



Gambling Research Panel

GRP REPORT NO.1

Study of Clients of Problem Gambling Services

Stage One Report:

The Experiences of Problem Gamblers, their Families and Service Providers

Prepared for the Gambling Research Panel
by New Focus Research Pty Ltd.

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- facilitated recruitment for participation in discussion groups and telephone/mail surveys;
- provided critical input into project development;
- assisted in identifying relevant literature and individuals;
- ensured the research serves the target population's needs.

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About the Study of Clients of Problem Gambling Services

This report presents the findings of a qualitative scoping study conducted to inform the tracking of a sample of self-identified problem gamblers over a 12-month period.

The study will track the sample at three different points in time over this period. The sample will not only include self-identified problem gamblers (who may or may not have used problem gambling services previously), but also their families, and gamblers' help service providers. The research aims to understand why people gamble to excess, the impacts of problem gambling, and to determine the most effective types of services and interventions provided by problem gambling services.

This study is one of ten projects planned by the Gambling Research Panel under its first Research Plan.

Project Support

The Study of Clients of Problem Gambling Services research project is commissioned by the independent Gambling Research Panel and funded by the Victorian Community Support Fund.

Project Team from New Focus

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Executive Summary

The impact of problem gambling on the financial, psychological, familial, recreational, legal and employment domains of problem gamblers' lives, is under increasing scrutiny from both the social health research and public policy points of view.

Critical attention needs to be given to determining effective treatments and interventions for problem gamblers, as well as determining if earlier interventions can prevent an 'ordinary' or 'recreational' gambler becoming a problem gambler.

While a number of research projects have already been undertaken that provide demographic information on gambling activity and service use, no research appears to have been conducted that incorporates systematic, *qualitative* research into the study design and uses the same cohort over time to understand clients' views of the effectiveness of problem gambling and related services.

This initial report is the first in a series to be provided as part of the GRP-commissioned Study of Clients of Problem Gambling Services. The report, which draws on qualitative research data gathered from late April to mid-June 2002, provides a preliminary snapshot of gambling and service activity as seen through the eyes of problem gamblers, their families, and problem gambling and related crisis intervention service providers.

A total of 50 people were involved in this initial round of research. They included:

- 18 service providers (from both regional and metropolitan areas);
- 24 problem gamblers;
- eight family members.

Empirical data was gathered from non-structured interviews in focus/discussion groups, and semi-structured telephone interviews conducted across Victoria.

This preliminary research informs the larger, longitudinal client tracking study that will follow a sample of self-identified gamblers, their families and service providers over a 12 month period. In particular, the longitudinal study will:

- monitor successes in terms of 'what works' for problem gamblers;
- pinpoint triggers for problem gambling;
- evaluate the effectiveness of a range of interventions reported by service users, non-users and service providers;
- compare differences over time as they relate to regional, gender, cultural and other factors;
- give people affected by problem gambling an opportunity to relate their stories and experiences.

In concentrating on issues from the perspective of problem gamblers, this research is a useful resource for policy makers, the gambling industry, problem gambler service providers, and the community.

Key Findings

Gambling Activity

Consistent with quantitative studies, the principal form of gambling engaged in by self-identified problem gamblers in this preliminary study was, overwhelmingly, electronic gaming machines (EGMs). In some rural and regional centres, TAB betting was also identified with problem gambling. However, EGM gambling was most often the type of gambling activity that prompted a gambler to seek help.

The demographic profile of the project's respondents suggests that, contrary to the 'pokies pensioner' stereotype, many young people are developing EGM gambling problems.

All respondents alluded to playing the pokies as a mesmerising, seductive experience, but why, and what role that response plays in addiction, remains unknown to researchers trying to explain problem gambling. Further research needs to be devoted to understanding, through in-depth, qualitative research, what it is about the electronic gaming machine that enables it to be thought of by participants in this study as a lover, a best friend, a soul mate and a confidante.

Impact and Effects

The impact of problem gambling on individuals, families and communities is significant, with financial crises, in particular, leading to a range of harmful consequences.

For project participants, these impacts include:

- poor work/study performance;
- debts/bankruptcy;
- loss of housing, poorer nutrition (of individual and of loved ones, especially children);
- health-related problems (especially stress and anxiety-related problems) for both the gambler and their loved ones;
- high rates of divorce/separation (reflecting the impact of gambling on personal relationships and families);
- suicide ideation.

