

6. Results

This section presents the results for problem gamblers, loved ones and service providers in graphs. For easy interpretation and comparisons of data, the results of questions asked to more than one segment have been presented in the same graph or table.

The questions put to each group are presented before the results. Questions have been combined where appropriate. The wording is therefore not exact for each segment and can be found in Appendix 1.

A range of higher statistical analyses included: chi square analysis; independent sample t-tests and multiple regression analysis. Commentary on each statistical test can be found below each graph or table. A simplified explanation of these quantitative tests is provided below.

Throughout the results section, comparisons were made between problem gamblers who were currently seeking treatment (42 per cent) and those who were not currently seeking treatment from a problem gambling service provider (58 per cent). This was considered an important comparison to be made in light of the strategic aims of the project. Where notable differences occur between these groups, comparisons are made following the presentation of relevant results.

Gender differences are described in writing rather than graphically to minimise the number of graphs. Where no gender differences are highlighted, this indicates sample sizes within cells were too small upon which to base analysis of differences. Tests for statistically significant differences between genders were run for every applicable question. Statistically significant differences are noted in the text.

Statistically significant differences

Non-parametric statistics including cross-tabulation (or chi-square statistic) and Mann-Whitney U tests are common methods of describing whether relationships exist between two or more variables within one group; i.e. it allows us to statistically test whether the differences we note in the sample are genuine differences or simply chance occurrences.

An independent-samples t-test investigates whether there is a similar relationship between groups.

In this study, non-parametric analyses were used to assess relationships *within* each group (i.e. problem gamblers, loved ones and service providers) and independent samples t-tests were used to assess relationships *between* groups.

Relationships are said to be statistically significant if the P value (chi-square statistic, Mann-Whitney U or t-value) is less than the chosen significance level. For example, if .05 (5 per cent) is selected as that level, a P value less than .05 implies that there is a relationship between the two variables that have been cross-tabulated.

The results also indicate where higher analyses were run, that were not found to be significant, if this was appropriate to the discussion of differences.

Multiple regression

Multiple regression is a statistical method used to explore relationships, inter-relationships and ability for scores on one variable to predict scores on another. Multiple regression is based on correlations but is a more comprehensive analysis of trends and inter-relationships.

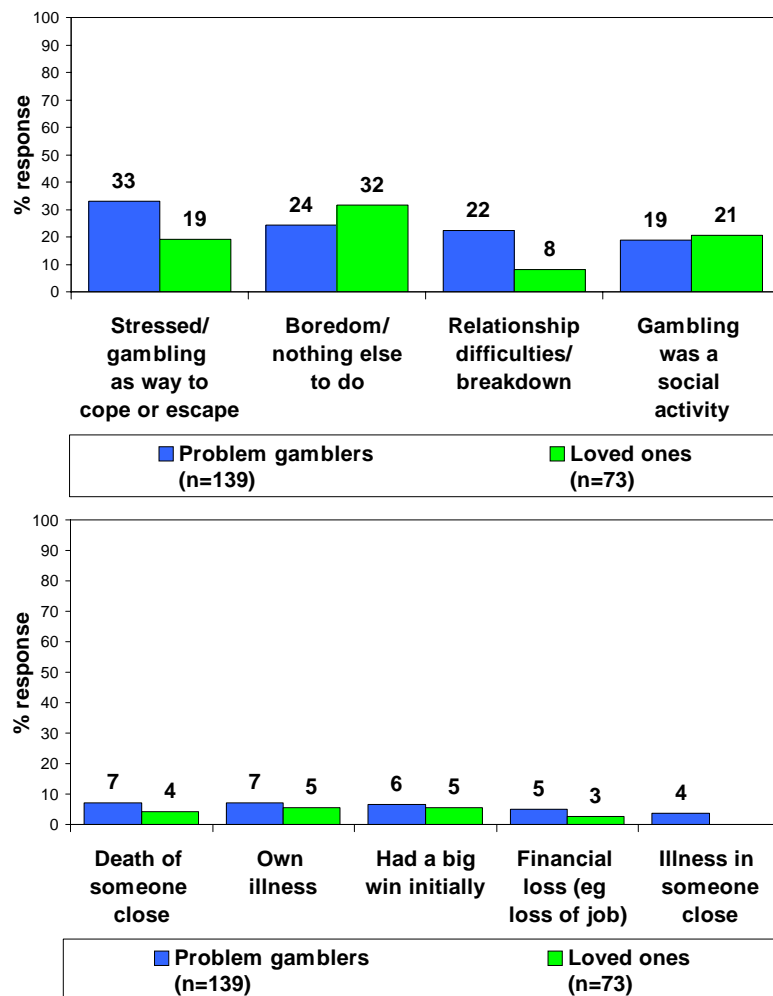
One major application of multiple regression in this study was to determine which variables best predict scores on outcome variables, e.g. satisfaction with service provision.

Statistical significance tests within regressions are used to show if there is a significant difference between scores on one variable based on scores on another variable, for example, if satisfaction with one aspect of service provision predicts levels of overall satisfaction. This can be used to determine areas that are of utmost importance in strategy development as they have the greatest impact upon outcomes such as satisfaction with, and effectiveness of, services.

To determine the best predictors of satisfaction with the problem gambling treatment received overall (the dependent variable) all other relevant attributes from the questionnaire (the independent variables) were included in the regression analysis. The results of the analysis illustrate which attributes of all the independent variables rated, are most highly correlated with the service received overall.

6.1 The development of problem gambling behaviour

What factors in your/your loved one's life do you think played a major part in the development of your/your partner's problem gambling? (Problem gamblers and loved ones) [Unprompted, multiple-response question¹]



¹ Question format varied with an open (or unprompted) question asked of problem gamblers and loved ones and a fixed choice (or prompted) question asked of service providers.

A comparison between those problem gamblers who were currently seeking treatment (n=60) and those who were not shows that a higher proportion of those who were not currently seeking treatment (n=82) cited 'boredom/nothing else to do' as a major factor in the development of problem gambling behaviour (29 per cent), compared to those that were currently seeking treatment (17 per cent). These differences were not statistically significant.

Gender differences

Problem gamblers

A higher proportion of females (40 per cent) than males (22 per cent) rated stress as playing a major part in the development of their gambling problem and that gambling was a way to cope or escape. This was a statistically significant difference. No other gender differences were highlighted among problem gamblers for these responses.

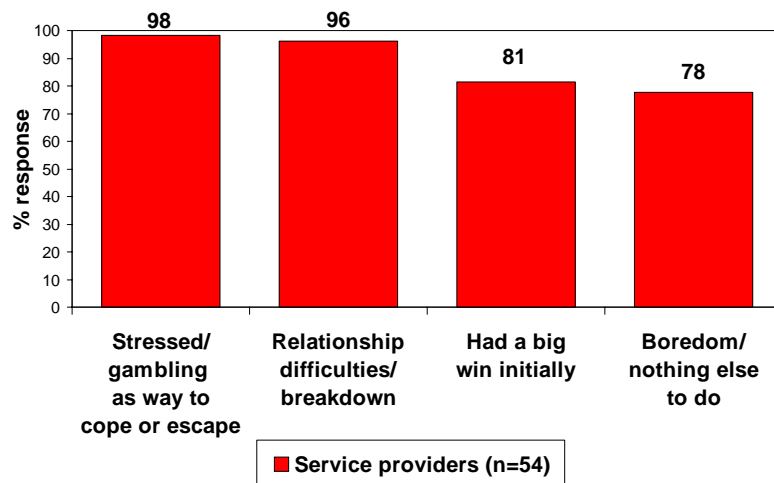
Loved ones

The only factor for loved ones showing gender differences in significant proportions was 'boredom/nothing else to do'; 45 per cent of males and 26 per cent of females listed this as a contributing factor in the development of gambling problems.

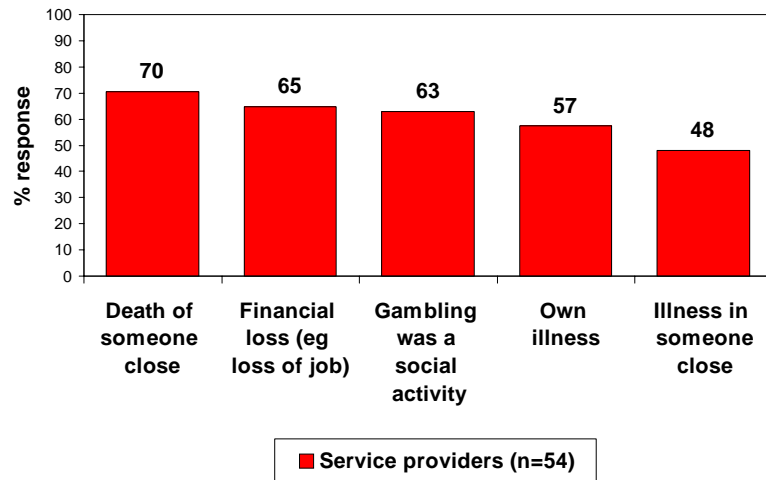
Service providers

Service providers were asked 'What percentage of your clients, do you estimate present with a problem for each of the following?', a prompted question² in a different format to that asked of problem gamblers and loved ones, so results should not be directly compared. Service providers were asked.

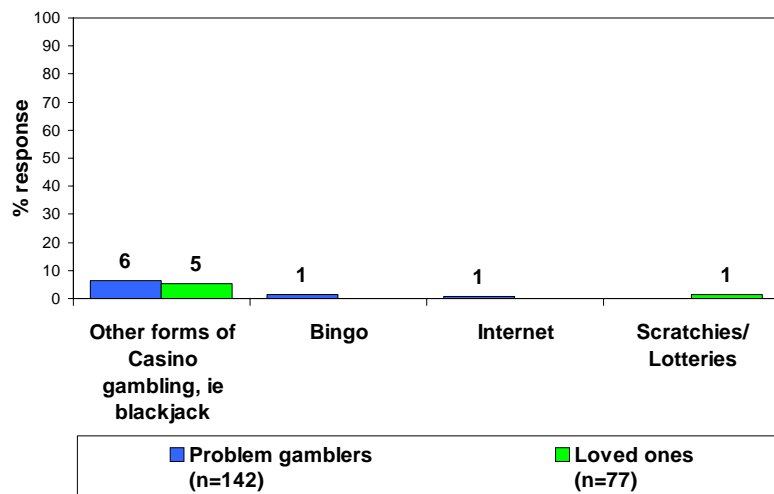
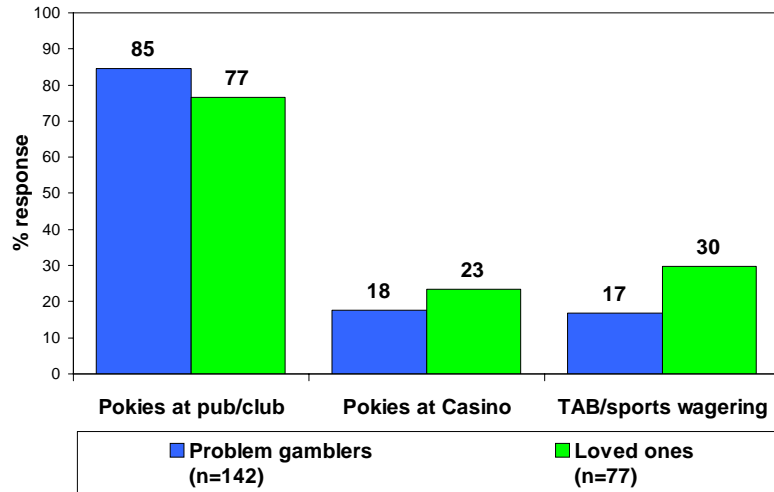
What percentage of your clients, do you estimate present with a problem for each of the following?



² Question format varied with an open (or unprompted) question asked of problem gamblers and loved ones and a fixed choice (or prompted) question asked of service providers.

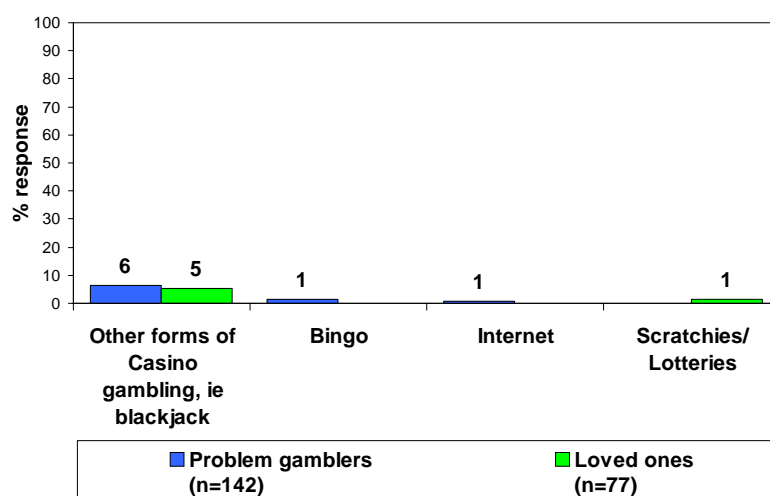


Which form(s) of gambling do you/your loved one have a problem with?



These results show that EGMs are still the dominant form of gambling undertaken by problem gamblers in Victoria. This finding is consistent with many related surveys and studies in both Victoria and other States of Australia³.

What percentage of your clients would you estimate present a problem with: (Service providers only)



These results of estimates from service providers support the results from problem gamblers themselves, that EGMs at pubs/clubs is the dominant form of gambling amongst problem gamblers. Service providers rated TAB/sports wagering as second, while problem gamblers rated EGMs at the casino second. These results were not directly compared with those of problem gamblers and loved ones as the question was presented in a slightly different format, thereby precluding direct comparison.

During your time in the industry, have you noticed any significant changes in the type of clients presenting at your service? (Service providers only)

Change	Service providers % response (n=42)
Small increase in young people and under 30s	31
Small increase in females	17
Still fairly even male/female split and a broad cross section of ages	12
Increase in males	10
More CALD clients speaking Arabic/Greek/Macedonian	7
More with criminal involvement, especially men	7
More involved in law breaking to support gambling habit	5
More Indigenous people	5
More elderly/post retirement clients	5
More females 35–45 years and over 60 years	5
More males with EGM problems	5
More on disability/unemployment benefits	5
More middle aged males and females	5
Fewer racing/TAB clients than previously	5

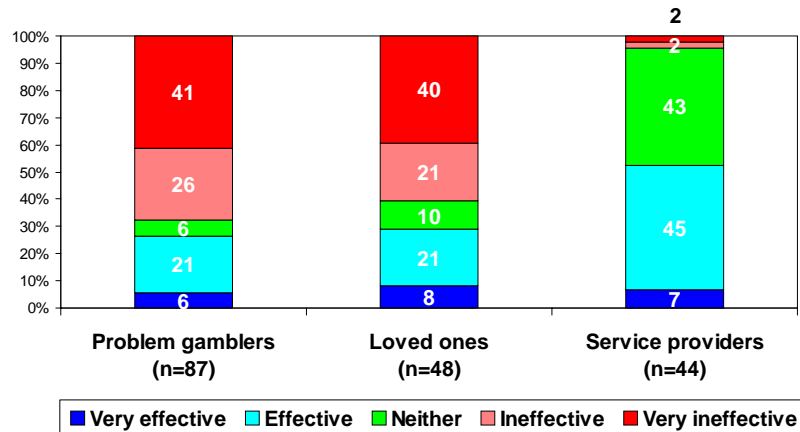
³ Productivity Commission (1999). *Australia's Gambling Industries*, Inquiry Report, Volume 1: Report (Parts A-C), Melbourne: Productivity Commission.

6.2. Effectiveness of various initiatives in reducing the development of problem gambling behaviour

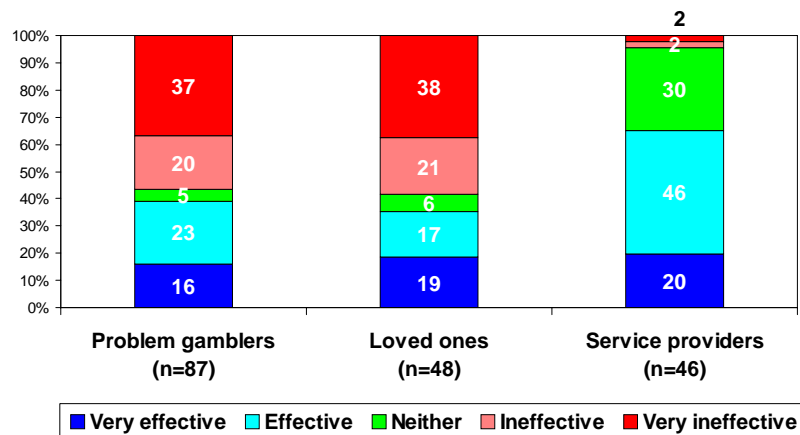
6.2.1 Activity based initiatives

How effective do you think any of the following activities would have been in reducing the chance of you/your partner/your client developing a gambling problem? (all groups)

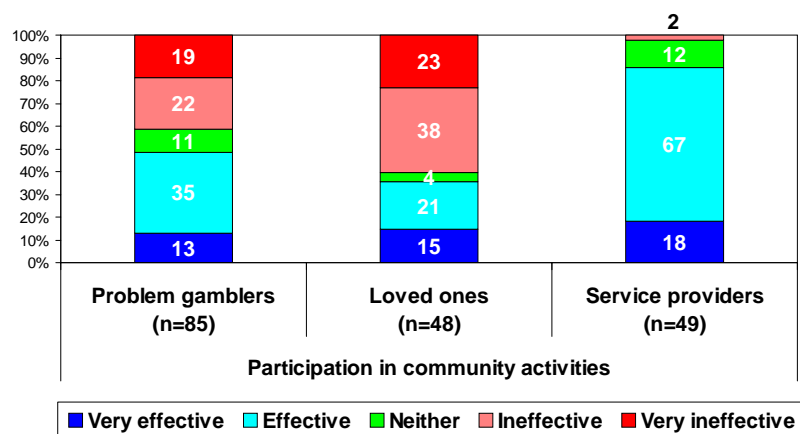
Part-time employment



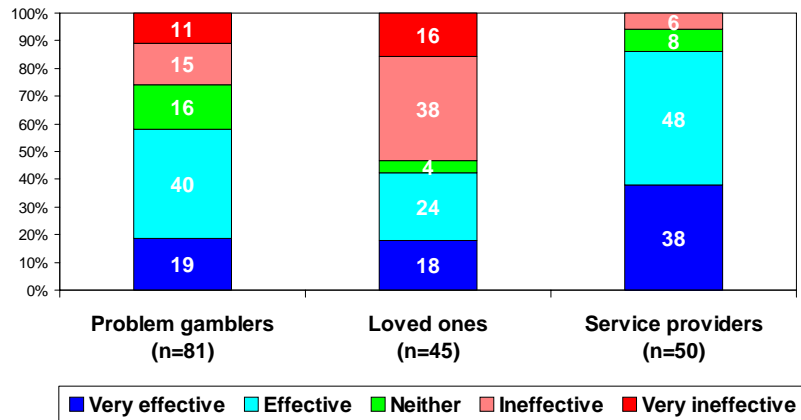
Full-time employment



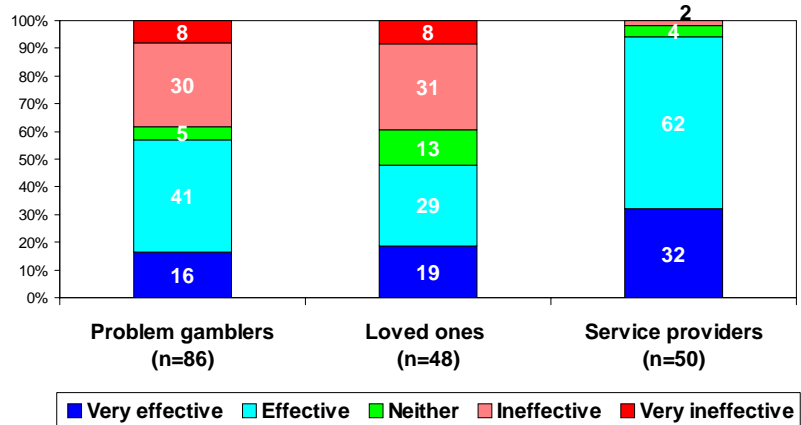
Participation in community activities



Self development activities



Hobbies/interests



Gender differences

Problem gamblers

No gender differences were found amongst problem gamblers on the above effectiveness ratings.

Loved ones

Those factors showing large gender differences were:

- part-time employment:
 - 50 per cent of males rated this as very ineffective, while only 34 per cent of females rated it as such.
- participation in community activities:
 - 31 per cent of males rated this as very ineffective, while only 19 per cent of females rated it as such.
- hobbies/interests:
 - 19 per cent of males rated this as very ineffective, while only 3 per cent of females rated it as such.

Statistically significant differences

Independent samples t-tests were used to determine if mean scores on these rating scales were significantly different between groups. The comparisons of effectiveness ratings between problem gamblers, loved ones and service providers showed the following statistically significant differences, all at a $p < .05$ significance level:

- problem gamblers rated self development activities as more effective in reducing the development of problem gambling than did loved ones;
- service providers rated all factors contributing to gambling problems as more effective than did problem gamblers. These included:
 - part-time and full-time employment;
 - participation in community activities;
 - self-development activities;
 - hobbies/interests.

In order to further investigate these results, the data was split into those that were employed ($n=111$) and those that were not ($n=31$) (including unemployed, retired, pensioner, home duties, student), as employment status may have affected the perception of employment as helping in reducing the development of gambling problems. Non-parametric statistical analyses were used to determine if there were any significant differences in ratings of effectiveness based on employment status, however, none were found.

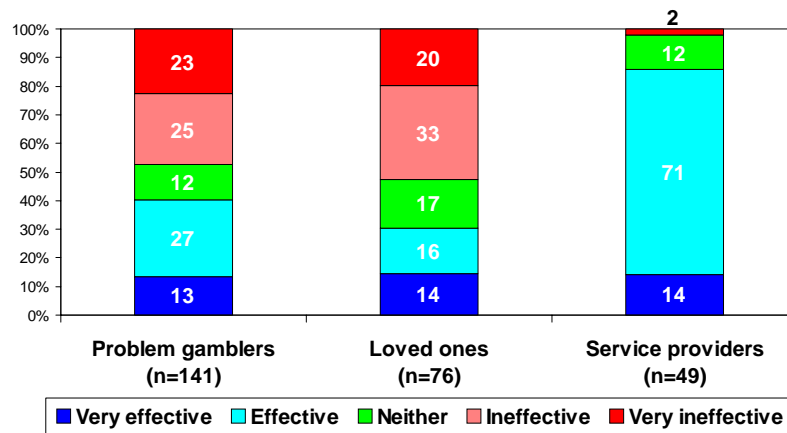
The largest differences, although not significant, were as follows:

- 40 per cent of problem gamblers who were employed saw full-time employment as effective or very effective in reducing the development of problem gambling, while 35 per cent of those unemployed or not in the workforce rated this the same way;
- 43 per cent of problem gamblers who were employed rated self-development activities as effective, while only 28 per cent of those unemployed/not in the workforce rated this as effective;
- 47 per cent of problem gamblers who employed rated hobbies/interests as effective, while only 20 per cent of those unemployed/not in the workforce rated this as effective.

