Family and domestic violence and gambling harm in NSW: developing the evidence-base

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Prepared by:
Aino Suomi, Jocelyn Perry, Patrick Rehill, Hayley Boxall, Susan Rees, Debbie Noble-Carr, Sean Cowlishaw

Name of institution:
ANU Centre for Gambling Research
POLIS@ANU - The Centre for Social Policy Research

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The research for this report took place on unceded Ngunnawal, Ngambri and Wurundjeri lands. The authors acknowledge and pay respects to the Elders past and present and recognise how the continuity of knowledge nurtures community and Country – including this research. Always was and always will be Aboriginal land.

DECLARATION OF INTERESTS

The researchers have no conflicts of interest to declare in relation to the proposed project. The 3-year declaration of interest statement of this research team is as follows: AS, HB, SR, DNC, SC, FM, and MH have received funding from multiple sources, including Australian federal, state, and territory governments. In addition, AS and SC have received funding from the ACT Commission for Gambling and Racing, and Victorian Responsible Gambling Foundation (through hypothecated taxes from gambling revenue). The project team has never received any funding directly from the gambling industry.

SENSITIVE CONTENT WARNING

This report includes data and discussion of gambling harm and addiction, if you or someone you know is experiencing gambling-related issues please call GambleAware on 1800 858 858 or visit gamblinghelponline.org.au to chat with a trained professional online.

The report also discusses mental health issues. If you or someone you know is in crisis, call Kids Helpline on 1800 55 1800 or Lifeline on 13 11 14.

The report is heavily focused on family and domestic violence. Please take care while reading and if you think you would benefit from some support, call 1800 RESPECT – 1800 737 732 for 24-hour information and support. Call Police on 000 any time you are worried about your safety or the safety of another person.

PREFERRED CITATION

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Inquiries: Associate Professor Aino Suomi: aino.suomi@anu.edu.au

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Executive Summary

KEY FINDING 1: *There is a clear association between area-based EGM accessibility and police recorded domestic violence rates in NSW above and beyond that explained by the geography or other contextual factors.*

KEY FINDING 2: *Strong effects of EGM density on domestic violence rates (EGMs increase DV incidents more than 30%) were located in and around metropolitan Sydney, as well as in the regional North and North Western parts of NSW near the Queensland border, where the coverage of GambleAware service is sparse.*

KEY FINDING 3: *There is a need for integrated service response with a clear policy framework to address FDV and gambling, enabling efficient referral pathways across service contexts, including child and family services.*

KEY FINDING 4: *Service providers called for a specific suite of training modules and resources related to specific aspects of gambling-related family and domestic violence targeted to a range of service contexts, including child and family services.*

Context for the current study

Substantial evidence now shows that family and domestic violence (FDV) and gambling harm are strongly related in help-seeking as well as general populations. This suggests that gambling treatment services have a need for resources to help identify and address FDV, while conversely, FDV services would benefit from programs aimed at identifying and managing co-occurring problems with gambling. In addition, geographical areas that have more gambling opportunities also have higher rates of gambling participation and harm and may potentially have higher levels of FDV. Any geographic association between gambling behaviours and gambling-related FDV will have significant policy relevance. These literature signal a pressing need for multi-level strategies to address co-occurring gambling and violent behaviours, which may involve limiting exposures to hazardous gambling products, as well as resourcing support services to respond to the co-occurring gambling harm and FDV at the community level. The current study aims to address this clearly identified gap in policy and practice that may be relevant to sectors operating at the intersection of gambling harms and FDV.

Study aims

The current study comprises two inter-related work components that aim to empirically inform better ways of addressing co-occurring gambling harms and FDV and outline the key features of policy and practice responses. To address gaps identified in the current literature, the current project aimed to:

1. Demonstrate links between EGM density and FDV risk in NSW, accounting for other confounding factors (physical, mental health), and identify geographical areas where more targeted approaches, services, or policy interventions are needed (Stage 1).
2. Identify current service gaps and needs from service provider perspectives in order to respond to clients who experience co-occurring FDV victimisation and perpetration and gambling harm (Stage 2).

Stage 1: Geographical association between EGM accessibility FDV risk

Method

The analyses for Stage 1 involved area-level analyses of Suburb and Locality (SAL) data regarding EGM density and accessibility and, FDV incidents between 2017-2023. We used linked data available from the NSW Bureau of Crime Statistics and Research (BOCSAR) on NSW Gaming Machine data, and Australian Census (2016, 2021 only) to examine the following questions: (1) Is there an association between EGM accessibility and FDV incidents, controlling for key health and sociodemographic factors? (2) To what extent can FDV incidents be attributed to EGM accessibility in NSW? (3) Are there areas in NSW where EGM accessibility is likely to have a stronger effect on FDV incidents?

We operationalised accessibility in terms of proximity to nearest EGM venue and density of EGMs within 10 km radius. The main analysis tested the effect that the EGM proximity and density have on police recorded FDV incidents. We also qualitatively examined the distribution of SALs with elevated risk of EGM-related FDV incidents and GambleAware service locations, to identify areas where services may be more likely to come into contact with clients experiencing gambling-related FDV, and the coverage of services in these high-risk areas.

Findings

The findings showed a clear association between EGM density, but not proximity, and FDV rates on SAL level in NSW above and beyond that explained by the geography or other contextual factors. Other factors related to higher FDV rates were lower SES status, larger proportion of Indigenous residents, and smaller

proportion of residents with physical health problems. Areas where the effect of EGM density on FDV rates was particularly strong (where a 30% increase of FDV incidents could be attributed to EGM density) were predominantly located in and around Sydney, and in the regional North and North Western parts of NSW near the Queensland border where the coverage of GambleAware service was also sparse.

Stage 2: Service provider perspectives on service gaps for addressing FDV and gambling harm in help-seeking clients

Method

We interviewed 33 service providers in NSW, 12 from gambling support services, 15 from FDV services and 6 from other services who were likely to come into contact with clients experiencing co-occurring FDV and gambling harm (mental health, child and family, statutory child protection services (CPS) to answer the following research questions; (1) What is the need to address co-occurring FDV and gambling harm in help-seeking clients? (2) What is the current practice identifying the co-occurring behaviours? (3) What are the current service approaches to address the co-occurring issues? (4) What supports are needed to better address co-occurring FDV and gambling harm services?

Findings

The need to address co-occurring FDV and gambling harm

The participants identified that co-occurring FDV and gambling harm was common in their clients, and clients could present with FDV perpetration or victimisation in relation to gambling harm. Typical clients experiencing the co-occurring issues were either (1) FDV perpetrators who experienced harm in relation to their own gambling or (2) FDV victims who experienced gambling harm in relation to their own gambling, however other patterns emerged as well. The relationship between the two behaviours was viewed as complex with multiple individual and sociocultural factors underpinning the association: mental health challenges, traditional gender norms, economic disadvantage, cultural diversity and ongoing impacts of colonisation for First Nations populations. The types of violence most commonly related to gambling were financial abuse and coercive control, although emotional and physical violence were also present. Particularly concerning for the practitioners were the impacts of parental gambling and FDV on dependent children, considered both individually but particularly when both issues were present.

Identification of co-occurring FDV and gambling harm

The data revealed a lack of protocols and screening tools to identify gambling harm in the context of FDV services. While many gambling support services now routinely screened for family violence there was little consistency across the screening tools.

Disclosures of both FDV and gambling harm often occurred in the context of the therapeutic relationship, through building rapport and gaining trust with the client. Also, specific conversation topics enabled client disclosures: finances for gambling disclosures, and family relationships including children and parenting for FDV disclosures. Barriers for disclosures were clients' lack of knowledge of what constitutes harmful behaviours, including abuse and excessive gambling, as well as normalisation of these harmful behaviours in the sociocultural context. When clients did identify such harmful behaviours, stigma and shame around FDV and gambling harm also contributed to secrecy around gambling harm and FDV, both perpetration and victimisation.

Current approaches to address co-occurring FDV and gambling harm

Once identified, FDV services tended to refer their clients out for gambling or other therapeutic supports, while gambling support services were more confident supporting their clients with FDV, especially victim supports. The gambling support services outlined that often their clients experiencing the co-occurring issues did not want to be referred to another service and may even disengage from services in the process of re-referral. While gambling support services often worked concurrently with FDV supports for both victim and perpetrators, the FDV services only provided this type of approach to victims. Perpetrator programs often required clients to have addressed their gambling issues prior to participation. Apart from a few accounts where gambling support and FDV services were operating out of the same location, there were no formal or informal protocols to connect the two sectors to support clients who needed help with both issues.

Service gaps for addressing co-occurring FDV and gambling harm

The need for more holistic supports including culturally sensitive approaches was identified as the main gap in adequately addressing co-occurring FDV and gambling harm in all service contexts. Other gaps identified by FDV services was a general lack of information about gambling harms and related violence, as well as screening tools and referral pathways including basic information about what gambling support services do. The main service gaps for gambling support services were lack of specialist FDV services in local areas, and lack of capacity to address FDV issues within their own service. Gambling support services called for upskilling gambling support staff to respond to co-occurring FDV and violence at the services where the clients first engaged with. They also called for targeted funding for more flexible treatment approaches for complex presentations of FDV and gambling harm. Finally, the devastating impacts on children, and lack of protocols to connect families with child and family services, including statutory CPS, warrants targeted approach to children in families where FDV and gambling harms co-occur.

Conclusion and summary of key findings

Our findings show that EGM density is significantly associated with FDV rates on an area level, and that similar interrelations between FDV and gambling harm are observed in support services providing treatment for clients experiencing FDV and gambling harm. These findings warrant increased scrutiny on gambling-related FDV. Our findings provide critical information to guide EGM policy in the state of NSW, which has the highest number of EGMs of all Australian jurisdictions, and highest expenditure on EGM gambling. Our findings suggest that limiting EGM accessibility overall and specifically in areas with low SES and higher Indigenous population may potentially provide an avenue for reducing the incidence of FDV in high-risk areas. The findings also point to specific supports that the service sector requires to better support clients experiencing co-occurring FDV and gambling harm. Finally, more funding is needed for dual-care models that are outside the current service funding. These can include specific treatment for trauma or gambling related FDV, or addictions treatment for victims of FDV that require longer and more intense modes of treatment. These new novel findings provide critical information to inform policy related to gambling support services, regulation and gambling harm minimisation in the state of NSW.