Treatments and Interventions

Problem gamblers, service providers and families affected by problem gambling all spoke of the need to draw on eclectic treatment modalities; to take a 'horses for courses' approach to treating problem gambling; that is, tailoring the treatment to the needs of the individual.

Gamblers who recognised their behaviour was becoming a problem adopted a range of approaches to seeking and getting help that involved different degrees of intervention.

Most gamblers and family members affected by problem gambling adopted a sequential approach to seeking and getting help. Such an approach involved the following four principal stages that will be discussed in detail in Chapter 6:

- self-help strategies (e.g. limiting the amount of money taken to a venue or 'not going for a month') attempted either alone or with assistance from family members/partners. Self-help strategies are sometimes initiated and 'enforced' by family members/partners, but often the strategies are attempted by the gambler alone because of secrecy or shame/guilt in approaching others for help;
- signing up to a self-exclusion program;
- accepting intervention from venue staff on the gaming room floor, where this was available;
- contacting professional intervention and treatment programs (e.g. through Gambler's Help, or financial or relationship counselling).

Gaming Room and Industry Interventions

Gamblers and their families felt that gaming room interventions could significantly reduce their problem gambling.

Respondents called for interventionist approaches such as 'someone telling me when I've been there too long' or 'kicking me out like they do for alcoholics'. The help-seeking strategy sought by most of the problem gamblers and families interviewed was for someone at the gambling venue to recognise problem gambling, and to take action. This indicates the important role of industry training in assisting gaming venue staff and hospitality students to recognise the observable signs of problem gambling, and the need to develop appropriate and sensitive ways by which to remove the gambler from the venue and to refer him/her to other support. Alternatively, a program for third-party intervention operating within venues needs to be investigated.

Equally, practical self-help strategies such as not carrying large amounts of cash, not having access to credit cards, or wearing inappropriate clothing so they can't be admitted to gambling venues, were regarded by problem gamblers as being the kinds of interventions that worked for them in 'beating' their problem; often in tandem with therapeutic interventions such as individual and group counselling.

There were mixed responses on the effectiveness of other industry interventions such as banning smoking in gaming venues (implemented subsequent to the interviews), introducing Smart Card technology, or machines that periodically shut down. While banning smoking and the introduction of the Smart Card were seen as practical, workable initiatives, having the machine 'time out' or shut down was seen as playing into the psychology of promise and 'maybe next time' that entices gamblers in the first place. Each of the gamblers interviewed claimed that if a machine they were playing on shut down (particularly, if it had money in it), they would simply wait until the machine 'rebooted', rather than leave 'their' machine, or shift to another.

The self-exclusion program operating in Victorian gaming venues was regarded, alternatively, as a 'saviour' or a 'toothless tiger', with the lack of industry enforcement regarded as a considerable barrier to its effectiveness.

Problem Gambling Services

Several service providers acknowledged that the most effective work they do to minimise the impact and incidence of problem gambling is preventative, through health promotion messages and other communication strategies aimed at averting at-risk gamblers from becoming problem gamblers.

Most of the gamblers regarded professional help as a last resort, something to be considered only when self-help and health promotion strategies had failed and crisis circumstances, such as being served a notice to vacate rental premises, compelled them to seek help.

There was a range of views regarding problem gambling services' effectiveness. Problem gambling services were seen as being most useful, once an effective therapeutic relationship had been established, in helping the client through their immediate, usually financial, crisis. Access to discretionary funding is a crucial resource in problem gambling service as a means of reducing clients' immediate distress, and 'buying' time for clients to more calmly evaluate their situation.

Service users saw rapid, and regular access to counsellors or peer supports as essential requirements for an effective program.

Significant barriers to effective service delivery included:

- lengthy waiting times (some clients cited waiting times of up to five months);
- inability to have regular contact with a preferred counsellor (clients wanted daily or 'every other day' contact);
- lack of access to counsellors who are ex-gamblers.

Many respondents believed an effective therapeutic relationship with a counsellor could be established only if the counsellor had first-hand experience of problem gambling: 'someone who understands my world'. Also, it was regarded as tremendously encouraging that 'someone who had been there, done that' had also 'made it'. Thus, for counsellors who cannot draw on a history of problem gambling to establish and legitimise the therapeutic relationship, there is a need to establish their authority in some other way.

