, socially acceptable, accessible, women-friendly, and allow social connection but privacy
Limited support for women who are financially destitute due to gambling-related economic abuse	Difficulties of accessing immediate practical, financial and accommodation support if women leave an abusive relationship, keeping them trapped in situations of violence
Limited recognition by services of problem gambling as a contributor to IPV	Police, justice systems, corrective services, social services and legal services may ignore or trivialise gambling as a contributor to a woman’s IPV victimisation
Limited recognition by services of gambling-related economic abuse	Economic abuse often unrecognised as a form of IPV, particularly by non-gambling specific organisations. Slow and ineffective legal processes enabled economic abuse to continue, often for many years
Little knowledge about problem gambling issues in some services limiting assessment and referral	Non-gambling-specific services typically do not assess clients for gambling-related issues
Limited protection against gambling-related economic abuse by financial institutions	Financial institutions provide little protection against economic abuse, and some have practices that enable this abuse
Gambling-related societal factors	
Social norms around gambling	Gambling is highly normalised in Australia and embedded into social and familial sub-cultures, particularly for men
Low community awareness and knowledge of problem gambling	Low community recognition that problem gambling is a serious issue, very difficult to resolve, and has severe consequences
Stigma of problem gambling	Problem gambling is highly stigmatised, deterring those affected from seeking professional treatment and social support
Few alternative safe spaces for women in the community	A lack of safe spaces, both recreationally and for women seeking refuge, contributes to both problem gambling among women and their ongoing IPV victimisation

against women and children—notably, Our Watch et al.’s (2015) framework sets out actions, settings, techniques, infrastructure, stakeholder roles and responsibilities, stages and outcomes. Similarly, regulations and industry codes of conduct guide the responsible provision of gambling, although their effectiveness in preventing and reducing gambling

problems and harm has been heavily criticised (Hancock & Smith, 2017; Livingstone et al., 2019; Rintoul et al., 2017). Because comprehensive frameworks already exist, our key recommendations specifically focus on actions aimed at preventing and reducing the gambling-specific determinants of IPV against women (see Table 5).

Key recommendations aimed at preventing and reducing the gambling-specific determinants of IPV against women

Multi-level public health strategies involving multiple stakeholders, settings and responses are needed to tackle the issue of gambling-related IPV. Each level in the socio-ecological model can be thought of as a level of influence, and importantly, a key point for prevention. A public health approach focuses on preventing health problems, “with the goal of developing prevention understandings, and translating this knowledge into practical application” (Walden & Wall, 2014, p. 5). Walden and Wall (2014, pp. 5–6) note:

The public health framework locates strategies at three temporal points, according to when they occur in the timeline of violence against women occurring:

1. Primary prevention. This refers to strategies aimed at preventing violence before it occurs, including whole-of-population strategies.
2. Secondary prevention (early intervention). This refers to programs that involve early detection of risk or early manifestations of the problem. In terms of violence against women policy and programming, it refers to interventions that target individuals or population sub-groups showing early signs of engaging in violent behaviour, or becoming a victim of violence, or who may be particularly at risk of developing violent behaviours.
3. Tertiary prevention (response or intervention). These are the responses set in motion after the violence has occurred. They aim to reduce the consequences and impacts of violence and prevent recurrence.

Primary prevention recommendations

Recommendations involve interventions aimed at preventing gambling-related IPV before it occurs, including whole-of-population strategies.

- Implement community education aimed at preventing gambling-related IPV before it occurs, including whole-of-population strategies.
- State and federal governments are to increase community awareness of the links between IPV and problem gambling through the dissemination of health promotion tools and messages. Targeted interventions aimed at increasing recognition of early signs, reducing stigma, and promoting help-seeking are to be delivered through conventional and social media approaches.
- Health and community services are to make information available to clients about the links between problem gambling and IPV. Interventions aimed at increasing recognition of early signs, reducing stigma, and promoting help-seeking are to be delivered through education materials and social media approaches.
- Education providers (universities, TAFEs, schools) are to conduct regular awareness-raising interventions about the links between problem gambling and IPV. Interventions also need to focus on increasing knowledge and understanding of the causes, consequences and prevention of gambling-related IPV.
- All gambling venues and online gambling operators are to provide information to their customers about the links between problem gambling and IPV along with sources of help. Interventions are to include prominently displayed signage on the potential harms of gambling, and takeaway cards providing contact details for gambling help services and DFV services.
- Proactively raise public awareness of economic abuse, the many ways in which it occurs, and that it is a form of domestic violence. Financial institutions should display help numbers for problem gambling, financial counselling and DV helplines and services in their foyers and on ATMs and have information available for customers on how to recognise and respond to these issues.

- Provide safe recreational spaces for women.
 - Local governments are to provide better access to, and more, alternative safe recreational spaces for women within the community. Community consultation is important to understand what types of recreational spaces are viable. Safe recreational spaces need to be inviting enough for women to feel welcome and engaged. Activities also need to be culturally and age-appropriate to meet the various needs and interests of women.
 - Governments at all levels are to provide funding for women-led community initiatives that encourage alternative leisure activities by women. Ensure that mechanisms are in place to include women when monitoring and evaluating these activities.
- Implement interventions to prevent or minimise gambling-related economic abuse.
 - Not allowing the use of credit or credit cards for any form of gambling: at a minimum, all financial institutions should block merchant codes associated with all land-based and online gambling operators from credit card transactions.
 - Financial institutions are to implement responsible lending practices that ensure that loans, including credit card debt, are extended only to people who can afford to repay them.
 - Financial institutions are to implement stronger protocols and practices to prevent fraudulent financial practices against family members of problem gamblers, taking into account the possibility that domestic violence and economic abuse is being perpetrated to manipulate and deceive family members.
- operators, staff at financial institutions) aimed at early detection of gambling-related IPV.
 - Continuous professional development can raise awareness of the links between gambling and IPV, the gendered drivers of violence against women and the reinforcing role of gambling. Training also needs to focus on the importance of early intervention, the ability to recognise indicators of gambling-related violence and how to respond appropriately.
 - Continuous professional development can raise awareness of the interaction of problem gambling, IPV and comorbidities such as mental health and substance use disorders. Mental health and substance use disorders and problem gambling and or/IPV have an additive and reciprocal relationship; specific education regarding referral options for support and management of these comorbidities is required.
- Develop and implement screening and assessment tools or measures (where not already available) with specific questions regarding gambling behaviours and experience of IPV.
 - Further resourcing and capacity-building for the health and social services sectors are required to ensure all types of service providers screen for both IPV and gambling behaviours. Currently, some gambling help services may not assess their clients for the presence of IPV and vice versa. IPV may be the underlying cause of a woman's gambling problem, but not screened for by the service, undermining the likely effectiveness of the treatment she receives.
 - Further resourcing and capacity-building are required for the police and justice system to be proactive in addressing and asking questions relating to both IPV and gambling behaviours. While police and justice system employees typically act to protect and support women affected by IPV, these services might not ask about or screen for problem gambling in the perpetrator or woman, limiting the effectiveness of their responses and appropriate referrals.
 - Further resourcing and capacity-building are required for financial institutions to recognise and play an active role in preventing or limiting gambling-related IPV by individuals who are clearly at risk of financial

Secondary prevention recommendations

Recommendations involve interventions aimed at individuals showing early signs of becoming a victim of gambling-related violence, or families at risk. Programs may involve early detection of risk or early manifestations of gambling and/or IPV.

- Provide professional development for key workers (e.g. health and social service providers, police, gambling

destitution. Train staff in financial institutions so that during financial consultations they are alert to the signs and symptoms of domestic violence and economic abuse, and can confidentially check risks to women's safety, recognise coercion and abuse, respond appropriately, and refer the customer to sources of help.

- Develop and implement screening and assessment tools or measures (where not already available) with specific questions regarding substance use disorders and mental health issues.
 - Further resourcing and capacity-building for the health and social service sectors are required to ensure all types of service providers screen for substance use disorders and mental health issues. Currently, some gambling help or DFV services may not assess their clients for these issues, limiting the effectiveness of their responses and appropriate referrals.
- Access to safe spaces for women is needed, particularly for women who are at risk of gambling-related IPV and who are disconnected from the community.
 - Gambling venues are often used as safe spaces to escape from abusive perpetrators, compounding a woman's gambling problem and the accompanying violence. Local and/or state and territory governments are to establish and provide access to safe spaces for women within the community. Women should be consulted in order to better understand the security risks in their community and the types of safe spaces that could be provided to help women feel physically and emotionally safe.
 - Prevention and outreach activities are to be arranged both within and outside of the safe space. Outreach activities offer opportunities to access women whose movement may be restricted in some way. Building upon existing women's groups and support networks within local communities is crucial for enhancing the effectiveness of outreach activities.
- Ensure that gambling operators play an active role in preventing or limiting gambling-related IPV by individuals

who are clearly at risk of experiencing or perpetrating IPV.