Part 1. Background and context for the study

Substantial evidence now shows a strong co-occurrence of family and domestic violence (FDV) and gambling harm in help-seeking as well as general populations in Australia and internationally (e.g., Dowling et al., 2014, 2016, 2018; Markham et al., 2016; Roberts et al., 2018, 2020; Suomi et al., 2013, 2019, 2023). This suggests that gambling treatment services need resources to help identify and address FDV, while conversely, FDV services would benefit from programs aimed at identifying and managing co-occurring problems with gambling (Cowlishaw et al., 2021). Recent research also suggests that gambling help services can play feasible roles in addressing FDV, however they commonly lack systematic policies or protocols to effectively respond to these issues (Cowlishaw et al., 2021; Suomi et al., 2024).
A further challenge for public health and service responses to co-occurring gambling harm and FDV are the complex dynamics involved, whereby gamblers and family members can both be victims and perpetrators, while violent behaviours perpetrated in the family and gambling harms may be reciprocal in nature (Suomi et al., 2013, 2019). Gendered drivers of FDV highlight different profiles of individuals who experience co-occurring gambling harm and FDV. Relevant gendered factors can include power and control motivations, financially coercive behaviours, controlling money and concealing gambling losses by male perpetrators (Banks & Waters, 2022), while women victim/survivors of FDV may use gambling venues to escape unsafe situations at home (Suomi et al., 2019). Growing evidence suggests serious implications for children exposed to co-occurring parental gambling and violence, including neglect and abuse (Suomi, Lucas et al., 2022, 2024; Suomi, Watson et al., 2022; Suomi et al., 2023, 2021).

Geographical areas that have more gambling opportunities have higher rates of gambling participation and harm and may potentially have higher levels of FDV (Markham et al., 2016). Any geographic association between gambling behaviours and gambling-related FDV will have significant policy relevance. For example, policy-related research from our team in Victoria has shown that Electronic Gaming Machine (EGM) density is strongly related to FDV rates, which suggests that limiting venue and/or EGM density is a potential lever to prevent FDV (Markham et al., 2016). Our recent study involving interviews with gambling support service providers also highlighted important further roles for gambling help services in responding to FDV within local communities (Cowlishaw et al., 2021; Suomi et al., 2024). Other recent work with female victim-survivors of Intimate partner violence (IPV) further underscored a critical need for locally developed and context specific guidance for systematic responses to FDV and gambling harm (Hing et al., 2020).

This literature signals a pressing need for multi-level strategies to address co-occurring gambling and violent behaviours, which may involve limiting exposures to hazardous gambling products, such as EGMs, as well as equipping support services to respond to the co-occurring gambling harm and FDV at the community level. The

current study aims to address this clearly identified gap in policy and practice that may be relevant to sectors operating at the intersection of gambling harms and FDV.

Rationale for the current study

Gambling harm and FDV are both significant public health issues, but best practice for addressing these co-occurring issues is not well established. To improve the prevention of gambling-related violence on community level, there is an urgent need to better understand:

- Local level variability of high-risk areas for co-occurring gambling harm and FDV to better target policy and service responses;
- Identify current service gaps and needs from service provider perspectives in order to respond to clients who experience co-occurring FDV victimisation and/or perpetration and gambling harm.

Overview of this report

Following this Part 1 of the report, the next part entails a review of relevant literature exploring the relationship between gambling harm, FDV including intersecting factors implicated in the relationship between them (Part 2). The literature review provides the context for co-occurring FDV and gambling harm and highlights the need for the current study. The Methods and Findings of Stage 1 of the study are outlined in Parts 3 and 4. The Methods and Findings of Stage 2 are then presented in Parts 5 and 6. Part 7 is a comprehensive discussion of the key findings in relation to the research questions and broader research context. The conclusion and policy implications of these key findings are presented in Part 8.

Part 2. Literature review

The literature review consists of three parts that contextualise the current research within contemporary literature and scholarship. The first part will summarise key terminology and research evidence about the relationship between gambling harm and family and FDV. The second part includes evidence on the most harmful gambling product: Electronic Gaming Machines (EGMs), specifically pertaining to community- and area-level data, which is a major focus for Stage 1 of this study. The last part reviews literature on help-seeking for gambling harm and FDV, informing the foundations for the Stage 2 of the study.

The relationship between gambling harm and FDV

Gambling and gambling harm

Australians are the world's biggest gamblers with gambling losses in 2023 totalling AU$32.6 billion, or AU$1,562 per adult (ABS 2023, 2025). In Australia, 48-69% of the adult population gambled in the past 12 months (Browne et al., 2020; Paterson et al., 2019; Rockloff et al.,2020; Stevens et al., 2019; Suomi, Kim, Biddle et al., 2024). Extreme negative consequences from their own gambling, or 'problem gambling' is experienced by 0.5–2.0% of adults in most developed countries, including Australia (Calado & Griffiths, 2016; Browne et al., 2020; Rockloff et al., 2020; Paterson et al., 2019; Stevens et al., 2019; Suomi, Kim, Biddle et al., 2024). An additional 10% however, experience some harm in relation to their own gambling and 5-6% experience gambling harm in relation to someone else's gambling, which means that about 20% of adult populations, and more than one third of those who gamble, are negatively impacted by gambling (Browne et al., 2020; Rockloff et al. 2020, Paterson et al., 2019; Stevens et al., 2019; Suomi, Kim, Biddle, et al., 2024). Seven main categories of gambling harm have been identified: financial; social; psychological; physical; occupational; cultural; and other illegal behaviours or child neglect (Langham et al., 2016). In this report, we use the term 'gambling harm' to refer to all levels of harmful gambling, including the small proportion of individuals in the 'problem gambling' category experiencing severe harm.

Gambling harm in the familial context

There is a growing consensus that in addition to the person who gambles, harms can be experienced by non-gambling family members (Dowling et al., 2021; Suomi, Lucas et al., 2022, 2024; Suomi et al., 2023). Problematic gambling in the immediate family significantly disrupts familial relationships and results in a high degree of distress to family members (Dowling, Suomi, et al., 2016). Harms experienced by family members include financial and psychological distress, physical health problems, and poor family and relationship functioning (Bellringer et al., 2013, Cowlishaw & Kessler, 2016; Dowling, Suomi et al., 2016; Hodgins et al., 2007, Langham et al., 2016; Price et al., 2021). Intimate partners and children of

individuals experiencing problem gambling are most vulnerable to these harms (Hodgins et al., 2007; Vitaro, et al, 2008). Intimate partners, in particular, report relationship dissatisfaction, reduced stability and trust, poor communication, financial deprivation, and confusion of family roles and responsibilities due to their partner's gambling (Cowlishaw et al., 2016; Dowling et al., 2009; Hodgins et al., 2007; Kalischuk et al., 2006; Suomi, Lucas et al., 2022). These relationship issues are likely to lead to escalated conflict and stress in the family context, which has been linked with escalated risk for the onset of FDV, as well as the escalation of pre-existing patterns of abuse (see for example, Morgan & Boxall, 2020) and partly explain the high rates of FDV in families experiencing gambling harms.

Family and domestic violence (FDV)

For the purposes of this study, we use a broad definition of FDV (Australian Institute of Health and Welfare (AIHW), 2023). 'Violence' within the definition refers to behaviours that cause, or intend to cause, fear or harm. Violence can be in the form of threat, assault, abuse, neglect or harassment. The term FDV describes violence that occurs in intimate partner relationships and family relationships. When the violence is only between intimate partners, we use the term IPV. In the majority of this report, however, we look at FDV combined as it provides a broader sense of the violence that occurs overall in family relationships. FDV can also occur in the context of coercive control, where a person uses abusive behaviours exert power and dominance on their victim, to create fear, control or manipulate, and deny liberty and autonomy.

FDV is the most common, harmful and costly form of violence in Australia (Hulme et al., 2019). According to the Personal Safety Survey administered by the Australian Bureau of Statistics (ABS), approximately one in four women and one in eight men residing in Australia have experienced physical or sexual violence or economic/emotional abuse from a current or former cohabiting partner during their lifetime (since the age of 15; ABS, 2022b). Economic abuse involves behaviours and actions that control or prevent a person's access to economic resources, leading to emotional harm or fear (ABS, 2022a). Meanwhile, approximately one in six women and one in nine men have been subjected to physical or sexual violence prior to the age of 15 years (ABS 2017), most commonly perpetrated by a male parent or carer (ABS 2017). It should be noted that estimates based on the 'counting' of FDV incidents are limited in their reflection of types and patterns of violence often experienced by women, for example coercive control.

FDV can have a range of negative consequences for victim-survivors, their families and the community more broadly. For example, IPV is a leading cause of hospital admissions and emergency room presentations among women in Australia (AIHW, 2019a), homelessness (AIHW, 2019b; Mission Australia, 2019) and the removal of children from the home (AIHW, 2019a). Survivors of IPV also frequently experience declining health and wellbeing as a result of the violence and abuse, including the

development or exacerbation of mental health issues such as Post Traumatic Stress Disorder (PTSD), anxiety and depression (Fedovskiy et al., 2008; Griffing et al., 2006; Krause et al., 2008). Meanwhile, childhood experiences of FDV are associated with negative outcomes for children and young people, including educational delays, alcohol and drug use issues, and criminal offending and delinquency (McTavish et al. 2016; Naughton et al. 2017; Strathearn et al. 2020). Modelling undertaken by KPMG estimated that in 2015-2016, violence against women and their children cost the Australian economy $22 billion (KPMG, 2016).

The co-occurrence of and association between gambling harm and FDV

A well-established body of literature now highlights the strong co-occurrence of gambling harm and FDV, including population surveys and studies of clinical samples (Dowling et al., 2014, 2018, 2021; Roberts et al., 2018, 2020; Suomi et al., 2013, 2019, 2023). Few studies, however, have examined the temporal nature of the relationship between the two problem behaviours. A small number of qualitative accounts of individuals who gamble, and their family members suggest that problem gambling most often precedes, or coincides with, both FDV victimization and perpetration (Suomi et al., 2021, 2013). Although the exact mechanism that accounts for the co-occurrence of problematic gambling, gambling harm and FDV remains unclear, a few possible explanations have been put forward. (Dowling et al., 2014, 2018, 2021; Roberts et al., 2018, 2020; Suomi et al., 2013, 2019, 2023). For example, some individuals, particularly women, may use gambling as a mechanism to physically or emotionally escape distress resulting from victimisation experiences (Afifi et al., 2010; Cunningham-Williams et al., 2007; Dowling, Suomi, et al., 2016; Echeburua et al., 2011). Similarly, excessive gambling may be a way in which abusers deal with the guilt and shame associated with perpetration (Brasfield et al., 2012; Dowling, Suomi et al., 2016; Korman et al., 2008). The co-occurrence of FDV and gambling harm may also be moderated, in part, by alcohol use (Brasfield et al., 2012).

Others have argued that the stress and strain of living in a relationship with someone who has gambling problems increases the risk of FDV occurring (Dowling et al., 2016; Orford et al, 2010). Gambling-related stressors, such as the loss of family financial resources, abdication of family responsibilities, mistrust, and poor communication directly result in chronic family stress and domestic conflict, that can escalate to the perpetration of violence by intimate partners (Dowling et al., 2016; Echeburua et al., 2011; Korman et al., 2008). Similarly, the guilt, regret, and frustration triggered by gambling losses may result in the manifestation of stress, anger, and financial crisis within the home and lead to the perpetration of violence (Afifi et al., 2010; Dowling, Suomi et al., 2016; Korman et al., 2008; Muelleman et al., 2002). Problem gambling is also known to lead to chronic relationship distress and increased risk of alcohol abuse for both the gambler as well as their significant others, which in turn may increase the use of violent behaviours within families and intimate relationships (Brasfield et al., 2012, 2011).

