



# The dangerous combination of gambling and domestic and family violence against women

Practice guide for gambling counsellors, financial counsellors and domestic and family violence workers

**CORINNA FREYTAG**

Relationships Australia South Australia

**JAMIE LEE**

Relationships Australia South Australia

**NERILEE HING**

CQUniversity

**DAVID TULLY**

Relationships Australia South Australia

**ANROWS**

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Quotes included in this practice guide are taken from this research.

For the full research report and research to policy and practice paper, visit [www.anrows.org.au](http://www.anrows.org.au)

This practice guide is based on research which addresses National Plan Outcome 4—services meet the needs of women and their children experiencing violence—in the *National Plan to Reduce Violence against Women and their Children 2010–2022*. Consequently, this practice guide focuses on gendered violence and its relationship to gambling and financial abuse. However, the authors of this guide acknowledge violence exists in other relationships in society and we also stand against those forms of violence.

The authors of this guide are deeply grateful to a number of reviewers who provided helpful suggestions and comments on an earlier draft.

## **Acknowledgement of Country**

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

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# List of practice recommendations

## **PRACTICE KNOWLEDGE 1:**

Domestic and family violence (DFV) and problem gambling are both common and harmful public health problems. Experience of one increases a co-occurrence of the other.

## **PRACTICE SKILL 1:**

Listen carefully for signs of control, abuse and violence within the relationship as well as the potential financial and behavioural indicators of harmful gambling.

## **PRACTICE KNOWLEDGE 2:**

Be aware that most women experiencing DFV and gambling harm struggle with stigma and shame.

## **PRACTICE SKILL 2:**

Support your client with empathetic understanding of the context of DFV and gambling, and non-judgemental curiosity and assistance.

## **PRACTICE KNOWLEDGE 3:**

Build knowledge and expertise to screen all clients for key risks using effective tools or methods to ensure that all major issues impacting detrimentally on the client are known from the start.

## **PRACTICE SKILL 3:**

Carefully review the information revealed by the screening tool then collaborate with the client to formulate a constructive and comprehensive response to the full scope of challenges.

## **PRACTICE KNOWLEDGE 4:**

Be aware that gambling can function as a survival tool for some women experiencing violence and abuse.

## **PRACTICE SKILL 4:**

Explore with your client the role that gambling plays in her life and help her to assess whether her needs might be met in a way that is less harmful to her.

## **PRACTICE KNOWLEDGE 5:**

Remember that either the client's own or her partner's gambling can directly affect and be used to justify patterns of violence and abuse.

## **PRACTICE SKILL 5:**

Be curious about the role of gambling in the relationship and patterns of violence and abuse. This awareness and understanding can be very empowering for your client.

## **PRACTICE KNOWLEDGE 6:**

Watch out for signs of financial abuse and enforced dependency which often result from the combination of his gambling difficulties and abusive behaviours.

## **PRACTICE SKILL 6:**

Refer to a financial counsellor for assistance with the complex fallout of gambling difficulties and DFV on money matters.

## **PRACTICE KNOWLEDGE 7:**

Recognise the impact of DFV and gambling difficulties on the entire family system (and particularly children) and, therefore, the importance of family systemic work.

## **PRACTICE SKILL 7:**

Under careful consideration of questions of safety, include as many members of the family (especially children) as possible in the work, be that in person or through reflection upon their needs and behaviours.

## **PRACTICE KNOWLEDGE 8:**

Familiarise yourself with relevant services in your area as well as current information sharing guidelines.

## **PRACTICE SKILL 8:**

Attend local network meetings and maintain relationships with services in the area. Make warm referrals, with client consent wherever possible.

# How to use this guide

This guide has been developed to build the capacity of workers in the domestic and family violence (DFV), gambling help and financial counselling sectors in order to support women who have been affected by DFV (including economic abuse) from a male partner, where the DFV is linked to the woman's or her male partner's gambling.

The guide provides eight key practice recommendations and practice skills which can be relatively easily implemented in most practice settings at low or no cost to the service provider or client. These recommendations are also likely to provide effective responses in that they are able to look at the intersecting context of the tactics utilised in DFV and the way they relate to the gambling. The evidence for each recommendation is presented and shows how each practice recommendation was derived from a key theme. It then provides more specific considerations based on particular populations, including older women, women in rural and remote areas, Aboriginal and Torres Strait Islander women, and women from culturally and linguistically diverse backgrounds.

This resource aims to assist individual practitioners and service managers working in the DFV, gambling help and financial counselling sectors to support women affected by both DFV and gambling issues. It focuses on male partner violence against women in alignment with the research project it relates to.

Reducing gendered violence in the gambling context also requires appropriate primary, secondary and tertiary interventions by a range of stakeholders, including governments, the gambling industry, financial institutions, police, the justice system and the services sector (see Hing et al., 2020 for recommendations for service systems and other stakeholders).

This guide was prepared by CQUniversity and Relationships Australia South Australia, and reviewed by Australia's National Research Organisation for Women's Safety (ANROWS) and practitioners from gambling help, financial counselling and DFV services. It is the result of an ANROWS-funded study, *The relationship between gambling and intimate partner violence against women* (Hing et al., 2020). The study was conducted to better understand how gambling interacts with gendered drivers of violence against women. It interviewed 72 women, five men and 39 service providers about experiences of male partner violence against women where the man or woman had issues with gambling. Quotes in this guide are derived from research participants in this study. See [www.anrows.org.au](http://www.anrows.org.au) for the full report.

**THEME 1:**

## Domestic and family violence (DFV) and problem gambling— Overlapping public health concerns: DFV and experiences of gambling harm as public health concerns

Gambling and DFV are both significant public health issues. The Australian Bureau of Statistics' (2017) *2016 Personal Safety Survey* found:

- 2.2 million Australians have experienced physical or sexual violence from an intimate partner.
- 3.6 million Australians have experienced emotional abuse from an intimate partner.
- Seventeen adults are hospitalised every day due to an assault by a partner or other family member.
- One woman is killed every nine days by a partner.

The risk of DFV is even greater for women who are Aboriginal or Torres Strait Islander, young, pregnant, separating from their partner, with a disability or experiencing financial hardship (Australian Institute of Health and Welfare, 2018).