- Train venue management and staff in IPV awareness and active bystander responses. Training is to include practical strategies on how to deal with threats to women's immediate and ongoing safety.
- Gambling operators are to review practices and products that facilitate problem gambling among both women and men and develop protocols and implement practices to help prevent or address gambling-related IPV.
- Enact regulatory requirements for venues to implement the strategies, policies and interventions to prevent or minimise gambling-related harm that were identified in a recent review (Livingstone et al., 2019). These include changes to the structural characteristics of gambling products; improved tools to help customers to stay in control of their gambling; reduced accessibility and exposure to, and advertising of, gambling; and mandatory in-venue interventions with customers showing signs of problem gambling.

Tertiary prevention recommendations

These are the responses set in motion after gambling-related IPV has occurred. Interventions aim to reduce the consequences and impacts of gambling-related IPV and prevent recurrence.

- Provide appropriate and timely referral of clients and coordinated case management through better integration of services.
 - Advocate for the co-location of problem gambling, DFV and financial counselling services and the fostering of stronger networks between these and allied services (e.g. police, emergency accommodation and legal services).
 - Improve referral pathways into specialised services for female clients, and improve provider networks to support these referrals. This is particularly relevant for rural and regional areas, where improved collaborative case management may be necessary if specialised services are inaccessible.

- Increase funding for crisis support services across the sector, both to maintain existing support services and to address growing demand.
 - Frontline services funding needs to be increased, regular and longer term to continue to provide ongoing services and to support growing and unmet demand.
 - Dedicated funding for outreach programs for regional/rural areas and for specific services for Aboriginal and Torres Strait Islander and CALD communities is also needed.
- Effective rehabilitation for perpetrators of gambling-related IPV is needed.
 - Dedicated funding for effective rehabilitation of perpetrators to prevent reoffending is required to ensure the safety of women and their families. This would help to prevent re-occurrences of IPV behaviours linked to gambling.
- Ensure financial institutions adequately protect women against gambling-related economic abuse.
 - Financial institutions are to identify financial markers of problem gambling among their customers—such as numerous and large transactions through gambling venues, inability to service debt, and requests for additional credit card debt—with the view to assisting them and their families, where possible, to minimise the financial harms from gambling.
 - Review practices to ensure women are adequately protected against fraudulent activities by problem gambling partners, and act quickly to limit further financial losses when these are discovered.
 - Advocate for enhanced government and community scrutiny over the role of financial institutions with respect to gambling-related IPV and other harms.
- Improve support for women who are financially destitute.
 - The gambling industry is to commit a percentage of their funds to provide direct support to services that assist those experiencing gambling-related IPV. Material assistance for women (in the form of community grants) could help women escape from

violent partners, find safe and stable accommodation, and start to recover from the effects of a family member's problem gambling and related abuse.

- Increase the focus on practical strategies and support to help women leave abusive relationships, for example, provision of affordable housing and emergency funds for IPV victims/survivors leaving home. Practical support and associated programs are to be subsidised by the gambling industry.

Key recommendations for further research

Further research is clearly needed into many aspects of gambling-related IPV and DFV more broadly.

- Intersectionality was not explored in this study, but an intersectional lens could help to develop a better understanding of how different and intersecting identities of women, based for example on cultural background, health status or socio-economic circumstances, affect their experiences of gambling-related DFV. For example, problem gambling rates are higher among Aboriginal and Torres Strait Islander peoples, specific cultural groups, people with disability and gender non-binary people. This indicates that people from these groups may have distinctive experiences and needs in relation to gambling-related DFV.
- More research is needed to understand the contexts and drivers of gambling-related DFV perpetrated by other family members against women. Economic abuse is particularly prominent where perpetrators have a gambling problem, so warrants further research attention, including ways in which women can be protected from its devastating effects when perpetrated by partners, adult children or other family members.
- It is important to develop effective strategies to engage men and reduce gambling-related DFV by male perpetrators. More research into how to engage men more effectively is required.
- Finally, research with women victims/survivors of gambling-related IPV who have not sought help would help to identify the specific barriers to service use they face.

Strengths and limitations of the research

This research has limitations that should be considered when interpreting the results. First, in line with a qualitative approach, purposive sampling was used. Information-rich cases were selected to obtain depth of understanding as opposed to generalisability. The convergence of findings relating to the 72 female participants, and the numerous clients discussed by the 39 service providers, provides confidence in their trustworthiness for the groups targeted. Second, for ethical reasons, we interviewed only women who had sought formal help for gambling and/or IPV. This meant that some women had experienced gambling-related IPV many years ago, although some women were experiencing victimisation at the time of the interview. Participants who had not sought formal help may have provided additional current experiences of gambling-related IPV, as well as further insights into barriers to help-seeking. Third, because the recruitment materials asked people to identify if they were affected by gambling-related IPV, the lived experience participants had all come to recognise and name their experiences as IPV by the time they were interviewed, although not necessarily when they were experiencing the abuse. Thus, the interviews were weighted much more towards post-identified IPV cases. Interviews with women experiencing abuse but not recognising or naming it as IPV may have yielded additional insights. Fourth, only five male perpetrators of IPV were interviewed and all had engaged in an intervention or behaviour change program. As such, they are atypical of the larger population of male perpetrators of gambling-related IPV, although their interviews demonstrated the difficulty in changing attitudes, motivation and behaviours related to IPV. Finally, the study focused only on IPV against women perpetrated by a male partner, and did not include abuse perpetrated by other family members.

The greatest strength of this study is its analysis of gambling-related IPV from the dominant perspective of violence against women more generally—to reflect that an accurate understanding of IPV is not possible unless gender and power in relationships are taken into account. Unlike previous analyses that have examined gambling-related IPV by measuring the prevalence of violent acts between partners

where one or both has a gambling problem, we have examined the underlying gendered drivers of this violence and how gambling reinforces these drivers. Through the development of the grounded theory model, the study has also contributed to understanding not just the individual- and relationship-level factors that co-occur with gambling-related IPV, but also their interaction with reinforcing organisation-, institutional- and societal-level factors.

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State of knowledge review methodology

The search for the literature review involved: 1) a systematic search of journal articles; and 2) a targeted search of the grey literature. These searches were conducted in January 2018 and focused on the period from 2000–2018.

Systematic literature search

The systematic search targeted research which provided evidence of the co-occurrence of gambling and DFV. Electronic databases searched included CINAHL, Embase, Medline, PsycINFO, ScienceDirect (Elsevier), and Sociology Source Ultimate. Specific journals not catalogued in the electronic databases were manually searched, and included: *Addictive Behaviors* (2000 onward); *Asian Journal of Gambling Issues and Public Health* (2013 onward); *International Gambling Studies* (2001 onward); *International Journal of Mental Health and Addiction* (2006 onward); *Journal of Gambling Issues* (2008 onward); *Journal of Gambling Studies* (2000 onward); *Public Health* (2000 onward); and *Trauma, Violence and Abuse* (2000 onward).

A combination of truncated search terms relating to gambling, domestic violence, and family violence were used and Boolean logic was applied in connecting terms. Search results were filtered to journal articles, abstract/title/keywords (depending on database and journal), full text availability, English language, 2000–18 publications (including articles in press), relevant subjects, and references available. Endnote X8.2 was used to store and manage the search results.

Inclusion criteria

Articles were eligible for inclusion if: 1) they provided quantitative and/or qualitative evidence of the co-occurrence of problem gambling and DFV; 2) the sample comprised adults, adolescents, or children recruited from any source; 3) the full-text was available in English; and 4) they were reported in a complete manuscript outlining original work published in a peer-reviewed journal between January 2000 and January 2018.

Search results

Figure 3 displays the PRISMA flow diagram of the search results which comprised 7637 records. Of these, 6189 records were added from all databases and the eight journals that were manually searched. The total number of articles included in the Endnote library was 6189.