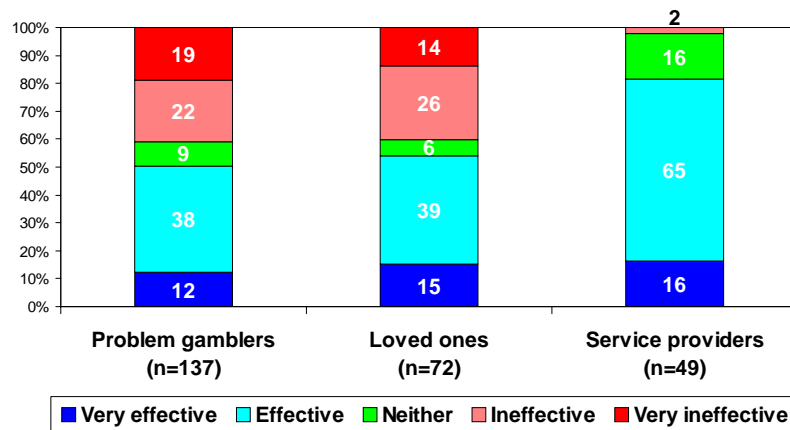
The above statistics were run on those employed versus those not employed AND those not in the workforce. These analyses were also run to compare those employed versus the unemployed not including retired, students and pensioners. This distinction was made as the unemployed who were seeking work may have different perceptions than the unemployed who were not seeking work (i.e. not in the workforce). Chi square analysis was used to compare the ratings of importance of the above activities on the development of gambling problems. No significant differences were found at the $p = .05$ level.

How effective do you think the following would have been in reducing the chance of you/your loved one/your clients developing a problem with gambling?

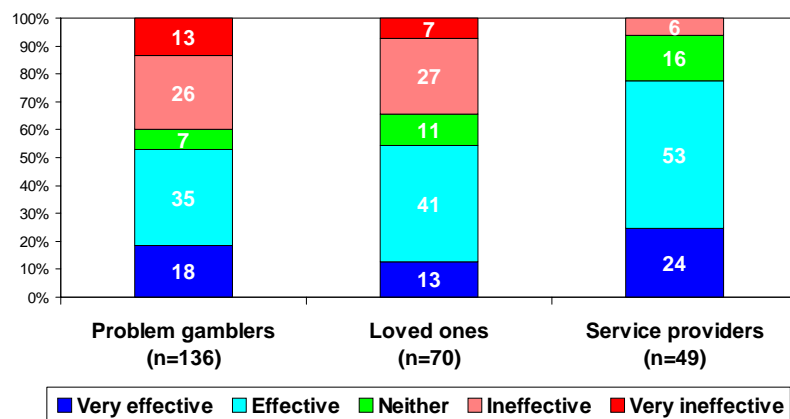
Talking to loved one



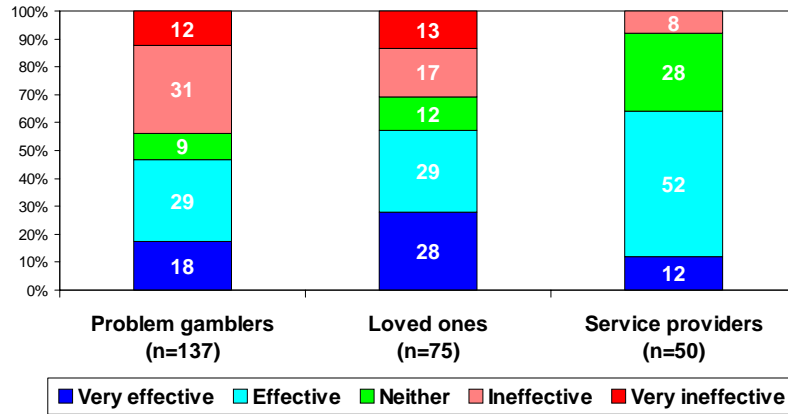
Access to stress reduction classes



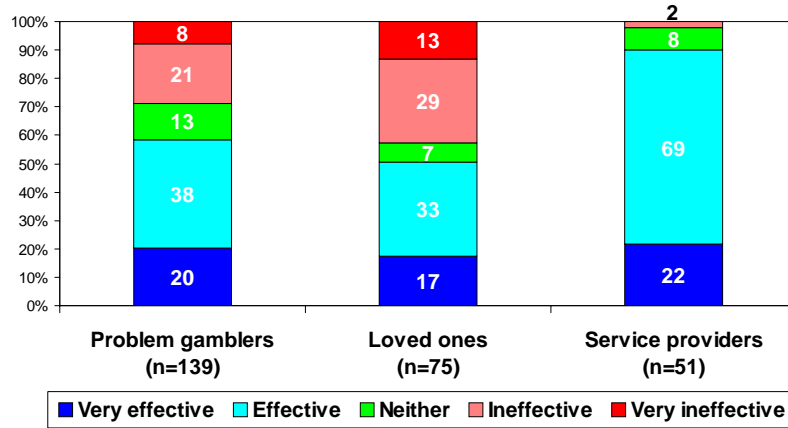
Access to self-esteem programs/classes



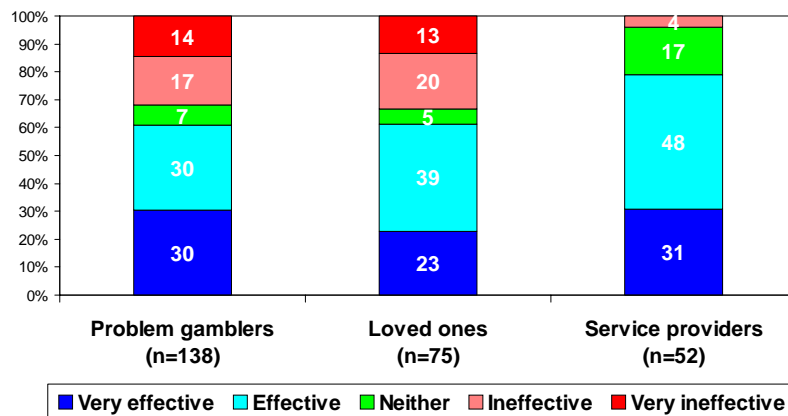
Access to money management program/classes



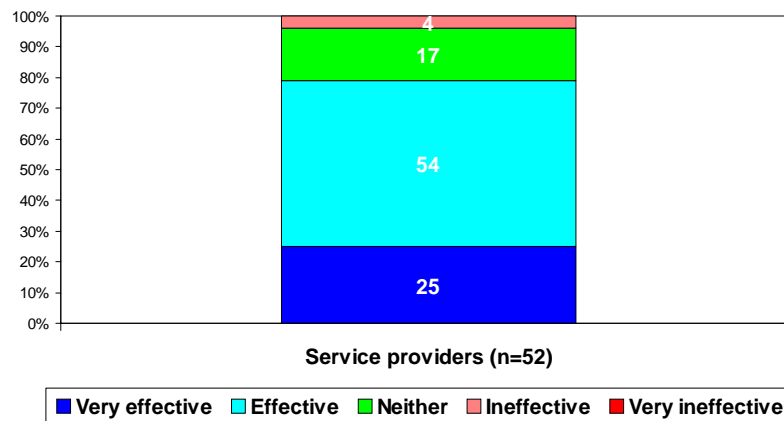
Access to counsellor (ie relationship/financial)



Access to gambling counsellor



Access to financial counsellor



These graphs indicate that service providers see most of these initiatives as being effective in reducing the development of problem gambling, while problem gamblers did not rate the effectiveness as highly. The ratings of ineffectiveness of these initiatives were correspondingly higher for problem gamblers. This is an area in which perceptions and beliefs regarding gambling differs between problem gamblers and service providers.

Gender differences

Problem Gamblers

- talking to a loved one:
 - 14 per cent of males rated this as very ineffective, while 28 per cent of females rated this as such. However, the difference in mean scores for this variable were not found to be statistically significantly different;
- access to self-esteem programs/classes:
 - 20 per cent of females rated this as very ineffective compared to 2 per cent of males. Chi square analysis showed this to be statistically significant ($p < .05$).

Loved ones

Twenty-three per cent of males rated 'access to money management programs/classes' as very ineffective, while only 9 per cent of females rated this factor as such.

Statistically significant differences

Independent samples t-test were used to assess the mean differences of the aforementioned ratings. Service providers rated all factors contributing to gambling problems as more effective in reducing the development of gambling problems than did problem gamblers. These differences were all significant at a p-value of .05:

- talking to a loved one;
- access to stress reduction classes;
- access to self-esteem programs/classes;
- access to money management program/classes;
- access to relationship counsellor;
- access to gambling counsellor.

There were no significant differences found between the ratings by problem gamblers and loved ones, using independent samples t-tests.

Analysis using Mann Whitney U test showed a significant difference in the ratings of effectiveness between problem gamblers who were *not* currently seeking treatment for their problem. Those who were seeking treatment rated talking to a loved one and access to gambling counsellor, as far more effective initiatives than those not currently seeking treatment.

Are there any other activities that you can think of that would have helped reduce your/your loved one's chances of developing a gambling problem?

Multiple responses

Other activities	% response	
	Problem gamblers (n=37)	Loved ones (n=13)
Sporting activities/club/gym	16	54
Social group/community activities	16	15
More family interaction/activities	16	-
Support group	8	-
Pubs with no pokies	5	8
Better social atmosphere at home	5	-
More extensive friendship network	5	-
Voluntary community work	3	15
Counselling	3	8
Gardening	3	8
Having a relationship	3	8
Maybe if had married in relationship	3	8

Gender differences

Problem gamblers

- 21 per cent of females suggested 'social group/community activities' while only 8 per cent of males suggested this;
- 13 per cent of females suggested 'support group' while no males suggested this.

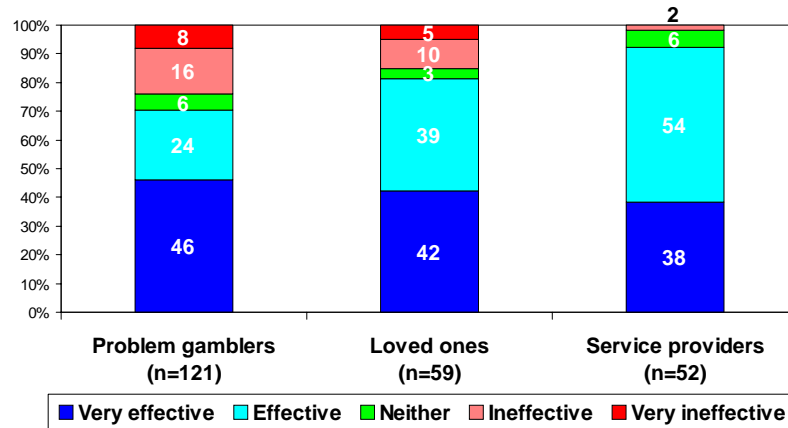
Loved ones

As expected, 75 per cent of males said 'sporting activities/club/gym' would have aided their loved one in reducing problem gambling, while only 44 per cent of females suggested this.

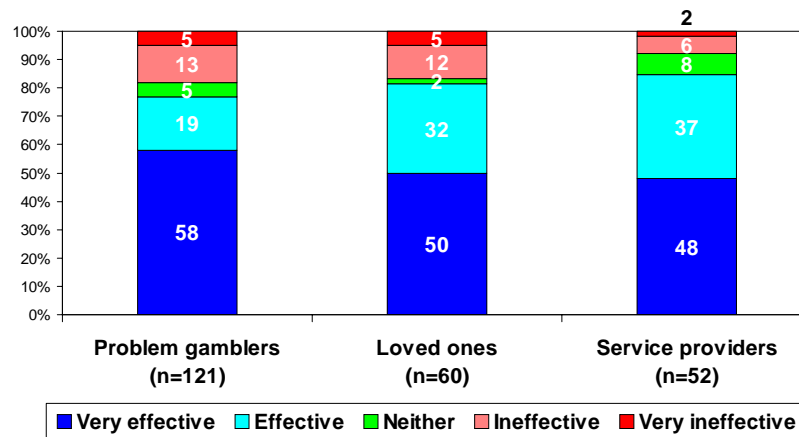
6.2.2 Machine based initiatives

Could you rate how effective you think the following machine initiatives would be in reducing the development of problem gambling?

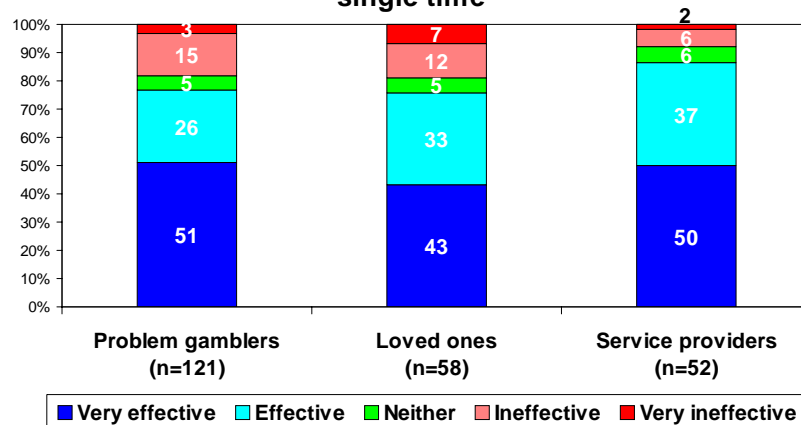
Limiting max. bet allowed per play



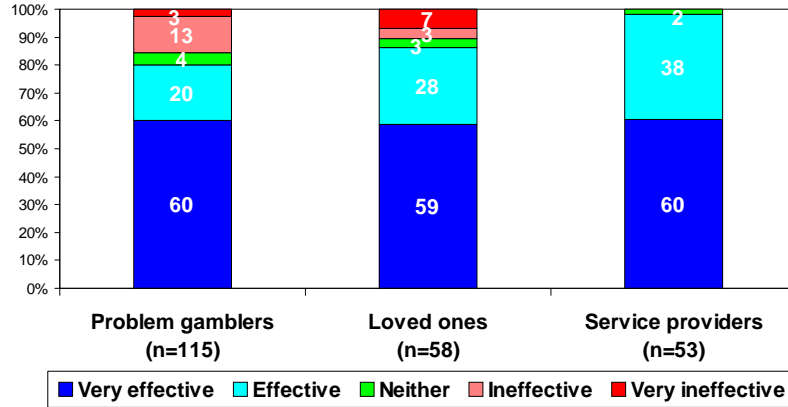
Limiting value of notes accepted



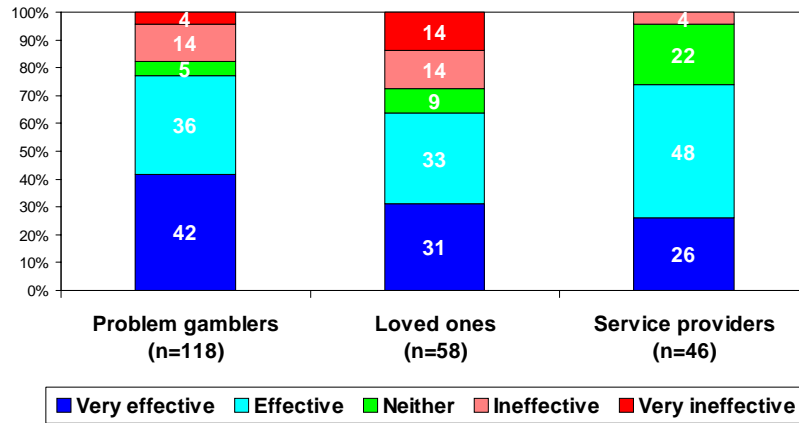
Limiting max. number of lines you can play at a single time



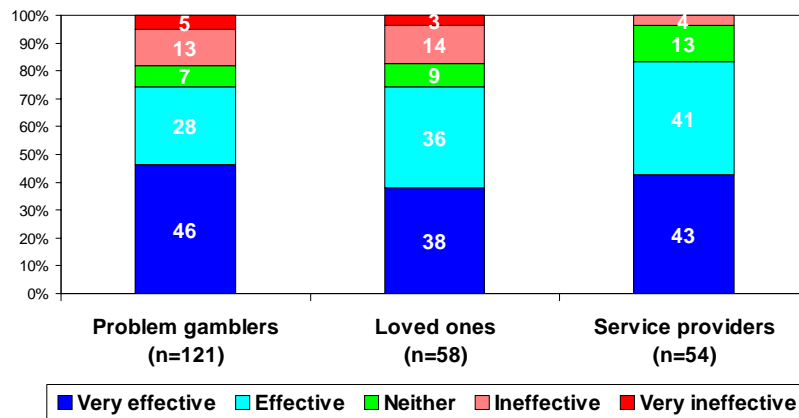
Limiting amount of money you can bet in a gambling session



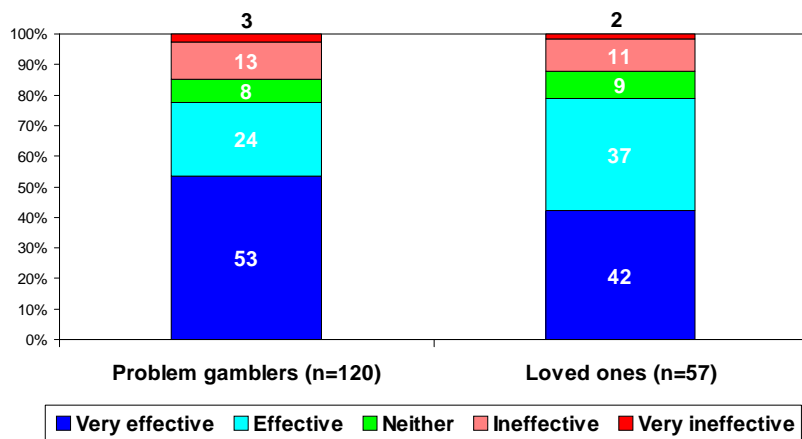
Having screens in black and white



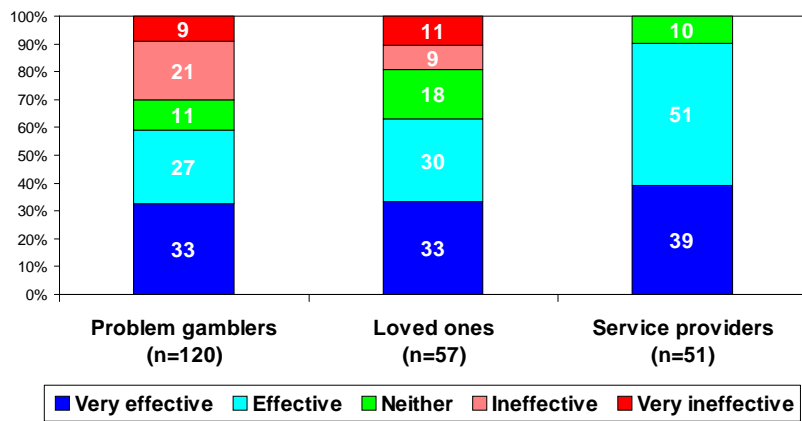
Displaying amount won and lost per day



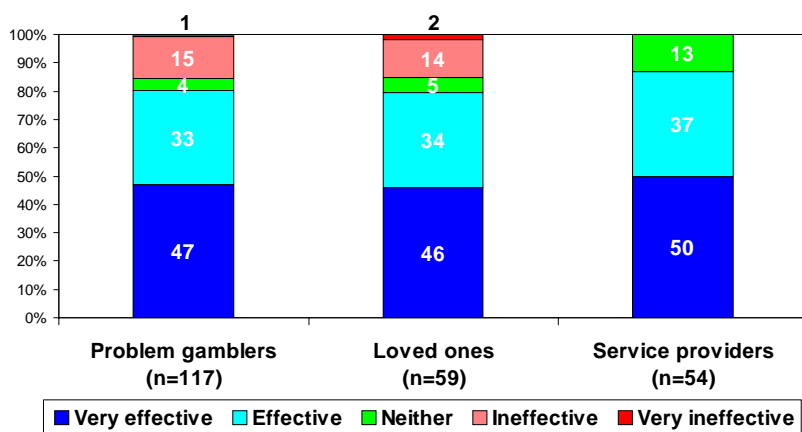
Displaying cumulative/total amount won and lost



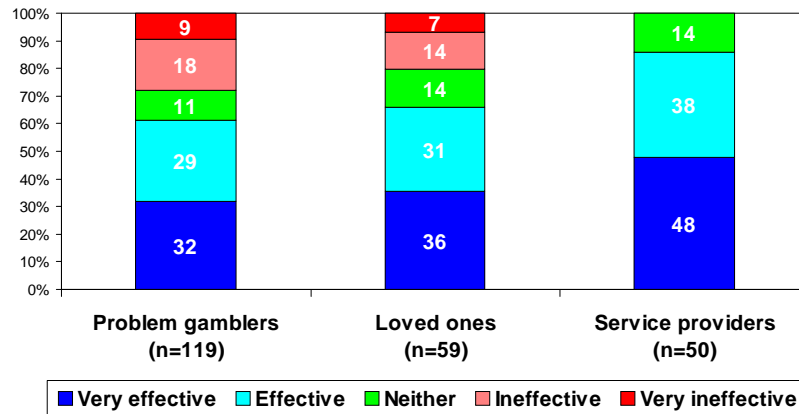
Having less noise/sounds in machines



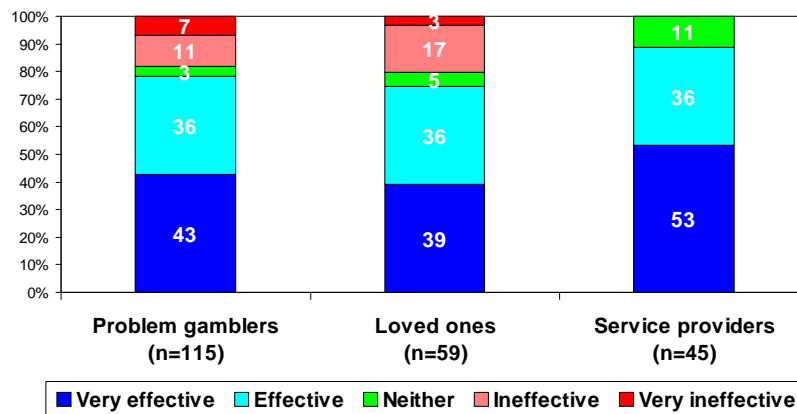
Shutting the machines down periodically



Having no flashing lights on machines



Playing with a 'Smart Card' system only



Gender differences

Problem gamblers

Males rated three initiatives as less effective than the females did. These were:

- limiting maximum bet allowed per play:
 - 39 per cent of males rated this as ineffective/very ineffective, compared to 19 per cent of females. This corresponds to higher effective/very effective ratings by females (73 per cent) than males (60 per cent);
- limiting value of notes accepted:
 - 27 per cent of males rated this as ineffective/very ineffective, compared to 15 per cent of females. This corresponds to higher effective/very effective ratings by females (81 per cent) than males (66 per cent);
- limiting maximum number of lines you can play at a single time:
 - 27 per cent of males rated this as ineffective/very ineffective, compared to 15 per cent of females. This corresponds to higher effective/very effective ratings by females (81 per cent) than males (66 per cent).

Loved ones

Males generally rated all initiatives as less effective than did females. Those showing the highest discrepancies were:

- limiting amount of money you can bet in a gambling session:
 - 27 per cent of males rated this as ineffective/very ineffective, compared to 4 per cent of females;
- displaying amount won and lost per play:
 - 38 per cent of males rated this as ineffective/very ineffective, compared to 10 per cent of females.
- displaying cumulative/total amount won and lost:
 - 20 per cent of males rated this as ineffective/very ineffective, compared to 10 per cent of females.
- playing with a smart card system:
 - 34 per cent of males rated this as ineffective/very ineffective, compared to 16 per cent of females.