In terms of gambling harm, approximately 8 percent of Australian adults gamble at problematic levels (Armstrong & Carroll, 2015). Symptoms include:

- a need to gamble with increasing amounts of money
- preoccupation with gambling
- frustration when unable to gamble
- repeated unsuccessful efforts to control gambling
- chasing losses
- lying to conceal gambling (American Psychiatric Association, 2013).

These risks are multiplied by mental health issues, including mood, anxiety, substance and alcohol use issues, personality, and impulse control disorders—the most frequent co-occurring issues for those with gambling problems (Suomi et al., 2014). An international

### Figure 1: Prevalence of domestic, family and sexual violence

From "Personal Safety Survey 2016: Fact sheet" by Australia's National Research Organisation for Women's Safety, 2019 (<https://www.anrows.org.au/wp-content/uploads/2019/01/ANROWS-PSS2016-Fact-Sheet-HR.pdf>). CC BY-NC

## EXPERIENCES OF VIOLENCE

APPROXIMATELY



**ONE IN FOUR WOMEN**

**has experienced violence by an intimate partner\*\*** compared to one in thirteen men.



APPROXIMATELY  
**ONE IN SIX WOMEN**

**has experienced partner\* violence** since the age of 15.



**Women were more likely to have experienced violence by a previous partner\* than a current partner.**



**of women physically assaulted by a male knew the perpetrator—most commonly (41%) a former partner\*.**



Women are nearly **3 TIMES** more likely than men to have experienced violence by a partner\*

- **Almost 3% of women** (275,000) have experienced violence by a **current partner.**
- **Compared to nearly 15% of women** (1.4 million) who have experienced violence by a **previous partner.**

review found that individuals with a severe gambling problem often report at least one other lifetime psychiatric condition; there is substantial evidence for co-morbidity being the rule rather than the exception among those with a gambling disorder, and outcomes may be improved when separate treatment modalities for these disorders are offered in combination (Yakovenko & Hodgins, 2017). In Victoria:

- 40.7 percent of moderate risk gamblers and 31.3 percent of problem gamblers are at risk of alcohol abuse or clinical alcohol abuse
- 24.1 percent of moderate risk gamblers and 41.9 percent of problem gamblers have been diagnosed with depression
- 20 percent of moderate risk gamblers and 39.5 percent of problem gamblers have been diagnosed with an anxiety disorder (Hare, 2015).

Gambling is significantly gendered: problematic gambling is twice as common among men than women (Hing et al., 2016), and also has significant effects on the intimate relationships of those with gambling problems, eroding trust and increasing tension and conflict (Browne et al., 2016; Riley et al., 2018).

Gender also plays a clear role in the use of violence and abuse. Men are more likely to perpetrate violence against female partners when they hold attitudes that support gender inequality. These include having unequal and stringent gender expectations, attitudes accepting of violence, a sense of entitlement to control women and disrespect of women (Our Watch, ANROWS & VicHealth, 2015; World Health Organization, 2017). Men with an exaggerated sense of male entitlement are more likely to perpetrate violence against a female partner, control economic decisions around money and prioritise their needs above those of their female partners.

## The association between gambling and DFV

Studies show strong and consistent links between problem gambling and intimate partner violence. Where the partner managing the family's finances has a gambling problem, the risk of economic abuse is high (Centre for Innovative Justice, 2017; Lind, Kääriäinen, & Kuoppamäki, 2015).

Experiences of gambling harm do not directly or solely cause intimate partner violence. However, where gendered drivers of violence and abuse are present, gambling harm and the stress it causes greatly intensify and exacerbate violence against women (Hing et al., 2020). Hing and colleagues (2020) found that the pattern often begins with anger and arguments over gambling, followed by increased verbal and emotional abuse. As the gambling problem escalates, physical and sexual violence can also occur. This means that DFV and problem gambling are each significant public health problems in their own right, but they frequently co-occur and are, together, an even more dangerous combination.

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.

(Service provider)



It is important to remember that women do not remain passive victims when men are violent and abusive in a relationship. Women actively respond to the violence in different ways that relate to their awareness of the perpetrator's patterns of behaviour (such as monitoring his mood and employing different acts of resistance; Wade, 1997, 2007).

Seeking safety, dignity and respect is, for some women, met with escalated violence and abuse; hence, women's resistance may be carefully planned and subtle. Crucially, this may mean women use non-DFV services for issues of DFV. Two thirds of women who reported physical harm before or during separation say they used a counselling, relationship or family dispute resolution (FDR) service (Kaspiew et al., 2015). Where gambling is an issue, they also use gambling help services. In fact, clients will use around three times as many wellbeing or family law services when there is physical violence in a relationship (4.2 services compared to 1.2 services when there is no violence). Finally, those reporting physical harm before or during separation are twice as likely to use counselling, relationship or FDR services as they are to use DFV services. In short, non-DFV service providers, including gambling help services, must be skilled at responding constructively to DFV because they are highly likely to frequently see clients experiencing it.

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 "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.  
(Service provider)

Conversely, women who experience harm from their own or their partner's gambling behaviours may seek support for DFV rather than the gambling-related challenges. DFV service providers, therefore, need to be alert to indicators of these issues and be in a position to offer skilled assistance.

The aim of this resource is to enhance workers' understanding of the correlation between these two public health issues as well as provide some useful guidance on helpful responding.

### **PRACTICE KNOWLEDGE 1:**

DFV and problem gambling are both common and harmful public health problems. Experience of one increases a co-occurrence of the other.

### **PRACTICE SKILL 1:**

Listen carefully for signs of control, abuse and violence within the relationship as well as the potential financial and behavioural indicators of harmful gambling.

## THEME 2:

# The role of shame in addressing safety and gambling issues



Women experiencing DFV and gambling harm often have a sense of personal responsibility and failure and feel deeply ashamed for finding themselves in the complex and difficult situations they face (Hing et al., 2020). They often hold themselves responsible for having missed warning signs, as well as being seemingly unable to extricate themselves from the abuse. In addition, they feel guilty for the damage the context might inflict on their children. Furthermore, if it is the woman who gambles, she may perceive her own gambling behaviours, as reinforced by widespread cultural attitudes, as a wrongdoing that renders her deserving of criticism and punishment. These ideas are often actively supported by the partner using violence and abuse, who blames her by maintaining that all would be well in the relationship “if only you weren't so selfish” or “if you didn't waste all our money on going to the pub”.