These qualitative interviews and focus groups with self-identified problem gamblers and their families suggest that little attention has been paid to the environment in which the greatest harm is caused—the gaming room itself. With a greater understanding of the meanings and values that people place on their experience of gambling, more effective interventionist strategies may be developed to address the allure of the electronic gaming machine.

Chapter 1

Background to Research

The gambling industry is a significant part of the global economy. For countries such as Australia, Britain, China and the United States, gambling is a thriving business that provides ever-escalating revenues for gambling providers and governments alike. The gambling industry has grown exponentially over the last decade, reflected in a dramatic increase in the number of people participating in gambling activities worldwide (Moran, 1999). In 1998 in the United States, legalised gambling grossed \$50 billion; more than the motion picture, theme park, and music industries combined (Potenza et al., 2001).

In Australia, expenditure on gambling has increased from \$5.9 billion in 1990–1991 to \$13.34 billion in 1999–2000 (Tasmanian Gaming Commission, 2001). Australians are, per capita, among the heaviest gamblers in the world, spending at least twice as much as North Americans and Europeans (Productivity Commission, 1999).¹

Over the last five years, state governments in Australia have become increasingly reliant on gambling revenue, with \$3.4 billion or 11 per cent of state government taxes collected from gambling (Amies, 1999).

The New South Wales government was recently reported to have abandoned plans to impose further limits on poker machines in pubs and clubs² arguing that limiting the number of machines would not solve problem gambling and may jeopardise eighteen thousand jobs and \$200 million in state revenue (*Sydney Morning Herald*, 7 March, 2002).

Supporters of gambling as a source of revenue also point to the contribution that the gambling industry makes to economies by providing employment and tourism. In the case of registered clubs, pubs and casinos, which operate most of the electronic gaming machines in Australia, gambling revenue is often fed back to fund community sports and activities (Hing, 1999).

There are even gambling advocates in a religious state like Israel who argue that the introduction of a legalised casino will secure support for the major political parties (Israeli & Mehrez, 2000).

With the powerful connection between gambling and state revenue, it is not surprising that gambling providers and governments, as well as consumers, have become dependent on gambling (Darbyshire, Oster & Carrig: 2001). While one view is that most Australians enjoy gambling and do not experience problems with it, the continued growth of the industry may mean a greater chance for a larger proportion of the population being adversely impacted upon by problem gambling (Productivity Commission, 1999).

¹ The current body of literature provides compelling evidence that the liberalisation and growth of gambling around the world has contributed to the increase in problem gambling rates (Bondolfi & Ladouceur, 2000; Darbyshire et al., 2001; Petry, 1999; Potenza, et al., 2001; Productivity Commission, 1999; Shaffer, Hall & Vanderbilt, 1997; Volberg, 2000).

² That is, restricting bets to a \$1 maximum instead of \$10, slowing down the spin rate on EGMs and banning the insertion of \$50 and \$100 notes.

Certainly, there is a long history of gambling in Australia. As a recreational activity it is enjoyed by a large percentage of the community who enjoy a 'harmless flutter' on the first Tuesday in November, on the outcome of the AFL grand final, or who place a 'sportsman's bet' to settle all manner of activities where some degree of unpredictability is involved in deciding the outcome. As McMillen and Eadington (1986: 167) pointed out, gambling is widely considered to be an acceptable leisure activity in Australia, a distinguishing cultural feature and a source of national pride. Such observations were reflected in the comments of some of the project participants themselves, who speculate on the link between gambling and Australian culture. To cite one respondent:

'I think gambling suits the national mentality. We're a nation of scammers. If we can get something for free that suits us. The pokies have that image of the dog who's just knocked off a string of sausages from the butcher's shop. It's the same scam—taking five hundred dollars from a machine. It's a scammer's mentality, we're always on the dodge ...'

In response to the increased prevalence of problem gambling, a number of interventions and treatment programs or methods have been developed with the expressed aim of reducing the number of people who become problem gamblers and, as an extension of that, who present to the relevant problem gambling and other support services. What has not been undertaken is a systematic study of the appropriateness and effectiveness of these services in meeting the needs of problem gamblers and their families over a period of time, as well as studying what services problem gamblers would like to access.