Statistically significant differences between samples

The following statistically significant differences between the three groups emerged through independent samples t tests:

- problem gamblers ($M=3.97$) rated 'having screens in black and white' as more effective in reducing the development of problem gambling than did loved ones ($M=3.53$; $p<.05$);
- service providers ($M=4.29$) believed that limiting maximum bet allowed per play would be more effective in reducing the development of a gambling problem than did problem gamblers ($M=3.84$; $p<.05$);
- service providers ($M=4.58$) also believed that limiting the amount of money you can bet in a gambling session would be more effective than did problem gamblers ($M=4.22$; $p<.05$);
- having less noise/sounds in machines was also rated as more effective by service providers ($M=4.29$, $SD=0.64$) than by problem gamblers ($M=3.53$; $p<.05$) as was having no flashing lights on machines [service providers ($M=4.34$), problem gamblers ($M=3.56$; $p<.05$)] and playing with a smart card system [service providers ($M=4.42$), problem gamblers ($M=3.96$; $p<.05$)].

As with the comparison between service providers and problem gamblers, the comparisons between service providers and loved ones also showed higher effectiveness ratings from service providers than from loved ones. Significant differences were found for machines having less noise/sounds [service providers ($M=4.29$), loved ones ($M=3.67$; $p<.05$)]; having no flashing lights in machines [service providers ($M=4.34$), loved ones ($M=3.75$; $p<.05$)]; and playing with a smart card system [service providers ($M=4.42$), loved ones ($M=3.90$; $p<.05$)].

These results indicate that service providers believe such changes to machines would aid reducing the development of problem gambling more so than the problem gamblers themselves and the loved ones of problem gamblers.

Statistically significant differences within samples

Statistically significant differences within samples

Analysis using the Mann-Whitney U statistic showed that problem gamblers living in metropolitan areas rated the following initiatives as more effective than those in regional/rural areas:

- limiting value of notes accepted;
- displaying amount won and lost per play;
- displaying cumulative amount won and lost per play.

These were statistically significant at the $p < .05$ level.

Are there any particular aspects or features of the EGM machine that you think makes you/them spend more money than you/they intended?

Aspect	% response		
	Problem gamblers (n=111)	Loved ones (n=49)	Service providers (n=48)
Free spins/free games	27	12	27
Want to win jackpot	23	31	6
Note acceptors	16	12	29
Can play more lines/bet more at once	15	2	15
Possibility of payout at any time/no payout for a while increases chance of win	15	8	6
Noises/tunes/music/sounds	14	18	13
Keep playing to get money back/chasing losses	14	6	6
Increase in amount one can bet/high bets/bonus bets	12	2	10
Bright lights/flashing	8	18	4
They take money so fast	8	4	4
Speed of machine	7	2	17
Spinning of machine/hypnotic/mesmerising factor	6	8	10
ATMs at venue	5	8	17
Hear others winning money/coin noise/winning music	5	-	6
Only get small wins and as credits get low, put more money in	5	-	4
Regular wins/small regular wins	4	8	2
Shows credits not money therefore don't see it as money	4	6	-
Pictures/icons on machine	3	2	4
Specific features e.g. 'Cashman', 'Sweethearts'	2	6	8

These results show that a large proportion of problem gamblers (27 per cent) believe that free-spin features encourages them to spend more money than intended. The most frequently mentioned aspect by loved ones was the desire to win a jackpot, while that by service providers was note acceptors on machines.

The results indicate differing perceptions between problem gamblers and service providers as to why problem gamblers spend more money than they intended. The largest differences can be seen in the desire to win the jackpot (problem gamblers 23 per cent, service providers 6 per cent), and note acceptors (service providers 29 per cent, problem gamblers 16 per cent).

Are there any particular aspects or features of the (EGM) machine that you think makes you/them spend more time than you/they intended?

Aspect	% response		
	Problem gamblers (n=98)	Loved ones (n=46)	Service providers (n=46)
Free spin features/bonus games/free games	23	11	26
Want to win/lure of win	16	26	7
Don't watch time when at machine/lose track of time	12	11	11
Trying to get money back/chasing losses	12	11	9
Small payouts on free games keep you going	9	7	2
Lack of clocks	8	2	2
Hypnotic state induced by interaction with machine	7	2	17
Only get small wins but convinced big wins coming	7	13	4
Friendly, comfortable atmosphere	7	7	4
Lighting at venues	7	4	2
Can't see outside/no windows	7	2	-
People around	6	4	-
Mesmerising effect of lights/sounds	5	7	13
Free snacks & drinks/coffee	5	-	4
Tunes & noises of wins	4	4	9
Hooked after a couple of wins	4	2	2
Surroundings are fancy and comfortable	3	4	-
Staff friendly, obliging, welcoming	2	2	7
Trying to win jackpot/waiting for jackpot	2	7	2
Messages that tease 'almost made it'	2	-	7
To have a break from problems and forget troubles	1	2	11
Wait for specific symbols to come up which is as exciting as a win	1	-	11
Particular attraction to a machine/name/colours/position	1	2	7

Results are similar to those indicating why problem gamblers spend more time than they intended. The most frequent response from both problem gamblers and service providers was free spin features/bonus games/free games (23 per cent for problem gamblers and 26 per cent for service providers), and desire to win/lure of win for loved ones (26 per cent).

These results are similar for problem gamblers and service providers which indicates an understanding from service providers of the reasons for spending more time at the machines.

What do you think should be the maximum number of lines that can be played, per play?

This question was not asked to service providers.

Maximum lines	% response	
	Problem gamblers (n=117)	Loved ones (n=45)
1	8	18
2	2	7
3	11	13
5	34	27
7	-	2

9	21	13
10	15	11
15	4	2
16	-	2
20	5	2
30	-	2

These results indicate that both problem gamblers and loved ones believe that very small numbers of lines should be allowed per play. Seventy-six per cent of problem gamblers and 80 per cent of loved ones listed a maximum of fewer than 10 lines. This is in stark contrast to the features of EGM machines, where some machines allow up to 243 lines per play.

What do you think should be the maximum bet allowed per play?

Maximum bet	% response	
	Problem gamblers (n=115)	Loved ones (n=50)
1c per line	1	2
2 cents	1	-
3 cents	1	-
5 cents	10	6
9 cents	1	-
10 cents	2	6
15 cents	1	2
20 cents	4	16
25 cents	4	2
30 cents	2	-
40 cents	1	2
45 cents	3	2
50 cents	15	16
90 cents	1	2
\$1	29	26
\$1.50	2	-
\$2	13	6
\$5	3	4
\$10	2	2
Unlimited	2	4

This result shows that an overwhelming majority of problem gamblers (78 per cent) and loved ones (84 per cent) believe that the maximum bet should be \$1 or less per play. Thirty-one per cent of problem gamblers believed this should be less than 50 cents per play.

These results are in stark contrast to the amounts that can be played on EGMs. Although this differs between machines and venues, typically, bets can be between 1 cent per play up to \$10 per play.

Gender differences

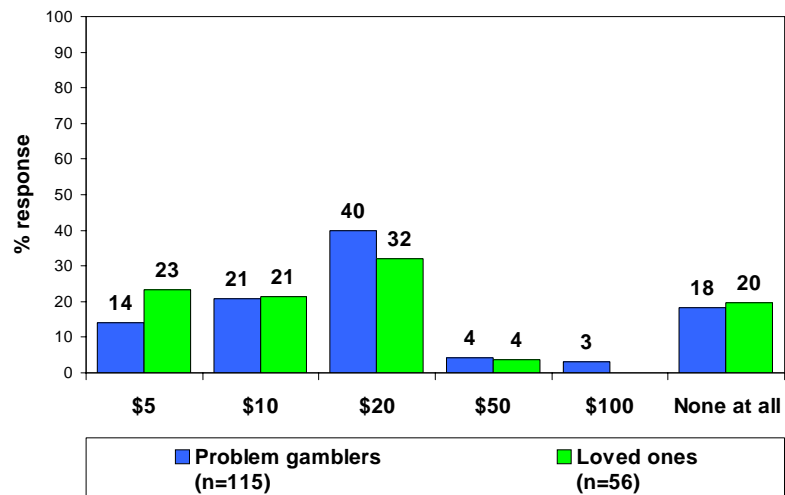
Problem gamblers

A larger proportion of males (37 per cent) than females (25 per cent) suggested the maximum bet allowed per play should be \$1.

Loved ones

No gender differences emerged in this question.

What do you think should be the maximum note value that can be inserted in the machine (i.e. \$20, \$50)?



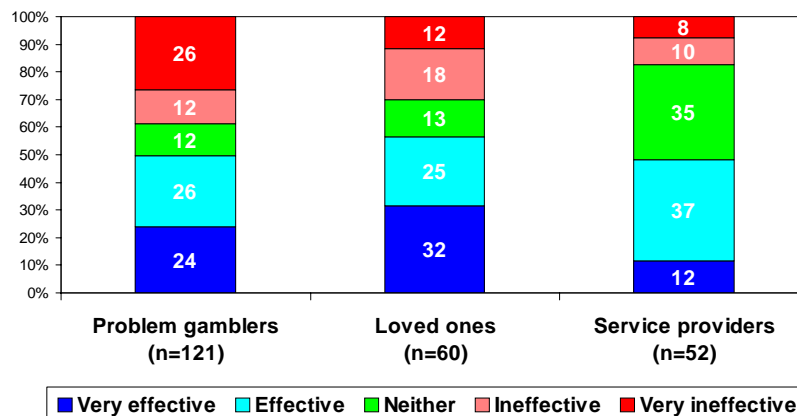
These results show that three quarters of problem gamblers believe no note above \$20 should be allowed in machines, and 18 per cent believe that machines should not be allowed to accept notes.

If the results of the past three questions (maximum lines, maximum bet per line and maximum note value that can be inserted into an EGM) are combined, it appears problem gamblers and loved ones would like to see a massive reduction in the capacity to spend money in EGMs.

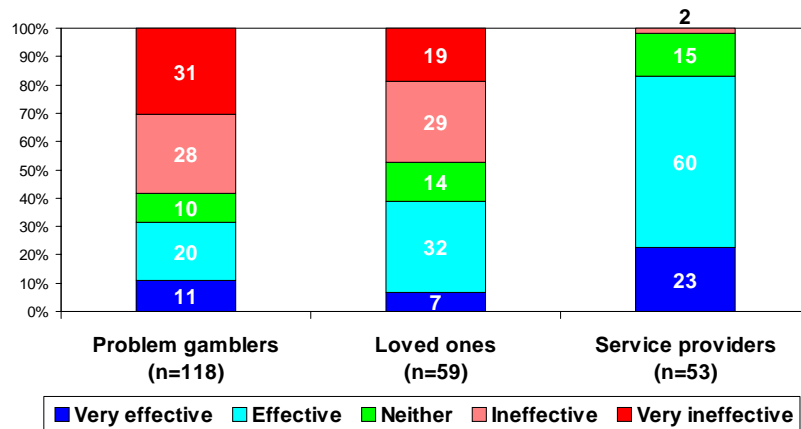
6.2.3 Venue management initiatives

Could you rate how effective you think the following venue initiatives would be/are in helping to reduce your/your partner's/your client's problem gambling?

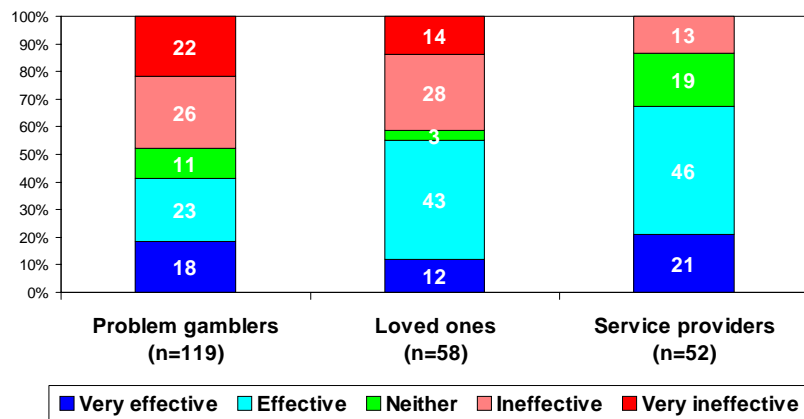
Having clearly visible clocks at venues



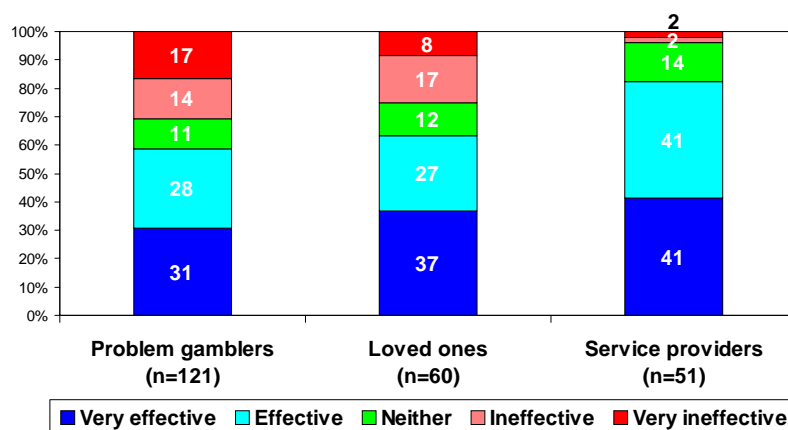
Having PG material in toilets



Having PG material on machines

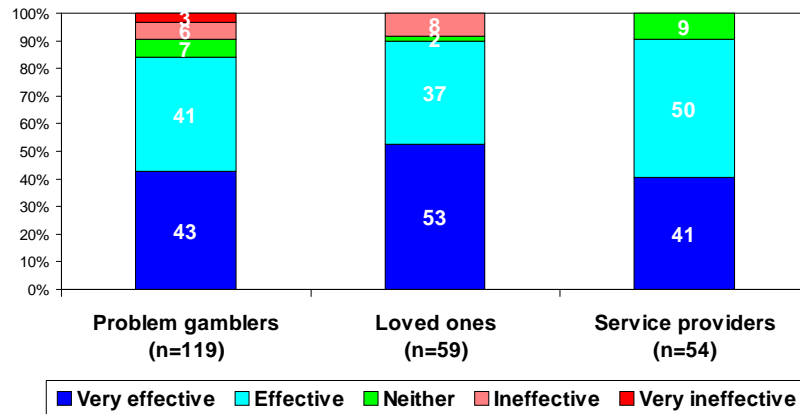


Banning smoking at venues

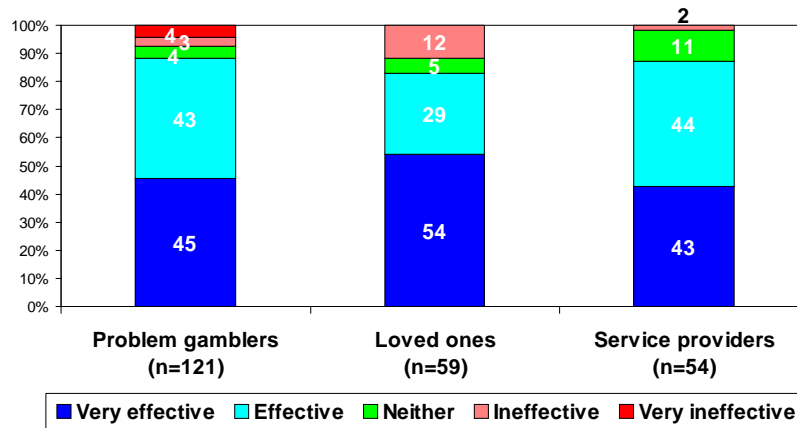


Higher statistical analysis was conducted on this question to determine if respondents who regularly smoke had different perceptions of banning smoking at venues. No significant differences in responses from smokers, compared to non-smokers, were found.

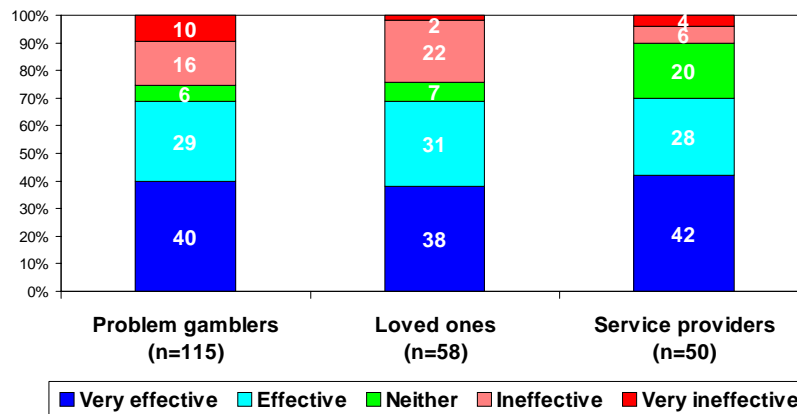
Limiting machine operation hours



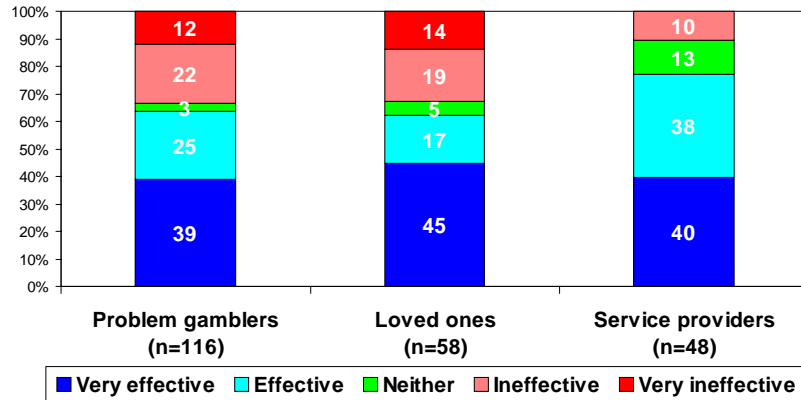
Limiting opening hours of venue



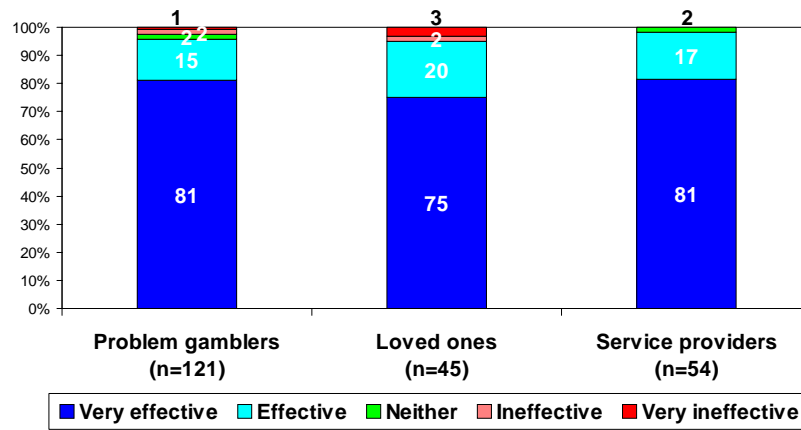
Having more non-gambling activities at venues



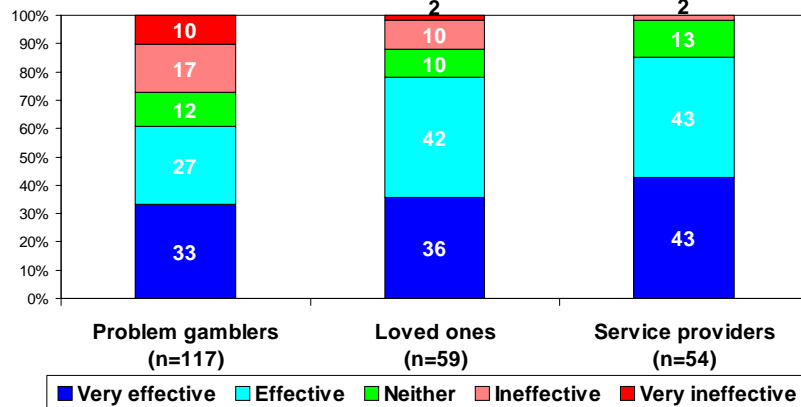
Having venue staff intervene to stop someone gambling to excess



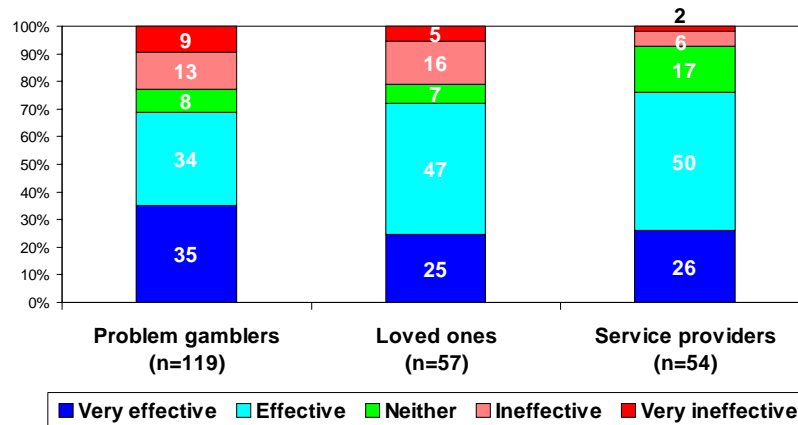
Banning ATMs at venues



Reducing incentives to go to the venues (eg cheap food, free bus)



Better/natural lighting



Gender differences

Problem gamblers

The following venue initiatives showed gender differences in ratings of effectiveness:

- banning smoking at venues:
 - 34 per cent of females rated this as ineffective/very ineffective compared to 24 per cent of males. Chi square analysis found this to be a significant difference.
- limiting opening hours of venue:
 - 94 per cent of males rated this as effective/very effective compared to 86 per cent of females.
- having venue staff intervene to stop someone gambling to excess:
 - 77 per cent of males rated this as effective/very effective compared to 58 per cent of females.
- having clearly visible clocks at venues:
 - 42 per cent of males rated this as effective, while only 18 per cent of females did so. Chi square analysis found this to be significantly different ($p < .05$).

Loved ones

The following venue initiatives showed gender differences in ratings of effectiveness:

- banning smoking at venues:
 - 37 per cent of males rated this as ineffective/very ineffective, compared to 20 per cent of females;
- limiting machine operating hours:
 - 19 per cent of males rated this as ineffective, compared to 5 per cent of females;
- having more non-gambling activities at venues:
 - 37 per cent of males rated this as ineffective/very ineffective, compared to 19 per cent of females;
- having venue staff to stop someone from gambling to excess:
 - 47 per cent of males rated this as ineffective/very ineffective, compared to 28 per cent of females;
- reducing incentives to go to the venues:

- 94 per cent of males rated this as effective/very effective, compared to 72 per cent of females.

Statistically significant differences between samples

Independent samples t-tests were used to assess mean differences on the above rating scales between the three groups.

Loved ones (\underline{M} =4.00) rated 'reducing incentives to go to venues' as more effective in helping to reduce their gambling problem than did problem gamblers (\underline{M} =3.56; $p < .05$).

As with machine initiatives, service providers rated the following venue initiatives as more effective in reducing the development of problem gambling than did problem gamblers. Having problem gambling material in venue toilets [service providers (\underline{M} =4.04), problem gamblers (\underline{M} =2.53; $p < .05$)]; having problem gambling material on machines [service providers (\underline{M} =3.75), problem gamblers (\underline{M} =2.90; $p < .05$)]; banning smoking at venues [service providers (\underline{M} =4.18), problem gamblers (\underline{M} =3.42; $p < .05$)]; having venue staff intervene to stop someone gambling to excess [service providers (\underline{M} =4.06), problem gamblers (\underline{M} =3.57; $p < .05$)] and reducing incentives to go to the venues [service providers (\underline{M} =4.04), problem gamblers (\underline{M} =2.80; $p < .05$)].