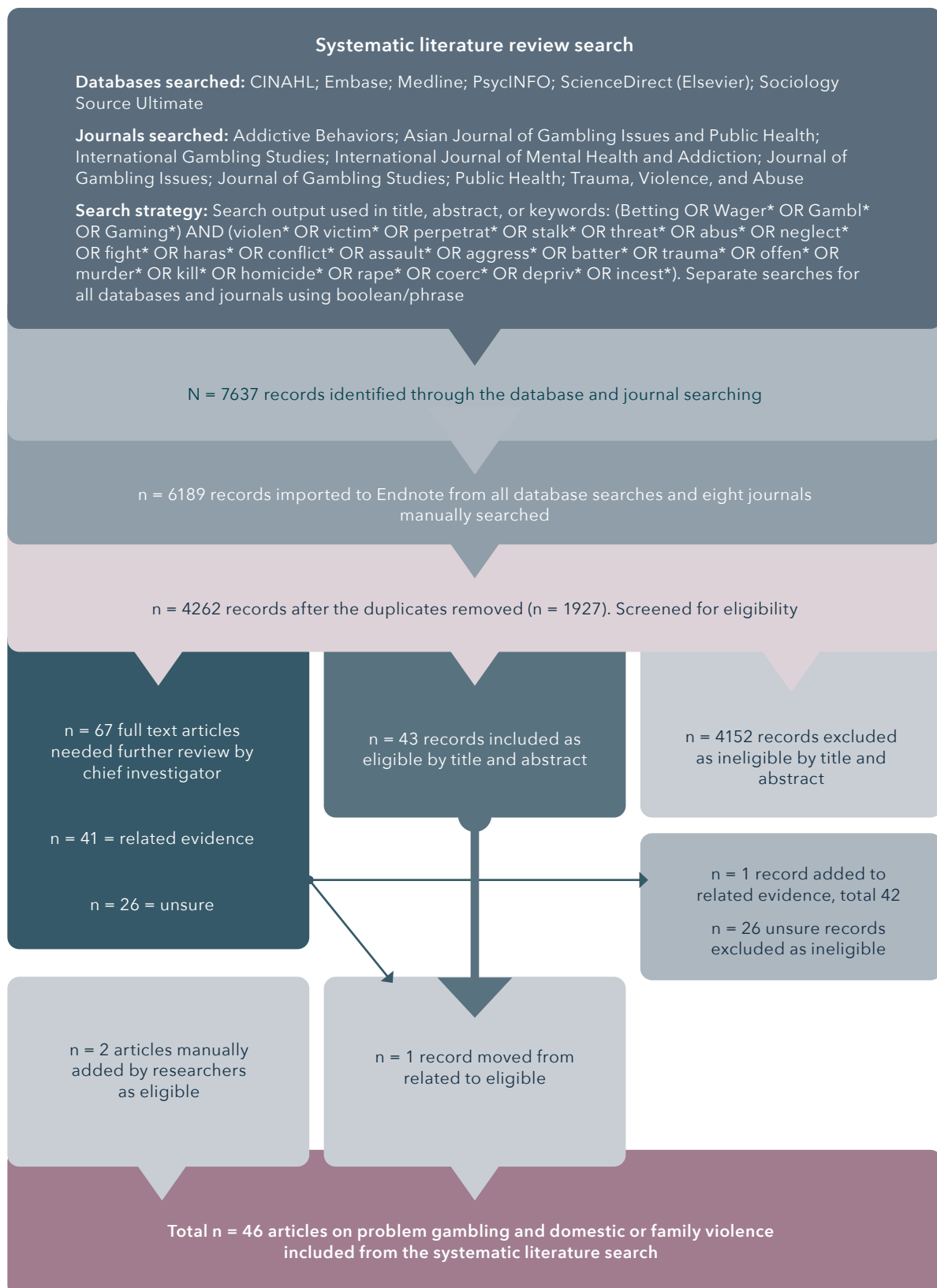
The inclusion criteria were then applied by the researcher leading the literature search to screen the remaining 4262 records. Using a coding scheme, 4152 records were excluded as ineligible, 43 were included as eligible by title/abstract, and 41 records contained related evidence; for 26 records, the researcher was unsure of eligibility. The coding of included, related evidence and unsure records were then reviewed by the lead investigator who endorsed all 43 of the included records, and manually added three articles for inclusion (including moving one article from related to included); manually added one article to the related articles; and deemed all unsure records as out of scope. Overall, 46 journal articles were identified as meeting the inclusion criteria.

Targeted literature review and updating

As part of the overall approach, a targeted literature search was designed to capture grey literature which would not necessarily have been found in the systematic literature search, such as government reports and inquiries. Websites for government, academic, and not-for-profit organisations related to gambling, domestic and family violence (DFV) and other related topics were searched. These were Australia's National Research Organisation for Women's Safety (ANROWS), Australian Institute of Family Studies (AIFS), Alberta Gambling Research Institute (AGRI), Gambling Research Australia (GRA), Gambling Research Exchange Ontario (GREO), and the Victorian Responsible Gambling Foundation (VRGF).

Each of these sources was searched using the same search terms as in the systematic literature review with a Boolean logic applied (where possible), and screened to full text, available 2000–18 English language publications. A total of 30 eligible records were found. Prior to completing the

PRISMA flow diagram for systematic literature review



research report, we updated the literature review to include six empirical studies published after the initial review was completed.

Analytical approach

The extracted publications were examined to identify key concepts, findings and theories, which enabled their classification into salient categories. Each of these categories formed a sub-section in the literature review, where we critically assessed the related literature, including strengths, weaknesses and contribution to knowledge.¹³ This assessment enabled us to identify gaps in the literature and advance the need for the current study to inform a socio-ecological understanding of the nature of the relationship between gambling and intimate partner violence (IPV) against women, from a gendered perspective.

13 The review also drew on some literature outside the scope of the inclusion criteria to present concepts and findings that are relevant, but not specific, to gambling-related IPV—for example, literature related to DFV or to gambling, but not to both.

APPENDIX B:

Interviewer guide for the interviews with service providers



Interviewer guide for service providers

The relationship between gambling and domestic violence against women

This is a guide for interviewers for the Stage 2 interviews with service providers from domestic violence (DV), financial counselling, gambling help, or other relevant allied services (e.g. outreach, refuges). Participants have been recruited via our research partners and their networks and have experience with one or more of:

1. Women with lived experience of DV linked to a male partner's gambling
2. Women with lived experience of DV linked to their own gambling
3. Women with lived experience of financial abuse due to a male partner's gambling
4. Women with lived experience of using gambling venues as a safe space to escape from or cope with DV
5. Male perpetrators of gambling-related DV against women

Information sheet and consent form

Prior to the interview, the participant will have:

- read the information sheet
- confirmed their informed consent
- identified the agency/agency type they work for and their role
- nominated which one or two of the five groups of interest they would like to discuss in the interview.

Welcome

It is your job to develop a quick rapport so the participant is at ease to share their experiences and knowledge. Below is a guide for points to discuss prior to the interview:

- First, thank them for their participation.
- Introduce yourself, including your role as a gambling and/or DV researcher. The aim is to make them feel comfortable with you as a fellow professional.
- Acknowledge their role as research contributors in recognising that we are seeking their expertise in order to build systems knowledge about how to respond more effectively to DV. One output from this project will be the development and dissemination of practice guidelines for gambling help, financial counselling and DV services. This will raise workforce awareness of DV-gambling-related risks, potentially benefiting both screening and intervention activities.
- Using the information sheet as a guide, provide the following information on the project:
- who is involved in the research—CQU, QCDFVR, AIFS, research partners, funded by ANROWS

- the aim of the research
- the beneficial outcomes of the research
- what the interview will involve
- the interview will be audio-recorded, including why we do this (focus on the discussion rather than note taking, quality of data, importance of their own words not paraphrasing)
- confidentiality
- voluntary participation
- control over the process—right to stop the interview at any time without penalty. Right to withdraw data up to one week after the interview and to check transcript
- availability of the research findings to the participant
- Remind them our contact details are on the participant information sheet
- Ask if they have any questions prior to commencing the interview.
- If the interview is via telephone or video, prior to interview commencement make sure the participant is located in a private space where they are not overheard or interrupted.

Research questions/topics

This stage of the research will be conducted via semi-structured, in-depth interviews, guided by the following topics.

Interviewer to have checked participant role, organisation and group/s of interest to be discussed.

Interviewer to make field notes about the agency/environment/etc. in terms of situational factors, discourse and discursive constructions.

Adapt questions below to suit type of service and group/s of interest being discussed.

Remember: keep focus on gambling and DV interactions.

1. Interviewee and agency:

Can you please tell me a little bit about your organisation and your current role?

- Probes how long have you been involved in services relating to gambling/DV/both?
- Types of clients you see (this will depend on type of service/role)—exposure to different genders, age groups, probe older women, cultural groups
- How does service provision differ for different groups of women experiencing both gambling harm and DV:
 - probe older women, different cultural background
 - probe for how well deal with different types of clients and
 - whether deal with single or multiple identities
- Who accesses? Who doesn't? What stops people accessing services?
- Pathways to service use—whether clients tend to come in at a crisis point, is attendance voluntary (i.e. not related to court orders), via referrals etc?