With this background, the Gambling Research Panel commissioned New Focus Research to conduct the Study of Clients of Problem Gambling Services. The study seeks to investigate and evaluate the effectiveness of services in Victoria for problem gamblers, to determine the most appropriate types of services and interventions provided by problem gambling services, and to identify gaps in existing services.

The research is exploratory and seeks answers to a range of questions relating to gambling activity, such as motivations and causes and impacts of gambling on gamblers and their loved ones. The research is also exploring perceptions of service activity, such as patterns of contact, maladaptive behaviours, perceptions and experiences of problem gambling services and interventions, perceived effectiveness of existing treatment methods and programs, and possible interventions that are currently not being provided.

The research consists of an initial round of qualitative research and an ongoing quantitative study, through which levels of gambling and service activity of a discrete cohort of research participants are monitored and measured over 12 months. The longitudinal nature of the project has important implications in terms of understanding the relationship between those processes of change experienced by problem gamblers and secondary and tertiary intervention policy and programs.

As Hodgins & El-Guebaly identify, 'for maximal effectiveness, factors that are associated with change need to be promoted and barriers to recovery need to be minimised' (2000: 778). Longitudinal research also gives a better indication of the causal factors that impact upon problem gambling. Although problem gambling may be precipitated by prior conditions or problems, many of the harms of problem gambling may be traced to the gambling itself (Productivity Commission, 1999).

This report details the research findings from the initial round of qualitative research, in which gamblers, their families and their service providers relate the impact and effect of gambling on their lives and on the lives of others. The report also offers insight into the perceived strengths and weaknesses of various services and interventions provided by problem gambling and other services.

Whenever possible, study participants have been directly quoted in the report, to familiarize the reader with the verbatim observations of problem gamblers, families affected by problem gambling, and service providers.

In the presentation of the research findings in this report, ethical guidelines have been followed to ensure anonymity of respondents, with use of pseudonyms and masking of identifying factors.

Chapter 2

Aims and Outcomes

2.1 Aims

The principal aims of the Study of Clients of Problem Gambling Services are to assist in improving the effectiveness of services for problem gamblers and their families, and to provide a better understanding of why people gamble to excess and become problem gamblers. In pursuit of these aims, the research will, among other things:

- document patterns of service support;
- inform and develop appropriate policy and other responses across the human and community services;
- provide a guide to future action for users and providers of problem gambling services.

More specifically, the aims of this initial report are to:

- describe, analyse and interpret the effects of gambling on at-risk individuals and on other people's lives;
- offer preliminary comment on the perceived strengths and weaknesses of the various services and interventions provided by problem gambling and other services.

2.2 Outcomes

The main outcomes of the Study of Clients of Problem Gambling Services will be to provide problem gamblers, service providers, the Gambling Research Panel, the human services industry and government policy makers with a better understanding of why people gamble to excess, its impact on them and others, the effectiveness of the services that problem gamblers use, and the services problem gamblers would like to use.

Combined with other research on best practice, the research will assist in optimising the approaches taken by problem gambling services, and enable governments to prioritise funding for problem gambling and related services such as financial counselling services. The research will be used to evaluate the different approaches taken to providing help for problem gambling services, particularly by better understanding why people gamble to excess.

Chapter 3

Methodology and Sample

While this report details the results of an initial qualitative stage of research only, it is necessary to locate this research report within a larger methodological picture, and to describe the full research methodology employed throughout the various stages of the longitudinal study of clients of problem gambling services.

3.1 Overall Project Methodology

In broad terms, the Study of Clients of Problem Gambling Services will utilise both qualitative research techniques (focus/discussion groups and in-depth interviews) and quantitative research techniques (telephone and self-completion postal surveys) to gather responses over a period of 12 months from three main groups of research participants drawn from across Victoria.

The cohorts involved in the research are:

- problem gamblers;
- problem gamblers' families;
- service providers.

When the research moves into the quantitative stages, the project will track each cohort over a period of 12 months, using quota sampling to achieve the following sample sizes for each round of interviews:

- problem gamblers (n = up to 200);
- problem gamblers' families (n = up to 100);
- service providers (n = up to 50).

By following clients over a period of time, and by incorporating more exploratory, qualitative research methods into the project design, the research will provide an in-depth understanding of clients of problem gambling services, thus giving service providers information over and above data already available.³

³ Not the entire sample is using problem gambling services. Some are trying to beat their problem by themselves, some are currently seeing a Gambler's Help or other counsellor, while others had recently beaten their problem and are bringing to the project a retrospective perspective on the effectiveness of problem gambling services. Including recovered problem gamblers in the sample will provide insight into strategies and techniques that could be incorporated into current treatments.