Again, service providers rated venue initiatives as more important than did loved ones. The following venue initiatives showed a significant difference between the mean ratings of service providers and that of loved ones: having problem gambling material in toilets [service providers (\underline{M} =4.29), loved ones (\underline{M} =3.67; $p < .05$)]; having problem gambling material on machines [service providers (\underline{M} =3.75), loved ones (\underline{M} =3.12; $p < .05$)] and banning smoking at venues [service providers (\underline{M} =4.18), loved ones (\underline{M} =3.67; $p < .05$)].

These results again reinforce that service providers have different perceptions as to what could help problem gamblers reduce their problem gambling.

Interestingly, a higher proportion of non-smokers (28 per cent) than smokers (9 per cent) rated 'banning smoking at venues' as very ineffective. This was found to be statistically significant by Chi square analysis ($p < .05$)

Summary mean scores for all initiatives tested for each segment

Initiative Tested	Problem gamblers (n=119)	Loved ones (n=58)	Service Providers (n=49)
Banning ATM's at venues	4.7	4.6	4.8
Limiting amount of money you can bet in a gambling session	4.2	4.6	4.3
Limiting opening hours of venue	4.2	4.3	4.3
Limiting Value of notes accepted	4.1	4.2	4.1
Limiting Maximum number of lines you can play at a single time	4.1	4.3	3.9
Displaying cumulative/total amount won and lost	4.1	4.2	4.1
Limiting machine operation hours	4.1	4.3	4.3
Shutting the machines down periodically	4.1	4.4	4.1
Having screens in black and white	4.0	4.0	3.5
Displaying amount won and lost per play	4.0		3.9
Playing with a smart card system only	4.0	4.4	3.9
Self exclusion program	3.9	4.0	3.3
Limiting Maximum bet per play	3.8	4.3	4.0
Having more non gambling activities at venues	3.7	3.8	4.0

Better/natural lighting	3.7	3.7	3.9
Having no flashing lights on machines	3.6	4.3	3.7
Having venue staff intervene to stop someone gambling to excess	3.6	3.6	4.1
Reducing incentives to go to the venues	3.6	4.0	4.3
Having less noise/sounds in machines	3.5	4.3	3.7
Banning smoking at venues	3.4	3.7	4.2
Having clearly visible clocks at venues	3.1	3.5	3.3
Having PG material on machines	2.9	3.1	3.8
Having PG material in toilets	2.5	2.8	4.0

6.2.4 Initiative effectiveness in reducing problem gambling

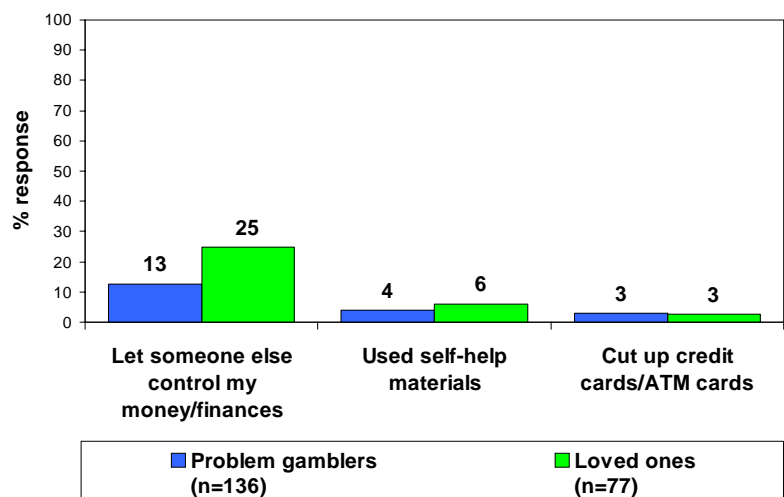
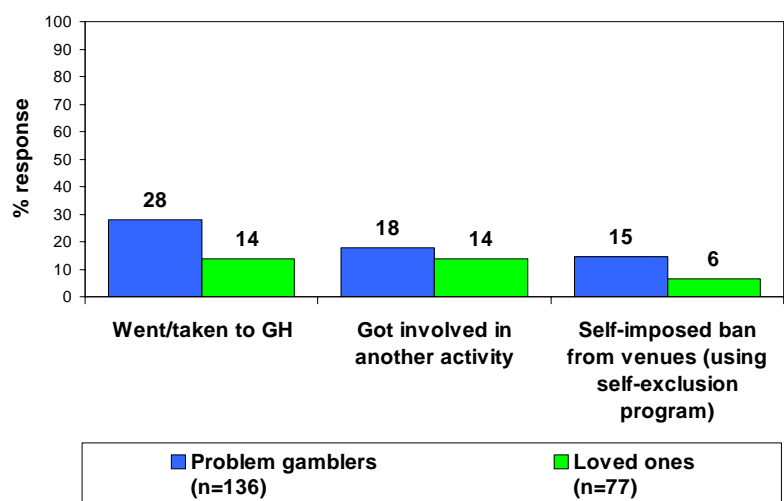
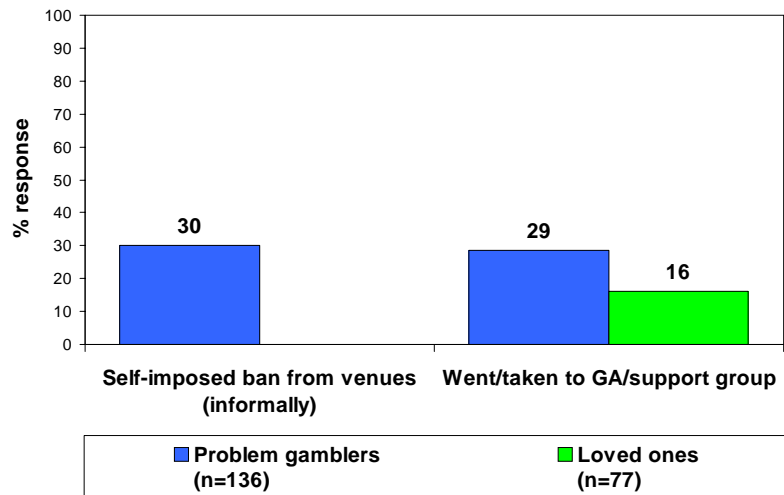
At what point in the development of your/their gambling habit would these initiatives have stopped you/them gambling to excess, if at all?

Point in time	% response	
	Problem gamblers (n=99)	Loved ones (n=44)
If I/they stopped earlier, it would have been at a very early stage	35	34
Nothing, it wouldn't make any difference	28	34
At the very beginning or early stages	25	18
Maybe smart card would have helped in early stages	3	5
Maybe would have slowed down gambling	3	5
After a few months	3	-
Before machines with more lines introduced	2	-
Towards the end when I was bored	1	-
After 3–4 weeks when I realized I was developing a problem	1	-
Nothing but smoking ban has reduced visits	1	-
Would not have developed problem/would have been boring	1	-
When I ran out of money	1	-
At any time	-	5
They deny the problem	-	2
Later after the glamour had gone	-	2
Too late once they're hooked/addicted	-	2

6.3 Prevention and intervention

6.3.1 Self Help Strategies

What have you tried on your own to stop yourself/your loved one from gambling to excess? (loved ones and problem gamblers only)



A profile of those who have informally tried self-exclusion techniques

A profile of these respondents was developed to aid service providers understand the type of people that try this method:

- play daily (49 per cent);
- play most often at different venues close to home or work (54 per cent);

- recorded a highest loss in one sitting of \$2472.63 on average, with amounts ranging from \$60 to \$35,000;
- in the majority do not smoke (52 per cent) and indicated that they do not have a problem with alcohol or drugs (84 per cent had no problem with either);
- have an average age of between 45–54 years (39 per cent);
- earn on average between \$20,001 and \$40,000 (49 per cent);
- have obtained secondary education as their highest level of education (61 per cent), with a further 31 per cent having obtained tertiary education;
- are lower (29 per cent) or upper (24 per cent) blue collar workers.

Did any of these methods work? (loved ones and problem gamblers only)

There was a large difference in responses to this question between problem gamblers and their loved ones. Sixty-two per cent of problem gamblers said that the methods they had tried on their own were successful, while only 31 per cent of loved ones responded in this way. Perhaps there is a difference in how problem gamblers and loved ones rate 'success'. Loved ones may define success as a complete cessation of gambling, while for problem gamblers success may be a reduction in gambling frequency or amount lost.

Why didn't they work? (loved ones and problem gamblers only)

Reason	% response	
	Problem gamblers (n=52)	Loved ones (n=44)
Stopped for a while but went back	33	7
Addicted always will keep going back/habit	10	7
I/they would leave money/cards at home but would go home to get them	10	-
Like the fantasy of a big win/lure of winning	8	5
Wanted to win money back	6	2
Did not work on or solve the issue that caused problem	4	2
Had no effect/too ingrained/addicted	4	16
Didn't change/interrupt the pattern of behaviour	2	7
Gambler didn't want to stop	-	30
Denial of problem	-	16
Family member didn't follow through	-	7
They understand they have problem but can't help themselves	-	7

These results again highlight a difference in perceptions between problem gamblers and their loved ones. The most frequently mentioned response from problem gamblers was that the methods they tried only worked in the short term ('stopped for a while but went back') while loved ones believed the main reasons they did not work was that the problem gambler did not want to stop gambling.

Do you have any suggestions for people trying self-help strategies?

Suggestions	Problem gamblers % response (n=128)
Get counselling/professional help	27
Keep busy find something else to do	17

Go to venues with limited money & no cards	9
Controlled money/no access to money	9
Recognise and admit to problem early	8
Stay away from the venue(s)	6
Think about what you can buy/do with the money	5
Find someone to talk to	5
Keep going to GA as they are good group support and they understand	5
Be honest, tell all the story, no matter how bad it is	5
Learn about gambling — gain knowledge to understand	5
Controlled gambling does not help — you have to stop completely	5
Keep negative thoughts in your head about venues and gambling	4
Tell someone close to you that you have a problem	4

This response indicates that problem gamblers may be finding counselling and support very helpful if they were willing to recommend this as an option to those trying self-help strategies.

Do you have any suggestions for people trying to help a problem gambler?

Suggestions	Loved ones % response (n=63)
Suggest they do other activities they enjoy	16
Get them to talk about their gambling problem	14
Be supportive but stand back/be thoughtful	14
Get counselling/professional help	14
Control of money/restrict access to money	8
More effective use of their time/keep them busy	6
Take them out more often	6
Learn about gambling — gain knowledge to understand	6
Take it outside of family & friends and get outside help earlier	6
Don't condemn them — support rather than criticize	6
Don't pay their debts	5
Be strong and firm in resolve not to lend money	5
Look after yourself and your children first	5
Listen to them	5

Gender differences

Loved ones

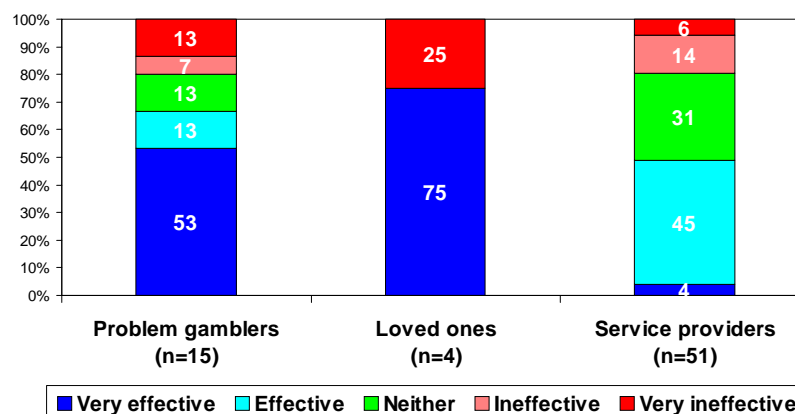
The only differences emerging in these suggestions were that 18 per cent of females and 6 per cent of males suggested 'getting them to talk about their gambling problem', and 28 per cent of males and 9 per cent of females suggested 'get counselling/professional help'.

The self-exclusion program

How would you rate the effectiveness of the self-exclusion program?

Problem gambler and loved one responses should be interpreted with caution due to the small samples that were able to answer this section through experience with the self-exclusion program.

Effectiveness of self-exclusion program



This is a striking difference between service providers' ratings of the effectiveness of the self-exclusion program as compared to problem gamblers'. Although the overall satisfaction ratings were similar (combining very satisfied and satisfied ratings), the 'very satisfied' ratings were very different, with 53 per cent of problem gamblers and only 4 per cent of service providers rating the self-exclusion program as 'very effective'. Independent samples t-tests could not be used to assess the mean differences of these ratings as the sample sizes of gamblers and loved ones were too small, thus violating an assumption of the independent samples t-tests.

The sample sizes obtained for this question are small as the question was only asked to those who have used the self-exclusion program, and only a small number of respondents or loved ones interviewed had used the program. Due to the small number of gamblers using the self-exclusion program, a profile of these respondents was not developed.

Gender differences

As the sample size for this question was very small, the gender differences should be interpreted with caution.

None of the five males rated the program as ineffective/very ineffective, however, two of the nine females rated it as very ineffective and one rated it as ineffective.

What could be done to improve the self-exclusion program?

Only one loved one agreed to answer this question and therefore there is no column showing results for loved ones in the following table. This respondent felt there needs to be a follow up to ensure the problem gambler does not go to the venue and also for the hotelier to make sure they do not go to the venue.

Improvements	% response	
	Problem gamblers (n=6)	Service providers (n=33)
Penalties/heavier penalties for breaches	50 (n=3)	18
They need to be followed up to ensure they don't go to venue	-	15
Motivate venue staff to be vigilant	-	15
Hotelier to make sure they don't go to venue	33 (n=2)	3
Need blanket Self Exclusion for all venues/not specific listed venues	-	12
All venues need to enforce Self Exclusion/can walk in & out anytime	17 (n=1)	9

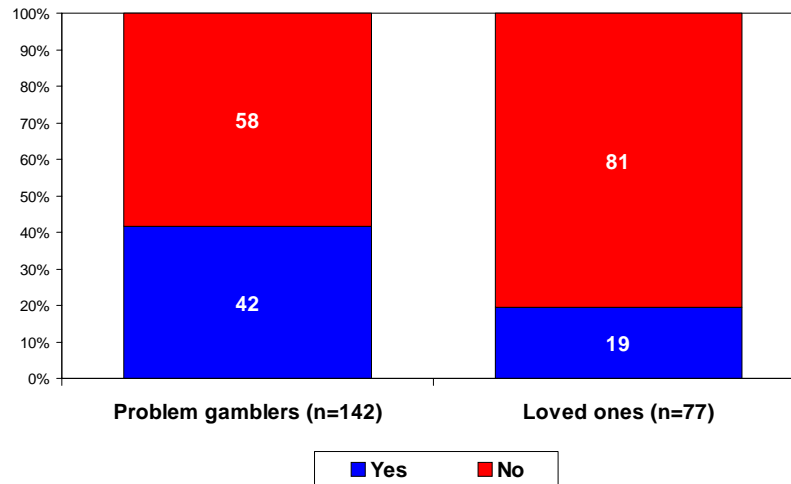
Need to set up effective system to control/monitor those on program	-	12
Promote counselling services more when joining program	-	9
System flawed and needs fundamental rethink/eg smart cards	-	9
Computerise by wearing sensor wrist/ankle bands (like home detention)	-	9
Collaboration between AHA/venues/clients/gamblers help	-	9
Too many on Self Exclusion list/hard for venue staff to detect	-	6
Future of Self Exclusion program doubtful as difficult to monitor	-	6
Ask more on Self Exclusion list to leave venues to increase belief in program	-	3
Ensure they have current Victorian yellow self-help book	-	3
Combine Self Exclusion with help to sort out underlying problems	-	3
Need more regular updates of photos	-	3
Thumb print before going in the door	17 (n=1)	-
Attach it to a group or education process	-	3
Smart card technology	-	3
An alarm or identity system that stops me getting in venue	17 (n=1)	-
Self-exclusion officers available regionally	-	3
More support for venues to identify/deal with problem gamblers	-	3
Face recognition device/at all venues & everyone to use	-	3
Let problem gamblers select days for exclusion/so not all or nothing	-	3
Exclusion on regional basis to minimise venue hopping	-	3
Only defers the gambling/not the problem causing in	-	3
Effective for some, others go interstate to get around it	-	3
Nothing/go to other venues where I did not ban myself	17 (n=1)	-
Crown Casino to be serious/client refused SE if had a drink	-	3

Please note that some respondents gave more than one suggestion for how the self-exclusion program can be improved and therefore the percentages add up to more than 100 per cent as this was calculated based on the number of people who responded.

6.4 Problem gambling support services

6.4.1 Proportion of problem gamblers seeking help and why

Are you/is your partner currently seeking help from a problem gambling service? (Loved ones and problem gamblers only)



These differing results indicate that loved ones may not be aware the gambler is seeking help from a problem gambling service.

Gender differences

There were no gender differences in the proportions of those who are seeking treatment (41 per cent males, 42 per cent females).

A profile of those currently seeking treatment

The data collected from those who are seeking treatment was used to form a profile of this group. Descriptive statistics run on demographics of this group were used to form this profile which shows that those who were currently seeking help from a problem gambling service provider:

- play daily (53 per cent);
- play most often at different venues close to home or work (42 per cent);
- recorded a highest loss in one sitting of \$4285.61 on average, with amounts ranging from \$150 to \$150,000;
- in the majority smoke (60 per cent) but indicated that they do not have a problem with alcohol or drugs (81 per cent had no problem with either);
- have an average age of between 45–54 years (32 per cent);
- earn on average less than \$20,000 (42 per cent);
- have obtained secondary education as their highest level of education (71 per cent);
- are lower white collar (22 per cent), or upper (19 per cent) or lower (20 per cent) blue collar workers;
- live in the outer suburbs of Melbourne (48 per cent).

A profile of those not currently seeking treatment

- play daily (43 per cent). This frequency of daily play is less than that for those currently seeking treatment;

- play most often at different venues close to home or work (57 per cent);
- recorded a highest loss in one sitting of \$2465.74 on average, with amounts ranging from \$60 to \$35,000. Both the average and maximum loss are much smaller amounts than for those who are currently seeking treatment;
- in the majority smoke (54 per cent) but indicated that they do not have a problem with alcohol or drugs (71 per cent had no problem with either);
- have an average age of between 45–54 years (39 per cent);
- earn on average less than \$20,000 (37 per cent) or between \$20,001 and \$40,000 (34 per cent);
- have obtained secondary education as their highest level of education (66 per cent);
- are lower blue collar workers (36 per cent);
- live in the inner (33 per cent) or outer (36 per cent) suburbs of Melbourne.

These two profiles are very similar. Notable differences are the mean highest amount lost in one sitting, which is much lower for those not currently seeking treatment. This supports previous results showing that gamblers tend not to seek help until circumstances become severe or desperate.

Statistically significant differences within groups

Chi square analysis showed that those problem gamblers who fall into the income category \$40,001 to \$60,000 are more likely to be seeking treatment than not, with 76 per cent of this group seeking treatment ($p < .05$).

From which service providers are you/they currently seeking help? (Problem gamblers only)

Provider	Problem gamblers % response (n=59)
Gamblers Anonymous	17
Gamblers Help	15
Gamblers Helpline	8
Breakeven – Community Centre	7
Salvation Army	7
Counsellor/community centre/community based	5
Bethany/Bethany Family Support	5
Gamblers Help – Northern/Northern Gamblers Help	5
Counsellor/personal/general	3
Isis Community Health Centre	3
Kildonnann Services	3
Mallee Family Care	3
Community Health in Shepparton	3
Dandenong Gamblers Association	3

What finally prompted you/them to seek help? (Loved ones and problem gamblers only)

Reason	% response	
	Problem gamblers (n=59)	Loved ones (n=13)
Hit rock bottom financially/ran out of money	36	15
Hit rock bottom emotionally/suicidal	15	-
Pressured by family member	10	62
Pressured by partner	7	23

Desperate for help	7	8
Recognised problem	7	8
Referred by courts/legal system	5	-
Health problems/health suffering	5	-
Losing control of money & time spent/feeling out of control	3	-
Pressured by friend	3	-
Want to stop problem in making from getting worse	2	-
Helped in past, had some success/relapse representation	2	-
For protection of assets/clients & partners	-	8
Ready to face issues/make changes	-	-

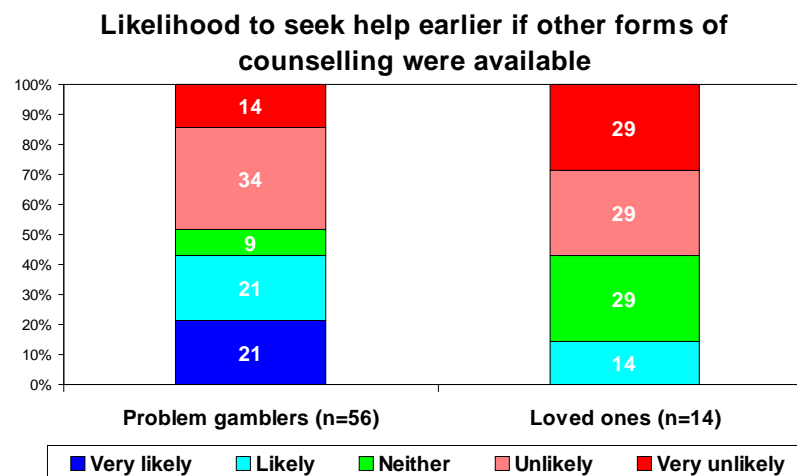
The high proportion of problem gamblers who give severe reasons as the instigation of their decision to get help is consistent with the tendency amongst problem gamblers not to acknowledge their problems until it undeniable.

Gender differences

Problem gamblers

A higher proportion of females (42 per cent) than males (24 per cent) cited 'hit rock bottom financially/ran out of money' as the reason for finally seeking help.

How likely do you think you/your loved one would have been prepared to seek help earlier, if other forms of counselling, that did not require you/your partner to admit that you/they had a gambling problem (ie GP, psychologist, financial/relationship counsellor) had been available? (Loved ones and problem gamblers only)



A profile of those who are very likely to have sought help earlier if they did not have to admit to having a gambling problem.

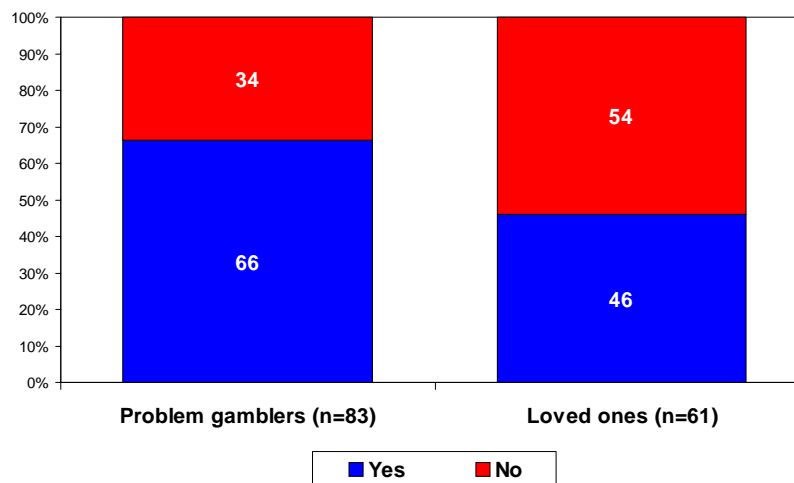
This profile was developed to aid service providers target those who may not currently be seeking treatment as they do not want to admit they have a problem and would be likely to seek treatment if they did not have to admit to this:

- play daily (64 per cent);
- play most often at different venues close to home or work (51 per cent);
- recorded a highest loss in one sitting of \$2286.92 on average, with amounts ranging from \$60 to \$10,000;
- in the majority do not smoke (56 per cent) and indicated that they do not have a problem with alcohol or drugs (95 per cent had no problem with either);
- have an average age of between 45–54 years (41 per cent);

- earn on average less than \$20,000 (41 per cent);
- have obtained secondary education as their highest level of education (69 per cent);
- are lower white collar (23 per cent), or lower blue collar workers (28 per cent).