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 we're doing wrong, you know, by gambling. So that's the way I would look at it.

(Woman subjected to DFV linked to her own gambling)

Practitioners need to be aware of these concerns and worries and approach clients with much sensitivity and compassion. In particular, practitioners need to find the deep curiosity and openness towards the client, her story and potential ways forward that are foundational to all counselling work. Counselling should never oversimplify a woman's predicament by perpetuating misguided ideas such as “Why doesn't she just leave him?” and “She should just stop gambling!” Leaving can be too dangerous to risk, since violence often escalates after separation (Scheffer-Lindgren & Renck, 2008; Stahly, 2000) and domestic and family violence-related homicide most frequently occurs within three months of separation (Domestic Violence Death Review Team [DVDRT], 2018). Leaving also brings innumerable and extensive losses that can be very difficult to face and manage. Counselling acknowledges this and seeks to understand the barriers to eliminating gambling harm from the woman's life in an open and non-judgemental way.

An important role of counselling is often to clarify who is responsible for each individual's behaviours. This can be helpful to female clients in understanding that the responsibility for the use of violence and abuse always exclusively lies with the person who employs these tactics. Understanding the context of gendered power relations that support tactics utilised in DFV can help women separate from feelings of self-blame. While partners have a right to raise issues they are discontent with, they never have a right to do this in violent and abusive ways. Often perpetrators will describe abusive and controlling behaviour as disagreement or conflict in an attempt to normalise and therefore disguise their behaviour. All contributors to a relationship have a responsibility to express themselves in a way that is respectful to their own needs *as well as* everyone else's.

Practitioners must also be alert to the fact that they may unintentionally be fostering experiences of shame in their client through cognitive behavioural approaches to problem gambling behaviour which aim to explore irrational beliefs about gambling. When faced with the real meaning of randomness or the realities of poker machine design, clients may feel ashamed for having fallen into the traps set by the gambling industry, while the fact that gambling can function as a refuge from DFV and offer a temporary relief from the overwhelming challenges at home goes unacknowledged.

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]”.  
(Woman subjected to DFV linked to her own gambling)

While considering the potentially highly detrimental impacts of DFV on children (ANROWS, 2018; McDonald et al., 2016; Yoo, 2012) can be helpful to women in gaining a clear understanding of the circumstances they live within, this must not be used as a means of attempting to shame and coerce mothers into leaving an abusive relationship. Instead, understanding what protective efforts she has made on the foundation of her knowledge of the patterns of abuse and violence is a more helpful way of engaging with women in a collaborative partnership.

New insights into their situation empower many women to find hope and develop a different vision for their future. Counsellors can be instrumental in clarifying not only clients' hopes and dreams for their lives, but also the formulation of concrete plans and steps towards their goals at a client-directed pace. In other words, women must not leave sessions feeling like they will be a failure unless they leave the abusive relationship at short notice; instead, sessions must be used for meaning-making and planning for change at a pace that is safe and achievable for the client. The emotional and instrumental support in the form of information, connection and experience can be vital in forging a way forward for women who have been subjected to oppressive practices.

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.  
(Women subjected to DFV linked to her own gambling)

Therefore, it is imperative for practitioners to empathise with the many facets of the client’s situation and the shame that is often associated with the struggle to resolve interdependent and complex issues. Practitioners can be helpful by:

- normalising a lack of “easy answers”. Counsellors can acknowledge that identifying a constructive way forward is often very difficult when children’s needs, financial parameters and personal challenges—such as experiences of gambling harm, safety issues, housing challenges—have to be considered
- empathising with feelings of shame and supporting the client to review the judgements they have placed on themselves by understanding the tactics that they have been subjected to that internalise blame by perpetrators
- clarifying the role that gambling plays in this client’s life and exploring alternative, less burdensome ways of meeting valid and important needs
- validating women experiencing DFV as mothers who work hard to try and be the best mothers they can
- exploring options to plan and prepare for change at a client-directed pace.

**PRACTICE KNOWLEDGE 2:**

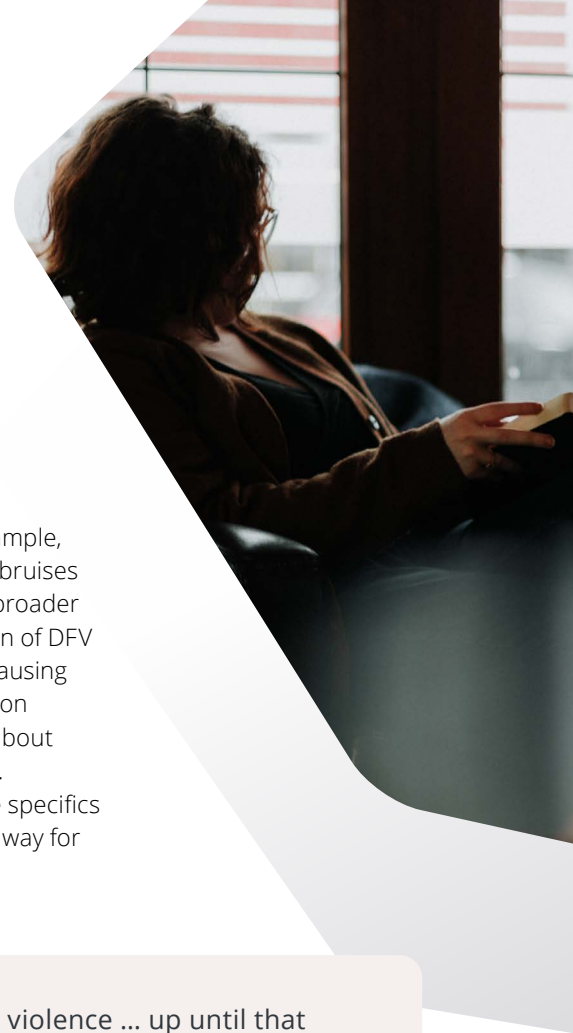
Be aware that most women experiencing DFV and gambling harm struggle with stigma and shame.