3.1.1 Methodology for Stage One

Stage One, the initial qualitative research stage of the study, is aimed at developing the analytical framework for the tracking exercise that constitutes the basis of the study. The explicitly qualitative nature of this research design, data collection and data analysis period means that great weight is placed on the meanings participants give to particular actions, events, observations and behaviours. Stage One draws on a range of empirical materials such as life stories, interviews and interactive discussion groups to tease out the meanings and values that gamblers, families of problem gamblers and service providers place on the complexities of problem gambling.

A total of 50 people were involved in this initial round of research. This included:

- 18 service providers (regional and metropolitan areas);
- 24 problem gamblers (nine men, fifteen women);
- eight family members.

As a data gathering technique, qualitative research allows detailed and descriptive research information, which anthropologists call 'thick description' (Geertz, 1973), to be gathered through a process which attempts to locate the context and 'lived' experiences of the participants in the research process.

While critics of qualitative research techniques bemoan its lack of replicability and statistical validity, the ever-evolving experiences of problem gambling, and problem gamblers, lends itself to a methodology that can 'bend with the wind' while remaining methodologically and theoretically rigorous in its design. To avoid 'thick description' being pulled from thin air, a number of checks and balances were put in place to ensure that the research data contained in this report is credible. Debriefing with colleagues and research peers, triangulation of findings against other reliable sources, such as existing literature and the Project Steering Committee, were among the techniques employed to validate the findings of this report.

3.1.2 Recruitment Techniques

In general, sampling for a qualitative study is purposely directed towards finding information-rich cases rather than towards ensuring randomisation and generalisability (Kuzel, 1999; Morse, 1999 cited in Darbyshire et al., 2001). Given the sensitive and long-term nature of the research, considerable methodological flexibility was required to ensure the requisite sample could be both obtained and maintained without causing project participants distress or embarrassment, particularly as participants in this first qualitative phase of the research are to form part of the total sample in subsequent quantitative research phases.

As such, the project team employed a range of methods to recruit research participants. These methods included:

Self selection for project

Newspaper advertisements were placed in major daily and community newspapers throughout Victoria. The advertisements provided information about the project, and details of a toll-free 1800 number to call for further information and/or to express interest in taking part in the research.⁴ Flyers were also placed in public toilets and on bus and tram stops around the Crown Entertainment Complex, in various gaming, TAB and other venues, and

⁴ A copy of this advertisement is included in Appendix 1.

several Salvation Army sites across Victoria. A link was also placed on the Department of Human Services' 'Problem Gambling' website.

Snowballing from self selection

When recruits contacted the project manager to nominate themselves for the research, they were also asked to pass on information about the project to people whom they felt might be interested in taking part as well. Several respondents volunteered to 'stick the ad up somewhere', while one woman offered to 'cut the ad out and hand it round to the girls at bingo.'

Referral from agencies

Gambling-specific services (predominantly Gambler's Help), as well as broader counselling/crisis intervention services (e.g. Salvation Army, Relationships Australia, financial counselling agencies) were also asked to refer their clients on to the project manager. Inclusion of broader services was considered important given that many gamblers usually seek help for the problems associated with gambling such as depression, anxiety or substance abuse, rather than for the excessive gambling itself (Bondofi & Ladouceur, 2000).

The Australian Hotels Association and Tattersalls were also asked to discreetly place flyers in gaming venues under their jurisdiction to inform their patrons that the research was taking place. At the time of writing, Tattersalls had indicated that they were not willing to participate in recruitment for the project by displaying flyers in venues, 'in case it gives the hotel a bad name' or 'indicates that there may be a problem gambler inside'. It is hoped that Tattersalls will be willing to assist in recruitment for the tracking studies, in the way that TABCORP have agreed to do.

Finally, given their positive attitudes to their roles in counselling patients, in influencing or intervening in patients' lifestyle practices and in referring patients to non-medical professionals (Sullivan et al., 2000), general practitioners were also invited to refer people to the research. We approached only GPs in Victoria who advertised (through the Australian Medical Association) 'special interests' in the areas of addiction, counselling (family and/or marital), anxiety and health service planning, given their higher propensity to see patients who may have a gambling problem.