6.4.2 Proportion of problem gamblers not seeking help and why

Have you/your partner/loved one sought help from a problem gambling service in the past? (Loved ones and problem gamblers only)



Statistically significant difference between groups

There was a statistically significant difference with a greater number of problem gamblers saying they had received help in the past ($M=1.34$) and loved ones saying the gambler had received help in the past ($M=1.54$; $p<.05$).

Statistically significant difference within groups

Chi-square analysis showed that those problem gamblers who lived in metropolitan areas were more likely to have sought treatment in the past than those in rural areas ($p<.05$).

Why did you stop going? (Loved ones and problem gamblers only)

Loved ones said problem gamblers stopped seeking help for the following reasons:

Reason	% response	
	Problem gamblers (n=55)	Loved ones (n=28)
Didn't like treatment	24	18
Treatment was successful	18	18
Didn't connect with counsellor	11	4
Did not work/did not stop	9	4
Not ready to quit	5	18
Only made phone call	5	-
Didn't feel it was helpful needed one on one	4	4
Felt gambling was under control	4	4
It was a joke people weren't honest including myself	4	-
Denial of problem	2	7
Treatment unsuccessful	2	4
Not available where I live now/moved	2	4

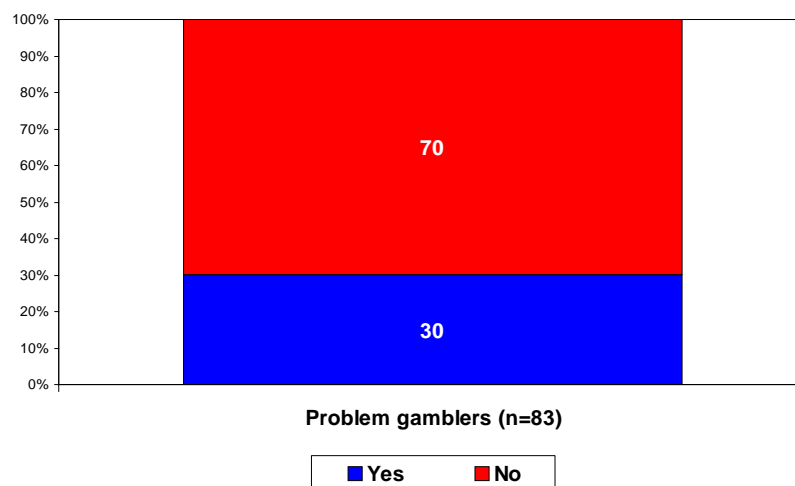
No follow up	2	4
Erratic behaviour and abilities to commit to regular appointment	-	7

Why aren't you/they currently seeking help? (Loved ones and problem gamblers only).

Loved ones were asked why they think the gambler is not seeking help (not why they personally are not seeking help).

Reason	% response	
	Problem gamblers (n=83)	Loved ones (n=60)
Want to deal with it by themselves	39	15
I tried it in the past, but it didn't work	23	-
No need/stopped	11	3
Able to control myself now	8	2
Want to keep gambling	5	20
Not ready for counselling	2	17
Don't want to go to counselling	2	7
Getting better	2	5
Getting help from family/friends/workmates now	2	3
Don't know where to go/don't know services exist	2	-
Shame/too ashamed	1	2
Have another problem/with drinking/obesity	1	2
No one followed up on me/them when they left message	1	2
Have self exclusion in place & dealing with it	1	2
Embarrassed	1	-
Doesn't think it is problem/not bad enough to need help	-	33
Denial/lies	-	2

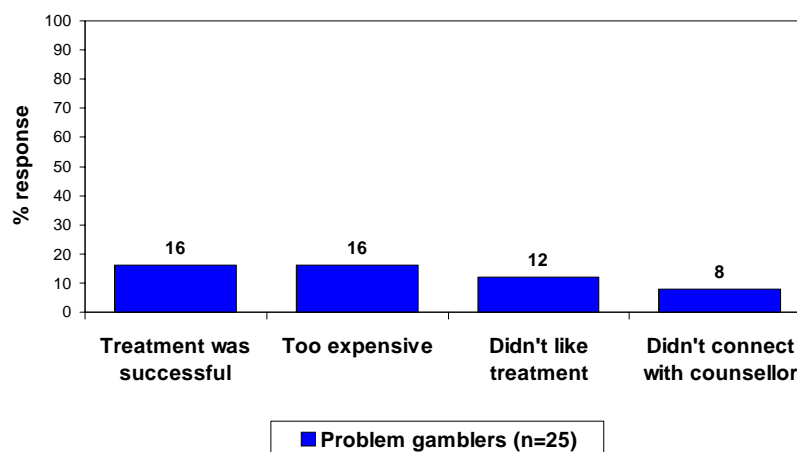
Have you sought help from any other kind of support service in the past (i.e. relationship, financial counsellor) in relation to your gambling? (Problem gamblers only)



Which other types of support/treatment have you sought in the past? (Problem gamblers only)

Provider	Problem gamblers % response (n=25)
Financial counsellor	20
Psychologist	20
Counsellor/community centre/community based	12
Gamblers Anonymous	8
Relationship Counselling — ACCESS	8
Ann O'Hanlon	4
Counsellor/personal/general	4
Uniting Church/Morwell	4
Salvation Army	4
Local Parish Priest	4
Wimmera Community Care	4
Prison psychologist	4
Community Health Service/Centre	4
Davey House	4
AA/Relates to gambling	4
Hypnotherapist	4
Doctor/local GP	4
Bank Financial Advisor	4

Why did you stop going? (Problem gamblers only)

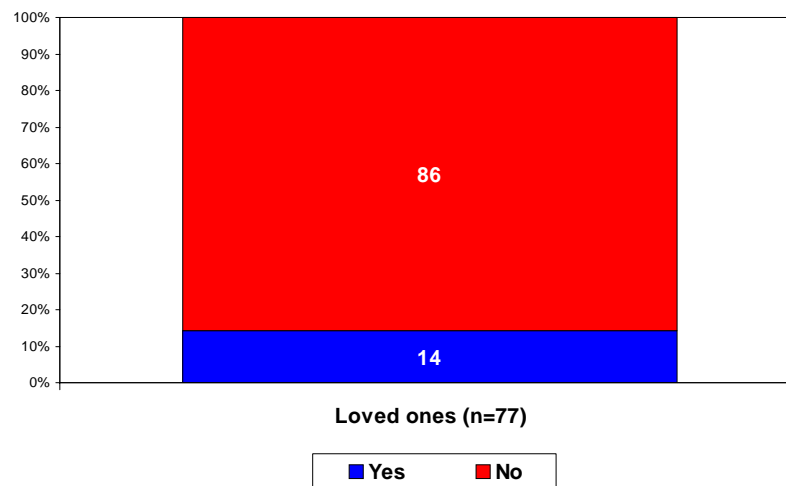


This graph shows mixed responses as to why these other forms of support/treatment were ceased. 16 per cent (n=4) stated that the treatment was successful, while 12 per cent (n=3) stated they did not like the treatment and a further 8 per cent (n=2) stated they did not connect with their counsellor. This latter result is reflective of results (presented later in this section) indicating that problem gamblers feel it is very important for their counsellor to be a problem gambler or have a close experience with problem gambling. It should be noted that this is a small sample size and therefore results should be interpreted with caution.

6.4.3 Proportion of loved ones seeking help and why

This section was answered by loved ones only.

Are you getting counselling/treatment for yourself to deal with your partner's/loved one's gambling? (Loved ones only)



Gender differences

Sixteen per cent of females are seeking treatment and 9 per cent of males are seeking treatment.

From where are you seeking help? (Loved ones only)

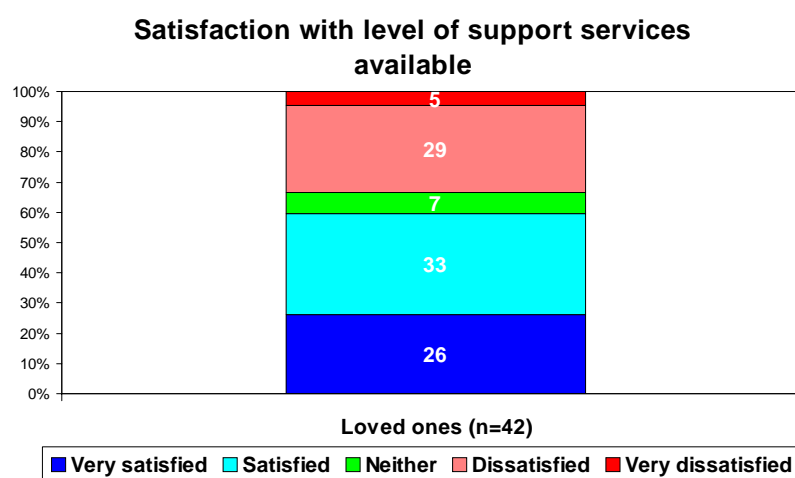
Provider	Loved ones response (n=11)
Individually Named Counsellor	1
Gamblers Anonymous	1
Counsellor/community centre/community based	1
Breakeven – Community Centre	1
General practitioner/private	1
Psychiatrist	1
Gamblers Help	1
Gamblers Help Southern Sth Melbourne	1
Doctor/local GP	1
Kildonnán Services	1
Community Health in Shepparton	1
Camcare	1

From which service providers has your partner sought help in the past? (Problem gamblers only)

Provider	Problem gamblers % response (n=54)
Gamblers Anonymous	43
Gamblers Help	19
Gamblers Helpline	17
Breakeven – Community Centre	7
Counsellor/personal/general	7
Bethany/Bethany Family Support	6

Counsellor/community centre/community based	4
Salvation Army	4
Isis Community Health Centre	2
Northern Problem Gambling	2
Inner City Problem Gambling	2
Financial counsellor	2
Eagle Hawk Community Centre	2
Palm Lodge	2
Community Health Service/Centre	2
Davey House	2
Council program	2
Australian Relationships in Ballarat	2

How satisfied are you with the level of support services available for you? (Loved ones only)



Of those currently using services, over half were either very satisfied or satisfied. This is not as high as the satisfaction levels with the service provided to problem gamblers. Over one-third of those using these services are either dissatisfied or very dissatisfied with the service provided to them. There were only slight gender differences in this satisfaction rating, with 50 per cent of males and 61 per cent of females being satisfied/very satisfied with the level of support services available to them.

Why are you not seeking counselling treatment for yourself to deal with your partner/loved one's gambling problem? (Loved ones only)

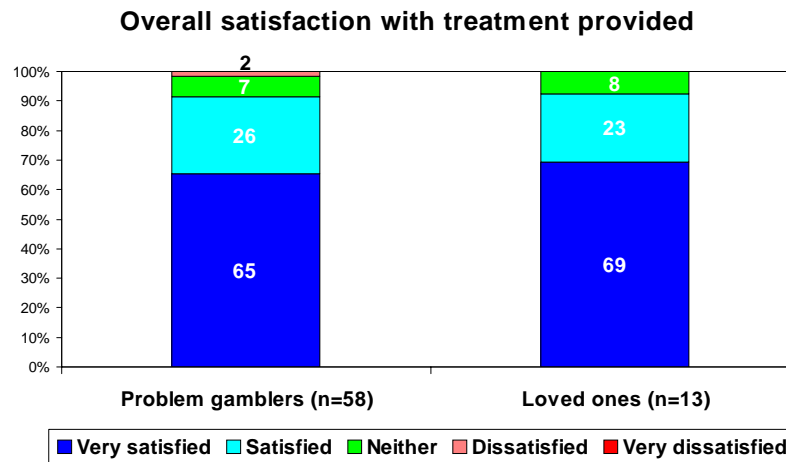
Reason	Loved ones % response (n=62)
Don't need it	47
So far problem has not impacted/affected me that much	18
Don't live with them	5
No need-just a friend	5
I am a strong person	3
Wasn't aware of anyone who could help me	3
Given up	3
Didn't think it would do any good	3

This clarifies the previous result showing that 86 per cent of loved ones are not seeking treatment. Almost half of the loved ones do not feel they need help/support. In addition, a further 18 per cent believe the problem has not reached a level at which help is required. Only 3 per cent indicated that they were not aware there were support services out there. This supports previous results relating to awareness of advertising campaigns.

6.4.4 Satisfaction with Gambling Support Services

How satisfied were you with the overall treatment provided? (Loved ones and problem gamblers only).

For loved ones, this was a rating of the treatment for the problem gambler, not for themselves.



This above graph shows very high satisfaction levels for both problem gamblers and loved ones. Combined very satisfied/satisfied ratings were 91 per cent for problem gamblers and 92 per cent for loved ones.

Gender differences

Problem gamblers

A higher proportion of women (94 per cent) were satisfied/very satisfied overall compared to males (85 per cent).

Loved ones

One hundred per cent of males and 90 per cent of females were satisfied/very satisfied with the treatment provided to their loved one.

Key predictors of satisfaction

As determined by multiple regression analysis, two significant predictors of overall satisfaction with the service provided by their counsellor emerged for problem gamblers, namely:

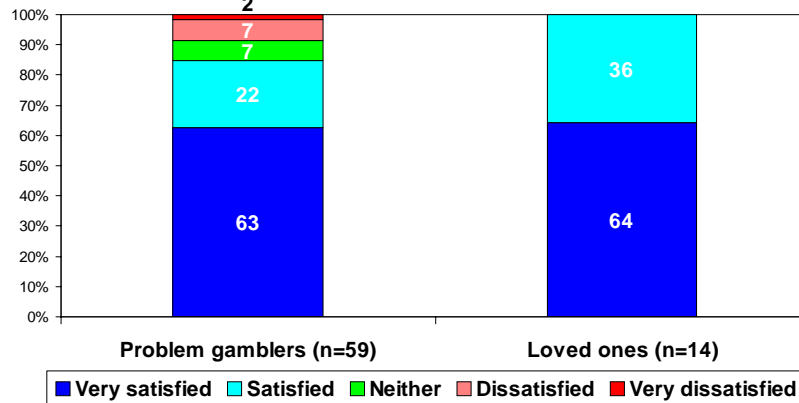
- length of entire treatment ($p < .05$);
- frequency of contact ($p < .05$).

For loved ones, the only significant predictor of overall satisfaction with the service provided to the loved one was ease of contacting the counsellor ($p < .05$).

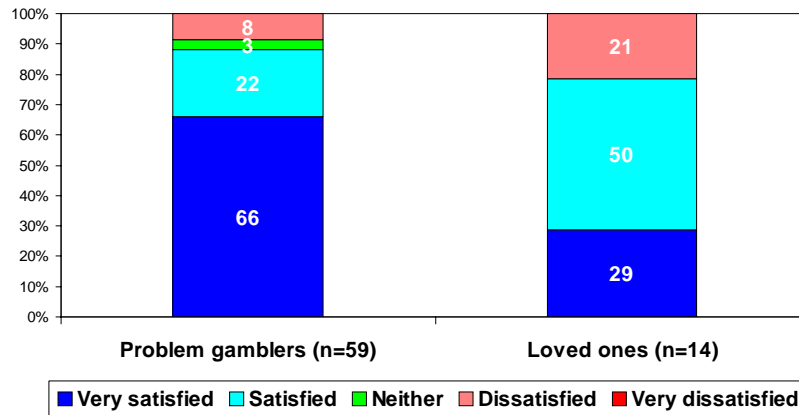
Presentation of the results for these predictor variables are presented later in this section.

In regard to your current treatment, how satisfied were you with: (Loved ones and problem gamblers only)

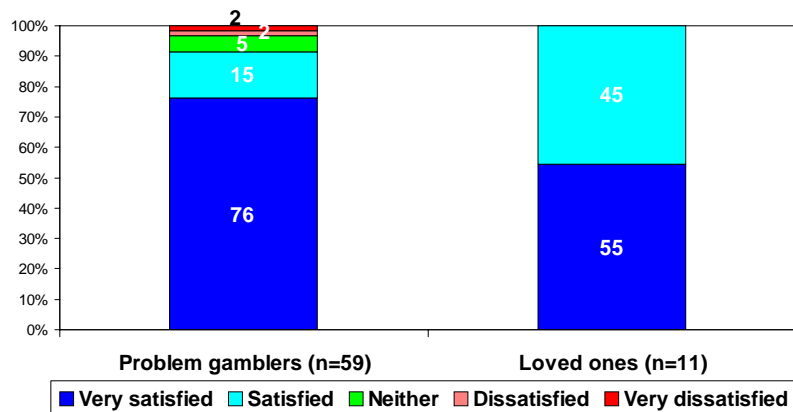
Satisfaction with wait-time experience before first appointment



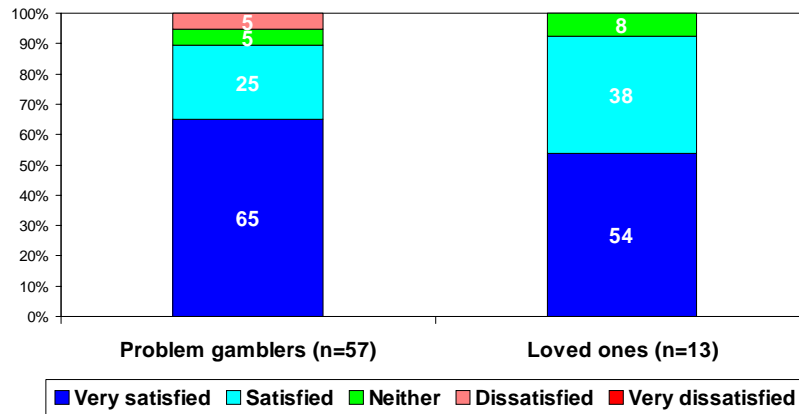
Satisfaction with convenience of getting to centre



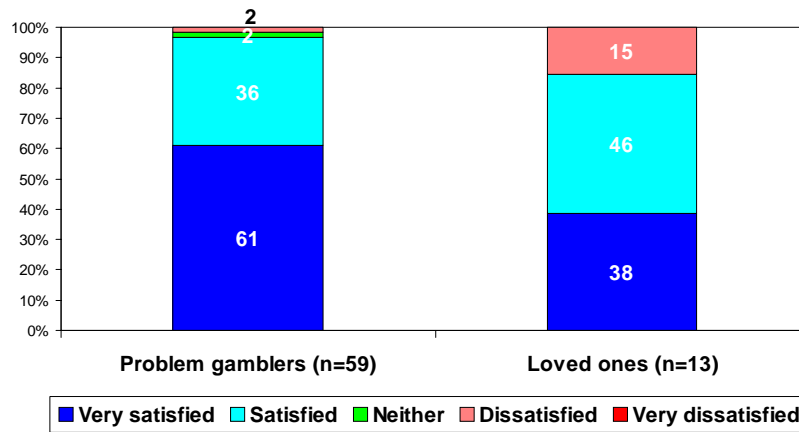
Satisfaction with degree of anonymity/confidentiality experienced



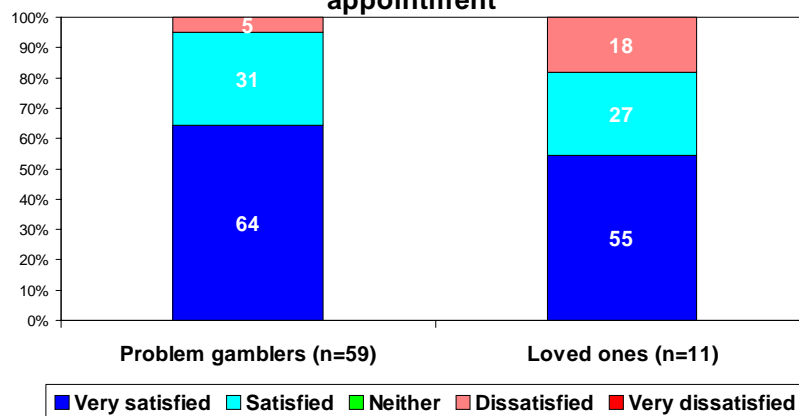
Satisfaction with ease of contacting counsellor



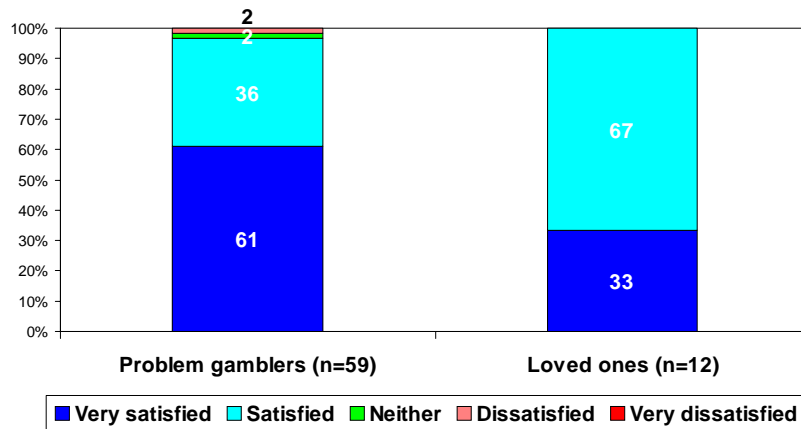
Satisfaction with frequency of contact



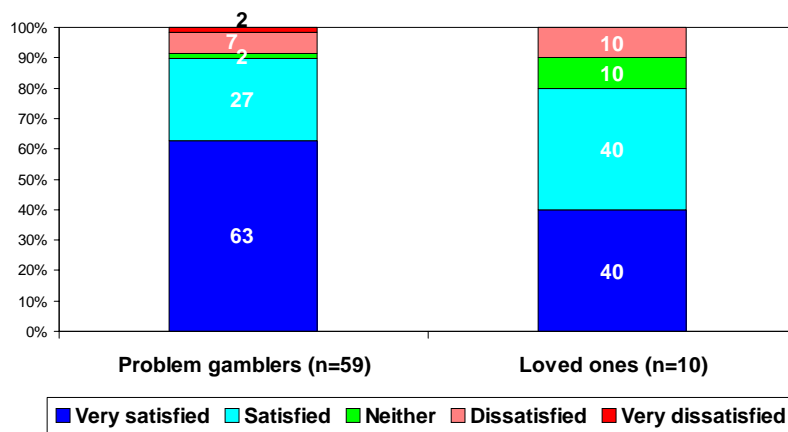
Satisfaction with wait time before next appointment



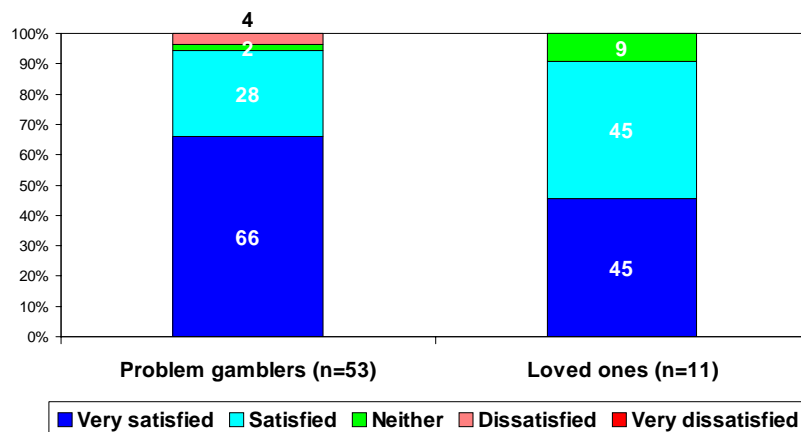
Satisfaction with length of each session



Satisfaction with hours of operation



Satisfaction with length of entire treatment



Gender differences

Problem gamblers

Only slight gender differences were seen in the satisfaction ratings for problem gamblers:

- accessibility in terms of hours of operation:
 - 93 per cent of females were satisfied/very satisfied, while 86 per cent of males showed these levels of satisfaction;
- length of entire treatment:
 - 100 per cent of males were satisfied/very satisfied while 92 per cent of females showed these levels of satisfaction.