**PRACTICE SKILL 2:**

Support your client with empathetic understanding of the context of DFV and gambling, and non-judgemental curiosity and assistance.

### THEME 3:

# Screening to identify risks



Many clients come to services with risk but without a name for the risks. For example, community surveys show people are mostly aware that an assault which leaves bruises constitutes violence (Webster et al., 2018), but they may not see as abusive the broader range of intimidating and controlling behaviours that also fall under the definition of DFV (including punching holes into walls, sexual coercion and financial deprivation, causing social isolation, and incessant shaming and demeaning). Equally, the normalisation of gambling in Australian culture (Thomas et al., 2018) may mean any concerns about gambling reaching problem levels are dismissed or minimised in the community. Consequently, clients may not name the risks unless practitioners ask about the specifics of risk and risky behaviours. Structured risk screening tools provide an effective way for practitioners to do this (Ballard et al., 2011) and to give a name to a risk.

It was the counsellor that first suggested that it was domestic violence ... up until that point, I just couldn't accept it, or couldn't really believe it ... It was a real shock to realise that I was experiencing domestic violence and ... that escalated when I tried to end the relationship.

... And it was at the point where I realised that I didn't want to be in that situation anymore ... It was a really pivotal moment that we reached where I was able to make that decision that I had some power and I could make some choices ...  
(Woman subjected to DFV linked to her male partner's gambling)

However, practitioners must make a trade-off in using risk screens: to be a screen, it must be short and practical to use, but it must also be thorough enough to cover the range of ways that risk (especially for gambling and DFV) may manifest, and to identify which clients need more detailed risk assessment. Finally, risk screen questions should also purposefully ask about DFV from a number of perspectives just as robust risk assessments do (Toivonen & Backhouse, 2018).

The DOOR 1 risk screen used at Relationships Australia South Australia (RASA) is an example of a validated risk screening measure (McIntosh, 2011). This tool is part of the Detection of Overall Risk Screen (DOORS) framework (McIntosh & Ralfs, 2012), an evidence-based universal screening framework for keeping families safe (Wells et al., 2018).<sup>1</sup> DOOR 1 takes clients 15 minutes to complete by tablet or paper and covers around 100 risk items. The questions in DOOR 1 cover:

- victim's/survivor's emotional state (e.g. "have you felt very anxious/fearful")
- her felt sense of safety (e.g. "are you now in any way afraid for your own safety")
- some common euphemisms (e.g. "had angry disagreements", "partner behaved in a way that's out of character/unusual for them")
- specific behaviours indicating risk (e.g. "partner/ex-partner has followed you or watched you; tried to control you, control your money, where you went etc.")

<sup>1</sup> Tools are available free of charge at <https://www.familydoors.com>

- some circular questions (e.g. “is anyone else worried about your safety; have your children heard or seen very angry disagreements or violence in the home; have the police been called because of your partner’s/ex-partner’s behaviour”).

For perpetration risks, the phrasing is in terms of “your behaviour” or “would your partner say you have done these things”. Phrasing the DFV questions through different lenses means practitioners can tune in to the different ways that violence and abuse are transacted in relationships.

The alcohol, drug and gambling screening questions which could be used in DFV services (taken from DOOR 1, McIntosh, 2011, as adapted from Brown et al., 2001) could be: “In the past year, for whatever reason:

1. Have you gambled more than you meant to?
2. Have you felt you wanted or needed to cut down on your gambling?
3. Is anyone else worried about your gambling these days?”

For those in a relationship, an opening about gambling could be: “In the past year, have you been worried about the gambling habits of your partner?”

A client who answers “yes” to any of these questions at screening then gives the practitioner permission to open up a conversation about risk and—if necessary—risk assessment and safety planning. There is a simple follow-up question available: “This screen says you felt like you wanted or needed to cut down on your gambling in the last year. Tell me more about wanting or needing to cut down on your gambling.” Practitioners then do further elaboration and risk assessment, and safety response planning as necessary.<sup>2</sup>

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 [domestic violence].  
(Service provider)

Using structured screening tools such as DOOR 1 can increase detection of DFV and gambling risks when practitioners inquire *sensitively* about risk. This entails clients being able to answer questions individually and privately, with a clear commitment to a proactive and constructive response to each client who discloses risk (Schacht et al., 2009). Without individual privacy or a commitment to act, practitioners may leave clients in danger when they do not feel safe to truthfully reflect their experience. Women may also be placed at additional risk of abuse and violence if the violent partner becomes aware of disclosures.

Being asked risk questions individually and privately is essential even if clients present as a couple or a family. To put it another way, couples or families who arrive for appointments together must be given separate individual time for both: 1) participating in screening for

2. See ANROWS’s *National Risk Assessment Principles* (Toivonen & Backhouse, 2018) that set out the qualities of sound risk assessment at <https://www.anrows.org.au/research-program/national-risk-assessment-principles/>

risks; and 2) talking with their practitioner to elaborate on any possible risks. This provides an opportunity for women to disclose safety fears without a partner or other family member present. It also allows practitioners to agree with the client privately how they can subsequently contact the client or book further individual appointments if needed for further risk assessment or safety planning.

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.  
(Service provider)

It falls to practitioners to ensure that disclosed risks receive a constructive and respectful response. Hing et al. (2020) found that this did not always take place when issues flagged by clients were not considered by practitioners to be core to the primary mandate of their service. While some practitioners can respond directly to the DFV and gambling harm within their service, others can still provide a constructive response by ensuring clients follow through on referrals to appropriate services. Doing this also shows a practitioner's commitment to respect, duty of care and joined-up services. In any case, Hing et al. (2020) found workers can be instrumental in guiding their clients to better understand what is happening to them, which is foundational to formulating an appropriate response.