Effectiveness of recruitment

At this early stage of the research, it appears that self selection has proven to be the most successful means of recruitment, with very few participants having contacted New Focus as a result of a referral from a problem gambling or other agency.

The 'self selection' approach, while excellent in terms of protecting respondents' confidentiality, nonetheless raises a number of methodological issues, particularly in terms of securing a representative sample of problem gamblers for the ongoing quantitative tracking studies. Because participants could have responded to project information from just about anywhere (necessary to ensure maximum exposure for recruitment), when recruits contacted the project team, there was no way of controlling for gender, age, location or cultural and ethnic background. Given the empowering nature of participation (see Section 3.2), we were reluctant to knock back respondents. We therefore emphasise that the sample included in this study is not necessarily representative of problem gamblers in Victoria; rather it is indicative of problem gamblers who self select for this kind of broadly publicised project. The stigma and shame of problem gambling is a further difficulty in recruiting problem gamblers to the project.

However, the sample does share a number of demographic consistencies with other problem gambling cohorts described in previous research. As Jackson et al. report in their study of clients of Gambler's Help, the problem gamblers included in that study tended to be 'older, in their thirties, and more likely to be female than male' (2000: 16). While drawing on a much smaller sample, and including gamblers who are not necessarily clients of Gambler's Help, the sample featured here appears to be similar to that of the Jackson study.⁵ An early difference however, is that many of the participants in this study were employed. The bias towards women participating in projects such as this is perhaps reflective of broader gender differences in help-seeking behaviour. As reported elsewhere (Cockerham, 1997), women tend to have a greater propensity for help-seeking behaviour. Indications from this study are that respondents who took part in the research found the ongoing participatory nature of the project to be an important part of their help-seeking activities.

The self-selection methodology used also required flexibility in recruitment and data collection. We had initially anticipated conducting discussion/focus groups with the three population cohorts in both regional and metropolitan locations. However, it became apparent that, in the case of the metropolitan groups, participants were scattered across Melbourne, making travel to the designated group location next to impossible. To accommodate this, and other emerging contingencies, the methodology necessarily evolved to include a series of in-depth telephone interviews. Discussion groups were still held in Bendigo and Geelong. The combination of in-depth telephone interviews and the more interactive discussion groups allowed the project team to gather large amounts of qualitative data, while respecting the needs and circumstances of the project participants.

Recruitment as a frame of reference

In addition to protecting the privacy and confidentiality of project participants, the recruitment protocols adopted had the added benefit of providing the project team with a powerful insight into the scope and impact of problem gambling. For example, one participant would have come to a regional discussion group 'if I wasn't in jail—that's the gambling again', while another contacted the project team from her mobile phone in front of an EGM.

The willingness with which people would share their stories was both heartening and disarming. Before the data collection and analysis had even begun, we were presented with a comprehensive overview of the devastating impact of gambling on some individuals and their families. While some project participants had 'gotten better', and wanted to share their success, others were in the absolute depths of despair, whereby fleeing to Western Australia ('where there are no pokies') was regarded, for one individual as being their only solution. Significantly, those respondents eager to discuss the project tended to be people who had not accessed or presented to any of the problem gambling services. Some respondents said they were frustrated and desperate and did not know who to talk to. To accommodate respondents' support and counselling needs, prospective recruits were advised that New Focus was a research company and not a counselling service, and were given Gambler's Help 1800 telephone number.

⁵ See section 4.1 for more information on the demographic background of project participants.

Definitions for recruitment

This research focuses on the experiences of people termed 'problem gamblers', an expression increasingly fraught with conflicting and competing meanings and interpretations.⁶ While the efficacy and appropriateness of such terminology is explored further in this report, for recruitment purposes, the project team found the definition of problem gambling proposed in a report to the Victorian Casino and Gaming Authority (VCGA) to be a useful starting point:

'Problem gambling' refers to the situation in which a person's gambling activity gives rise to harm to the individual player, and/or to his or her family, and may have extended into the community (Dickerson et al., 1997: 2).

Using this definition as a guideline, if people were prepared to volunteer themselves for the project, then that 'self-report' was taken to be sufficient evidence that they satisfied the criteria for participation. Every respondent offered an account of the harm their gambling has caused.