2. Start off by defining domestic violence:

DV refers to acts of violence that occur in domestic settings between two people who are, or were, in an intimate relationship. It includes physical, sexual, emotional, psychological and financial abuse. (For non-DV specialists, it may be helpful to refer to explanations below)

Physical violence: intentional use of physical force or power, threatened or actual, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

Sexual violence: sexual activity where consent is not obtained or freely given. It occurs any time a person is forced, coerced or manipulated into any unwanted sexual activity, such as touching, sexual harassment and intimidation, forced marriage, trafficking for the purpose of sexual exploitation, sexual abuse, sexual assault and rape.

Emotional/psychological violence: can include a range of controlling behaviours such as isolation from family and friends, continual humiliation, threats against children, or being threatened with injury or death.

Financial abuse: includes behaviours that aim to control another person's ability to acquire, use, and maintain economic resources, thus threatening their economic security and potential for self-sufficiency. It includes manipulating another person's decision-making, access to money or other property without their consent, to foster dependence and control.

3. Client experiences of intimate partner violence:

- (If non-DV service) How do you know that any client has been affected by DV? (Probes: Is there a formal tool that you use, a practice that you use, a cluster of behaviours you notice, has referral information that has been passed to you?)
- (If non-gambling service) How do you know that any client has been affected by gambling? (Probes: Is there a formal tool that you use, a practice that you use, a cluster of behaviours you notice, has referral information that has been passed to you?)
- When you registered for an interview, you noted that the group/s of interest you would like to discuss today is/are _____ (check if still okay). In our chat, I'd like to explore the experiences of those groups of clients, looking broadly at the situation they were in, and how the experiences of gambling and DV interacted.
- **(For each group in turn)** Can you please tell me some of their stories and experiences? I'm interested not only in the similarities between experiences, but also the differences. (Prompt for narratives relating to group of interest)
- **Probes relating to the interaction between gambling and DV:**
 - Which party had gambling problem; Type/s of problematic gambling; Role of gambling in commencement, continuation and escalation of DV; Nature, patterns and contexts of gambling-related DV (physical, sexual, emotional/psychological, financial)
 - How are gender differences/inequities playing out within relationships? Partner's attitudes and behaviours towards the woman and family, changes over time; Partner's attitude and behaviours in relation to his/her gambling; Issues of power, control, coercion
 - Role of alcohol or other drugs, mental health issues, comorbidities: In the gambling; In the DV
- Probes relating to the interaction between gambling and economic abuse:
 - Who controls the money and financial decisions in the household? Has this changed?
 - Consequences
 - E.g. Fiscal inequities, control over finances/financial decisions/assets/income/ability to work or study, use of

money/property/credit cards/loans/acquiring debt without consent, fostering financial dependence.

- Probes relating to responses, coping and help-seeking by both parties:
 - For the DV; For the gambling; Any other help/services; Barriers to help-seeking; Partner responses to use of services/support; Access to and efficacy of services/support, changes over time to services provision
 - What would help support better services?
 - Probe new/other programs, support, staffing
- Probes relating to others in the situation: What roles did the following play?
 - Individuals: e.g. women, partner, children, parents, in-laws, other family members, friends, bystanders, treatment and health professionals, individual law enforcement or legal officers; Their roles/interactions, including identifying differences in economic power, social capital, access; Did responses vary by gender (e.g. if female vs male police officer/family/friend/bystander/etc.)?
 - Groups/organisations, e.g. treatment services, police, justice system, government agencies: What were their roles and how effective and accessible were they in these situations?
 - Venues/environment: How did male partner engage with gambling and with venues; Did violence, coercion and control play out in venues; Was DV observable in venues; Actions by venues to facilitate or deter DV; Interventions by venue staff/bystanders in response to DV; Actions by venues to facilitate or deter gambling; Were these different if the woman vs man had the gambling problem?
 - Societal norms, peer influences and stigma: In relation to gambling; In relation to DV; Differences if man or woman has gambling problem; How did these facilitate or constrain actions of woman and of partner?
- **Additional probes for safe spaces group:**
 - Attraction and use of gambling venues as safe spaces to escape from DV (probe if pubs, clubs, casinos); Attraction and use of gambling to cope with DV; Nature, patterns and impacts of resultant gambling; Any responses/interventions by venues

4. Professional views:

- (If not already expressed earlier) Based on your professional practice, how and why might gambling contribute to DV against women?
- How do you think gambling and gender interact with each other in the context of DV against women?
 - i.e. How might gambling reinforce gender inequality; male control, power, aggression and peer relations; gender roles/stereotypes?
- Over the years that you have been working in this field, what changes have you seen broadly speaking that might have had an impact on the interaction between gambling and DV?
 - Prompts: changes in laws and other policy instruments; changes in social views, stigmatisation or gender roles; changes in gambling products, marketing, normalisation, and accessibility
- How do you think policies could be changed to reduce gambling-related DV and to better support victims?
- (If non-DV service) What supports might you need to help with early identification of DV as an issue co-occurring with gambling for your clients? (Probe: more training, use of new DV screening tools, better supervision, information sharing guidelines, ability to do case management and safety planning etc.)
- (If non-gambling service) What supports might you need to help with early identification of gambling as an issue co-occurring with DV for your clients? (Probe: more training, use of new gambling screening tools, better supervision, information sharing guidelines, ability to do case management and safety planning etc.)

- How else do you think support services and other practices could be changed to help reduce gambling-related DV and to better support victims?

Debrief the participant

Debriefing is important as participants may feel vulnerable after speaking about their clients and professional experiences. Allow extra time for this. In the debrief:

- Thank the participant for their time and participation.
- Reiterate the beneficial outcomes of participating in the research (i.e. how the research will be used—i.e. advance National Plan for Women and Children, contribute to develop of practice guidelines, overall support better provision of services).
- Ask the participant if they have any questions.
- Inform them how and when the findings will be made available, including a “plain English summary” (this is on the information sheet).
- Recruiting lived experience participants—reinforce need for and we will be in contact shortly if have agree or agree here.

Interviewer guide for the interviews with lived experience participants



The relationship between gambling and domestic violence against women Interviewer guide

Participants with lived experience of gambling-related DV/DV-related gambling

This is a guide for interviewers for the interviews with participants with lived experience of gambling and DV, falling into four target groups:

1. Women with lived experience of DV linked to a male partner's gambling
2. Women with lived experience of DV linked to their own gambling
3. Women with lived experience of using gambling venues as a safe space to escape from or cope with DV
4. Women with lived experience of financial abuse linked to a male partner's gambling
5. Male perpetrators of gambling-related DV against women

Previous information about the participant

Prior to the interview, the participant will have indicated the following—either via the online registration process or to the interviewer when they first made contact:

- received the information sheet
- provided basic demographic details
- nominated which of the 4 (or more) groups of interest they would like to discuss in the interview
- identified if they will be having a support person attend the interview

Tips for interviewers

- The role that an interviewer adopts is critical to the success of an unstructured interview. As such, take time to engage in conversation and build rapport with each participant. If the respondent feels at ease, they are more likely to open up and talk honestly.
- To further enhance rapport, present yourself as a learner, rather than an expert; someone who has a sympathetic interest in the interviewee's life and is willing to understand it.
- Be adept at detecting signs of excessive distress and minimising re-traumatisation of participants:
 - Focus on building rapport, and careful listening and attention
 - Ensure the participant is not rushed or interrupted, allowing them to direct the interview

- Be aware that some topics may be particularly painful and “backing off” if needed
- Respond to distress in a caring and empathic way
- Where appropriate, validate and normalise the participant experiences
- Move onto more positive matters if needed
- Offer breaks
- Give repeated opportunities to stop the interview
- Remind participants that they can withdraw from the research at any time
- Communicate the beneficial outcomes for participants of participating in the research
- Allocate time for an informal debriefing at the end of the interview
- Have your contact details and a list of support service on hand to offer the participant
- Ensure your own wellbeing and safety. If interviewing face-to-face, this must be at a support agency venue. Carry your mobile phone with numbers to access should you perceive any risk to your personal safety. You can end the interview at any time if you feel unsafe.