We talked about DV, and he really spelt out, you know, the power, control, we went through all that, about what DV is, what the forms are ... physical, emotional, sexual, financial ... and all of those applied to me, just about ... we did an escape plan. We wrote out, on three or four pages, what I had to do, step by step, to feel safe, and to know that I could go to a refuge, or somewhere else, but yeah, that really gave me hope and confidence, and some faith that I might get out of there okay.  
(Woman subjected to DFV linked to her own gambling)

Another key element for practitioners to note in doing sensitive screening is that all clients are asked the same questions; namely, it is truly *universal* screening. The universal approach means all clients in all kinds of relationships are within scope (see Toivonen & Backhouse, 2018), and it is obvious to all clients that all clients are asked. Asking all clients minimises any particular client feeling singled out as being "vulnerable" or feeling scrutinised as "risky", and hence can reassure clients who might otherwise feel shame about gambling or DFV. Finally, practitioners must keep in mind that risks are dynamic and may change due to internal factors, such as becoming safe enough to disclose to a

practitioner, or external factors such as a new pregnancy or separation. Therefore, clients may need re-screening where circumstances change (Toivonen & Backhouse, 2018).

To demonstrate the importance of a broad risk screen, RASA analysed a sample of RASA Gambling Help Service and Financial Counselling service data. Clients' self-reported risks when seeking help for gambling-related problems (either their own or a partner's) were reviewed. As shown in Appendix A, significant levels of co-occurring risks in mental health and DFV for partners, ex-partners and children were detected. In particular, one in 10 Gambling Help Service clients was currently suicidal as was one in seven women in Financial Counselling. The gendered nature of violence and abuse in relationships was also confirmed in Gambling Help Service and Financial Counselling data, with many more women than men feeling afraid in relationships or needing criminal justice intervention because of a partner or former partner; more men than women said they had criminal justice action against them for their own behaviour towards a partner or former partner. The risk to women was more common in financial counselling than gambling counselling. This confirms a large Australian population survey finding that 16 percent of women generally will face financial abuse but that this rises to almost 90 percent among those affected by DFV (Kutin et al., 2017).

**PRACTICE KNOWLEDGE 3:**

Build knowledge and expertise to screen all clients for key risks using effective tools or methods to ensure that all major issues impacting detrimentally on the client are known from the start.

**PRACTICE SKILL 3:**

Carefully review the information revealed by the screening tool then collaborate with the client to formulate a constructive and comprehensive response to the full scope of challenges.



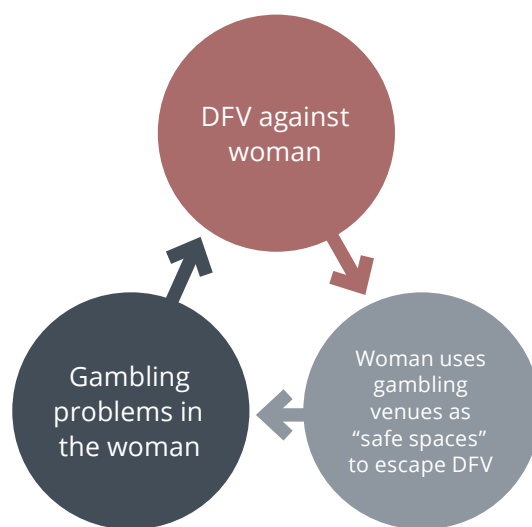
THEME 4:

# Gambling as an escape and survival tool

For some women, gambling problems start when they seek respite from their partner's violence by playing poker machines as an escape and an attempt to retain a sense of dignity. The male partner may use the gambling losses and absences from home to justify his violence. This can result in escalating violence which in turn prompts women to increasingly seek refuge in venues, compounding their gambling problem, with the partner then responding with more violence. These women find themselves in a relentless cycle of gambling and abuse as shown in Figure 2 (Hing et al., 2020). Gendered drivers of DFV, such as a man's sense of entitlement and control over his female partner, provide the context for this cycle.

Like other addictions, harmful gambling may persist in spite of the damage it inflicts upon people's lives and can be understood to be a means of coping while other means of doing so remain out of reach (Fisher, 2007; Simon & Docket, 2017). Therefore, women can use gambling as a means of surviving violent and abusive relationships. Poker machines are very effective at distracting from anxiety and stress (Thomas et al., 2011) and women often experience venues as places where they can safely relax, without being at risk of having to deal with unsolicited advances by men as they might in restaurants and bars (Thomas et al., 2009). Alternatively, or additionally, they might see gambling as their only hope of coming by the financial means of liberating themselves from a destructive relationship.

**Figure 2:**  
The cycle of abuse linked to the woman's gambling



Context: Gendered drivers of domestic and family

I could see that it [DFV] 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 DFV] and then I seem to find myself in the comfort of a poker machine room.  
(Woman subjected to DFV who used gambling venues as a physical and emotional escape)

In order to assist women to successfully move towards a more financially and otherwise empowered life, it is essential to understand the role gambling plays in her life. It might not be feasible for a woman to give up gambling until she has gained greater levels of safety and has had an opportunity to expand her coping skills through means other than gambling. It is not helpful or advisable to seek to encourage a client to surrender a survival tool until the person is in a position to replace it with another that does not come with the harms gambling entails for them. Counselling, therefore, needs to seek to expand the client's coping capacity through the building of, for example, mindfulness-based skills and social support-seeking competencies.

**PRACTICE KNOWLEDGE 4:**

Be aware that gambling can function as a survival tool for some women experiencing violence and abuse.

**PRACTICE SKILL 4:**

Explore with your client the role that gambling plays in her life and help her to assess whether her needs might be met in a way that is less harmful to her.



## THEME 5:

# Weaponising gambling and legitimising violence

A woman's gambling can be seen as a justification by her abuser for the use of violence (Hing et al., 2020). This represents an often particularly insidious form of abuse as it can play into her sense of guilt and shame about her gambling. Abusers can use a woman's gambling against her by accusing her of not conforming with gendered ideas of how women "should behave" ("You are selfish and waste money on your enjoyment rather than spending it on your children" or "You hang around in pubs and neglect your family") and use this as "justification" for their control, or verbal and emotional belittling ("You only care about yourself" or "You are a useless mother"). These dynamics can make it particularly hard for women to view the abuse objectively and take a compassionate stance towards themselves and their experiences of gambling harm. Practitioners should be aware and alert to signs of self-blame due to the partner's shaming and demeaning, and respond to these through clarifying the power relationship that underpins shaming and assisting clients to elevate attitudes that clarify responsibilities for abusive actions.