Loved ones

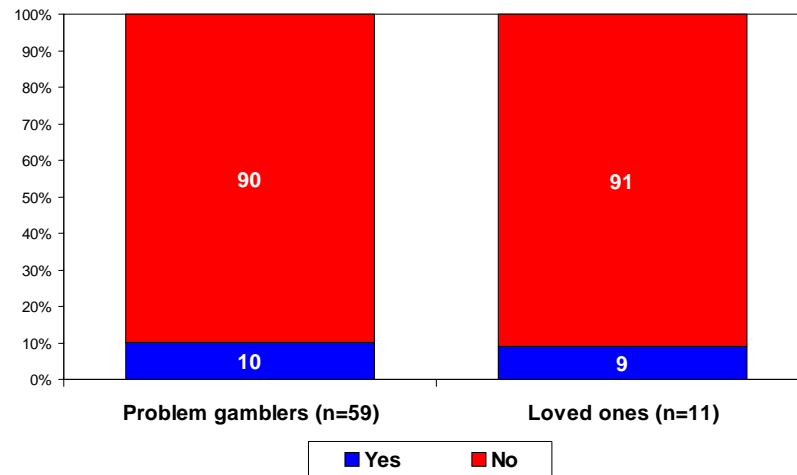
The following attributes of service provision showed gender differences in satisfaction ratings:

- convenience of getting to the centre:
 - 27 per cent of females were dissatisfied while no males were dissatisfied;
- degree of anonymity/confidentiality experienced:
 - 56 per cent of females were satisfied and 44 per cent were very satisfied, while 100 per cent of males were very satisfied;
- frequency of contact:
 - 100 per cent of males were very satisfied, while only 27 per cent of females were very satisfied;
- wait time before their next appointment:
 - 100 per cent of males were satisfied/very satisfied while only 75 per cent of females rated this as such;
- accessibility in terms of hours of operation:
 - 100 per cent of males were satisfied/very satisfied while 76 per cent of females rated this as such;
- length of entire treatment:
 - 100 per cent of males were satisfied/very satisfied while 88 per cent of females rated this as such.

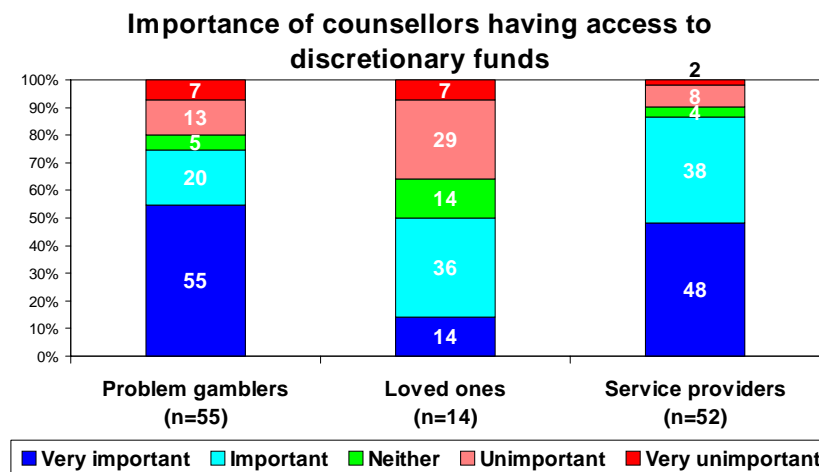
Statistically significant difference between groups

Independent samples t-tests showed that problem gamblers' mean satisfaction score for frequency of contact with service providers ($M=4.56$) was significantly higher than the mean rating for loved ones ($M=4.08$; $p<.05$).

*Has your/your partner's/loved one's counsellor ever bailed you/them out of your/their financial difficulties?
(Loved ones and problem gamblers only)*



How important do you think it is for counsellors to have access to money from a discretionary fund to help the families or partners of problem gamblers out of financial difficulties in the short term?



Gender differences

Problem gamblers

Females thought this was more important than did males, with 80 per cent of females and 63 per cent of males rating this as important/very important.

Loved ones

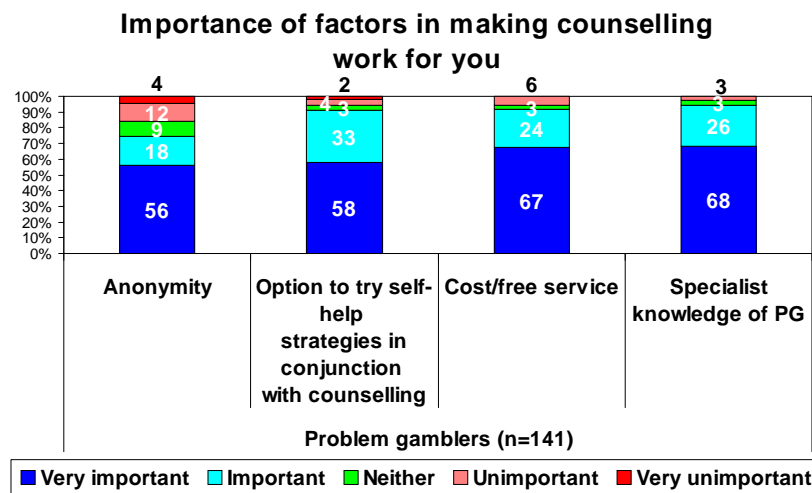
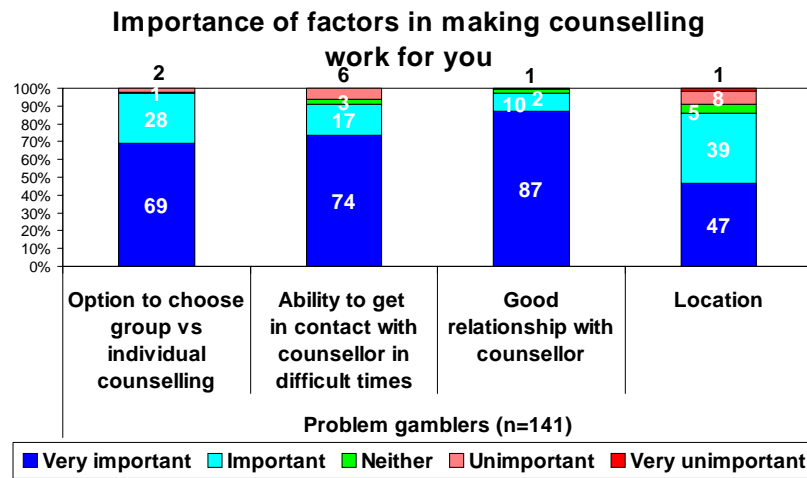
Sixty-six per cent of males rated this as important/very important compared to 45 per cent of females.

Statistically significant differences

Independent samples t-tests showed that problem gamblers (M=4.02) believe it is more important for counsellors to have access to discretionary funds to help the families out of financial difficulties in the short term than did loved ones (M=3.21; p<.05). Service providers however, rated the importance of this factor as higher than family members, although the mean difference between the ratings of service providers and problem gamblers was not statistically significant.

6.4.5 Important factors in counselling problem gamblers

Generally, how important do you think the following factors are in making counselling work for you (even if you haven't been before):



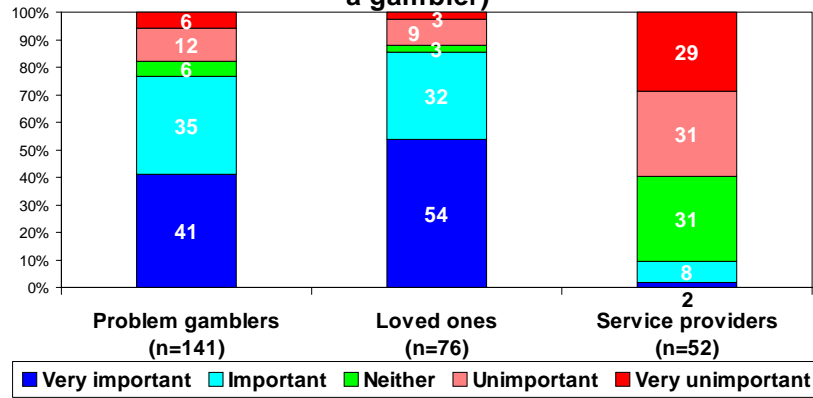
Gender differences

The only factors showing gender differences were:

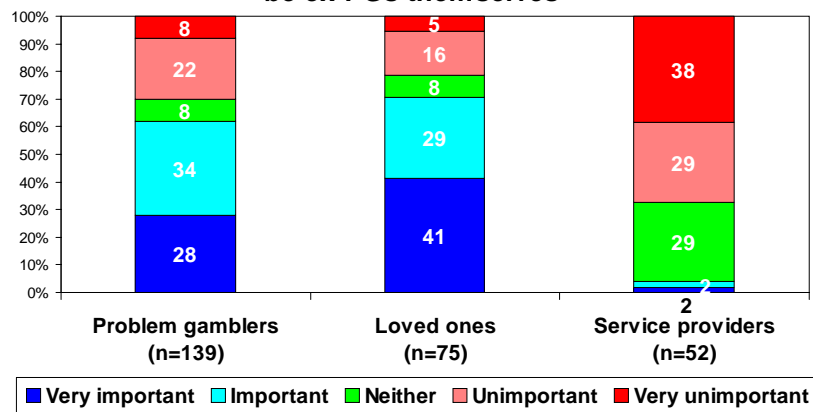
- anonymity:
 - 78 per cent of females and 69 per cent of males rated this as important/very important;
- location:
 - 89 per cent of females and 80 per cent of males rated this as important/very important.

While recognising it is impossible for all counsellors to be ex-gamblers, how important do you think it is for problem gambling counsellors to:

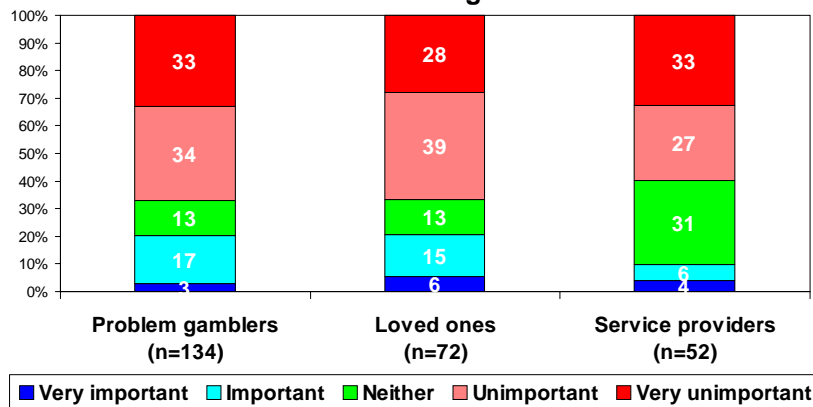
Importance of problem gambling counsellors to have a close experience of PG (ie family member a gambler)



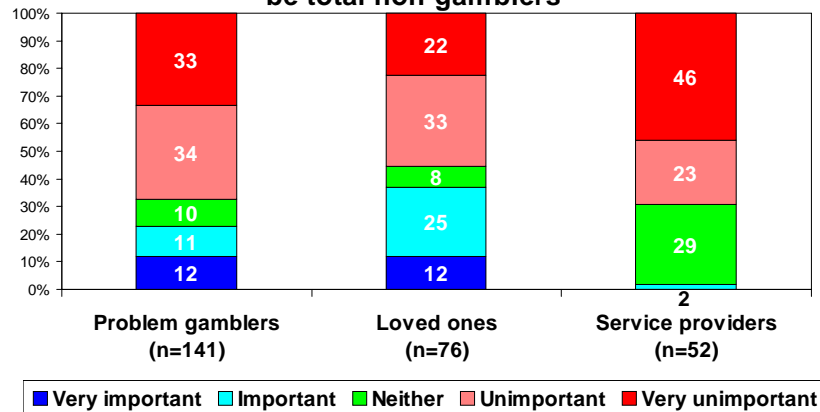
Importance of problem gambling counsellors to be ex-PGs themselves



Importance of problem gambling counsellors to be current social gamblers



Importance of problem gambling counsellors to be total non-gamblers



These results show that problem gamblers feel it is very important for counsellors to either be an ex-problem gambler or to have had a close experience with problem gambling. Most other aspects were rated as ineffective.

There are striking differences between results for these two aspects between problem gamblers/loved ones and service providers. Problem gamblers (41 per cent) and loved ones (54 per cent) rated counsellors having had a close experience with problem gambling as very important, compared to 2 per cent of service providers. Similarly, problem gamblers (28 per cent) and loved ones (41 per cent) rated counsellors being an ex-problem gambler themselves as very important, compared to 2 per cent of service providers.

These results were also compared between those currently seeking treatment and those not currently seeking treatment:

- 32 per cent of those currently seeking help rated it very important that counsellors have had a close experience with problem gambling, while 48 per cent of those not currently seeking help rated this as very important;
- 27 per cent of those currently seeking help rated it very important that counsellors be ex-problem gamblers themselves, compared to 29 per cent of those not currently seeking help;
- 14 per cent of those currently seeking help rated it very important that counsellors be current social gamblers compared to 5 per cent of those not currently seeking help;
- 15 per cent of those currently seeking help rated it very important that counsellors be total non-gamblers compared to 10 per cent of those not currently seeking help.

These results were further explored by assessing the importance of these factors across the different service providers being used by problem gamblers. As the only service provider with a large enough number of respondents to make this comparison was Gamblers Anonymous, this comparison was only made for this group.

Of those who mentioned Gamblers Anonymous as their main service provider (n=8), 100 per cent of these respondents rated service providers as having a close experience with problem gambling themselves as important (n=2) or very important (n=6), 75 per cent rated service providers being ex-problem gamblers themselves as important (n=2) or very important (n=4), only 13 per cent rated service providers as being current social gamblers as important (n=1) and 50 per cent rated service providers as being total non-gamblers as important (n=2) or very important (n=2).

A profile who believe it is very important for counsellors to be ex-problem gamblers themselves

A profile based on demographics and gambling patterns was developed from those problem gamblers who rated counsellors being ex-problem gamblers themselves as 'very important' to provide service providers with information of the type of person who holds this belief. The gamblers who hold this belief are those that:

- play daily (64 per cent);
- play most often at different venues close to home or work (51 per cent);
- recorded a highest loss in one sitting of \$2286.92 on average, with amounts ranging from \$60 to \$10,000;
- in the majority do not smoke (56 per cent) and indicated that they do not have a problem with alcohol or drugs (95 per cent had no problem with either);
- have an average age of between 45–54 years (41 per cent);
- earn on average less than \$20,000 (41 per cent);
- have obtained secondary education as their highest level of education (69 per cent);
- are lower white (23 per cent) or lower blue (28 per cent) collar workers.

Gender differences

Problem gamblers

The only factor showing gender differences was 'have a close experience of problem gambling'; 80 per cent of females and 70 per cent of males rated this as important/very important.

Loved ones

Gender differences emerged on the following aspects:

- have a close experience of problem gambling:
 - 17 per cent of females rated this as unimportant/very unimportant, while no male rated this as unimportant/very unimportant.
- be ex-problem gamblers themselves:
 - 66 per cent of females rated this as important/very important, while 85 per cent of males did so. The mean scores on this rating scale for males ($\underline{M}=4.4$) was statistically significantly higher than the mean score for females ($\underline{M}=3.7$).

Statistically significant differences

Independent samples t-tests showed that problem gamblers rated the counsellor having a close experience with problem gambling as much more important than did service providers [service providers ($\underline{M}=2.23$), problem gamblers ($\underline{M}=3.94$; $p<.05$)]. Problem gamblers also rated the importance of counsellors being ex-problem gamblers themselves as more important than did service providers [service providers ($\underline{M}=2.00$), problem gamblers ($\underline{M}=3.52$; $p<.05$)].

Similar results were found in the comparison between loved ones and service providers on importance of attributes of counsellors, with all attributes being rated as more important by loved ones than by service providers. The following were significant differences: counsellors having a close experience with problem gambling [service providers ($M=2.23$), loved ones ($M=4.25$; $p<.05$)], counsellors being ex-problem gamblers themselves [service providers ($M=2.23$), loved ones ($M=4.25$; $p<.05$)]. The rating of counsellors being total non-gamblers was more important for loved ones than for service providers [service providers ($M=1.87$), loved ones ($M=2.71$; $p<.05$)].

6.4.6 Suggestions for improving gambling support services

Do you have any suggestions for improving problem gambling help services for problem gamblers? (Loved ones only)

Suggestion	Loved ones % response (n=52)
Increased public awareness/advertise services	23
More advertising gamblers anonymous availability at churches etc	10
More counsellors available/one on one	8
Make it more an outreach service/accessible 24 hours	8
Advertising locally showing who to call/how to get help	8
Follow gambler up after initial visit/phone call	6
Police venues to identify problem gamblers offer help	6
Be able to see a counselor sooner/shorten waiting time	6
More accessible locations – especially for country areas	6
Understand/listen to what is important in gamblers lives	4
Problem Gambler to have an ID card	4
More advice given on Helpline/don't just listen	4
Get to the core of the problem	4
Get message to gamblers/cut down on playing EGMs	4
Need counselors who are ex-problem gamblers	4
Continuity of counselors/see same person for longer periods	4
Put information in local/community papers	4
Advertise what individual machines payout/not venue overall	4
To be available immediately when help is needed/no waiting time	4

Although over 90 per cent of loved ones recalled advertising regarding problem gambling, the most frequently mentioned suggestion for improving help services for problem gamblers was increased public awareness and advertising, with almost a quarter of loved ones making this suggestion.

Do you have any suggestions for improving problem gambling help services for loved ones affected by gambling, such as yourself? (Loved ones only)

Suggestion	Loved ones % response (n=39)
More information on how and where to get help	44
Give ideas on how to deal with/help a gambler	26
Advertise services for those affected by problem gambler	26
Counselling sessions	8
Reassurance to families they didn't do anything wrong	5
Gamblers Anonymous only in Melbourne/needed in country	5
Availability of counselling when needed	5
Group sessions/support group	5
Get family/partner/friends together to explain problem	5

This result indicates that although there is much publicity regarding help for problem gamblers, more awareness of help services for loved ones of problem gamblers is required. In addition, this sample of loved ones suggests that more practical advice for helping problem gamblers should be incorporated into help services tailored for the loved ones. This could take the form of information sessions/classes/courses for these people rather than only having support services to deal with the difficulties associated with being a loved one of a problem gambler.

Do you have suggestions for other services which would help gamblers and loved ones affected by problem gambling? deal with problem gambling? (e.g. brokerage services with banks/utilities, child minding services) (Loved ones only)

For gambler

Suggestion	loved ones % response (n=37)
Dealing with finances/advice/financial counseling	22
Child minding/child care	16
Organise/encourage other activities/interests/recreation	8
Services need to be local/easily accessible	8
Access to community programs/especially for older people	5
Freeze/assets so they can't be gambled	5
Live in program/like detox	5
Need help before they are in complete strife	5

For self

As only a small number of loved ones responded to this question (n=17), the results were not presented in a table. A data table showing all the results can be found in the data report.

Suggestions for helping oneself included:

- child minding/child care;
- counselling services for families;
- group sessions for people in same situation;
- information for people wanting to help a problem gambler and how to go about it.

The results of these two questions show that the majority of suggestions for helping problem gamblers and loved ones of problem gamblers are functional supports rather than emotional or psychological supports.

Do you have any suggestions for improving problem gambling help services? (Problem gamblers only)

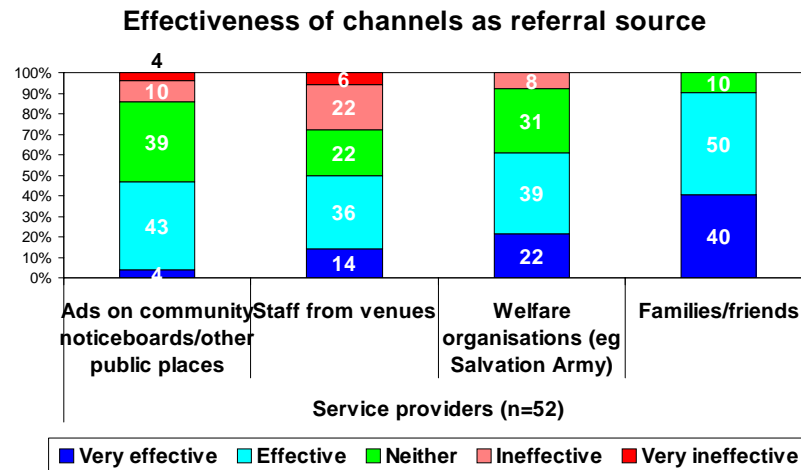
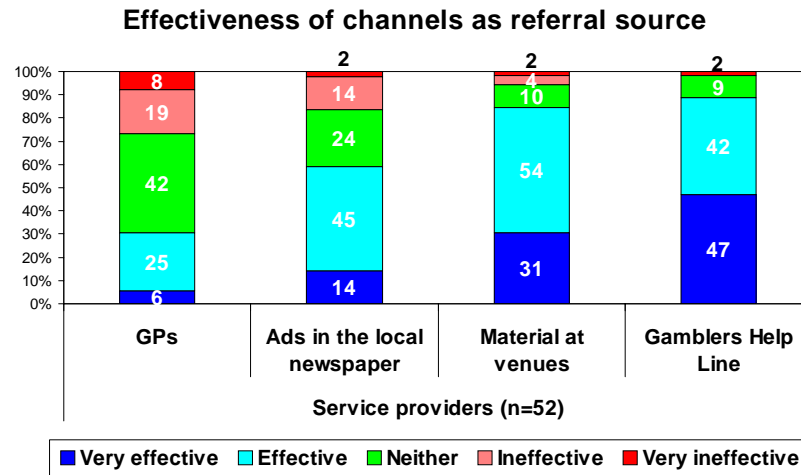
Suggestion	Problem gamblers % response (n=104)
Increased public awareness/advertise services	13
More counsellors available/one on one	11
Be able to see a counsellor quicker/shorten waiting time	11
More accessible locations/cover all areas including country	11
Drop in centres to socialize and stop urge to gamble	9
Make it more an outreach service/accessible 24 hours	8
More options to attend meetings/group sessions/Gamblers Anonymous	8
Counsellors should know what they are talking about	8
Have Gambling Anonymous person at venue for immediate help	8
Need counsellors who are ex-problem gamblers	7
Government needs to fund counselling more/put money from EGMs back	6
Ability to talk to someone anytime/not leave message	6
Help gambler pursue other interests/organise other interests for them	5
Have people who have good communication skills	4

Do you have any suggestions for other kinds of assistance that might be given to you by problem gambling services? (e.g. dealing with people you owe money to, advocating on your behalf) (Problem gamblers only)

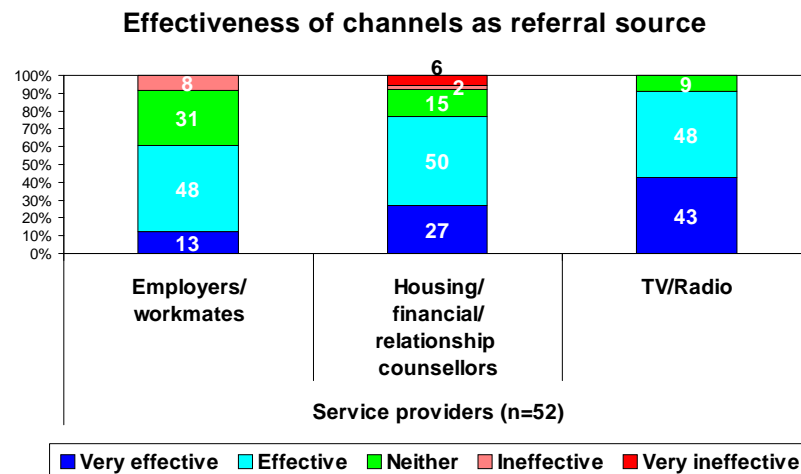
Suggestion	Problem gamblers % response (n=86)
Dealing with finances/advice/financial counselling	27
Advocating generally	22
Negotiate for us for extended payment terms for accounts owing	20
Debt management by financial counselor	17
Monetary assistance/discretionary funds	5
Counselling services for families including group information sessions	5
Organise/encourage other activities/interests/recreations	5
One point of contact to have back-up and to build trust and rapport	5
Case managers to keep in touch between appointments	3
Have counsellors that have been problem gamblers to relate to them	3
Counselling to cover all areas, including financial & relationships	3
Should not bail people out financially	3

6.4.7 Service provider perceptions of their support services

Please rate the effectiveness of the following channels as a referral source to your organisation:



Please rate the effectiveness of the following channels as a referral source to your organisation:



Gamblers Helpline, TV and radio, and families and friends were rated as the most effective means for getting referrals to gambling help services. General practitioners, housing/financial/relationship counsellors and staff from venues were rating as the most ineffective. As staff employed at venues have the most contact with problem gamblers in an environment in which the problem behaviour is occurring, this could potentially be a good source of referrals. However, there are obvious barriers to enlisting the help of such staff, due to loyalty to their customers and employers.