Intersecting factors for gambling harm and FDV

It is also possible that gambling harm and FDV are not causally linked but that the two behaviours share common underlying factors. The shared psychosocial risk factors for problem gambling and FDV include a history of trauma, victimization, anger problems, emotion dysregulation, impulsivity, and psychiatric comorbidity (Brasfield et al., 2012; Dowling, Suomi et al., 2016; Korman et al., 2008; Lünnemann et al., 2019; Muelleman et al., 2002). Psychiatric disorders including other addictions have been shown to attenuate the associations between problem gambling and both physical partner violence victimization and perpetration (Afifi et al., 2010; Brasfield et al., 2012, 2011; Goldstein et al., 2009; Muelleman et al., 2002; Roberts, et al., 2016; Roberts et al, 2017). Impulsivity has been positively associated with both problem gambling and the perpetration of IPV (physical, psychological, and sexual) (Brasfield et al., 2012).

Some population groups are also at heightened risk for problem gambling and FDV. Risk of FDV perpetration and gambling harm is higher for men and risk of victimisation higher for women (Costa et al., 2015). A review paper of the co-occurrence between IPV and problem gambling revealed that younger age and less than full employment significantly strengthened the relationship between problem gambling and IPV perpetration (Dowling et al., 2016). Other studies show conversely that the relationship between problem gambling and physical IPV remained significant after controlling for the perpetrator's gender, age, relationship status, education, income, and ethnicity (Afifi et al., 2010; Roberts et al., 2018). Socioeconomic disadvantage is also linked to FDV victimisation, perpetration, and gambling harm (Dowling et al., 2016; Reyal et al., 2024; Copp et al., 2019). Indigenous men and women are both overrepresented in FDV victim-survivor and offender criminal justice populations, and populations who are at greater risk for gambling harm (see for example Fitz-Gibbon et al., 2022; Hulme et al., 2019; Whiteside et al., 2020). Risk of FDV victimisation and perpetration, as well as gambling harm is higher for people who have been subjected to FDV in their families of origin and have other adverse childhood experiences or experiences of trauma (see for example Boxall & Morgan, 2021; Bricknell, 2023; Moore & Grubbs, 2021; Morgan & Boxall, 2022; Segrave, 2017; Suomi, Bolton et al., 2023; Suomi, Bailey et al., 2023). Conformity to masculine norms is linked to both problem gambling and FDV perpetration (Clare et al., 2021; Hunt & Gonsalkorale, 2018).

Gendered patterns in gambling related IPV

IPV is the most commonly occurring FDV in families experiencing gambling harm. Although there are some findings that female treatment-seeking gamblers are more likely than male gamblers to report physical, psychological, or sexual IPV victimization (Palmer du Preez et al., 2018) and to perpetrate serious forms of physical violence which result in injury (Korman et al., 2008). Overall, males and

females who gamble generally display similar rates of physical, psychological, and sexual IPV perpetration (Korman et al., 2008; Suomi et al., 2019). Moreover, gender has failed to moderate the relationship between problem gambling symptom severity and physical IPV perpetration in a community sample (Afifi et al., 2010).

While the earlier studies on gambling related IPV did not measure coercive controlling behaviours, more recent evidence suggests that when gendered drivers of violence against women are present (e.g., adherence to gendered norms and hegemonic masculinity), gambling can intensify IPV and manifest as coercive and controlling behaviours (Hing et al., 2020, 2022; Banks & Waters, 2022). Accordingly, gambling is not viewed as a direct cause of gendered IPV, but a reinforcing factor that can exacerbate its frequency and severity. The specific expressions of gender inequity that have been linked to IPV include rigid and hierarchical gender expectations, condoning violent behaviour against women in general, maintaining power and control in the relationship, restricting the woman's autonomy and valuing relationships with others who condoned disrespect toward women (Flood & Pease, 2009; Garcia-Moreno et al., 2006; Graham-Kevan & Archer, 2008; Heise, 2011; Hing et al., 2022).

In comparison, adherence to gendered norms and hegemonic masculinity and attitudes that support and minimise violence against women has been described in the literature as a *cause* of FDV, particularly IPV. Feminist scholars argue that FDV, particularly IPV, can be understood by looking at macro-level factors, particularly the patriarchal systems that reinforce the subjugation of women, through structures and processes that prioritise and reinforce male dominance in social, economic and political spheres (e.g., Heise & Kotsadam, 2015; McPhail et al., 2007). A small number of studies have attempted to empirically validate feminist frameworks, showing that community- and country-level prevalence rates of IPV are associated with macro-level factors, such as the level of property and land ownership rights afforded to women (Heise & Kotsadam, 2015), the proportion of positions of power and authority occupied by women in a community (e.g., as elected law-makers) (Whitaker, 2014), and the size of the gender wage gap (Aizer, 2010).

These attitudes do not only predict higher rates of IPV against women, but when they are present, males with gambling problems were more likely to prioritize their gambling, controlled the family's finances, coerced the woman into providing gambling funds, restricted her use of resources, and used violence to vent their anger, frustration, and blame (Hing et al., 2022). A qualitative study with Asian ethnic subgroups in New Zealand also explained IPV perpetration as an expression of the gambler's desire to exert some control over their own and their family's lives (Sobrun-Maharaj et al., 2012). In the United Kingdom, an interview study with 26 women found that their male partner with a gambling problem often used instrumental coercive and controlling behaviours to access money for gambling, hide

their gambling behaviour, and blame the woman for their problematic gambling and abusive behaviours (Banks & Waters, 2022).

High risk EGM gambling

This part of the chapter will address literature specifically related to Electronic Gaming Machines (EGMs), also known as slot machines (US), fruit machines (UK) and poker machines (Australia), because they are the largest contributor to gambling losses in Australia, and account for about half of all gambling expenditure (Badji et al., 2023). For this reason, they are also a major focus of the Stage 1 of the current study. Participation in EGM gambling has steadily decreased in Australia for the past 15 years, but still around 10-15% of Australian adults gambled on EGMs in the past 12 months (Paterson et al., 2019; Suomi, Kim, Biddle et al., 2024; Suomi, Kim, Hahn et al., 2024). EGMs are available in abundance with over 5000 hotels, pubs and clubs with EGMs in Australia, containing just under 200,000 EGMs (not including casinos) (Australian Gaming Council, 2023). These gambling venues are typically located within suburban areas and may offer other types of gambling, such as Keno, and sports and race betting. Of all gambling activities, EGM gambling is related to the highest level of problem gambling and gambling harm in Australian general population samples (Delfabbro et al., 2020). It is sometimes cited as the ‘crack cocaine of gambling’ based on both associations with gambling problems, as well as operational features of the machines and where they are located (Dowling et al., 2005).

High levels of EGM utilisation in Australia have been attributed to EGM venues being highly accessible, enabling habitual, impulsive and convenience gambling (Doran & Young 2010). People can travel short distances from their home to gamble, often for extended periods, and as part of their daily routines (Badji et al., 2023). In addition to being readily accessible, EGMs have a low participation threshold: they are easy to use and initially low cost (Badji et al., 2023). People can play low denomination machines with a lower entry cost than for casino table games; the machines are designed and tailored to be attractive to a range of different people; they are easy to play; and they are located in generic gaming environments that are culturally neutral, or focused on a particular age group (Parke et al. 2016; Rockloff et al. 2015). EGM gambling does not require players to learn various rules of play, the slang and terminology associated with racing and card games or interact with other people who might be more experienced gamblers (e.g., on a table). Critically, EGMs tend to attract people who need to escape from complex problems in life and regulate their emotions, including psychological distress, trauma, family and work difficulties, and may be one of the few leisure activities easily accessible for people in less well-resourced or isolated communities (Gannon et al. 2021; McCormick et al. 2012; Suomi et al., 2013, 2019). For both FDV perpetrators and victims, EGM gambling may facilitate dissociation and trance-like absorption, providing avoidant-based

coping mechanism. Players describe this state as “the zone” where reality is suspended, life’s problems lose importance, and players can numb pain and worries (Livingstone, 2005; Schüll, 2012). The goal in “the zone” is to sustain play to extend time-out from a difficult reality (Schüll, 2012).

Factors associated with area-based EGM availability

It has been noted that the more accessible gambling opportunities are in an area or community, the more people will tend to gamble (Young et al., 2012). This is a concern for policy-makers, because as investigations of ‘total consumption theory’ have noted, an increase in the total consumption of gambling is usually correlated with an increase in the quantity of gambling-related harm observed at the more heavily exposed population level (Grun & McKeigue, 2000; Hansen & Rossow, 2008; Lund, 2008; Markham et al., 2014; Markham et al., 2016). A systematic review of 39 studies using location-based EGM data (Vasiliadis et al., 2013) showed that higher EGM density (EGMs per head of population) is associated with higher gambling participation and expenditure although there were limited findings on any association with problem gambling rates. This evidence suggests where only destination gambling is available (Casinos, holiday resorts etc), both proximity (distance to venue) and density are associated with higher rates of gambling involvement and problem gambling. Conversely, where gambling opportunity is diffuse, such as the case with most EGM gambling in Australia, both proximity and density are associated with greater involvement, but proximity, rather than density, is more strongly associated with problem gambling (Vasiliadis et al., 2013).

A recent Australian study (Badji et al., 2023) with data linkage between EGM location and general population survey data found that non-Casino EGM venue proximity predicted higher gambling participation, gambling harm, rates of depression and financial hardship. Specifically, people living within 250 m of a venue were 5.8 percentage points more likely to gamble, and people living within 250 m - 1 km were 3.6 percentage points more likely to gamble, relative to people living >2 km from a venue. Living within 250 m of a venue increased the likelihood of experiencing poor mental health by 5.6 percentage points (or 30%), relative to people living >2 km away. Population groups that were most affected by distance to non-Casino EGM venues were men, younger adults (aged 18–34), people employed with low incomes, and people with lower cognitive ability. Finally, residential proximity to gambling venues predicted greater financial hardship and mental health problems, especially for very close distances. However, the study did not control for area level fixed-effects, and it is possible that other aspects of the neighbourhood environment (e.g. population, social norms, crime rates) may explain the gambling behaviour. A number of other studies have also explored the impacts of gambling venues on area-level crime rates, or bankruptcy producing, providing mixed evidence of the impact of

EGM accessibility on the outcomes (Badji et al., 2020; Boardman & Perry, 2007; Grinols & Mustard, 2006).

Area level disadvantage

It is well established that the association between EGM accessibility and gambling problems in stronger in low SES areas, and that EGM density is disproportionately high in these more disadvantaged areas (Vasiliadis et al., 2013). Higher per capita placement of EGMs in lower SES areas has been found in Germany (Xouridas et al., 2016), Finland (Raisamo et al., 2019), Australia (Rintoul et al., 2013), Canada (Robitaille et al., 2008), in the UK (Wardle et al., 2014), and New Zealand (Wheeler et al., 2006), although these studies did not examine the relationship between EGM density and gambling harm.