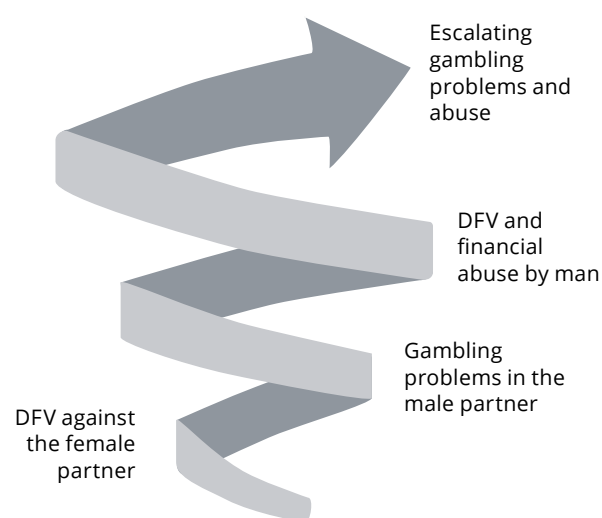
He knew that I'd spent my last money on that [pokies], and I've gone to pick my stuff up ... So, I went to say to him, "Can you hand me my bags?" He kept saying, "Come closer" ... so I've gone closer. Anyway, he fractured my eye socket, covered my mouth, and dragged me like a ragdoll ... It was like 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".

(Women subjected to DFV linked to her own gambling)

Gambling can also become weaponised when a man uses violence in the context of his own gambling problem. The perpetrator's problematic gambling behaviours can become an additional burden for the woman experiencing DFV in a range of ways. Many women report that their partner was abusive and controlling before his gambling became problematic, but both his violence and gambling escalated over time, along with financial abuse (Hing et al., 2020), as shown in Figure 3. Within this longer term pattern, his violence typically cycles through shorter term phases linked to gambling activities, involving tension building before gambling and violent abuse after losses. Gendered drivers of DFV provide the context for this violence.

Male partners commonly respond with violence if the woman questions the gambling or his use of household finances for gambling. The dominant discourse—"men work hardest and their needs come first"—provides the context for perpetrators to "justify" this violence. The use of violence is denied as a consequence of unmanaged emotional outbursts

**Figure 3:**  
Escalating spiral of the man's gambling problems and abuse



Context: Gendered drivers of domestic and family violence (DFV)

after his gambling losses and is instead framed to be a reasonable response to her lack of respect towards gender roles and his “righteous” needs. The feelings of frustration and anger are diverted onto the woman, who in some way is held responsible for the gambler’s misfortune, to reinforce his sense of power or control. This puts the woman on tenterhooks and has her anxiously monitoring his frame of mind as he returns home from the venue or emerges from an online gambling session.

Every time he lost a race, or lost his temper, his anger would actually escalate, like it was ... my fault ... It was like he was descending into madness and becoming more and more angrier and more detached ... That was actually the most frightening thing, I think about him, the fact that it was always my fault, always my fault ... He tried to throw me out of a moving car one day when he lost a race ... he lost his temper, and he started banging the steering wheel in frustration ... So, every time he lost a race, every time he had a bad day, a bad day of losses was always a bad day for us, and it was always mum’s fault. (Woman subjected to DFV linked to her male partner’s gambling)

**PRACTICE KNOWLEDGE 5:**

Remember that either the client’s own or her partner’s gambling can directly affect and be used to justify patterns of violence and abuse.

**PRACTICE SKILL 5:**

Be curious about the role of gambling in the relationship and patterns of violence and abuse. This awareness and understanding can be very empowering for your client.

## THEME 6:

# Financial abuse, gambling losses and creating dependency

Men with gambling difficulties may control a partner's and their family's financial resources to fund their gambling, and often use threats and violence to force the woman into providing money for gambling, regardless of the family's needs. Women report that their partner:

- stole from them
- re-mortgaged the house without their permission
- acquired joint debt without their permission
- spent money earmarked for rent, groceries and bills on gambling
- tricked them into giving them money
- spent all their income on gambling
- severely limited the woman's access to household money (Hing et al., 2020).

**"In terms of the ... male gambler putting the woman on accounts, taking out loans ... [with] the woman's name on them. Or borrowing against the mortgage that has the woman's name on it, for gambling ... I mean this has happened countless times."**  
(Service provider)

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.  
(Service provider)

Many women experience serious financial deprivation, undermining their ability to leave the abusive relationship. In effect, they are forced into a dependency that keeps them stuck.

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].  
(Woman subjected to DFV linked to her male partner's gambling)

Financial counsellors and others with access to clients' financial records are in a unique position to notice indicators of DFV and gambling harm that others might not be able to see. In the first instance, bank statements reveal gambling harm through repeated

withdrawals at gambling venues or payments to gambling websites. Financial records can also provide clues for financial abuse when money is made inaccessible to the woman. In addition, a financial counsellor might notice that the woman appears anxious about money, mentions that she needs to provide evidence of how she used it, talks about being on an allowance, or pays for a service partly in cash and partly on a credit card. She might be hesitant to address financial issues for fear of his reactions.

Financial counsellors can also often make an invaluable contribution to reducing the financial abuse and harm experienced by women. They can do this by discussing ways in which financial means can be hidden and protected from perpetrators, advocating for women with their financial institutions with the purpose of protecting them from their partner's fraudulent activities aimed at funding their gambling behaviours, and potentially limiting the abuser's access to financial means.

In summary, financial counsellors can greatly alleviate the complex monetary challenges often associated with DFV and gambling issues in a range of ways:

- Financial counsellors can support their female clients experiencing abuse to gain as much insight as possible into their financial situation, and create a realistic evaluation of their partner's financial management capacity and understanding of how family income and assets are being handled.
- They can assist their clients in recognising emotional manipulation and ways of gaining and maintaining financial control.
- They can help clients to assess options of safeguarding savings and assets in order to avoid potential dramatic consequences of gambling, including eviction and homelessness.
- Financial counsellors play an integral role in advocating on their clients' behalf regarding debts that a problem gambler/perpetrator of DFV may have accumulated under the client's name.
- Financial counsellors have knowledge of how survivors of DFV can gain access to financial support for home furniture, rent and bond payments following the impacts of financial abuse.