Families were included in the project as the above definition of problem gambling indicates the collateral effects of problem gambling extend to family, friends and work colleagues, among others.

To fully understand problem gambling it is necessary to study the experiences of all those affected by gambling, not just the gambler. A large proportion of those seeking problem gambling services are partners of problem gamblers (Sullivan et al., 1997).

As Crisp et al. (2001) point out, theoretical assumptions about partners of problem gamblers have been heavily based on studies and clinical impressions about the wives of alcohol-dependent men, rather than assessing these needs on their own terms, and that 'it is important that services seek to meet the varying needs of actual clients rather than the perceived needs of a stereotypical client' (Crisp et al 2001: 214).

There is, therefore, a need to research and develop information material that could be used to educate health and welfare professionals on how to assist this population.

3.2 Data Gathering Techniques

Empirical data was gathered from non-structured interviews in focus/discussion groups, and semi-structured telephone interviews conducted throughout metropolitan and regional Victoria.

Focus groups

While standard research practice is to conduct research groups with eight to ten participants, initial contact with self-selecting recruits indicated many participants were 'keen to have a say'. To encourage a freer, more open dialogue, discussion groups of gamblers were limited to four or five participants, mirroring the format of counselling and other sessions run in less intimidating, smaller groups.

⁶ Darbyshire (2001) discusses the issues around defining problem gambling.

Two groups were held in regional Victoria. Each group lasted for two hours and was facilitated by the project manager, Dr Catherine Palmer, a social researcher with considerable expertise in undertaking sensitive research with socially marginalised, isolated or otherwise excluded people. The problem gambler group participants were from a range of ages, gender, and living environments, with varying self-defined degrees of gambling 'problem'.

Discussion group locations and distributions are presented in Table 1 below.

Table 1. Group Locations and Distributions

Group	Segment	Location	Date	Number of participants
1	Problem Gamblers	Bendigo Community Health Service	4 June 2002	4
2	Problem Gamblers	Bethany Family Support, Geelong	5 June 2002	5
3	Service Providers	Melbourne	6 June 2002	8

While different interview schedules were used for problem gamblers and service providers, the themes covered in each of the groups broadly included:

- gambling activity/experiences of gambling;
- perceptions of the problem;
- impact and effects of gambling;
- seeking and getting help;
- effectiveness of problem gambling and other services.

The moderator's or interview guides used in the discussion groups are included in Appendix 2.

Problem gamblers also completed, as part of the discussion groups, a questionnaire, used to gather basic demographic data and to assist in validating their status as a problem gambler. A copy of this questionnaire is also provided in Appendix 2.

In-depth interviews

To capture the responses of people in regional and isolated rural centres, as well as those in Melbourne who could not attend a discussion group, the project conducted a series of in-depth telephone interviews with family members, problem gamblers and service providers.

Ms Kristy Dam, a senior research assistant with experience from her work at Serenity House, Wesley Mission in gambling research and assessment, and Dr Catherine Palmer conducted the in-depth interviews. The interviews with family members (eight in total) and gamblers (15 in total) lasted for approximately 40–50 minutes, while those with service providers (10 in total) lasted approximately 45–60 minutes.

As with the discussion groups, the interviews with family members and gamblers included participants of different ages, gender, living environments, and degrees of severity of gambling problem.

The themes covered in the in-depth interviews were the same as for the groups, namely:

- gambling activity;
- perceptions and scale of the problem;
- impact and effects of gambling;
- seeking and getting help;
- effectiveness of problem gambling and other services.

The interview guides used for groups and individuals are included in Appendix 2.

Sampling and distribution

The organisations included in the discussion groups and service provider interviews were:

- Gambler's Help Program at Goulburn Valley Community Health Service
- Community Health Service in Bendigo
- Upper Hume Community Health in Wodonga
- Relationships Australia
- Palm Lodge Centre in Horsham
- Community Connection Victoria Ltd
- Mallee Family Care
- Bethany Family Support
- Child and Family Services in Ballarat
- Anglicare in Gippsland
- Gambler's Help Northern
- Gambler's Help Western
- Gambler's Help Southern
- Eastern Access
- Salvation Army
- Hanover Welfare Services
- Free Yourself Program

The interviews with family members affected by problem gambling were conducted in Bendigo, Geelong, Melbourne and outer Melbourne.