In terms of your service provision, what do you think your organisation does well?

Service provision – what organisation does well	Service providers % response (n=54)
Community education/service promotion/harm minimisation strategies	17
Servicing clients when the need is there/24 hours/quick	15
Referrals	13
Gambling/problem gambling counselling	13
Efficient intake system	11
Quality counselling	11
Flexibility in scheduling appointments/vary hours available	9
Financial counselling	9
Give people strategies to use immediately the urge hits	9
Promotion/publicity of our services/use media	7
Respond to referrals for counselling	7
Variety of services to suit needs of clients	7
Provision of support/understanding/respect/dignity	7
Caring staff with years of practice/experienced/committed	6
Treatment service/one to one/couples/groups	6
Working with problem gamblers	6
Confidentiality/anonymous service	6
Non-judgmental/approachable	6
Personal/one-on-one counselling/client orientated	6

In terms of your service provision, what do you think your organisation could improve on?

What could improve on	Service providers % response (n=50)
Community education	14
Support group/group programs	10
Increased professional development provision	10
Family interventions/service to families/partners	8
Increased funding to reduce loads	8
Less waiting time/streamline requests for service	6
Financial counselling/expertise still developing	6
Provide financial assistance for basics/food/heating	6
Advertising/promotion of our services	6
Linkages to recreation services	6
Flexibility/after hours extended service provision	6
Work with other service providers to increase client option	6
More specific training to work with Gamblers Help clients	6

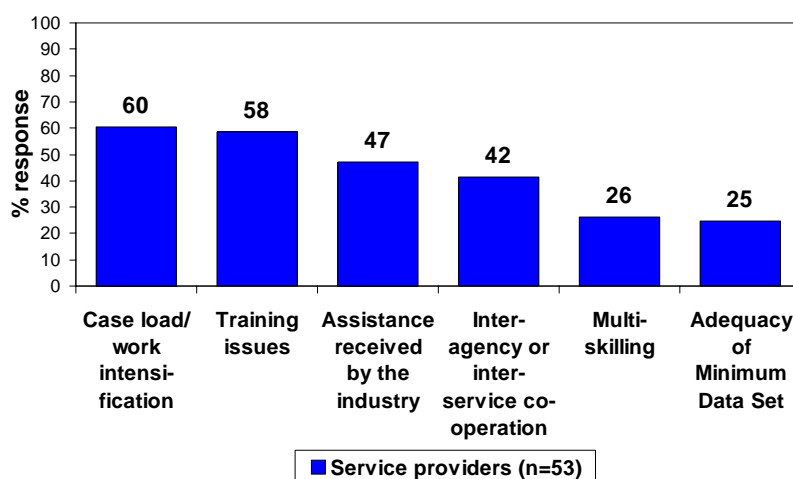
What do you need to make these service provision improvements?

Service provision improvement requirements	Service providers % response (n=50)
More money/increased funding	46
More time	12
More staff/personnel	10
Funding for more counsellors	10
Bring back discretionary funding/brokerage funding	10
Local professional development options for counselling	8
Further training	6
Money for community development/community education	6
Need something/not all clients' needs being met	6
Funding/materials for & development of advertising	4

Do you have suggestions for other kinds of assistance that might be given by problem gambling services? (e.g. dealing with people your clients owe money to, advocating on their behalf?)

Suggested types of assistance by problem gambling services	Service providers % response (n=39)
Monetary assistance/discretionary funds	26
Organise/encourage other activities/interests/recreation	13
Advocating generally	8
Community education resources for early intervention/not pick up pieces	8
Dealing with finances/advice/financial counselling	5
Focus on gamblers families rather than gambler	5
Group session for people in same situation	5
Food service for those in need/food vouchers	5
Power of attorney to look after finances/voluntary administration order	5
Case managers to keep in touch/ring between appointments	5
Money for prevention work	5

Which of the following present a challenge to the problem gambling service sector, in terms of being able to adequately service your client base?



These results indicate that the biggest challenges facing service providers are resource-related issues, such as staff numbers and funding/time to provide more comprehensive training to their staff. These results also support other findings that indicate that these are also the areas in which service providers feel their organisation could improve.

What impact, if any, has the reduction in amount of money available through discretionary funds limited your ability to assist your clients?

Impact of reduction in money available to assist clients	Service providers % response (n=39)
Limits client assistance	18
Severe/needed for fares to work/power bills/rent assistance	18
If crisis/can't help financially in the short term	15
More children going without food/activities	13
No money means no help for range of issues	13
Limits strategies that would stabilise clients	10
Greater drain on other welfare services	8
They can't focus on addressing problem gambling issue if under financial stress	8
Impacts on clients' relationships with support group	5
Disallowing applications we would previously have approved	5
Negative/concerning impact on client quality of life issues	5
Limits ability to assist urgent need	5
Can't fund new direction activities/leisure/recreation	5
Alright now but concerned about uncertainty for future	5

In general terms, what do you think are the most effective ways for problem gambling counsellors to help a problem gambler?

Most effective ways for problem gambling counsellors to help problem gamblers	Service providers % response (n=51)
Work on both gambling and underlying issues	27
Provide regular/reliable support/care	18
Be attentive and caring/good listener/stay focused	16
Give strategies for control/goal setting	16
Counselling/supportive counselling	12
Help client understand/recognise triggers	10
Develop strategies for each problem gambler to avoid gaming relentlessly	10
Refer them to a financial counsellor/for practical advice	10
Give support/strategies for change/behavioural change	10
Work on underlying personal issues/ongoing counselling	8
Motivate/educate	8
Provide safe place/to tell what has been happening	6
Help client deal effectively with emotions/stresses	6
Exploration of options	6
Cognitive Behavioural Therapy (CBT)	6
Encourage participation in other activities	6
Give appropriate referrals/to specialists	6

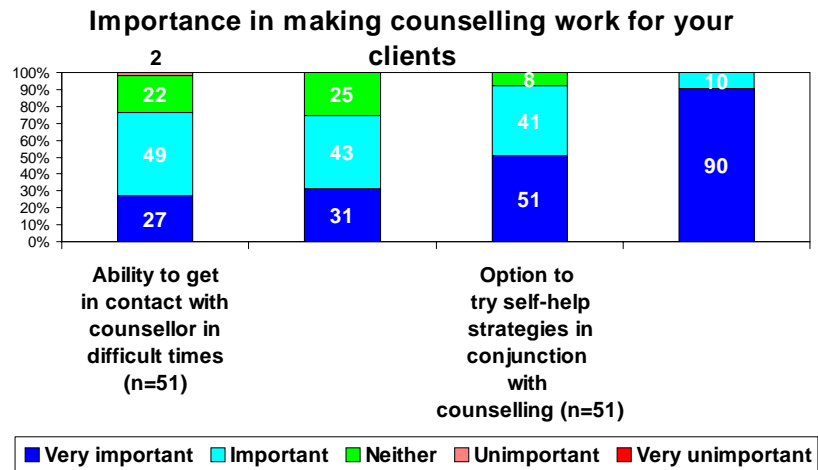
More specifically, which treatments/therapies/interventions generally work better than others, based on your experience?

Treatments/therapies/interventions	Service providers % response (n=43)
CBT/helps client manage problem themselves/solution focused/ understanding of triggers	72
Motivational interviewing/solution focused	26
Behavioural therapy	12
Family support/therapy and combined counseling for problem gamblers & family	12
Humanistic therapies (holistic approach)	12
For issues besides their gambling, therapy skills are vital	9
Supportive counseling	9
Financial counselling/financial management	7
Strategies	7
Contracts/individual	5
Therapeutic relationship/counseling	5
Co-operative/all work together	5
Narrative	5

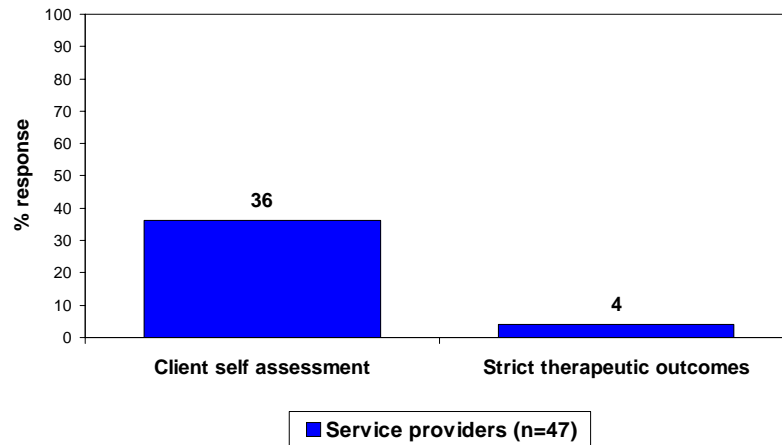
Are you aware of any especially innovative treatments/therapies/interventions being used in Victoria or elsewhere?

Treatments/therapies/interventions	Service providers % response (n=21)
Our support group 'Wonder Women' is highly successful	10
Gaby Byrnes Free Yourself program	10
Single session counselling/therapy	10
Cognitive Behavioural Therapy	10
Our financial & gambling counsellors work closely together	5
Recreation/leisure partnerships	5
South Australia has a safe gambling program which works well	5
Eye movement desensitisation routine (EMDR)	5
Family counselling	5
Melbourne Division of General Practitioners (CD Rom on problem gambling)	5
We work with Domestic Violence & Incest Resource Centre linking gambling & domestic violence	5
Western Region Supported Accommodation Assistance Program project 'Gambling & Domestic Violence'	5
Interpersonal therapy workshop/used in USA	5
Free Yourself program combined with Chapel Resource Centre	5
We developed self help book for brief intervention	5
Residential program at Warburton, although unsure of effectiveness	5
Hypnosis as an aid to other therapy	5
Forgiveness therapy as problem gamblers often have other issues to combat	5
Free Yourself Program	5
Support group at Northern Gamblers Help	5
Information/education sessions 'diary of urges to gamble'	5

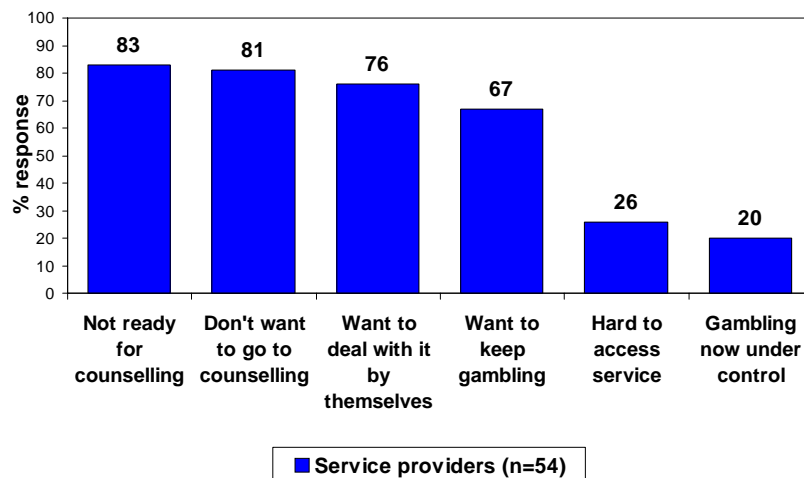
Generally, how important do you think the following factors are in making counselling work for your clients?



Which method do you use to assess whether you have been successful in your treatment of a client?



Why do you think some problem gamblers do not seek help from a problem gambling service?



Who do you think are the non-service users?

Non-service users	Service providers % response (n=43)
Those who won't admit they have a problem and need help	21
Koori community/Indigenous	12
Older people/over 60	12
Those who lack knowledge of service available/how it works	12
Those who choose not to seek help for various reasons	12
Ashamed people	9
CALD/culturally & linguistically diverse background people	9
Those who think they should be able to control themselves	9
Those where counselling not a concept of their culture	9
Isolated people	7
Some afraid of non-confidentiality/non-anonymous staff	7
Those scared of stigma	7
Men	5
Have had previous bad experience with counsellors	5
Mental health agency clients with major mental illnesses	5
Those in midst of thrill of gaming/pleasure outweighs pain	5
The employed/limited service outside business hours	5
Youth	5

Specific groups singled out as non-users of these services are Indigenous Australians and elderly people. A more general category commonly mentioned was those who won't admit they have a problem. This relates to results showing that problem gamblers would be more likely to seek help if they did not have to admit that they have a problem.

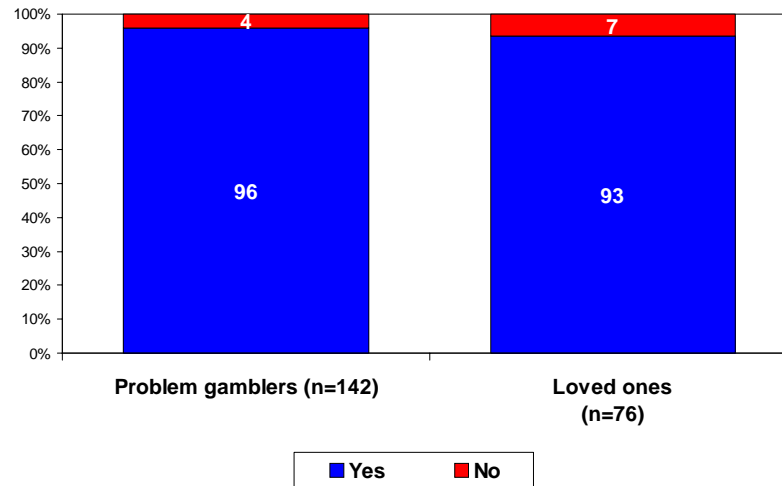
In your opinion, can a problem gambler ever become a controlled social gambler, or must they abstain from gambling altogether?

Controlled social gambler	Service providers % response (n=49)
Yes, some people can/depends on the individual	22
Possible to become controlled social gambler but more likely that they need to abstain	16
Problem Gambling is learned behaviour/can change/learn new behaviour	10
Can never predict/always risk of relapse	8
Possible to be social gambler, but this depends how long gambling was a problem	8
In theory once work out problem should be OK to gamble	8
Depends on gambling problem severity/if other issues fixed	8
Abstinence best for long term outcome	6
Need to abstain 6 months–2 years whilst working through issues	6
Suggest clients abstain so as not to get hooked again	4
Adult clients can take responsibility/make choices	4
Can be a controlled social gambler, but depends on individual degree of control	4
Believe it is possible to become a controlled gambler but this is often a challenge	4
Some can but these are in the minority	4

6.5 The Victorian Problem Gambling Communication Strategy

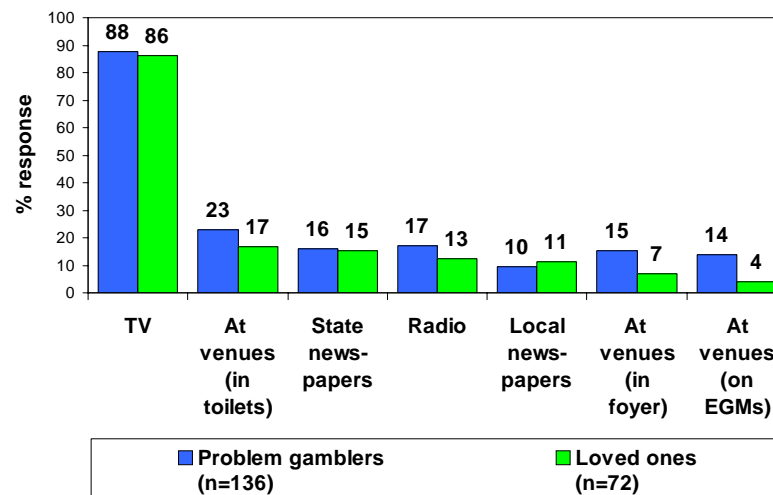
6.5.1 Perceptions of the current campaign

Have you see or heard about any advertising on problem gambling in the past 12 months? (Loved ones and problem gamblers only)



An overwhelming majority of both problem gamblers and loved ones have seen advertising on problem gambling in the last 12 months. Given the current Problem Gambling Communication Program being implemented at present, this should be expected. It should be taken into account that these groups would be more likely to notice such advertising, as it is personally relevant to them.

Where did you see/hear the advertising? (Loved ones and problem gamblers only)



Gender differences

Problem gamblers

The only difference emerging in advertising communication recall was that 28 per cent of males recalled hearing gambling advertising on the radio, while only 9 per cent of females reported this.

The above graph shows that the highest percentage saw the advertising on television, however, these results could be better interpreted with data on media consumption. Although almost a quarter of problem gamblers recall seeing advertising in toilets at venues, it must be recalled that this initiative was rated as very ineffective by a large number of problem gamblers in a previous question.

Therefore, although a large percentage recall seeing this advertising, this may have had no effect or may not have been followed by any action.

Do you remember what message(s) were being promoted?

Promoted message recall	% response	
	Problem gamblers (n=135)	Loved ones (n=71)
Think about what you are gambling with	13	10
Ruin your life and family	9	7
Split-ups because of gambling: lose family/lose wife	8	11
If gambling is a problem call the gamblers Helpline	8	3
Woman in supermarket to buy groceries & has no money	7	8
Problem gambling causes family problems	7	4
If problem, ring these numbers	5	4
Loss of money/loss of family	5	4
Can't afford groceries	5	3
No	4	14
Helpline number	4	8
How to get help and the relevant contact numbers	4	6
When it is no longer fun walk away/stop	4	4
Bloke with family having an argument/wife left him	4	4
That there is help available	4	1
Gambling can be addictive	4	-
Hurting other people/family	3	3
If you have a problem contact Gambling Anonymous or gamblers help	3	-
What are you really playing or gambling with	1	4
If you have a problem, get help	1	3

6.5.2 Service providers' suggestions on maximising campaign effectiveness

What messages do you think need to be promoted to problem gamblers to help raise the awareness of problem gambling?

Messages to promote to problem gamblers to raise awareness of problem gambling	Service providers % response (n=50)
Messages that make people mindful of signs and symptoms	20
Don't spend more than you can afford/know & set limits	10
Services available/phone numbers of services	10
Change is possible/take action to change your situation	10
You can't win/the industry is stacked against you	10
Gambling is just a symptom of other issues	8
You may have a problem if you're secretive about gambling	6
If you think you have a problem seek help	6
Problem Gamblers are not freaks/addicts/uncontrolled/bad/weak people	6
Society is responsible for problem gambling/govt/industry & gambler	6
Nobody is immune to developing a problem with gambling	4

There is a risk if one gambles	4
Your behaviour affects others/partner/children/relationship	4
You're risking family/house/travel/investments/retirement	4
Promote controlled gambling strategies/how to play safely	4
It's a myth that you can win on poker machines	4
Why gambling moves towards problem gambling	4
Get financial counselling if you've a problem with gambling	4
Problem gambling is a public health issue	4
Harm minimisation strategies/especially to school ages	4
Design of machines/psychological impact/addictive	4
They're not alone/there is help available	4

What messages do you think need to be promoted to at risk gamblers to help raise the awareness of problem gambling?

Messages to promote to at risk gamblers to raise awareness of problem gambling	Service providers % response (n=50)
Messages that make people mindful of signs and symptoms	16
It's a myth that you can win on poker machines	8
Anyone can develop a problem/be aware	8
Don't spend more than you can afford/know & set limits	6
If you're gambling alone you could have a problem	6
All venues make money not the punters	6
Harm minimisation strategies/especially to school ages	6
Services available/phone numbers of services	4
Give odds/stats relating to real life events	4
If you continue gambling you will have a bleak future	4
Gambling is just a symptom of other issues	4
You're risking family/house/travel/investments/retirement	4
There are better things to do	4
Promote controlled gambling strategies/how to play safely	4
Why gambling moves towards problem gambling	4
Get financial counselling if you've a problem with gambling	4
Gambling is not a way of making money/it is entertainment	4
You can't win/the industry is stacked against you	4
Stop before it is too late	4
Don't chase losses	4
Gambling has impacts/social/economic/political	4
Design of machines/psychological impact/addictive	4
Understanding of process of addiction and change	4
What makes people vulnerable	4
Attending venue greatly increases risk	4
Concept of probability and randomness of EGM payouts	4

What messages do you think need to be promoted to recreational gamblers to help raise the awareness of problem gambling?

Messages to promote to recreational gamblers to raise awareness of problem gambling	Service providers % response (n=50)
Don't spend more than you can afford/know & set limits	16
Messages that make people mindful of signs and symptoms	12
Nobody is immune to developing a problem with gambling	10
Give odds/stats relating to real life events	6
Never play when depressed/angry or euphoric	6
It's a myth that you can win on poker machines	6
Large amount gambling industry & govt. make from gamblers	6
It's possible stress can turn recreational gamblers into problem gamblers	4
Maintain a balance in the activities you choose	4
Gambling is just a symptom of other issues	4
If spending too much time gambling there could be a risk	4
Gambling is a risky business	4
There are better things to do	4
All problem gamblers begin as recreational gamblers	4
Anyone can develop a problem/be aware	4
You can't win/the industry is stacked against you	4
Design of machines/psychological impact/addictive	4
Understanding of process of addiction and change	4
What makes people vulnerable	4
Have more than one form of recreation to avoid habit	4
Chances of winning/stats/probability	4

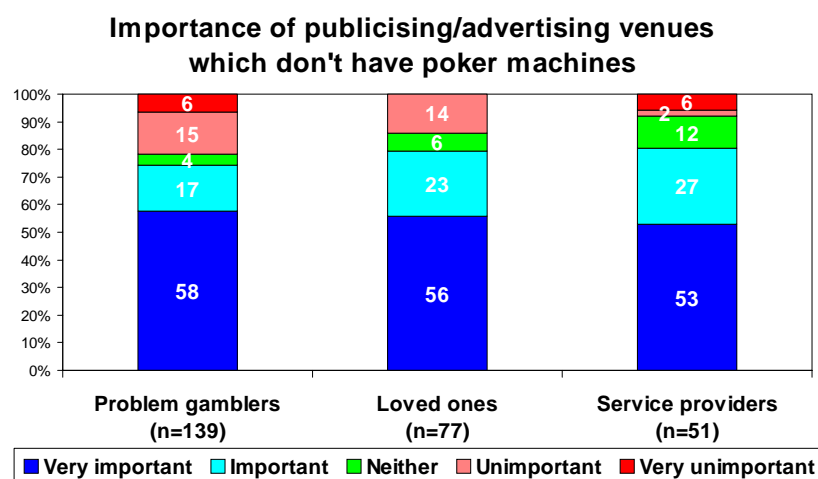
What messages do you think need to be promoted to the general community to help raise the awareness of problem gambling?