The financial implications of DFV can be extremely challenging and quite overwhelming in and of themselves for survivors of DFV. Financial counsellors can thus play an invaluable role in helping women rebalance and stabilise their situations sufficiently to empower them to then address other challenges they face.

### **PRACTICE KNOWLEDGE 6:**

Watch out for signs of financial abuse and dependency which often result from the combination of his gambling difficulties and abusive behaviours.

### **PRACTICE SKILL 6:**

Refer to a financial counsellor for assistance with the complex fallout of gambling difficulties and DFV on money matters.

## THEME 7:

# Thinking about systems and safety

Women and children can be in significant danger in abusive and violent relationships, just as gambling harm detrimentally affects entire family systems (Rodda et al., 2013; von Doussa et al., 2017). Workers must consider questions of safety at all times, including whether couples counselling is appropriate under current circumstances. A focus on “relationship issues” rather than prioritising the end of the use of violence and abuse means that perpetrator patterns of behaviour can get lost in discussions of shared “issues” of communication or improving the woman’s relationship skills. This inappropriately allocates the responsibility for the perpetrator’s abuse onto the woman.

We went a few times [to the counsellor in separate sessions], and at one stage he [partner] stormed out of there. Abusive. This counsellor must have hit a spot ... I knew that she’d hit something, triggered something in him. He walked out, and I’ll just use the words he used, because the swearing goes with it. “I’m never fucking coming back to this place again! How dare they speak to me like that?” And they’re just looking at him, and he said, “Fuck this place”. Rah rah rah, stamping. There was a look of thunder on his face, and I thought, “Oh, wow”. I’m thinking, “Wow, what have I got to drive home with?”  
(Woman subjected to DFV linked to her male partner’s gambling)

It is essential to check for risks with each client. One of the many benefits of written screening prior to the first session is that it is done individually and privately. This enables clients who would not be able to speak out in front of their partners to flag concerns. If it is not standard practice for the service to see couples individually initially, the counsellor can request individual conversations in response to screening disclosures and normalise this as “standard procedure” in order to avoid creating suspicion in the abusive partner.

For reasons such as safety, time and willingness, the needs of the entire family can be brought into the counselling process even if family members are not physically present. Practitioners should hone parents’ sensitivity towards the impacts of family issues on their children, and help parents to better understand children’s behaviour through a trauma-informed lens and engage with their children in a way that builds or restores relationships and seeks to resolve harm.

The respectful and skilful work with users of violence and abuse represents a capacity that every worker should pursue and foster through ongoing professional development. Holding fathers to high parenting standards and always stressing the crucial role they play in the development of their child/ren are critical elements of DFV-proficient practice. For ANROWS guidelines relevant to this topic please refer to the *Practice guide: Invisible practices—Working with fathers who use violence* (Healey et al., 2018).



**PRACTICE KNOWLEDGE 7:**

Recognise the impact of DFV and gambling difficulties on the entire family system and, therefore, the importance of systemic work.

**PRACTICE SKILL 7:**

Under careful consideration of questions of safety, include as many members of the family as possible in the work, be that in person or through reflection upon their needs and behaviours.







THEME 8:

# Making referrals

Clients experiencing both gambling harm and DFV often find themselves in very complex and challenging situations in which they can greatly benefit from input from a range of service providers. The most obvious example is the aforementioned invaluable contribution financial counsellors can often make in helping clients better manage detrimental effects on their finances.

All workers should be in a position to make appropriate referrals to ensure that clients can access the full range of support needed. They, therefore, need to have sound knowledge of relevant services in their region and maintain relationships with other agencies and networks in order to be able to facilitate timely and, ideally, warm referrals.

[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.  
(Service provider)

Of course, referral processes must respect the client's wishes and right to confidentiality. Where possible, clients should be given the opportunity to provide informed and written consent to their information being passed on to third parties, unless safety issues, in line with current state or territory information sharing legislation, are deemed to override this right. In instances of high risk and danger, the sharing of information without client consent can become necessary. Workers, therefore, need to be familiar with the most recent iterations of information sharing guidelines.

Beyond the referral process, it can often be very helpful to collaborate with other service providers involved in supporting the client. This can not only optimise how the client is assisted by clarifying each contributor's role and responsibilities, but can also ensure that every aspect of the client's needs are covered and work is not unnecessarily duplicated.

Just more of an awareness of gambling and DV and how they are linked I think are really, really important. So, a lot of the work that we do ... in the community, and in relation to DV, is just increasing awareness of gambling as an issue, because a lot of people don't have it on their radar. So, if you're doing an intake for a mental health assessment, most people don't ask about gambling ... even Corrections don't ask about gambling.  
(Service provider)

**PRACTICE KNOWLEDGE 8:**

Familiarise yourself with relevant services in your area as well as current information sharing guidelines.

**PRACTICE SKILL 8:**

Attend local network meetings and maintain relationships with services in the area. Make warm referrals, with client consent wherever possible.



# Considerations when working with specific populations

Some cohorts of women face intersectional challenges that give rise to particular issues workers need to be sensitive to.

## Older women

Many older women face particularly high levels of loneliness and isolation. This can mean less access to formal and informal support and help should they decide or wish to leave an abusive or violent relationship. The late stage of life also reduces or eliminates chances of rebuilding financial independence, which can further hinder their ability to remove themselves from a problematic relationship.

Dementia in its many forms is an escalating issue in society. Some older clients report abuse arising from aggressive behaviours that result from the personality changes dementia can cause.

[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.  
(Service provider)

The transition into retirement is a period that can render older people particularly vulnerable to gambling harm. Many older women say that gambling venues are places they feel they can attend on their own and in safety. Going to a gambling venue might be their only opportunity to get among people and feel like "they have a life". The gambling challenges can then become a further justification by perpetrators for their use of abuse and financial control.