Welcome

The participant may be feeling nervous or apprehensive about the interview. It is your job to develop a quick rapport so they are at ease to share their story. Below is a guide for points to discuss prior to the interview:

- First, thank them for their participation.
- Establish who the support person is (if any), allow them to introduce themselves and their relationship to the participant and knowledge of the situation.
- Introduce yourself, including your role as a gambling and/or DV researcher. The aim is make them feel comfortable with you to share their story.
- Acknowledge their role as research contributors in recognising that we are seeking their experiences in order to improve policy and practices to better support women who have experienced DV. One output from this project will be the development and dissemination of practice guidelines for gambling help, financial counselling and DV services. This will raise workforce awareness of DV-gambling-related risks, potentially benefiting both screening and intervention activities.
- Make sure the participant is located in a private space where they are not overheard or interrupted (particularly from the DV perpetrator, which places their safety at risk).
- Using the information sheet as a guide, provide the following information on the project:
 - Who is involved in the research—CQU, QCDFVR, AIFS, research partners, and funded by ANROWS
 - The aim of the research
 - The beneficial outcomes of the research
 - What the interview will involve
 - The interview will be audio-recorded, including why we do this (focus on the discussion rather than note taking, quality of data, importance of their own words not paraphrasing)
 - Compensation for their time (\$40)
 - Gift card types: Coles, Kmart, Target, Officeworks. For use in store only, not online
 - Method of delivery: email, SMS, or postal. If postal, this will be delivered via registered post
 - Email and SMS: link to gift card, PIN, and expiry date
 - Postal: print out of the gift card to use in store

- Sender, Project Officer: cqustudy@cqu.edu.au text 0488 824 624
- Delivery timeframe: approximately 2 weeks
- Card validity: 4 years after issue
- Voluntary participation
- Control over the process—right to stop the interview at any time without penalty. Right to withdraw data up to two weeks after the interview and to check transcript.
- Availability of the research findings to the participant
- Remind them our contact details are on the participant information sheet
- Confidentiality—within the limits of the law
- Advise participant that there is a risk that participating in the interview may bring back painful memories, and they can stop the interview at any time, take a break, decline to answer any questions, and/or request a shift of focus to more positive matters.
- Remind participant that “if you disclose any information that an identifiable child is at risk of harm, then I have to share this information with a relevant child protection authority”.
- Remind participant that “if you disclose illegal activity where I believe you or your family is at risk of harm, then I have to notify the relevant authority”.
- Informed consent (ensure audio-recording is on to capture response): “Are you happy to continue with the interview?” If yes, this is informed consent.
- Ask if they have any questions prior to commencing the interview.

Research questions/topics for women in Groups 1-3

In this interview, I’m interested in your story so initially, I’ll ask you to share your story with minimal interruption from me. You are the expert here so I’m interviewing you to learn more about the nature of the relationship between DV and problem gambling. I’m particularly interested in how gambling heightens the risk of DV, or (if safe spaces group) how DV increases the likelihood of gambling.

I do have a few questions for you once you have had the opportunity to tell your story—I will be asking for specific examples of how domestic violence and gambling interact in your situation. You can decline to discuss certain topics if you wish.

All participant groups: Narrative

- We greatly appreciate you participating in this study. Would you like to tell me why you’ve decided to participate?
- Are you okay to share with me how DV and gambling have impacted on your life? You might start from when problems first started occurring and tell me how things developed over time. I’m particularly interested in the role that gambling played in the DV you have experienced, or (if safe spaces group) how DV might have affected your gambling. *(Might want to start by telling me about who was doing the gambling, just you or both, types of gambling, when it started ...)*
- Allow woman to tell her story, providing prompts as appropriate (see below). This may take a long time but is an important part of process. Once the woman has been heard and rapport developed, it will hopefully be easier to ask follow-up questions.

Prompts for the women's narrative (if needed/appropriate):

- Type(s) of problematic gambling
- Did gambling precede or follow first occurrence of DV?
- Role of gambling in the continuation or escalation of DV
- Role of DV in the continuation or escalation of gambling
- Nature of the DV (physical, sexual, emotional, financial)
- (If reticent to disclose nature of DV) Are there any areas of your life where you felt unable to say no to your partner/ex-partner or to live your life as you'd like?
- Decision-making norms/gender roles in the relationship/limits on woman's independence

Seeking specific examples (woman with a gambling problem)**Scenario 1**

I'm looking for specific examples or scenarios (i.e. those occasions that may have really stood out to you). This scenario looks at DV happening before gambling. In essence, I'm interested in how gambling is used to escape from, or cope with, an episode of DV.

- Can you think of example/s of where DV was happening or brewing at home and where you then chose to leave to visit a gambling venue or participate in a gambling activity?
 - Can you tell me what happened? Did this happen regularly?
 - How did you feel when you got there?
 - Support at venue? Role of individuals?
 - What happened when you returned home? Did anything else fuel this (e.g. alcohol, drugs, mental health)?
 - Did you frequently use gambling venues as a *safe space* to escape to or use gambling as a way of coping with DV? Why? What was the appeal? Do you feel as though your gambling intensified or got worse as a result of using these venues as safe spaces?
 - Who knows about this? Level of support from individuals?

Scenario 2

Again, I'm looking for specific examples or scenarios (i.e. those occasions that may have really stood out to you). This scenario looks at gambling happening before an episode of DV. In essence, I'm interested in how gambling is used to justify an episode of DV.

- Can you think of occasion/s where the DV occurred *after* an activity or event involving gambling. For example, when you returned home or when your partner had discovered you had been gambling?
 - Can you tell me what happened? Did this happen regularly?
 - Were you blamed for gambling, or made to feel it was your fault because you gambled? How was your gambling used to justify your partner's actions?
 - Did anything else fuel this situation (e.g. alcohol, drugs, mental health)?
 - Who supported you? Role of individuals?
 - Who knows about this? Level of support from individuals?

Seeking specific examples (man with a gambling problem)

I'm looking for specific examples or scenarios (i.e. those occasions that may have really stood out to you). This scenario looks at your partner/ex-partner's gambling happening before an episode of DV. In essence, I'm interested in how gambling might trigger or be used to justify an episode of DV.

- Can you think of occasion/s where the DV occurred *after* a gambling session by your partner/ex-partner? For example, when he returned home or when you discovered he had been gambling?
 - Can you tell me what happened? Did this happen regularly?
 - How was your gambling used to justify your partner's actions?
 - Did anything else fuel this situation (e.g. alcohol, drugs, mental health)?
 - Who supported you? Role of individuals?
 - Who knows about this? Level of support from individuals?

General questions

- What's the most pressing issue for you—the DV or the problem gambling? Do you feel one is more stigmatised than the other? How might that impact on your experience of seeking help?
- Can you tell me about your experiences of seeking help?
 - For the DV; Any other help/services; Barriers to help-seeking; Partner responses to use of services/support; Access to and efficacy of services/support
 - For the gambling; Any other help/services; Barriers to help-seeking; Partner responses to use of services/support; Access to and efficacy of services/support
 - Identify anything that has really helped you?
- Was it easy or hard for you to disclose or share information with services about the DV you faced? What made it easy/hard?
- How can we change the services available to women in these situations to better support them?
- Specific to safe spaces participants: What sort of safe spaces could we create that would better help women in a similar situation to the one you were in?
- Was there anything that others who may have seen the DV could have done to assist you? (This is related to bystander and venue responsibility.)

Research questions/topics for women in Group 4

A narrative enquiry, using personal stories and experiences, is the approach taken in the interview. This enables the women to guide their interview, share in-depth life experiences, to present a past full of meaning, the interviewer to make a deeper connection, more equal power distribution between interviewer and participant, and improved participant understanding of the phenomena.

While unstructured, the interviews will be guided by the following topics to be explored. At the end of the participant's narrative, come back to any topics which have not been covered. Note that participants can decline to discuss certain topics if they wish so that they retain control over the discussion. This approach is empowering and safe for women, yet ensures that pre-determined topics are covered comprehensively.