Low SES areas also have higher rates of FDV, and particularly incidents of IPV (Bartolo, 2001; Benson et al., 2003; Cunradi et al., 2011; Flake, 2005; Gorman et al., 1998; Hetling & Zhang, 2010; Markham et al., 2016; Pinchevsky & Wright, 2012). For example, Bartolo's (2001) analysis of Queensland Police Service call out data for the period 1993-1995 found that lower SEIFA[1] was positively associated with higher rates of physical or threatened IPV between current or former cohabiting partners. However, the role of neighbourhood disadvantage on IPV appears to be mediated by the type of abuse being examined. Golden and colleagues' (2013) analysis of the Fragile Families and Child Wellbeing Study dataset comprising a birth cohort of nearly 5,000 children found that neighbourhood disadvantage was not associated with higher rates of physical abuse but was associated with higher rates of self-reported experiences of coercive control and emotional abuse within intimate relationships.

EGM gambling and FDV

While the relationship between problematic gambling and FDV is well established, few studies have examined the relationship between specific gambling activities and FDV. Given the high risk of gambling harm associated with EGM gambling, relative to other gambling activities, it is likely to be most strongly associated with a range of negative consequences of gambling, including FDV. In a series of studies using participant observation and semi-structured interviews in the UK, Parke and Griffiths (2004, 2005) established a link between EGM play and subsequent aggressive behaviours, not specifically directed at partners of family members, however. They concluded that this aggression was primarily due to psychological distress stimulated by strong feelings of frustration (Frustration Aggression Theory; Berkowitz, 1989) triggered by the way the EGMs operated on near-win principle: reduction in participants competitive advantage (the house always wins), and their self-esteem, as well as the cognitive regret of losing money.

[1] The SEIFA Index of Relative Socio-Economic Disadvantage is an area-based measure of community-level socio-economic disadvantage developed by the Australian Bureau of Statistics. It combines Census data for income, education level, employment and occupation, housing and family structure.

Given the documented associations between gambling and violence among individuals and their partners, it also seems likely that neighbourhoods with highly accessible gambling opportunities will also have elevated rates of FDV. As an example, Wheeler et al. (2010) conducted a statistical-local area level cross-sectional spatial analysis of crime in Victoria and found that as volume of gambling losses increased, so too did population-level rates of non-income generating offending (e.g., FDV-related assault rather than property offending). In a similar study the authors (Wheeler et al., 2008) undertook in South Australia, however, they found no relationship between gambling losses and rate of offending within the community. Recent geographical data from Finland shows that EGM gambling was related to being convicted for multiple criminal offences, including violent crime, but this study was also unable to differentiate between FDV and non-FDV-related violence (Lind et al., 2024).

While geographical research on both FDV and gambling is growing, there is relatively little data examining both constructs concurrently. We identified only one study examining the geographic associations between EGM accessibility and police reported FDV. Markham and colleagues (2016) analysed police-reported incidents of FDV in Victoria for the period 2005-2014 and found that EGM density as proxy of accessibility, defined as the number of EGMs per 10,000 people and EGM venues per 100,000 people, was positively associated with higher community rates of FDV. Given that gambling accessibility is of interest, as limiting venue accessibility is a policy lever that could potentially be used to reduce the incidence rate of FDV, the current study builds on the methodology of Markham et al. (2016) to examine the associations in NSW, where the rate of EGM's per capita is the highest of all Australian jurisdictions (Queensland Government Statisticians Office, 2023).

Help seeking for gambling harm and FDV

Research on help seeking for co-occurring gambling and FDV is limited to a handful of qualitative interview studies, mainly with gambling support service staff (Cowlishaw et al., 2021, Hing et al., 2020, Suomi et al., 2024). The study by Hing et al (2020) also included FDV and culturally specific services. These studies highlight the multiple and intersecting complexities around help seeking for clients experiencing co-occurring problem gambling and FDV, as well as lack of clarity on the relationship between problem gambling and FDV. The siloed, specialist service models often only focus on narrow definitions of FDV and gambling harm, together with multiple layers of stigma, shame and safety issues means that help seeking, identification and holistic models of support remain inconsistent across services.

Adding to the complexity of service provision is that many victim-survivors of FDV will engage with non-FDV services, including health services, due to potential

repercussions associated to the help seeking from perpetrators (Freytag et al, 2020). Freytag et al (2020) outline that this includes engaging with gambling services when gambling is present in the violent relationship. In addition, perpetrators of FDV may be involved in behaviour change or gambling support programs, and never, or take extended periods of time to disclose the co-occurring behaviours (Hing et al, 2020). Hing et al (2020) note that gambling harm is under-reported within FDV and related support services, particularly if gambling related questions are omitted from intake tools. Challenges associated with client disclosure of co-occurring harms means that the exact frequency of co-occurring harms in these service contexts is challenging to determine. However, patterns within service contexts, and more specifically, the high rates of intimate partner violence (IPV) perpetration and victimisation present in gambling help-seeking settings suggest the potential and important role that these services have in the identification and ongoing support for those impacted by IPV (Suomi et al 2024).

However, limited recognition and knowledge of gambling as a contributor to IPV remains for a range of relevant support services, including those specifically addressing gambling harm and FDV (Hing et al 2020, 2023). Current service models hold inconsistent approaches to both screening and support, including referrals to specialist services (Hing et al, 2020) and integrated service systems (Cowlishaw et al., 2021; Suomi et al., 2024). The gap in recognition and understanding by service providers of the co-occurrence of the behaviours has reportedly manifested in them downplaying the male perpetrators gambling problems or considering them irrelevant to women's experience of IPV (Hing et al, 2020). Hing et al (2020) add that, female victims of IPV also reported their IPV victimization could be ignored by gambling support services despite citing their experience of IPV as underpinning their problematic gambling.

The current inconsistencies in service provision for co-occurring gambling harm and FDV services are potentially influenced by the low levels of community awareness and knowledge of problem gambling at non-gambling specific services as well as the seemingly contradictory community attitudes that both normalise gambling as well as stigmatise problematic gambling (Hing et al, 2020). Those experiencing co-occurring FDV and gambling harm can feel deeply ashamed of their life situation related to both behaviours (Hing et al 2020; Cowlishaw et al., 2021; Suomi et al., 2024). On the other hand, the social acceptance of gambling within Australian society and an associated misunderstanding on the nature of gambling harm, has also impacted victims help seeking behaviour (Hing et al, 2023). This normalisation, alongside experiences of shame, secrecy and stigma relating to IPV and gambling indicates the need for further strategies that support disclosures and identification of FDV in gambling help services (Suomi et al 2024).

Victim-survivors of gambling related IPV highlight the benefits and potential of integrated service models that facilitate support for IPV, gambling, economic abuse,

mental health and substance use (Hing et al 2020). These services had the resources and capacity to identify and address the multiple needs of clients and sustain this support over the long-term. This corresponds to the broader call for multisector responses to IPV (Garcia-Moreno et al 2015, Rees et al, 2015) as well as reflecting the clinical complexity in which IPV and gambling harm occur. However, currently there is limited availability of the service responses required to adequately and comprehensively address both FDV and gambling (Hing et al., 2020; O'Mullan et al., 2022).

Current study

The current study comprises two inter-related components that address gaps identified in the current literature. The aim is to empirically inform better ways of addressing co-occurring gambling harms and FDV, and to outline optimal policy and practice responses for prevention activities. The current project includes two stages that:

1. Demonstrate links with EGM density and FDV risk in NSW, accounting for other confounding factors (physical, mental health), and identify geographical areas where more targeted approaches, services, or policy interventions are needed (Stage 1). This was examined through the following research questions:

    - Is there an association at the area level between EGM accessibility and FDV incidents, controlling for key health and sociodemographic factors?
    - To what extent can FDV incidents be attributed to EGM accessibility in NSW (i.e., if there is an association, how much do EGMs increase/decrease FDV rates)?
    - Are there areas in NSW where EGM accessibility is likely to have a stronger effect on FDV incidents?

2. Identify current service gaps and needs from FDV, gambling support and family, youth and mental health support service provider perspectives in order to respond to clients who experience co-occurring FDV victimisation and/or perpetration and gambling harm (Stage 2).

This was examined through the following research questions:

- What is the need to address co-occurring FDV and gambling harm at services?
- What is the current practice in identifying the co-occurring FDV and gambling harms?
- What are current service approaches to address co-occurring FDV and gambling harm?
- What are the current service gaps in addressing co-occurring FDV and gambling harm?

Part 3. Method for Stage 1

Design

The analyses for Stage 1 involved area-level analyses of Suburb and Locality (SAL) data regarding EGM accessibility and FDV incidents. We used linked data available from NSW Bureau of Crime Statistics and Research (BOCSAR) data on, NSW Gaming Machine data, and Australian Census to answer the following questions:

I. Is there an association at the area level between EGM accessibility and FDV incidents, controlling for key health and sociodemographic factors?
II. To what extent can FDV incidents be attributed to EGM accessibility in NSW (i.e., if there is an association, how much do EGMs increase/decrease FDV rates)?
III. Are there areas in NSW where EGM accessibility is likely to have a stronger effect on FDV incidents?

We were also able to visually examine:

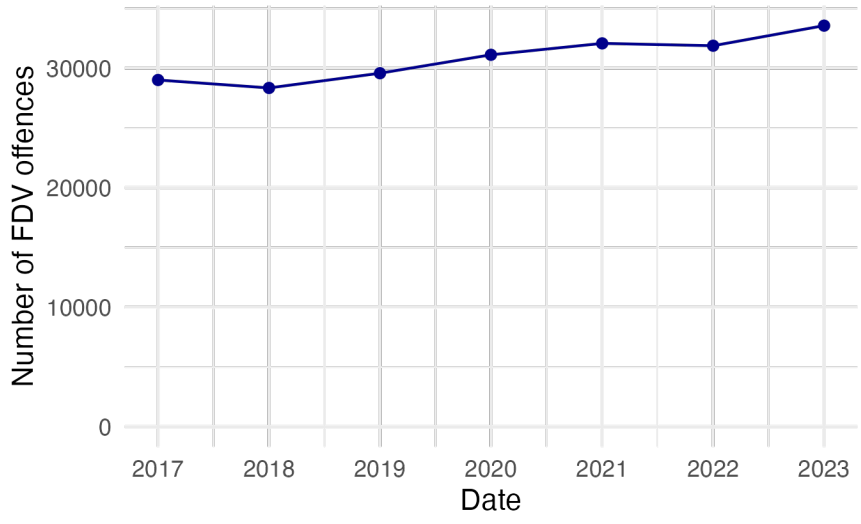
IV. The coverage of GambleAware on health district level in areas with elevated risk of gambling-related FDV incidents

The methodology involves linkage of geospatial and temporal data across the following datasets:

1. NSW Bureau of Crime Statistics and Research (BOCSAR) 2017 – 2023
2. Liquor and Gaming NSW Gaming Machine Data 2017 – 2023[2]

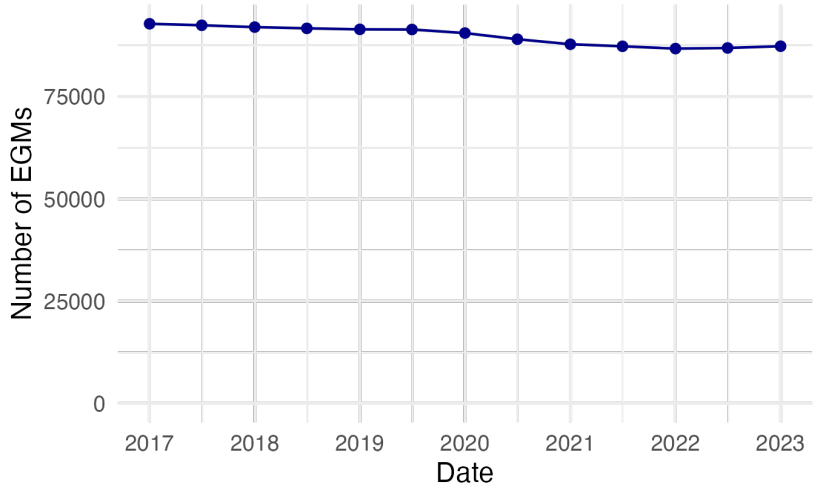
Figures 1 and 2 below plot the key variables of interest from the two datasets, including number of police reported FDV incidents and the number of EGMs in NSW.