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.  
(Service provider)

## Women in rural and remote areas

Women in rural and remote areas might be very isolated and/or have less access to services. The full portfolio of specialised and specifically trained service providers in DFV, gambling and financial counselling is not available in many rural and remote areas of Australia. These issues also mean that less assistance is available for the violent and abusive partner, even when women have taken steps to seek help.

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.

(Service provider)

Stigma and shame often play a particularly influential role in small communities. Women might fear walking into a service for fear of being seen doing so or might even not be willing to seek help because of social connections to employees of agencies.

## Aboriginal and Torres Strait Islander women

Service providers must address broader issues when working with Aboriginal and Torres Strait women and be mindful of the social, emotional, spiritual and economic trauma inflicted by colonisation and the ongoing effects of racism. Some Aboriginal and Torres Strait Islander clients may not wish to access mainstream services as they may not be perceived as culturally safe. Others might find the structures of mainstream service provision acceptable if cultural competence and an understanding of the impacts of racism are evident. The key is service responsiveness and service providers need to be prepared to be more flexible in their approach, both in terms of going to clients rather than expecting clients to come to them, and in terms of time frames and appointment length. The offering of groups can also be more helpful than individual sessions.

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.

(Service provider)

Culturally appropriate service provision often entails paying respect to and consulting with local Elders on how their community might best be served as well as refraining from undertaking interventions without their approval and support. All initiatives should be

driven by the community itself and based on their evaluation of both the issues and what might be useful in addressing them.

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.  
(Service provider)

In Aboriginal and Torres Strait Islander communities an assumption of alcohol and other drug (AOD) misuse can result in overlooking factors such as harmful gambling as contributing to the perpetration of violence and abuse.

So, when police arrive at a domestic violence [incident] usually alcohol gets the blame ... [or an argument over] 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 domestic violence are not funded to talk about gambling or screen gambling.  
(Service provider)

Aboriginal and Torres Strait Islander women are often very wary of reporting difficulties in their families for fear of incarceration of men and the terror that their children will be taken away. Given the dramatic over-representation of Aboriginal and Torres Strait Islander men in Australia's prisons (ABS, 2018) and the vastly disproportionate rate of Aboriginal and Torres Strait Islander children in care (AIFS, 2018), their fears must be understood as entirely reasonable. Responses, therefore, require particular sensitivity to these realities as well as exceptional attention to being trustworthy and respecting the client's right to confidentiality.

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.  
(Service provider)

## Women from culturally and linguistically diverse backgrounds

Clients from culturally and linguistically diverse (CALD) backgrounds represent another population group that is at above average risk of DFV and gambling harm as a result of, for example, upheaval linked to their migration, possible experiences of refugee-related torture and trauma, challenges associated with building a new life in a different culture and the grief and loss related to having left their home countries (Dickens & Thomas, 2016; Tayton et al., 2014). When working with clients whose English language skills are limited, access to services should be aided by offering the use of interpreters and honing one's skills in working skilfully with interpreters.

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.  
(Service provider)

In addition, workers need to be aware of differences in cultural attitudes both to gambling as well as to DFV. For example, gambling might be forbidden in some cultures and therefore be associated with particularly high levels of shame and stigma that make discussing and addressing the issue even more challenging. Various forms of what is defined as abuse and violence in Australia might be regarded as entirely within the rights of husbands in other cultures. Men who hail from such contexts often benefit from sensitively and compassionately delivered education on the local cultural and legal frameworks.

# Useful services

**1800RESPECT on 1800 737 732 or [www.1800respect.org.au](http://www.1800respect.org.au)**

This is a free and confidential help service that operates 24 hours a day, 7 days a week to support people impacted by sexual assault, domestic or family violence and abuse.

**MensLine on 1300 789 978 or [www.mensline.org.au](http://www.mensline.org.au)**

This is a free telephone and online counselling service for men with family and relationship concerns. They operate 24 hours a day, 7 days a week.

**Gambler's Help on 1800 858 858 and [www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au)**

These are free and confidential telephone and online help services that operate 24 hours a day, 7 days a week.

**Lifeline on 13 11 14 or [www.lifeline.org.au](http://www.lifeline.org.au)**

This is a free and confidential national service which provides persons experiencing crisis with access to 24-hour crisis support and suicide prevention services.

**National Debt Helpline on 1800 007 007 or [www.ndh.org.au](http://www.ndh.org.au)**

This is a free and confidential service offering financial counselling. The 1800 helpline is available from 9:30 am to 4:30 pm Monday to Friday.

**Men's Referral Service on 1300 766 491 or [www.ntv.org.au/get-help/](http://www.ntv.org.au/get-help/)**

This service provides advice for men about family violence.



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## APPENDIX A:

## Relationships Australia South Australia service data on risks in gambling or gambling-related services (April 2018–June 2019)

	Gambling help service		Financial counselling service	
	Women (n=126)	Men (n=160)	Women (n=26)	Men (n=29)
Recently seen a GP for a mental health issue <sup>a</sup>	47.6%	49.4%	69.2%	62.1%
Previously thought of suicide	33.1%	37.3%	34.6%	32.0%
Currently thinking of suicide	9.6%	9.8%	15.4%	3.8%
Partner's/ex-partner's unsafe behaviour resulted in police or criminal justice involvement	14.6%	8.7%	36.4%	13.6%
Previously afraid of a partner or former partner (in past year)	21.5%	7.7%	28.6%	9.1%
Currently afraid of a partner or former partner	6.2%	4.7%	19.0%	13.6%
Own unsafe behaviour had resulted in police or criminal justice involvement	10.8%	11.8%	11.5%	14.8%
Infants or pre-school children had seen very angry disagreements in the home	47.1%	18.2%	- <sup>b</sup>	-
School-aged children had seen very angry disagreements in the home	50.0%	29.6%	36.4%	-

Notes:

<sup>a</sup> Items are taken from DOOR 1 risk screening tool (McIntosh, 2011).

<sup>b</sup> - indicates numbers analysed in the cell are unreliable, that is, less than 10.

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The logo for ANROWS, featuring the letters 'ANROWS' in a bold, black, serif font. A small, thin, gold-colored diagonal line is positioned between the 'O' and 'W'.

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