All participant groups

Ease in—the ease-in to the conversation will be guided by information and context that has been shared as part of the process of organising the interview. Adjust accordingly, depending on whether participant has registered online or contacted interviewer directly:

- We greatly appreciate you participating in this study. Would you like to tell me why you've decided to participate?
- Can you tell me, how have you come to understand what financial abuse is; has this changed over time?
- How/when did you become aware that the behaviour was actually named as financial abuse—did you read something e.g. in a magazine, see some public health materials e.g. RESPECT campaign, have it named by a service provider or a friend, etc.? (probe)
- Are you okay to share with me how financial abuse and gambling have impacted on your life story? Are you also okay to share with me how other types of DV may have accompanied the financial abuse you have experienced? You might start from when problems first started occurring and tell me how things developed over time. I'm particularly interested in the role that gambling played in the financial abuse and any other types of DV you have experienced.
- Probes relating to the interaction between gambling, FA and any other DV:
 - Which party had gambling problem; Type/s of problematic gambling; Role of gambling in commencement, continuation and escalation of FA and DV.
 - Nature, patterns and contexts of gambling-related FA and DV (physical, sexual, emotional/psychological).
 - Probe especially for different types of FA (see list below) and how this was related to gambling and to other types of DV, e.g.:
 - o stopped or tried to stop you knowing about or having access to household money
 - o stopped or tried to stop you from working or earning money, or studying
 - o deprived you of basic needs (e.g. food, shelter, sleep, assistive aids)
 - o damaged, destroyed, pawned, sold or stole any of your property
 - o took complete control of finances and money
 - o provided an inadequate allowance and monitoring what you spend money on
 - o took your pay and not allowing you to access it
 - o prevented you from getting to work by taking your keys or car
 - o committed identity theft to secure credit
 - o used your credit card without your permission
 - o pressured, coerced or made you responsible for a debt without your consent.
 - Prompt: are there any other areas of your life where you felt unable to say no to your partner/ex-partner or to live your life as you'd like?
 - How gender differences/inequities played out within relationship: Partner's attitudes and behaviours towards the woman and family, changes over time; Partner's attitude and behaviours in relation to his/her gambling; Issues of power, control and coercion.
 - Role of alcohol or other drugs, mental health issues, comorbidities: In the gambling; In the DV.
- Probes relating to others in the situation:
 - Role of individuals: E.g. women, partner, children, family, friends, bystanders, financial, treatment and health professionals, individual law enforcement or legal officers; Their roles/interactions, including identifying differences in economic power, social capital, access; Did responses vary by gender (e.g. if female vs male police officer/family/friend/bystander/etc.)
 - Others involved in financial and other DV against the woman: Whether anyone else other than the partner or ex-partner has been involved (e.g. parents, in-laws, other family members); in what ways?

- Roles of groups/organisations, e.g. treatment services, police, justice system, government agencies: What were their roles and how effective and accessible were they in these situations
- Financial institutions/sources of money and credit: e.g. banks, credit cards, payday lenders
- Venues/environment: How did male partner engage with gambling and with venues; Actions by venues to facilitate or deter gambling; Extension of credit by gambling operators; (If DV also) Did violence, coercion and control play out in venues (probe if pubs, clubs, casinos, other); Was DV observable in venues; Actions by venues to facilitate or deter DV; Interventions by venue staff//bystanders in response to DV
- Societal norms, peer influences and stigma: In relation to gambling; In relation to FA and DV; How did these facilitate or constrain actions of woman and of partner
- Probes relating to responses, coping and help-seeking by both parties:
 - For the financial situation; For the DV; For the gambling; Any other help/services; Barriers to help-seeking; Partner responses to use of services/support; Access to and efficacy of services/support

All participants (Ease out)

- How can we change the services available to women in these situations to better support them?
- Was it easy or hard for you to disclose or share information with services about the FA and DV you faced? What made it easy/hard?
- Was there anything that others who may have been aware of the financial abuse could have done to assist you? (This is related to bystander, venue and banks' responsibility.)
- Is there anything else that could be done to reduce gambling-related financial abuse/mistreatment and to better support women placed in this situation?

Research questions/topics for Group 5: Men with lived experience of gambling-related DV

A narrative enquiry, using personal stories and experiences, is the approach taken in the interview. This enables the men to guide their interview, share in-depth life experiences, to present a past full of meaning, the interviewer to make a deeper connection, more equal power distribution between interviewer and participant, and improved participant understanding of the phenomena.

While unstructured, the interviews will be guided by the following topics to be explored. At the end of the participant's narrative, come back to any topics which have not been covered. Note that participants can decline to discuss certain topics if they wish so that they retain control over the discussion.

All participants

Ease in—the ease-in to the conversation will be guided by information and context that has been shared as part of the process of organising the interview. Adjust accordingly, depending on whether participant has registered online or contacted interviewer directly:

- We greatly appreciate you participating in this study. Would you like to tell me why you've decided to participate?
- Can you tell me, how have you come to understand what DV is; has this changed over time?
- How/when did you become aware that the behaviour was actually named as DV—did you read something e.g. in a

magazine, see some public health materials e.g. RESPECT campaign, have it named by a service provider or a friend, etc.? (probe)

- Are you okay to share with me how DV and gambling have impacted on your life story? You might start from when problems first started occurring and tell me how things developed over time. I'm particularly interested in the role that gambling played.

Topics to be explored if not covered by narrative

- Probes relating to the interaction between the gambling and DV:
 - Which party had gambling problem; Type/s of problematic gambling; Role of gambling in commencement, continuation and escalation of DV; Nature, patterns and contexts of gambling-related DV (physical, sexual, emotional/psychological, financial)
 - How gender differences/inequities played out within relationship: Partner's attitudes and behaviours towards the woman and family, changes over time; Partner's attitude and behaviours in relation to his/her gambling; Issues of power, control and coercion; Fiscal inequities, control over finances/financial decisions/assets/income/ability to work or study, use of money/property/credit cards/acquiring debt without consent, fostering financial dependence
 - Role of alcohol or other drugs, mental health issues, comorbidities: In the gambling; In the DV
- Probes relating to others in the situation:
 - Role of individuals: E.g. women, partner, children, family, friends, bystanders, treatment and health professionals, individual law enforcement or legal officers; Their roles/interactions, including identifying differences in economic power, social capital, access; Did responses vary by gender (e.g. if female vs male police officer/family/friend/bystander/etc.)
 - Others involved in DV against the woman: Whether anyone else other than the partner or ex-partner has been involved (e.g. parents, in-laws, other family members); in what ways?
 - Roles of groups/organisations, e.g. treatment services, police, justice system, government agencies: What were their roles and how effective and accessible were they in these situations
 - Venues/environment: How did male partner engage with gambling and with venues (probe if pubs, clubs, casinos, other); Did violence, coercion and control play out in venues; Was DV observable in venues; Actions by venues to facilitate or deter DV; Interventions by venue staff//bystanders in response to DV; Actions by venues to facilitate or deter gambling; Were these different if the woman vs man had the gambling problem
 - Societal norms, peer influences and stigma: In relation to gambling; In relation to DV; Differences if man or woman has gambling problem; How did these facilitate or constrain actions of both parties
- Probes relating to responses, coping and help-seeking by both parties:
 - For the DV; For the gambling; Any other help/services; Barriers to help-seeking; Partner responses to use of services/support; Access to and efficacy of services/support

All participants (Ease out)

- What could be done to reduce gambling-related DV and better assist men in this situation to make positive changes?
- Do/did services have a role in this?
- How did services make it easy/hard for you to do this?
- Was there anything that others who may have seen the violence could have done to assist you? (This is related to bystander and venue responsibility.)

All lived experience participants

Debrief the participant

Debriefing the participant is particularly important as they may feel vulnerable after speaking about their personal experiences and feelings. Allow extra time for this. In the debrief:

- Thank the participant for their time and participation
- Reiterate the beneficial outcomes of participating in the research (i.e. how the research will be used)
- Ask the participant if they have any questions
- Ask the participant how they would like to receive their \$40 gift voucher:
 - Email—collect email address if not already provided online
 - SMS—collect mobile number if not already provided online
 - Postal—collect address. Give the participant the option to be sent the gift card care-of someone else (e.g. a service provider), if this option taken also collect the care-of persons name and postal details. Remind participant that it will be posted via registered post.
- At the end of the project, in early 2020, ANROWS will publish two reports on this study. Would you like us to send you a link to these reports, along with a “plain English summary” of results?
 - If Yes—collect email address if not already collected

Provide info on support services for participants:

If face-to-face, provide printed list of services below. If not face-to-face, ask participant if they would like these details verbally, by email or SMS.

- **Advise participant they can contact their referring local service.**
- **1800 RESPECT on 1800 737 732 or www.1800respect.org.au.** This is a free and confidential help service that operate 24 hours a day, 7 days a week to support people impacted by sexual assault, domestic or family violence and abuse.
- **MensLine on 1300 78 99 78 or www.mensline.org.au.** These are free telephone and online counselling services for men with family and relationship concerns. They operate 24 hours a day, 7 days a week.
- **Gambler’s Help on 1800 858 858 or www.gamblinghelponline.org.au.** These are free and confidential telephone/online help services that operate 24 hours a day, 7 days a week.
- **Lifeline on 13 11 14 or www.lifeline.org.au.** This a free and confidential national service which provides persons experiencing a personal crisis with access to 24 hour crisis support and suicide prevention services.
- **National Debt Helpline on 1800 007 007 or www.ndh.org.au.** This is a free and confidential service offering financial counselling. The 1800 helpline is available from 9.30am to 4.30pm Monday to Friday.

If you feel comfortable enough offer the participant your contact details should they wish to talk further. You are not obligated to do this, and can instead provide the support service numbers above or facilitate professional support for the participant. If the interview is conducted face-to-face this will be located at the premises of an agency, likely one of the research partners, which can offer immediate on-call support.