FIGURE 1. NUMBER OF POLICE REPORTED FDV INCIDENTS IN NSW 2017-2023



[2] https://www.liquorandgaming.nsw.gov.au/resources

FIGURE 2. NUMBER OF EGMS IN NSW 2017-2023



In addition to the two main sources of data, we also included the following datasets for the analyses:

3. Area-level demographic, health and wellbeing and socioeconomic data from the 2016 and 2021 Censuses of Population and Housing.
4. GambleAware service data available from the NSW ORG (location of services, number of sessions/service users on annual basis (cross-section of 2023/24)

Variable information and database construction

Dependent variable

FDV as the dependent variable was operationalised as the annual rate of police recorded FDV incidents per 10,000 population within the SAL for the years 2017-2023. The dependent variable was obtained from publicly available figures provided by the NSW Bureau of Crime Statistics and Research (BOCSAR). Offending rates were generated using population of offending age (over 12) in each SAL using data provided by BOCSAR. It is important to note that BOCSAR data is limited to offences that resulted in a proceeding of some kind (e.g., charge, warning). As such, it is likely an under-estimate of the 'volume' of FDV-related offending within in each SAL. This is because most incidents of FDV are not reported to or detected by the police (Boxall, Morgan & Brown, 2020), and the high level of attrition associated with FDV cases that are reported to the police.

Independent variables

The independent variables of interest for the current analysis were both related to EGM accessibility. We operationalised EGM accessibility as EGM density and EGM

proximity using two variables: (1) density was measured using population adjusted number of EGMs within a 10 km radius, and (2) proximity was measured using population adjusted distance (km) to EGM venue and population offset built in the model to make predictions of population.

Monthly data on every premise in NSW with a liquor license — which includes all EGM venues in NSW except the casino —was taken from data published by the licensing authority, *Liquor and Gaming NSW*. Published every month, their 'Licensed premises data' contains, among other indicators, every licensed premises': unique license number; name; address; latitude and longitude; and the number of authorised EGMs in that venue (i.e. excluding unused EGM entitlements). A venue was categorised as an EGM venue if the number of EGMs was at least one.

While the analysis required data for SALs, these can often be spatially extensive, particularly in rural areas. Accordingly, both measures were constructed using ABS Mesh Blocks, of which there are 368,286 in Australia. Mesh Blocks are the smallest geographical unit for which the ABS provide Census data and typically contain between 30 and 60 dwellings. Because each SAL consists of one or more whole Mesh Blocks, we are able to calculate our EGM density and proximity measures at the Mesh Block level and then aggregate them to the SAL level using a population-weighted median for incorporation into our analysis.

We calculated the density measure by finding the number of EGMs within 10 kms of each Mesh Block centroid in NSW. Effectively, this method draws a circle with a 10 km radius around the centre of each Mesh Block, and then counts the number of EGMs that fall within this circle. We calculated the distance measure by finding the Euclidean distance (or distance 'as the crow flies') between every Mesh Block centroid and every EGM venue, and then finding the closest venue from this list for every Mesh Block.

Control variables

To measure the independent effect of EGM availability on FDV rates with the community, we included several control variables which have been identified in the literature as being associated with FDV victimisation and perpetration, and gambling harm at the community-level. These control variables were obtained from Australian Census of Population 2016 and 2021. Data was taken from the closest census (so 2017-18 used 2016 census data, 2019-22 used 2021 census data). A growing literature has identified numerous geographic correlates of IPV, including concentrated disadvantage and perceived disorder, and buffering effects of social cohesion and support.

- Given the high rates of physical and mental health problems related to both FDV and gambling harm, we included the percentage of residents who reported physical health and/or mental health problems for each postcode.

- We included the percentage of residents who identified as Indigenous, due to the higher rates of gambling harm victimisation among Indigenous populations in Australia (Al-Yaman et al., 2006, Mouzos and Makkai, 2004)
- The ABS Remoteness Structure, a five-category classification of the geographic accessibility of locations in Australia, was selected to capture any urban-rural differences in police recording rates or FDV.
- The Socio-Economic Index for Areas (SEIFA) Index of Economic Resources (IER) was included as a postcode-level measure of poverty and prosperity. The IER is a composite measure of various indicators of wealth and income, which means that a more complete picture of economic status can be gained by using a single indicator, without introducing multicollinearity among predictor variables (Australian Bureau of Statistics, 2008).
- Given the high rates of partner violence and gambling harm in the Australian Defence Forces (ADF) (Cowlishaw et al., 2020, 2023), we also included the percentage of population in the SAL who had ever served in the ADF.
- We controlled for two age variables: the percentage of the SAL population under 18 indicating the proportion of adult population, as well as the percentage aged 20 – 35, which is the age group in which offending usually starts (Stith et al., 2004).
- Other demographic control variables of exploratory interest included the average age, % of females, the percentage of the SAL population that moved in the past five years, and whether an SAL is on the border with another state or territory.
- Finally, we included controls for the presence of other crimes within the SAL, which were drawn from BOCSAR data. This included rate of reported drug offences (per 10,000 residents); rate of non-FDV assaults (per 10,000 residents); rate of major property damage (per 10,000 residents).

Analyses

The main analysis uses a negative binomial model with INLA used to estimate the spatio-temporal random effects. The implementation is in the R-INLA package (Rue et al., 2009). The analyses controls for socioeconomic factors, demographics and rates of other crimes, while modelling the relationships with EGM density and accessibility. We use 95% credible intervals to indicate certainty around the effect estimates. This means that there is a 95% probability that the true estimate would lie within the interval. When the 95% credible interval does not include zero, this indicates statistical significance. While the analyses do not directly yield evidence of causation, the use of longitudinal design allows inferences to be made about causal relationships involving EGM accessibility (as measured by density) and FDV incidents, and is considered best evidence to suggest a causal link between the variables of interest.

Using a model such as this which adjusts for population size and spatial and temporal autocorrelation is important when conducting an area level analysis. In many datasets, observations that are nearby in space and/or in time are more likely to be similar than those from distant areas and time periods due to shared environmental factors, infrastructure, or socioeconomic conditions. Ignoring these spatial and temporal auto-correlations can lead to biased coefficient estimates.

This analysis specifically tests the effect that the number of EGMs within 10 km radius has on FDV incidents. This analysis is conducted at the level of the SAL using a spatio-temporal model whereby the SAL is the unit of analysis. There were 4,519 SALs available for analysis. Of these 1016 SALs did not have any FDV incidents, 1,349 did not have any EGM exposure (no EGMs within 10 kms). 455 SALs were excluded due to having no population over 12 years of age (as the population offset model cannot use a zero offset). There were only three SALs with any missing data (Glenugie, Mogood and Sandy Crossing) and they are only missing values for IER (12 in total). These have very small populations over 12 (1273, 5, and 3 respectively) so had little chance to bias estimates. These IER values were filled with median imputation. The final number of SALs used for the analysis was 3,999. Accordingly, there were some zero counts in some SALs, that arise naturally when the population in these areas is small. This issue has been modelled with the population offset used in our negative binomial model and the R-INLA package.

Finally, we visually examined the distribution of SALs with elevated risk of EGM-related FDV incidents and GambleAware service locations, to identify areas where services may be more likely to come into contact with clients experiencing gambling-related FDV, and the coverage of services in these high-risk areas.

Part 4. Findings for Stage 1

Description of the main variables

Table 1 shows the descriptive statistics for the dependent variable, independent variables and control variables. There is considerable variation in the population of SALs. While 50% of SALs had a population smaller than 227, the mean population of SALs was almost 2,000. This is because some urban SALs have very large populations. A similarly skewed distribution was evident for the annual rate of observed FDV incidents per 10,000 population. The median number of recorded incidents among SAL-years was 0, but the mean was 57. This partly reflects the number of SALs with very small populations. Our measures of exposure to EGMs were similarly skewed, with the median number of EGMs within 10 km being just 46, while the mean was 1,172. This is because a relatively small number of SALs have extremely high EGM density. In addition to the continuous variables in Table 1, the distribution of the remoteness variable was: Urban, 25.92% of SALs; inner regional, 41.38%; outer regional, 29.35%; and remote, 2.60%; very remote, 0.74%. 6.00% of SALs were located on a state or territory border.