The interviews with problem gamblers were conducted at locations including Bendigo, Boronia, Daylesford, Eaglehawk, Geelong, Horsham, Melbourne, the Mornington Peninsula, North Shore and St Albans.

The empowering nature of participation

The project team chose discussion/focus groups for data collection as an increasing body of literature and relevant case studies indicate participation in a collective research environment is empowering for the participants (see Ristock & Pennel, 1996; Kitzinger 1994). When a research topic is a potential source of stigma or shame, such as problem gambling where individuals may feel socially isolated through their involvement in gambling, the research process needs to provide an avenue to validate, empower and encourage those individuals.

Focus groups encourage individuals to discuss, share and learn from others who have gone through similar or related experiences. As has been well documented in focus group research with HIV-positive people (Konde-Lule et al., 1993), intravenous drug users (Kitzinger, 1994) and menopausal women (Daly, 1997), putting people in contact with others who share similar experiences, and an independent researcher who feels these stories are worth listening to, and to feel they are not alone, can be empowering, enlightening and validating for the participants.

The 'affinity' nature of these focus groups can also put in contact people who may choose to remain in touch after the focus group has terminated. In the Daly study cited above, participation in focus groups led to the establishment of self-help groups to assist other women in similar circumstances. In a gambling-specific context, Surgey reports that, as a result of participation in research into women's gambling experiences, 'two women put a lot of time and energy into starting a self-help group' (2000: 27).

Participants in the telephone interviews reported feeling validated and affirmed by their involvement in the project. Several participants initially felt unsure (e.g. 'whether I have anything you want to hear' and 'I'm not sure whether I'm going to be much good to you') while others were eager to be involved to assist preventing other gamblers from becoming 'hardcore' (e.g. '... [I hope] my experiences can help stop someone else making the same mistakes I made'). Service providers in regional and rural locations who felt overlooked by research with a metropolitan bias were equally pleased that their opinions were to be included in the project.

3.3 Analysis of Qualitative Data

To preserve the participants' confidentiality, minimise the feeling of being in a research environment and to build empathy and rapport between the research team and participants, the group sessions were not video recorded. The researchers instead took notes of key points and themes in the discussion. Participants could request that certain comments were not written down if there was concern that what was said may identify them or others.

The qualitative data analysis was necessarily time consuming and labour intensive. Following each interview/discussion group, the research team would debrief over the main points raised in the discussion, to progressively build an analytical and interpretive framework for locating the material, and formulate reliable hypotheses and conclusions.

Data obtained from the interviews and groups was then analysed by the researchers and coded according to the key themes identified both in the interviews and the subsequent debriefing sessions.

3.4 Ethical Considerations

Given the close relationship between the Department of Human Services and the Gambler's Help services that a number of project participants were involved with as either clients or service providers, it was necessary to gain ethics approval from the Department of Human Services' Human Research Ethics Committee before commencing the research. The research methodology also had to comply with the ethical guidelines of the Gambling Research Panel.

To respect the rights, privacy and integrity of the individuals concerned, a number of procedures and protocols were put in place to ensure that potential distress is kept to a minimum, and confidentiality respected at all times.

These protocols included:

Recruitment

All respondents 'self selected' or volunteered themselves for the project. The best times to telephone, and a procedure regarding ongoing contact were established when the participant initially contacted the project team.

At the time of initial contact/sign up, it was also ascertained whether anybody in the participant's own household shared the same first name as the project participant, to avoid confusion and possibly inadvertently 'outing' a problem gambler.

Discussion groups/in-depth interviews

Information gathered through the telephone interviews/discussion groups was treated as entirely confidential, with respondent identities being known only to the group moderator or interviewer. Pseudonyms are used when reporting results.

Participation was entirely voluntary and participants could leave a discussion group or terminate an interview at any stage in the project. No viewing or videotaping of the groups was permitted. Contact details for counselling services were provided. In the event that debriefing was necessary, this was conducted by a person independent of the project. In the case of the Bendigo and Geelong discussion groups, counsellors were physically present in the building.

All interviews and focus/discussion groups were planned well in advance, and the dates for conducting the telephone interviews were given to participants when they signed on for the project.

Storage and ownership of data

New Focus will hold all data, records and personal information in strictest confidence. Only personnel who are working directly on the project have access to this information, and records containing personal information are password protected to safeguard against unauthorised access, modification or disclosure.