APPENDIX D:

Key characteristics of participants whose interviews were analysed

Key characteristics of the lived experience participants interviewed about IPV relating to a male partner's gambling

No.	Participant ID	Age group	State	Location type	No.	Participant ID	Age group	State	Location type
1	WMG001	50-59	NSW	Metro	16	WMG046	20-29	NT	Metro
2	WMG002	60-69	Qld	Region	17	WMG047	30-39	NSW	Region
3	WMG005	50-59	Tas	Metro	18	WMG049	30-39	NSW	Metro
4	WMG006	30-39	ACT	Region	19	WMG063	30-39	NSW	Metro
5	WMG007	60-69	Vic	Metro	20	WMG066	40-49	NSW	Metro
6	WMG008	50-59	Qld	Region	21	WMG075	30-39	SA	Metro
7	WMG013	40-49	Vic	Metro	22	WMG078	50-59	Vic	Metro
8	WMG020	40-49	Qld	Metro	23	WMG079	30-39	Qld	Metro
9	WMG022	30-39	Vic	Metro	24	WMG080	20-29	Qld	Metro
10	WMG023	30-39	Qld	Metro	25	WMG082	20-29	NSW	Metro
11	WMG025	40-49	Qld	Metro	26	WMG084	50-59	Qld	Metro
12	WMG026	40-49	NT	Region	27	WMG087	30-39	WA	Metro
13	WMG029	40-49	Vic	Metro	28	WMG088	40-49	NSW	Metro
14	WMG040	30-39	SA	Metro	29	WMG089	20-29	NSW	Metro
15	WMG041	30-39	SA	Metro	30	WMG092	30-39	NSW	Metro

Key characteristics of the lived experience participants interviewed about IPV relating to their own gambling

No.	Participant ID	Age group	State	Location type	No.	Participant ID	Age group	State	Location type
1	WWG003	60-69	Vic	Region	13	WWG048	30-39	SA	Metro
2	WWG010	40-49	Qld	Metro	14	WWG049	30-39	NSW	Metro
3	WWG012	20-29	Qld	Metro	15	WWG050	30-39	SA	Metro
4	WWG017	50-59	Qld	Metro	16	WWG055	30-39	NSW	Metro
5	WWG019	60-69	Qld	Region	17	WWG057	40-49	NSW	Metro
6	WWG024	50-59	Vic	Metro	18	WWG061	60-69	Qld	Metro
7	WWG031	40-49	Qld	Metro	19	WWG062	20-29	NSW	Metro
8	WWG033	30-39	Qld	Metro	20	WWG063	30-39	NSW	Metro
9	WWG034	30-39	Vic	Metro	21	WWG067	50-59	NSW	Region
10	WWG038	60-69	Qld	Metro	22	WWG069	30-39	NSW	Region
11	WWG045	50-59	SA	Metro	23	WWG070	60-69	Qld	Region
12	WWG046	20-29	NT	Metro	24	WWG086	40-49	Vic	Metro

Key characteristics of the lived experience participants interviewed about economic abuse relating to a male partner's gambling

No.	Participant ID	Age group	State	Location type	No.	Participant ID	Age group	State	Location type
1	WEA001	40-49	SA	Metro	10	WEA017	30-39	Qld	Metro
2	WEA003	60-69	Qld	Metro	11	WEA018	20-29	Vic	Region
3	WEA006	50-59	Vic	Metro	12	WEA020	40-49	Qld	Metro
4	WEA007	20-29	Vic	Metro	13	WEA021	60-69	Qld	Region
5	WEA011	40-49	Qld	Metro	14	WEA023	40-49	WA	Metro
6	WEA012	50-59	NSW	Metro	15	WEA024	20-29	Vic	Region
7	WEA014	30-39	Qld	Metro	16	WEA026	30-39	NSW	Metro
8	WEA015	60-69	Qld	Metro	17	WEA027	50-59	NSW	Metro
9	WEA016	30-39	Qld	Region	18	WEA031	30-39	WA	Metro

Characteristics of the women victims/survivors of IPV aged 50 years+

Male partner's gambling	Own gambling	Economic abuse	Past IPV victimisation when younger	Sustained IPV over long-term relationship
WMG001			X	
WMG002			X	
WMG005			X	
WMG007			X	
WMG008			X	
WMG078			X	
WMG084			X	
	WWG003		X	
	WWG017		X	
	WWG019			X
	WWG024		X	
	WWG038			X
	WWG045		X	
	WWG061		X	
	WWG067		X	
	WWG070			X
		WEA012	X	
		WEA006	X	
		WEA003		X
		WEA015		X
		WEA021	X	
		WEA027	X	

Characteristics of service providers

No.	Participant ID	Type of service	State	Location type
1	SP001	DFV, financial counselling, gambling help	SA	Metro
2	SP002	Financial counselling	Vic	Region
3	SP003	DFV, gambling help	Qld	Region
4	SP004	DFV	Qld	Region
5	SP005	Gambling help	Qld	Region
6	SP006	Financial counselling	Qld	Metro
7	SP007	DFV	Qld	Region
8	SP008	Financial counselling	ACT	Region
9	SP009	DFV	NSW	Region
10	SP010	DFV, gambling help	NSW	Metro
11	SP011	Financial counselling, gambling help, relationships counselling	ACT	Metro
12	SP012	Financial counselling	Qld	Metro
13	SP013	Financial counselling	NSW	Metro
14	SP014	DFV, gambling help, outreach	Qld	Region
15	SP015	Financial counselling, gambling help, outreach	Vic	Region
16	SP016	Financial counselling, gambling help	NSW	Metro
17	SP017	Financial counselling, gambling help	Vic	Region
18	SP018	Gambling help	NSW	Metro
19	SP019	Financial counselling	Vic	Region
20	SP020	Gambling help	SA	Region
21	SP021	DFV, men's behaviour change program	Vic	Metro
22	SP023	Legal information & advice for DFV	Tas	Metro
23	SP024	DFV	WA	Metro
24	SP025	Gambling help	SA	Metro
25	SP026	Gambling help	SA	Metro
26	SP027	DFV, financial counselling, gambling help	Qld	Metro
27	SP028	Post-separation services	NSW	Metro
28	SP029	DFV, gambling help, relationship & family counselling	Tas	Metro
29	SP030	Financial counselling, gambling help	Vic	Metro
30	SP031	DFV, gambling help, outreach	SA	Region
31	SP032	DFV, gambling help, outreach, general counselling	WA	Metro
32	SP033	Gambling help	Vic	Metro
33	SP034	DFV	Qld	Region
34	SP035	Gambling help	NT	Metro
35	SP036	Financial counselling, gambling help, CALD	Vic	Metro
36	SP037	Financial counselling, gambling help, CALD	Vic	Metro
37	SP038	Financial counselling, gambling help, CALD	Vic	Metro
38	SP039	Financial counselling, gambling help, CALD	Vic	Metro
39	SP040	Gambling help	NSW	Region

Key characteristics of the lived experience participants interviewed about their own perpetration of gambling-related IPV

No.	Participant ID	Age group	State	Location type
1	MMG001	30-39	Qld	Region
2	MMG002	40-49	Qld	Region
3	MMG004	30-39	Qld	Metro
4	MMG006	40-49	NSW	Metro
5	MMG007	40-49	NSW	Region

APPENDIX E:

Situational maps

Situational map of elements in the perpetration of IPV against women by a male partner with gambling problems

Individual human elements/actors	Non-human elements/actors
<p>Women with lived experience of IPV and problem gambling partners</p> <p>Male problem gambling perpetrators of violence against women</p> <p>Children exposed to violence against women</p> <p>Childhood experiences of violence</p> <p>Others exposed to violence against women (parents, family, peers, friends, bystanders)</p> <p>Co-habiting friends</p> <p>Supporters</p> <p>Emergency, treatment and support service staff</p> <p>Pregnancy, children—their arrival or threats against them often triggered a crisis</p> <p>Work colleagues</p>	<p>Gambling access and advertising</p> <p>Gambling operators' products, practices and influences</p> <p>Poker machines</p> <p>Horse racing industry and history</p> <p>Technology use</p> <p>Alcohol and other drugs use</p>
Collective human elements/actors	Implicated/silent actors/actants
<p>Emergency services (police, ambulance, health and treatment)</p> <p>Social and welfare services</p> <p>Counselling services</p> <p>Government services</p> <p>Justice system</p> <p>Financial institutions</p> <p>Gambling operators</p> <p>Charitable agencies</p>	<p>Individual staff in hospitality and gambling venues</p> <p>Bystanders to IPV and gambling abuse (helping and hindering)</p> <p>Individual staff (emergency, health and social service providers)</p> <p>Individual staff (law enforcement and courts)</p> <p>Individual workplaces (supportive and non-supportive)</p> <p>Women's confidence levels enduring IPV abuse and partner's gambling problems</p>
Discursive construction(s) of human actors	Discursive construction of non-human actors
<p>Stereotypes of women who experience violence</p> <p>Gendered stereotypes of male gamblers (seen as entitled, strong and aggressive)</p> <p>Issues of power, control, coercion, instrumental and expressive violence leading to victim-blaming</p> <p>Role of gambling and escalation of IPV</p> <p>Cycles of violence, context for gambling-related IPV</p> <p>Gender inequities in relationship (male superiority vs woman's lesser status)</p> <p>Cultural influences in relationships (especially gender constructions)</p>	<p>Relationships with gambling products</p> <p>Relationships with technology</p> <p>Normalisation of gambling (family history, employment in hospitality and gambling industries)</p> <p>Normalisation of alcohol and other drugs use</p>