TABLE 1. DESCRIPTIVE STATISTICS FOR SALS IN NSW, 2017–2023

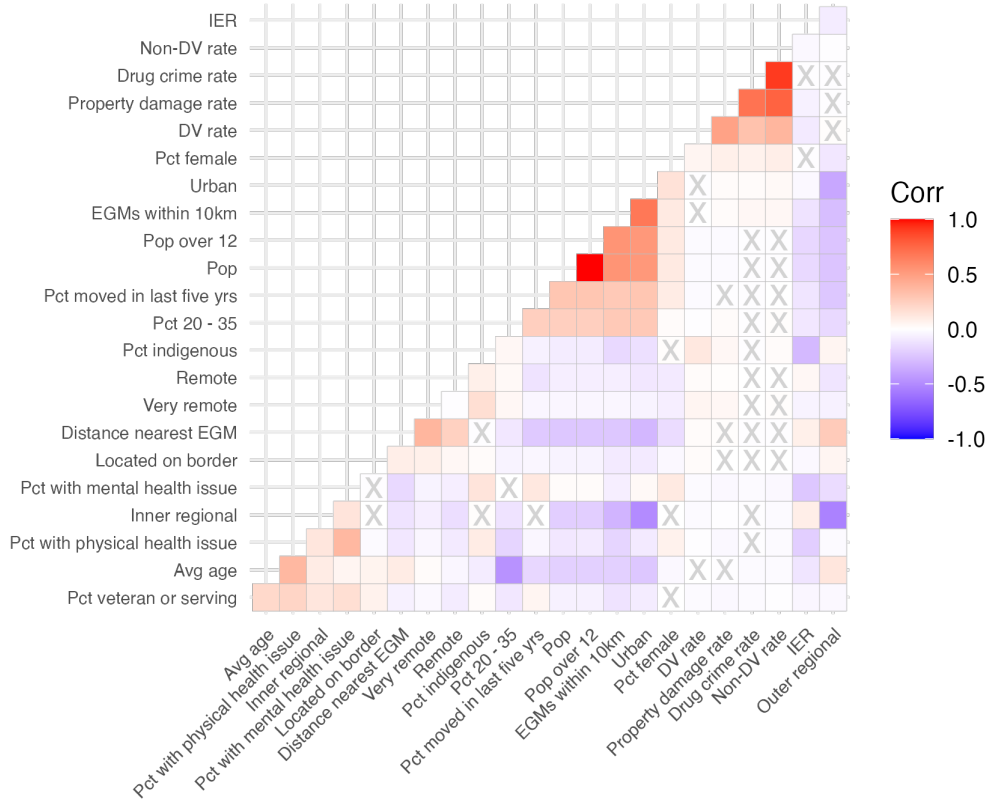
Variable	Mean	Median	SD
Total population	1959.85	227.00	4211.16
Annual FDV rate (per 10,000)	57.13	0.00	280.26
Number of EGMs per 10 km	1171.92	46.00	2687.40
Distance to nearest EGM (kms)	9.57	5.35	15.65
Percentage female	48.92%	49.92%	7.22%
Average age	43.60	42.15	9.02
Percentage of SAL aged 20 – 35	14.65%	14.01%	12.85%
Population over 12	1662.36	179.00	3600.15
IER	1028.84	1033.00	70.59
Percentage who have moved in past five years	29.33%	28.80%	12.26%
Percentage Indigenous	4.80%	2.93%	7.46%
Percentage with mental health problems	7.82%	7.81%	4.95%
Percentage of physical health problems	33.09%	33.23%	10.60%
Percentage veteran or currently serving in ADF	2.18%	1.74%	2.60%
Annual drug crime rate (per 10,000)	225.25	0.00	8183.40
Annual major property damage rate (per 10,000)	112.97	27.47	622.21
Annual non-FDV assault rate (per 10,000)	54.93	0.00	880.43

IER stands for Index of Economic Resources which is a measure calculated by the ABS to measure the financial component of disadvantage. For more information see ABS documentation[3] on the measure.

[3] https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Main%20Features~IER~21

Figure 3 shows the size and significance of bivariate correlations between the key variables within the SAL data. An ‘x’ in the matrix indicates that the correlation between the variables listed in the row and column is not significant. A bright red square indicates a strong positive correlation (Pearson’s r close to 1.0), while a bright blue square indicates a strong negative correlation (Pearson’s r close to -1.0). The main exposure variable, reported FDV, was significantly correlated with all variables except average age; EGMs within 10 km; and ‘urban’ or ‘outer regional’ levels of remoteness. The FDV rate was most strongly correlated with the rates of other types of other forms of reported crime: drug crime, major property damage and non-FDV violence rate. The measure of EGM density was most closely correlated with urbanicity, SAL population, measures of the SAL population’s age, 5-year population mobility, and EGM proximity. The EGM proximity measure was most strongly correlated with similar variables.

FIGURE 3. BIVARIATE CORRELATIONS BETWEEN FDV RATES, EGM PROXIMITY AND DENSITY MEASURES, AND CONTROL VARIABLES FOR SALS IN NSW, 2017–2023



Note: All correlations are statistically significant at a 95% confidence level except where marked with an “X”. IER stands for Index of Economic Resources which is a measure calculated by the ABS to measure the financial component of disadvantage. For more information see ABS documentation[4] on the measure.

[4] https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Main%20Features~IER~21

Spatiotemporal analysis (main analysis)

Table 2 shows the point estimates for each of the main dependent variables and control variables predicting reported FDV. It shows that Number of EGMs within 10 km (EGM density), proportion of residents over 12 years of age, IER (area socioeconomic status), proportion residents who identified as Indigenous and proportion of residents with chronic physical health problems, drug crime rate, major property damage rate, and non-FDV assault rate had coefficients estimated with 95% credible intervals which did not contain zero.

TABLE 2. REGRESSION COEFFICIENTS FOR NEGATIVE BINOMIAL MODEL WITH SPATIOTEMPORALLY CORRELATED ERRORS, PREDICTING THE RATE OF FDV INCIDENTS PER 10,000 RESIDENTS IN NSW SALS, 2017–2023.

	Coef.	Stand. coef.	95% credible interval	
Predictor variables				
Number of EGMs within 10 km (per 1000')	**0.03328**	**0.00034**	0.00462	0.06206
Distance to nearest EGM (kms)	-0.00018	-0.00001	-0.00323	0.00287
Control variables				
Gender ratio	0.07282	0.00002	-0.51354	0.65863
Average age	-0.00319	-0.00012	-0.00992	0.00354
Aged 20 – 35	-0.37653	-0.00020	-0.77200	0.01892
Proportion of population over 12	**0.73434**	**0.00028**	0.21461	1.25385
IER	**-0.00445**	**-0.00138**	-0.00479	-0.00410
Proportion moved in past five years	0.16949	0.00009	-0.01485	0.35409
Proportion Indigenous	**2.57079**	**0.00054**	1.70973	3.43036
Proportion with mental health problems	0.38011	0.00015	-0.11968	0.88039
Proportion with physical health problems	**-2.59910**	**-0.00029**	-3.95845	-1.23896
Proportion veteran or serving in ADF	0.00000	0.00002	-0.00001	0.00002
Annual drug crime rate (per 10,000 residents)	**0.00058**	**0.00085**	0.00053	0.00063
Annual major property damage rate (per 10,000 residents)	**0.00048**	**0.00034**	0.00036	0.00059
Annual non-FDV assault rate (per 10,000 residents)	**0.07282**	**0.00002**	-0.51354	0.65863
Remoteness – inner regional	0.08950	0.00019	-0.03053	0.20960
Remoteness – outer regional	0.10872	0.00022	-0.04687	0.26443
Remoteness – remote	0.09787	0.00007	-0.19274	0.38830
Remoteness – very remote	-0.08084	-0.00003	-0.53988	0.37869
Border	-0.11660	-0.00012	-0.26664	0.03391

Bolded point estimates are ones where at least 95% of the posterior distribution is above or below 0. IER stands for Index of Economic Resources which is a measure calculated by the ABS to measure the financial component of disadvantage. For more information see ABS documentation[5] on the measure.

[5] https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Main%20Features~IER~21

The models yield a significant positive correlation between EGM density and annual FDV rates with a 95% credible interval which does not contain zero. In other words, the model shows that higher EGM density in a geographical area was significantly associated with, and likely responsible for, increased annual rates of FDV incidents reported to police. Specifically, each increase of 1000 EGMs within a 10 km radius is associated with an expected increase of 0.03 FDV cases per 10,000 people with a 95% credible interval of 0.00462 to 0.06206. EGM density explains a small but not negligible fraction of the inter-SAL variation in FDV rates, which is due in part to the magnitude of values for the variable being high. The mean exposure weighted by SAL population is 4,212. The standardised coefficients show that EGM exposure is one of the most significant variables in explaining variation in the outcome. Moving from having no EGMs within 10 kms to having 4,212 per 10,000 (the weighted mean) increases reported FDV incidents per capita by 0.122 cases per 10,000 people holding all other factors constant. Given the potential impacts of COVID during the study period, we also ran sensitivity analyses by splitting the dataset into preCOVID (2017-2019) and during/post-COVID (2020-2023) periods, with results showing effects in the same direction[6]. Other main effects showed that FDV rates were higher in SALs with larger proportion of residents over 12 years of age, lower SES status, larger proportion of Indigenous residents, and smaller proportion of residents with physical health problems. FDV rates were also higher in SALs with higher drug crime, property damage, and non FDV assault rates.

Geospatial depiction of the data

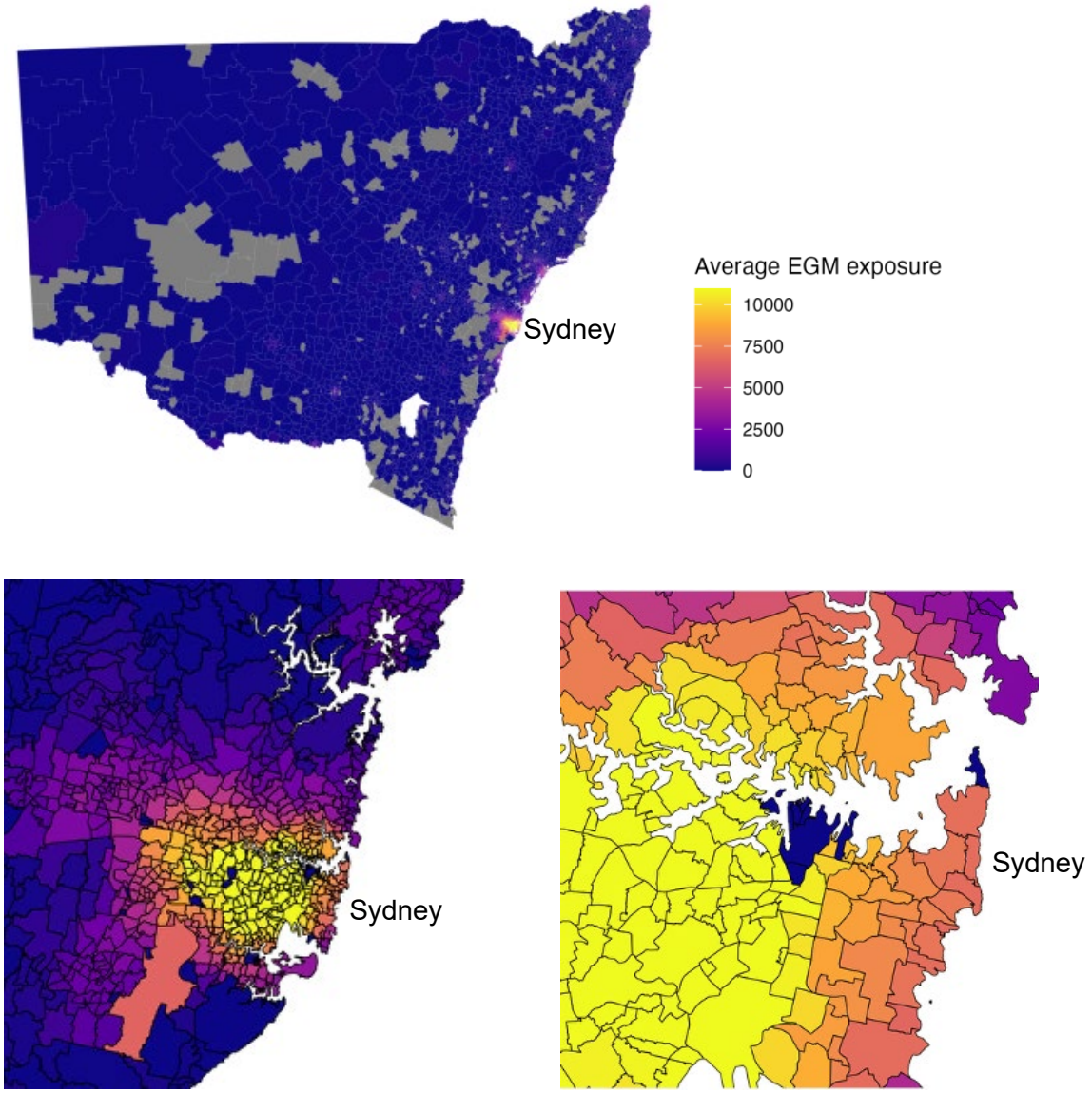
The final section of the Stage 1 findings depicts the spatial distribution of (1) population weighted number of EGMs within a 10 km radius (EGM density); (2) police reported FDV incidents per 10,000 residents; and (3) the effect of EGM density on FDV rates across SALs in NSW. Inset maps show SALs with clusters or concentration of high values. All maps show the mean of annual rates.