Messages to promote to the general community to raise awareness of problem gambling	Service providers % response (n=48)
Nobody is immune to developing a problem with gambling	23
There is a risk of one gambles	10
Messages that make people mindful of signs and symptoms	10
Gambling is a risky business	8
Anyone can develop a problem/be aware	8
Gamblers are normal people who have a problem with gambling	6
Services available/phone numbers of services	6
What makes people vulnerable	6
Don't spend more than you can afford/know & set limits	4
Give odds/stats relating to real life events	4
Gambling is just a symptom of other issues	4

Your behaviour affects others/partner/children/relationship	4
Messages that reduce stigma/de-stigmatise counselling	4
You're risking family/house/travel/investments/retirement	4
All venues make money not the punters	4
Problem Gamblers costs the community/cost of treatment/lose jobs	4
Why gambling moves towards problem gambling	4
Present worse case scenarios in the message/don't whitewash	4
Tell them it can and does happen so easily	4
Be caring/supportive of problem gamblers/they are not from another planet	4
Gambling can be dangerous to your mental health	4
Problem Gambling is a public health issue	4
Concept of probability and randomness of EGM payouts	4
Chances of winning/stats/probability	4

6.5.3 Promotion of non EGM venues

How important do you think it is to publicise/advertise venues which don't have poker machines, so as to minimise problem gambling?



These results show that all segments believe this would be a very effective measure, with over 50 per cent in each group rating this as very effective and three-quarters of each group showing combined effective/very effective ratings.

Gender differences

Problem gamblers

A higher proportion of females (80 per cent) rated this as important/very important than did males (65 per cent).

Loved ones

Thirty-two per cent of males rated this as unimportant compared to 7 per cent of females. This corresponds to higher important/very important ratings (83 per cent for females and 68 per cent for males).

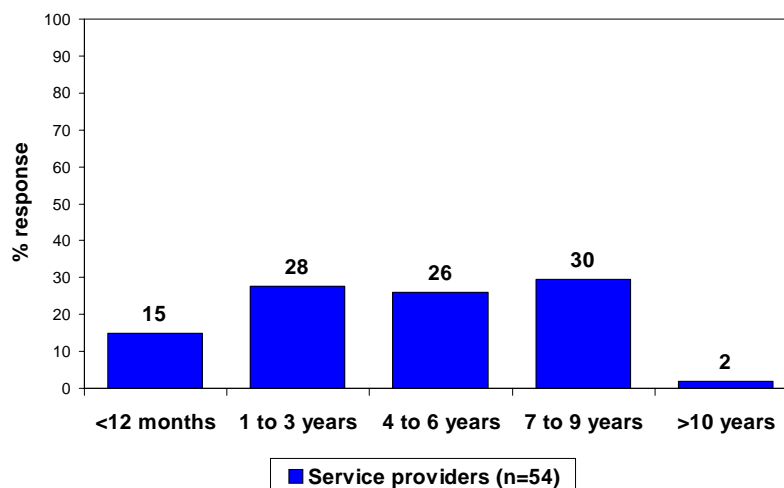
6.6 Demographics

6.6.1 Service providers

What is the name of the organisation you work for?

Name of organisation	Service providers % response (n=52)
Gamblers Help	13
Gamblers Help Southern	10
Gamblers Help Eastern/Eastern Access Community Health	8
Goulburn Valley Community Health Service	8
Banyule Community Health Service/BCHS	6
Melbourne Counselling Service (Salvation Army)	6
Turning Point	6
Upper Hume Community Health	6
Gamblers Help Gippsland	4
Community Health Bendigo	4
Gamblers Help Northern	4
Gamblers Help Western	2
Bethany Community Support	2
Palm Lodge Centre	2
EACH	2
Community Connections Vic Ltd	2
Relationships Aust/Child & Family Services	2
Gamblers Help Hume	2
Anglicare/Gamblers Help	2
ISIS Primary Care	2
Child & Family Services	2
Gamblers Help (City)/Salvation Army	2
Free Yourself Program	2
Melbourne Counselling Service Gamblers Help City	2
Colac Area Health	2

How long have you been working in the problem gambling 'industry'?



Chi-square analyses were run using this data to assess whether there are any perceptual differences between groups depending on how long they have been employed in the industry. No significant differences were found ($p < .05$).

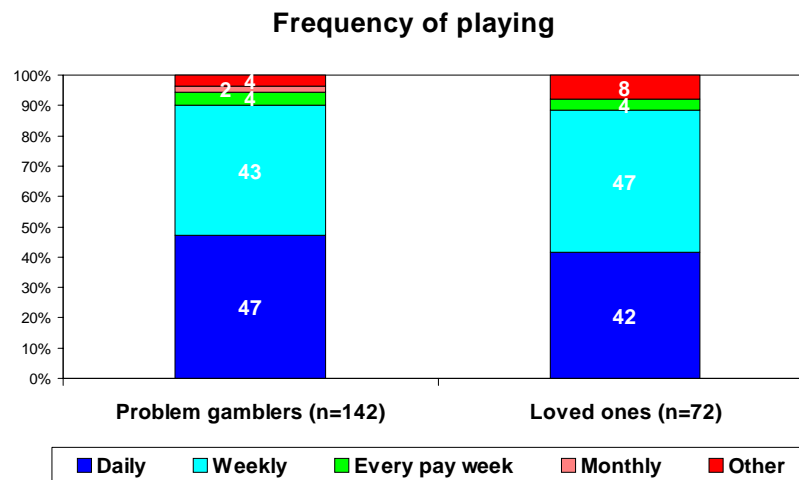
6.6.2 Problem gamblers and loved ones

For how long have you/your loved one had a problem with gambling?

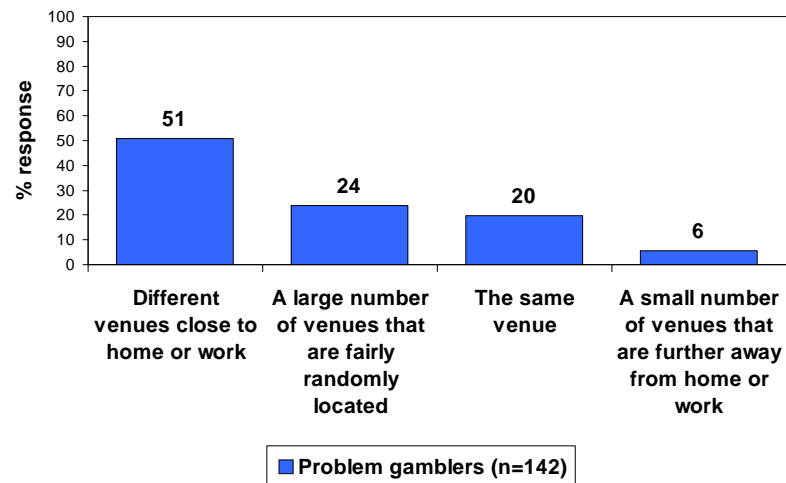
Length of gambling problem	% response	
	Problem gamblers (n=142)	Loved ones (n=75)
1 – 5 months	-	5
6 – 12 months	3	5
1 – 3 years	20	21
4 – 6 years	27	20
7 – 10 years	30	19
11 – 15 years	8	7
16 – 20 years	2	1
21 – 25 years	4	5
26 – 30 years	-	3
More than 30 years	7	13

The differences in results between these groups may indicate a different definition of when gambling became a problem, or that loved ones were not made aware of the problem or the extent of the problem until a later stage, or may indicate an unwillingness on the part of problem gamblers to discuss the extent of their problems.

How often do/did you/they play?



Do you always gamble at:



Significant gender differences

A higher proportion of females (56 per cent) than males (43 per cent) reported playing most often at different venues close to work or home.

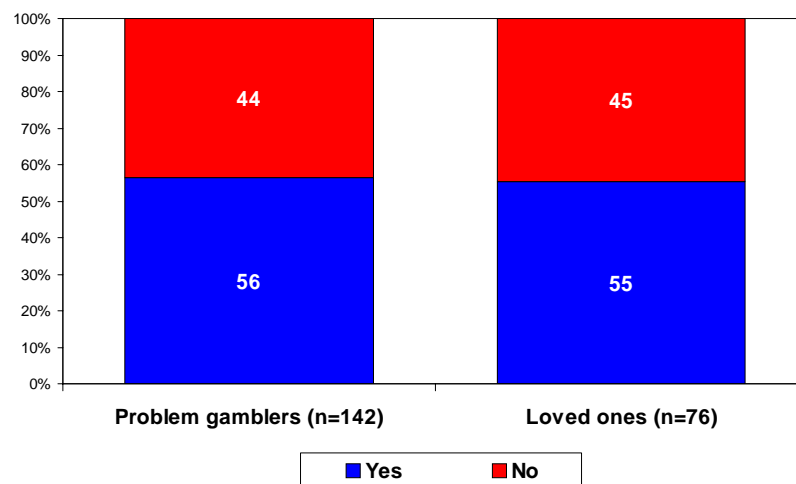
What is the highest amount you/they have lost in one sitting?

Highest amount lost in one sitting	% response	
	Problem gamblers (n=138)	Loved ones (n=57)
\$60	1	-
\$100	1	2
\$135	1	-
\$150	3	-
\$160	1	-
\$180	1	2
\$200	5	9
\$250	-	2
\$280	1	-
\$300	5	5
\$400	4	7
\$450	1	-
\$500	9	12
\$600	6	2
\$700	2	5
\$800	7	4
\$900	2	2
\$1,000	11	14
\$1,200	1	7
\$1,400	1	-
\$1,500	6	2
\$2,000	9	7
\$2,500	-	2
\$3,000	5	2

\$3,500	1	-
\$3,700	1	-
\$4,000	4	2
\$5,000	4	11
\$6,000	1	-
\$7,000	2	2
\$9,000	1	2
\$10,000	2	-
\$30,000	1	-
\$35,000	1	-
\$150,000	1	-

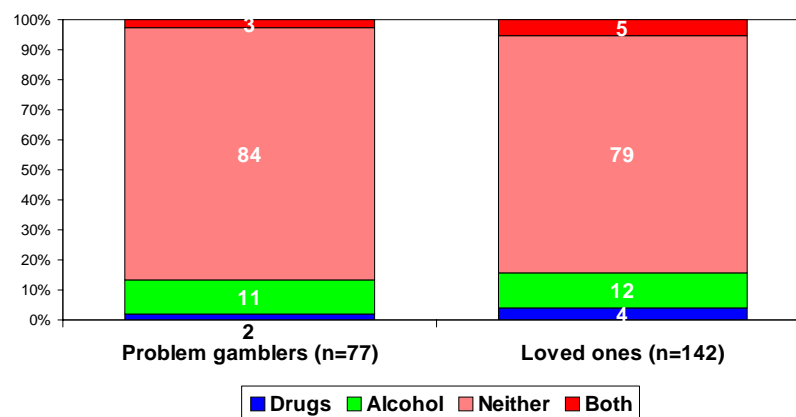
In order to understand the significance of these results, these results should be compared to annual income at the time of this loss in order to assess the financial repercussions of this. The current questionnaire only asked for current income and therefore, this analysis could not be made. However, the mean income for this sample falls in the \$20,001–\$40,000 per annum category and the mean highest loss is \$3217, which represents a large proportion of this annual salary.

Are you/your loved one a smoker?



Do you/your loved one have a problem with drugs or alcohol as well?

Problem with:



What country were you born in?

Country of birth	% response		ABS 2001 census data
	Problem gamblers (n=141)	Loved ones (n=77)	
Australia	76	83	71
United Kingdom (England, Scotland)	7	2	4
Germany	3	1	0.6
Croatia	2	-	0.4
Poland	2	-	0.4
New Zealand	1	3	1.2
Greece	1	1	1.2
Netherlands	1	-	0.5
India	1	-	0.7
Vietnam	1	-	1.2
El Salvadore	1	-	N/A
Canada	1	-	0.1
Malta	1	-	0.5
Yugoslavia	1	-	0.4
Hong Kong	1	-	0.3
Turkey	-	1	0.3
Sweden	-	1	N/A
Hungary	-	1	N/A
Papua New Guinea	-	1	N/A
France	-	1	0.1
Tonga	-	1	N/A
Italy	-	1	1.9

The 2001 census data was obtained from the ABS website www.abs.gov.au. This data has been rounded to one decimal place. Those countries for which data was unavailable from the ABS are marked N/A.

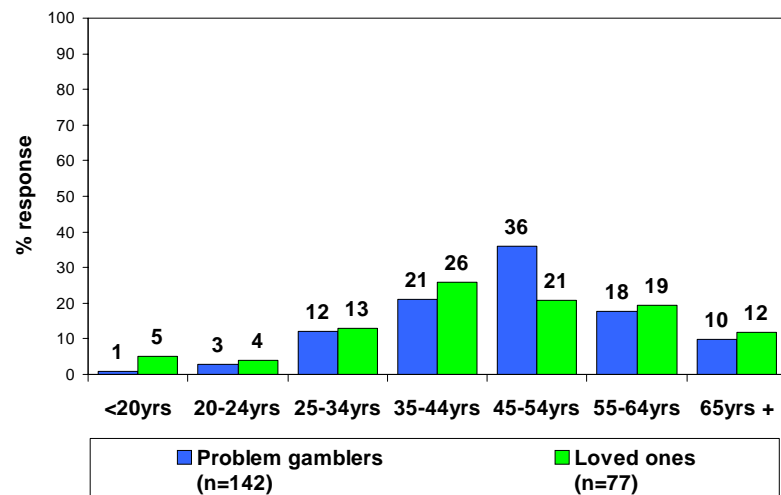
Slight differences can be seen in the percentage of Australian-born loved ones compared to the State average. This difference may be due to language difficulties in reading/responding to advertisements for the project, which were all in English.

Which cultural or ethnic group do you identify with?

Cultural/ethnic group identify with	% response	
	Problem gamblers (n=138)	Loved ones (n=77)
Australian	75	73
English	3	4
Greek	2	3
Indigenous Australian	2	3
Anglo Saxon	2	3
None in particular	2	1
Polish	2	-
Italian	2	-
Vietnamese	1	1
Croatian	-	3
German-Australian	1	-

Turkish	-	1
Swedish	-	1
Hungarian	-	1
Dutch	1	-
Muslim-Arab	1	-
Hispanic	1	-
Jewish	-	1
Christian	1	-
Polish/New Zealander	-	1
Presbyterian	1	-
Irish	-	1
Maltese	1	-
Yugoslavian-Australian	1	-
Chinese	1	-
Caucasian	1	-
Eurasian	-	1
European	-	1
Western Society	1	-

What is your age?



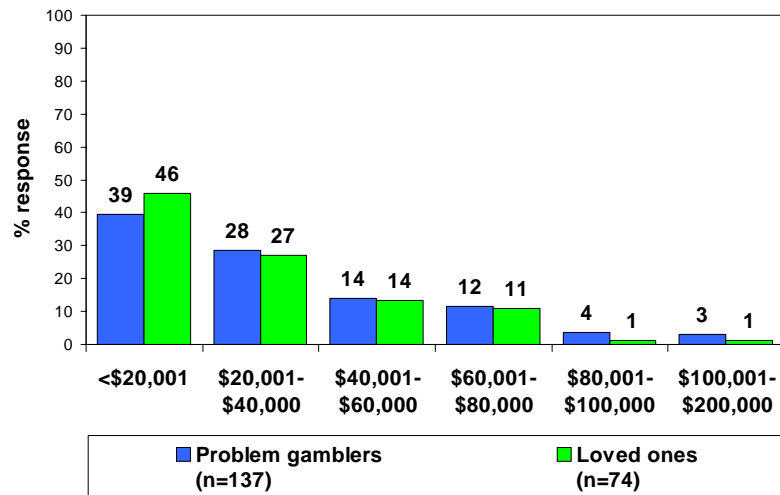
The majority of problem gamblers and loved ones were aged between 35 and 54 years of age. The smallest percentages of respondents were in the less than 20 years and 20–24 year old categories.

Non-parametric analyses were used to determine if there were any age differences. This was analysed in the groups as above and also ages were recoded into 0–20 years, 20–40 years, 40+ years, however, no significant differences based upon age were found on any other variable measured.

This age group breakdown may be influenced by the self-selection/self-identification method used in recruitment for the study.

There were no gender differences in the loved ones or problem gambler age distribution.

What is your approximate annual household income (before tax)?



Non-parametric analyses were used to determine if there were any significant differences within groups depending on income. Results were combined into categories <\$20001, \$20001–40000, >\$40000. No significant differences based on income were found on any other variable measured.

These results could not be compared to ABS statistics, as the categories are different, thus precluding direct comparison. However, the mean weekly household income according to the ABS is \$800–\$999 (\$41,600–\$51,948 annually), while the majority of both gamblers (68 per cent) and loved ones (73 per cent) reported annual household incomes \$0–\$40,000.

There were no gender differences in loved ones' annual household income distribution. Problem gamblers showed a slight gender difference. More females reported incomes less than \$20,000 (42 per cent) than did males (33 per cent), while more males (20 per cent) than females (11 per cent) earned \$40,001–\$60,000.

What is your occupation/previous occupation?

Occupation/previous occupation	% response	
	Problem gamblers (n=142)	Loved ones (n=76)
Lower blue collar	30	20
Lower white collar	18	25
Upper blue collar	18	12
Upper white collar	13	12
Pensioner	8	5
Home duties	6	11
Unemployed	5	3
Retired	2	4
Professional	1	1
Student	-	8

Gender differences

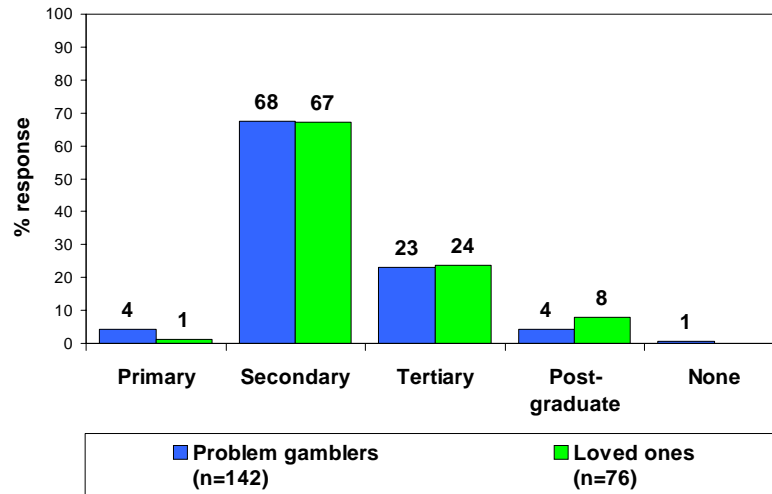
Problem gamblers

A higher proportion of males (27 per cent) than females (13 per cent) were employed in upper blue collar occupations, and more females (10 per cent) were in home duties than were males (0 per cent).

Loved ones

Gender differences were as expected, with higher proportions of males in upper blue collar and no males in home duties. All retired loved ones were male.

What is the highest education level you have obtained?

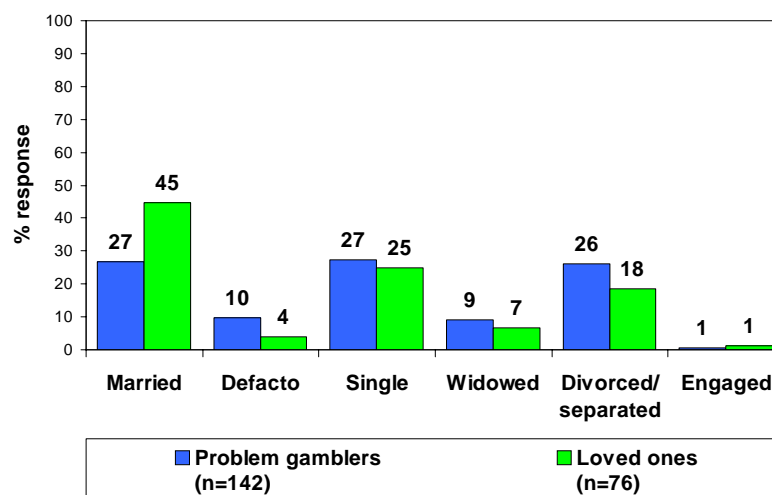


The results of the past three questions shows that the socio-economic profile of problem gamblers is that they fall into the low-medium socio-economic groups based on income occupation and education levels.

Chi-square analyses were run to determine if there were any within-group differences based on education levels. No significant differences were found.

Gender differences were only seen for problem gamblers, with a slightly higher proportion of males (28 per cent) than females (20 per cent) having undertaken tertiary studies.

What is your current marital status?



These results compare to the ABS figures of 51 per cent married, 10 per cent divorced/separated, 7 per cent widowed and 32 per cent single. The percentage of those married is much higher for the general population than for problem gamblers, and the rate of divorce/separation is much higher for problem gamblers than for the general population. These differences could not be compared for statistical difference, as this requires the data set for analysis, which cannot be obtained from the ABS.

Chi square analyses were run to determine within-group differences based on marital status. These were only run for those who were married, single and divorced/separated based on the above results showing these were the most frequent responses.

Results show that those who were married were more likely to say that their loved one had sought help from a problem gambling service in the past than did those that were single ($p < .05$).

Gender differences

A higher proportion of male problem gamblers (39 per cent) reported being single than did females (20 per cent). Twenty-four per cent of female loved ones were divorced/separated, compared to 5 per cent of male loved ones.

How many dependent children do you have, and what are their ages?

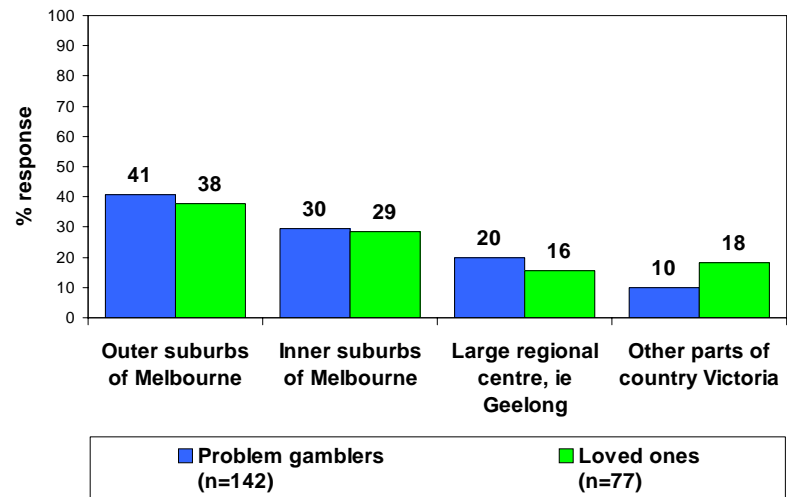
Number of dependent children	% response	
	Problem gamblers (n=46)	Loved ones (n=28)
0	15	14
1	33	14
2	30	46
3	15	14
4	7	11

Higher analyses were run to determine if there were any significant differences based on number of dependent children. No significant differences were found.

Age/s of dependent children	% response	
	Problem gamblers (n=39)	Loved ones (n=24)
1	5	4
2	8	8
3	15	21
4	8	-
5	13	13
6	13	25
7	10	13
8	8	13
9	13	21
10	10	17
11	15	13
12	15	13
13	15	13
14	8	13
15	18	21
16	3	-
17	8	13
18	5	-

19	3	-
22	3	-
23	-	4
25	-	4

Do you currently live in:



Gender differences

A slightly higher proportion of male problem gamblers (37 per cent) live in the inner suburbs of Melbourne compared to females (26 per cent).