Political/economic elements	Sociocultural/symbolic elements
<p>Gendered differences in economic power (women's limited access to joint resources)</p> <p>Gender inequities in relationship (women forced to work or not allowed to work)</p> <p>Effects of laws and regulations relating to IPV (need proof of IPV, hard to prove without obvious injuries)</p> <p>Effect of laws and regulations relating to gambling (accessibility, advertising, losses)</p> <p>Responsibility for financial debts in women's names (fraudulent/coerced loans, credit cards)</p>	<p>Societal influences (gambling perceived to be a recreational activity)</p> <p>Stigma associated with IPV and problem gambling</p> <p>Rigid gender roles</p> <p>Masculine identity/patriarchy</p> <p>Serial male IPV abuse (fast turnaround of abusive relationships, move from one woman to another in quick succession)</p> <p>Cultural background (understandings of power and control in patriarchal cultures)</p>
Temporal elements	Spatial elements
<p>Trajectory of IPV and problem gambling (some separations in longer relationships during that time)</p> <p>Intergenerational cycles of abuse (DFV and problem gambling)</p> <p>Positive changes in DFV policies and practices</p> <p>Change the Story (raising awareness and breaking the silence)</p>	<p>Accessibility of gambling products and media promotion of gambling</p> <p>Isolation, lack of safe spaces and crisis support</p> <p>Accessibility of support services, more limited in regional and remote areas</p> <p>Pathways to service use, difficult to navigate especially in emergencies</p> <p>Barriers to help-seeking (lack of transport, child-minding, communication services, contact with others, money, proof of identity documents)</p>
Major issues/debates (usually contested)	Related discourses (historical, narrative, visual)
<p>Adequacy of legal and housing resources for IPV victims/survivors</p> <p>Effectiveness of policy regulating gambling operator practices and advertising</p> <p>Ambiguity in service responses (some women taken seriously, others not)</p> <p>Lack of effective service coordination</p>	<p>Public health campaigns (gambling and DFV)</p> <p>Media reporting (DFV and gambling)</p> <p>Gender identity and inequity</p>

Situational map of elements in the perpetration by a male partner of IPV against women with a gambling problem

Individual human elements/actors	Non-human elements/actors
Women with lived experience of IPV Women who are problem gamblers Male perpetrators of violence against women Children exposed to violence against women Others exposed to violence against women (particularly parents) Formal and informal supporters Treatment and support service staff Co-habiting friends Work colleagues Having a child as a turning point—commitment, money problems, relationship problems	Gambling products, particularly EGMs Gambling venues and settings Alcohol and other drugs Mental health issues (pre- and post-violent relationship) Physical health issues (e.g. acquired brain injury)
Collective human elements/actors	Implicated/silent actors/actants
Health and counselling services DFV services Social services Gambling operators Justice system (legal, court, and prison staff) Police Child protection Financial institutions	Staff in gambling venues Bystanders to IPV (giving money) Individual health & social service staff Individual law enforcement or legal officers
Discursive construction(s) of human actors	Discursive construction of non-human actors
Stereotypes of women who experience violence Normalisation of gambling (esp. family history) Conceptualisations of problem gambling Gendered stereotypes of women gamblers (women seen as losers, selfish) Stigma and shame of problem gambling Issues of power, control, and coercion Role of gambling in the commencement, continuation, and escalation of IPV Nature, patterns and contexts of gambling-related IPV Attitudes and behaviours towards their own gambling Gender differences/inequities in relationships Society's view of marriage and of leaving the relationship "Hysterical women" trope Children need their fathers	Relationships with EGMs Use of digital technology in IPV

Political/economic elements	Sociocultural/symbolic elements
<p>Gendered differences in economic power</p> <p>Distribution of money in the relationship</p> <p>Employment/unemployment of victim/survivor and perpetrator</p> <p>Financial effects of gambling, debts, poverty</p> <p>Effect of extant laws and regulations relating to IPV (need proof of IPV—emotional, hard to prove)</p> <p>Effect of extant laws and regulations relating to gambling (accessibility, losses)</p>	<p>Masculine identity/patriarchy</p> <p>Rigid gender roles and gendered stereotypes</p> <p>Stigma of gambling (more so than IPV)</p> <p>Stigma of IPV (less than gambling in this context)</p> <p>Societal influences (gambling perceived to be harmless entertainment)</p> <p>“Winning” vs “losing”</p> <p>The institution of marriage</p> <p>Drinking culture</p> <p>Cultural background</p>
Temporal elements	Spatial elements
<p>Temporal sequence of gambling and IPV</p> <p>Escalation of gambling and IPV over time</p> <p>Cycles of gambling and of IPV</p> <p>Intergenerational cycles of abuse (DFV/gambling)</p> <p>Changes in laws and government policy (especially related to IPV—positive changes)</p> <p>Gender equality/inequality</p> <p>Change the Story (positive in raising awareness and breaking silence)</p> <p>Short-term vs long-term assistance and impacts</p>	<p>Accessibility of gambling venues and products</p> <p>Lack of safe spaces and crisis support</p> <p>Lack of recreational opportunities for women (boredom, nowhere to go and socialise if alone)</p> <p>Social isolation of women</p> <p>Access to support services</p> <p>Pathways to service use</p> <p>Barriers to help-seeking (retelling story, talking about gambling—more gambling)</p> <p>Housing/crisis accommodation</p>
Major issues/debates (usually contested)	Related discourses (historical, narrative, visual)
<p>Adequacy of legal responses to IPV</p> <p>Adequacy of responses to gambling</p>	<p>Public health campaigns (gambling and DFV)</p> <p>Media reporting (DFV and gambling)</p> <p>Gender identity and inequity</p>

Situational map of elements in the perpetration of economic abuse against women by a male partner with gambling problems

Individual human elements/actors	Non-human elements/actors
Women with lived experience of IPV Male perpetrators of violence against women Prior experience of DFV and gambling within early family Families of perpetrators Families of victim/survivor Children exposed to violence against women Formal and informal supports Treatment and support service staff Friends Backlash upon confrontation	Gambling products Gambling venues and settings Alcohol and other drugs Mental health issues (pre- and post-violent relationship) Bank accounts, mortgages, credit cards Digital devices Family assets Religion
Collective human elements/actors	Implicated/silent actors/actants
Health and treatment services Social services Gambling operators Banks Police	Staff in gambling venues Bystanders to IPV (giving money) Individual staff (health & support services) Individual staff (law enforcement and legal officers)
Discursive construction(s) of human actors	Discursive construction of non-human actors
Stereotypes of women who experience violence Conceptualisations of problem gambling Issues of power, control, and coercion Role of gambling in commencement, continuation, and escalation of domestic violence Hidden nature of gambling Stories and lies Nature, patterns and contexts of gambling-related IPV Attitudes and behaviours towards their own gambling Gender differences/inequities in relationships The “happy family” relationships Lack of self-esteem	Control of banking within the family

Political/economic elements	Sociocultural/symbolic elements
<p>Gendered differences in economic power</p> <p>Effect of laws and regulations relating to IPV (need proof of IPV)</p> <p>Effect of laws and regulations relating to gambling (accessibility, losses)</p>	<p>Masculine identity/patriarchy</p> <p>Rigid gender roles</p> <p>Stigma of gambling</p> <p>Stigma of IPV</p> <p>Shame</p> <p>Self-blame</p> <p>Cultural influences</p> <p>Societal influences (gambling perceived to be harmless entertainment)</p>
Temporal elements	Spatial elements
<p>Intergenerational cycles of abuse (DFV/gambling)</p> <p>Time to action legal orders</p>	<p>Accessibility of gambling venues and products</p> <p>Lack of finances</p> <p>Lack of accommodation</p> <p>Accessibility of support services</p> <p>Pathways to service use</p> <p>Barriers to help-seeking</p>

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