EGM density

The first set of maps overleaf depicts the EGM density across the SALs. EGM density was highly concentrated in urban centres with SALs in metropolitan Sydney having the highest density EGMs within 10 kms, particularly Sydney's inner, western and south-western areas where the population adjusted median number of EGMs within 10 kms exceeded 10,000. Other high density EGM areas where the number of EGMs within 10 kms exceeded 2000 were in and around Gosford, Newcastle, and Wollongong.

[6] Sensitivity analysis using pre-COVID data provided a main effect to the same direction as the main analysis using the whole sample. Sensitivity analysis using during and post-COVID data provided a stronger main effect than the pre-COVID data suggesting that the EGM effect on FDV rates may have been stronger for years since 2020. However, due to reduced sample sizes for both of these analyses the estimates also included a zero and should be interpreted with caution.

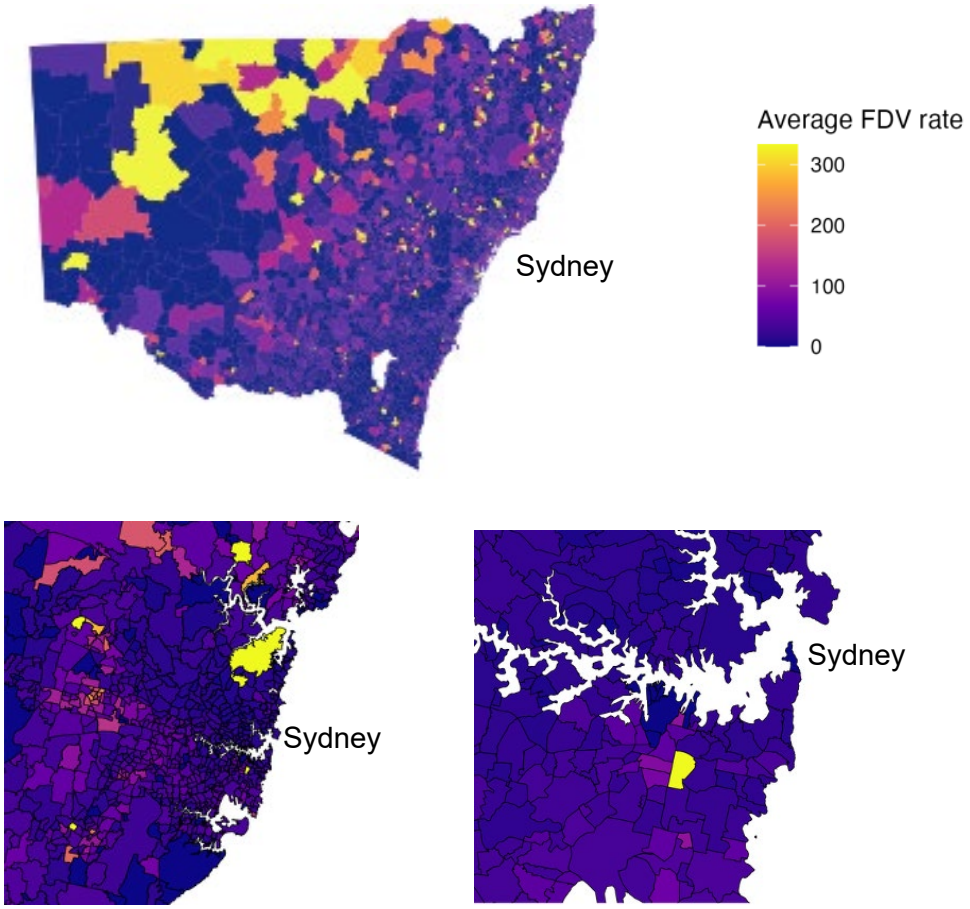
FIGURE 4. AVERAGE NUMBER OF EGM'S ACROSS SALS IN AND AROUND METRO SYDNEY



FDV rate

The next set of maps shows the police reported FDV incident rate per 10,000 residents at in the SAL level. FDV incidents were highly scattered around regional areas, with lower rates reported in around metropolitan Sydney, but the rates increasing in the western, south-western and southern parts of Sydney. Particularly high rates of violence were recorded (300 or more incidents per 10,000 residents) along the north-eastern corner of NSW, bordering Queensland.

FIGURE 5. AVERAGE NUMBER OF POLICE REPORTED FDV INCIDENTS PER 10,000 RESIDENTS BY SAL



EGM effect on FDV rates in NSW SALs

The final set of maps provides the estimated effect of EGM density on FDV rates in each SAL. The EGM effect is expressed as a percentage of increased FDV rate per 10,000 that can be attributed to EGM density. In other words, that is a calculation based on taking the difference between a model where EGMs are set to zero and one where the real value of EGMs are used. For example, with EGM effect of 50%, the FDV rate per 10,000 people is 50% higher than it would be without EGMs in the area. We included interaction terms for remoteness categories and EGM effect in the model.

High effects of EGM density on FDV rates were detected in and around Sydney where also the EGM concentration is high. In addition to metropolitan Sydney, the EGM effect was particularly high in some regional northern and north-western parts of NSW, including Lightning Ridge (EGM effect 98.8) Bourke and North Bourke (65.8), Cobar (64.5), Walgett (48.1), Wilcannia (40.1), Nyngan (32.5), Brewarrina (22.4). Other regional concentrations where the EGM effect was disproportionately high were in and around Griffith (22.2), and the Bega Valley Shire area.

FIGURE 6. ESTIMATED EFFECT OF EGM DENSITY ON FDV INCIDENTS PER 10,000 RESIDENTS, ON NSW BY SAL

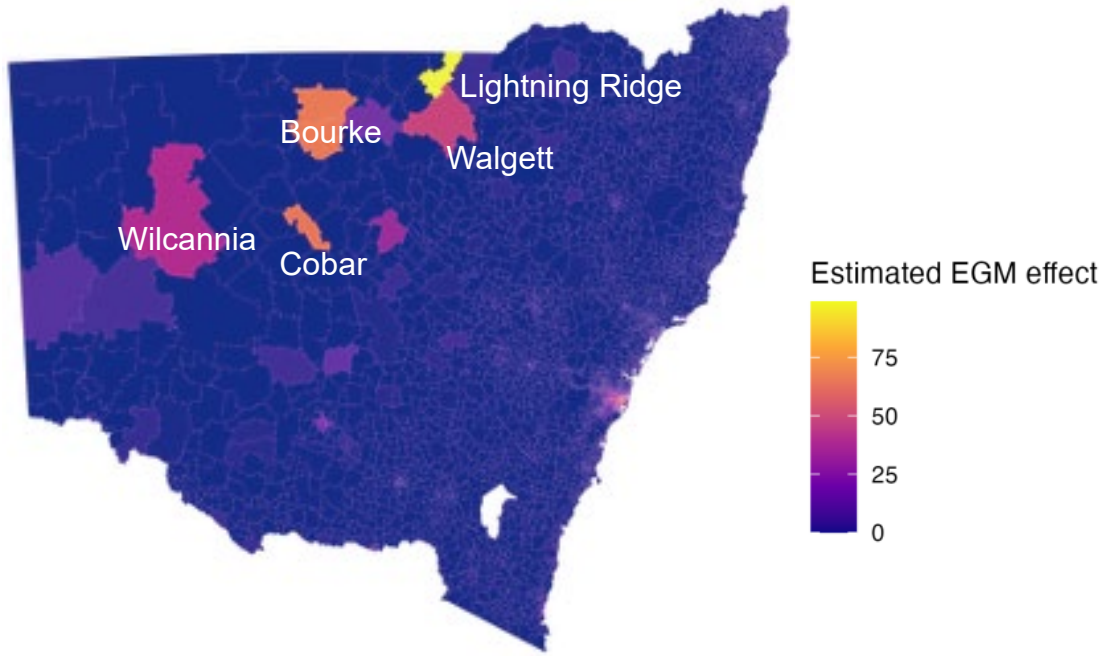
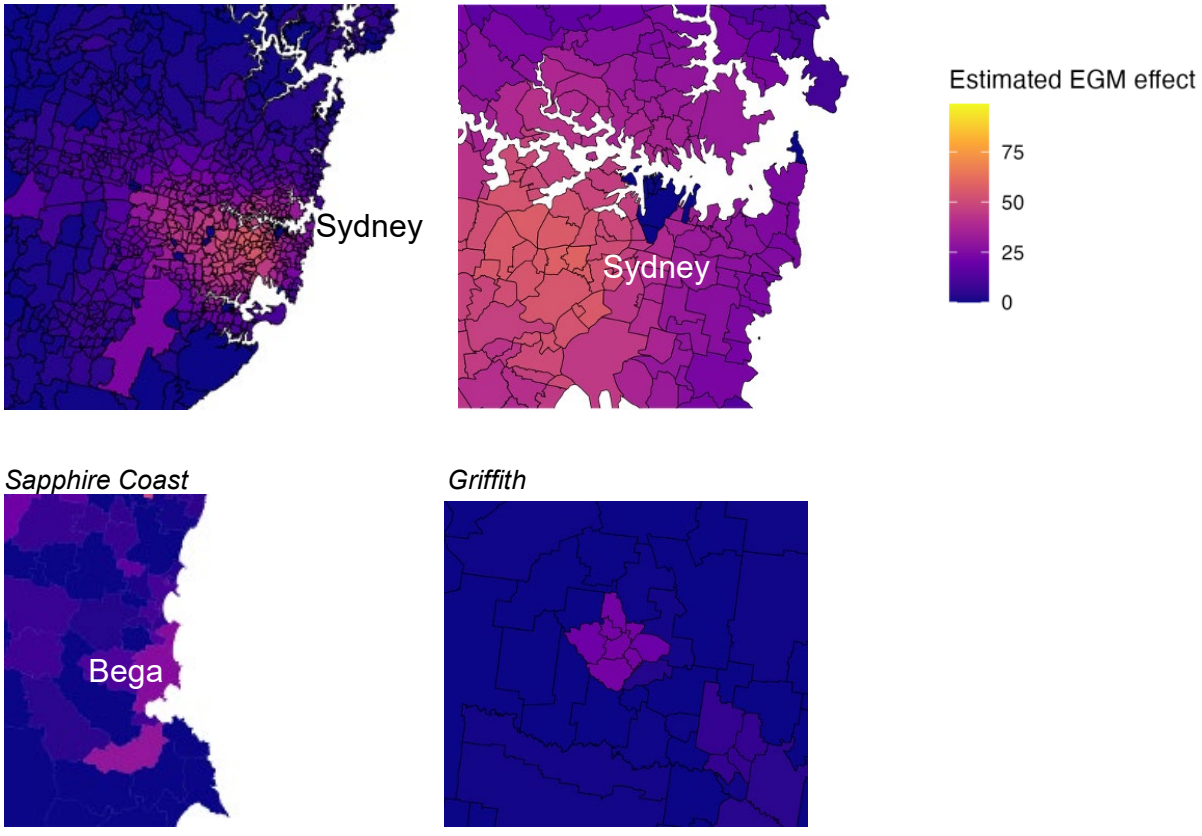


FIGURE 7. LARGE SCALE VIEW OF GEOGRAPHICAL AREAS FOR EGM EFFECT IN HIGH DENSITY LOCATIONS/SMALLER SALS



GambleAware services in regional areas with higher risk of gambling-related FDV

GambleAware services are generally located in areas with a higher density of EGMs, in and around Metropolitan Sydney and large regional centres, where they service large geographical areas. The last section of the Stage 1 findings qualitatively examines the SALs with increased risk for EGM-related FDV, in relation to the GambleAware service locations. We have omitted the Metropolitan Sydney areas from this analysis, despite high EGM effects throughout, because there is a relatively comprehensive coverage of GambleAware services across the SALs in these urban areas.

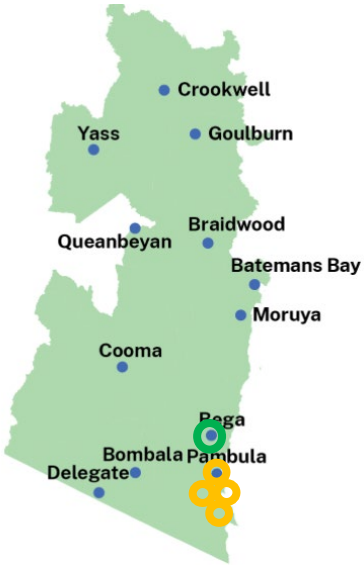
The first map below shows regional SALs with higher likelihood, or 'risk' of gambling-related FDV incidents in the Western NSW Health District (HD), where EGM effect was over 30 (depicted with a red circle in the Western Sydney HD): Lightning Ridge, Bourke, Brewarrina, Walgett, Cobar and Nyngan. There are three GambleAware services (depicted with a green circle in the below map) located within the HD in Dubbo, Orange, and Bathurst.

The Southern NSW HD had a concentration of SALs where EGM effect was 20-30 (depicted with an orange circle) with Bega GambleAware location servicing this area.

FIGURE 8. REGIONAL SALS WITH HIGHER EGM EFFECTS ON FDV INCIDENTS (RED – EGM EFFECT > 30, ORANGE – EGM EFFECT = 20-30) AND LOCATION OF REGIONAL GAMBLEAWARE SERVICES (GREEN)

Western NSW Health District

Southern NSW Health District



Below the Murrumbidgee HD had a concentration of SALs where the EGM effect added between 20 and 30 (depicted with a red circle) in and around the Griffith area. In addition, there was a concentration of SALs where the EGM effect on FDV was between 10 and 20 percentage points on the southern border of the health district in and around Albury. These areas in Murrumbidgee Health District are serviced by two GambleAware locations in Wagga Wagga and in Albury.

FIGURE 9. REGIONAL SAL WITH HIGHER LIKELIHOOD OF GAMBLING RELATED FDV INCIDENTS (RED, ORANGE) AND LOCATION OF REGIONAL GAMBLEAWARE SERVICES (GREEN)

Murrumbidgee Health District

Summary of findings for Stage 1

These analyses showed a clear association between EGM density and FDV rates on SAL level in NSW above and beyond that explained by the geography of other contextual factors. In other words, once the effect of disadvantage and other control variables are controlled for, a correlation between EGM density and violence remained. While EGM density explained a small portion of the variation in the rate of police-recorded FDV between SALs, this portion is significant on population level and warrants increased scrutiny on gambling-related familial violence. In addition, areas around Griffith and the South Western corner of NSW may benefit from an increase in locally operating GambleAware services. Our findings provide critical information to guide EGM policy in the state of NSW, which has the highest number of EGMs of all Australian jurisdictions, and highest expenditure on EGM gambling. The overall findings suggest that reducing EGM accessibility may potentially provide an avenue for reducing the FDV incidence.

Part 5. Method for Stage 2

Design

Stage 2 was designed as a qualitative component to identify current service gaps and needs as perceived by service providers who respond to clients experiencing co-occurring FDV victimisation and/or perpetration and gambling harm. Ethics approval for the study was provided by the ANU Human Research Ethics Committee (Protocol 2024/1008). Semi-structured interviews with service providers were designed to answer the following research questions:

1. What is the need to address co-occurring FDV and gambling harm services?
2. What is the current practice in identifying the co-occurring FDV and gambling harms?
3. What are current service approaches to address co-occurring FDV and gambling harm?
4. What are the current service gaps in addressing co-occurring FDV and gambling harm?

Participants

Data collection involved 33 (26 females) interviews with NSW service providers including:

- Gambling support services staff (n=12, 10 females) including GambleAware staff and other specialist gambling counsellors.
- FDV services staff (n=15, 11 females) including victims support, men's behaviour change, specialist culturally and linguistically diverse and Aboriginal health FDV program staff).
- Staff from other than FDV or gambling ('other') services staff (n=6, 5 females) including mental health, child and family wellbeing, child protection, youth justice services.

Participants' length of service, in either current position or within the sector, ranged from 31 years through to 4 months, with an approximate average of 7 years. Participants from gambling services had generally been in the role for shorter periods of time than other participants.

Participants were recruited through community channels and websites of NSW services providing support for gambling harm and/or FDV. In the findings, quotes from participants are followed by their corresponding IDs and service contexts e.g. ‘FDV service’ or ‘gambling support service’.

Interviews

Interviews were conducted by three members of the research team who held extensive experience in conducting semi-structured interviews and qualifications in psychology, public health and social sciences. Prior to the interview commencing the interviewers answered participant questions related to the process and project, discussed data storage and confirmed consent of participation. The interviews were conducted online or via telephone, with the majority undertaken through a video conference platform. The interviews were audio recorded with the participants' permission (27/33) or by note taking (5/33), transcriptions and notes were uploaded into NVivo 12 for analysis.

Interviews were conducted between October 2024 and March 2025 and ranged from 25-105 minutes in duration (mean: 47 minutes). Participants were offered a $50 digital debit card as an acknowledgment of their contribution. The in-depth interviews (see Appendix for the full interview schedule) with gambling support staff included questions about FDV in their clients' lives, as well as practices and protocols they had around addressing FDV at the service. Conversely, the FDV staff were asked about gambling harm, practice and service delivery. Finally, 'other' services were asked questions about presentations of co-occurring gambling harm and FDV in their clients. There were general questions to all services about the co-occurrence of the two behaviours, such as the perceived relationship between the two and strategies for identification. See more detail in Appendix 1 (the interview schedules).

Analysis

Data were analysed using thematic analysis (Saldana, 2016; Fereday & Muir-Cochrane, 2006; Roberts et al, 2018), guided by the 4 research questions relating to (1) the need to address co-occurring FDV and gambling harm at services; (2) the current practice in identifying the co-occurring behaviours; (3) the service approaches to address the co-occurring behaviours; and (4) the current service gaps in addressing co-occurring FDV and gambling harm. The analysis also allowed for the emergence of novel themes from participants' stories, with the analytic steps outlined by Braun and Clarke (2006): (i) familiarisation, (ii) re-reading and coding the transcripts through generating initial codes, and (iii) developing and modifying them in the context of the entire dataset. This procedure of data analysis allows themes to emerge from the interview data. To explore the ways in which participants contextually situated their experiences, perspectives and behaviours, the study used an experiential approach to thematic analysis (Braun & Clarke, 2012). This involved building upon identified themes through a detailed unpacking of how different participants spoke about themes within the interviews. This involved an iterative revision and review process of the categorisation of information, until it was determined that the themes and categories used to summarise and describe the findings were a truthful and accurate reflection of the information obtained.

Part 6. Findings for Stage 2

This part of the report integrates the thematic findings from the 33 FDV, Gambling support, and 'other' service providers interviewed for the study. Some findings are reported separately according to the service type, while some are integrated. The four main themes echo the broad research questions with each main theme containing multiple subthemes as detailed below:

(1) The need to address co-occurring FDV and gambling harm at services

- Types of violence identified in relation to gambling harm
- Types of gambling related to FDV
- Factors intersecting FDV and gambling harm
- The impacts on children

(2) Identification of the co-occurring behaviours and harm

- Identifying co-occurring FDV and gambling harm
- Enablers to identify co-occurring gambling harm and FDV
- Barriers for identification

(3) Current approaches to addressing the co-occurring behaviours and harm

- Addressing gambling harm in FDV services
- Addressing FDV in gambling support services

(4) Service gaps for addressing the co-occurring behaviours and harm

- Service gaps in FDV services
- Service gaps in gambling services

The need to address co-occurring FDV and gambling harm at services

This section establishes the participants' perception of the need to address co-occurring FDV and gambling harm. It directly addresses the first research question for Stage 2, *what is the need to address co-occurring FDV and gambling harm identified within services?* The service providers perspectives highlighted the commonality of the intersection of FDV and gambling harm in their current and past clients. They described the psychosocial needs and profiles of clients seeking support for the co-occurring issues. Participants also spoke about the predominant forms of abuse and gambling presented, and the extensive impact of these behaviours on children. Overall, the data presented within this section outlines the high importance participants placed on addressing co-occurring FDV and gambling harm within their services.

Types of violence identified in relation to gambling harm

The study participants outlined specific forms of abuse reported by clients who experienced gambling harm. Most commonly and across all service settings, these were financial abuse and coercive control that were both overlaid with elements of psychological abuse. In comparison, physical abuse was much less common.

In the following sections, discrete forms of abuse reported by participants are described. However, it is important to acknowledge that the abuse 'types' often occurred as part of broader patterns of coercive control. As one participant reflected: *"It's very rare that we see someone who would be financially abusive or controlling and not try to control them in some other way".* - ID12 FDV service

Further, while most of the violence related to gambling was in the context of intimate partnerships, elder abuse and child abuse were also present in some families. The next sections illustrate the patterns in financial abuse and coercive control and their intersections with gambling harm.

Financial abuse

The most frequently mentioned dimension of violence, across participants, was financial abuse. However, definitions of financial abuse differed across service contexts. One of the FDV service participants' definition was the most commonly used by other FDV participants in the study: *"If I was explaining it in very simple terms, I would say it's when someone is using money to control you."* - ID12 FDV service

Across the service contexts, participants tended to highlight different behaviours to indicate financial abuse. In the gambling support context, the behaviours largely involve intentionally restricting another person's financial autonomy by hiding information and general secrecy.

> *It is lack of transparency, lack of autonomy around your finances… It's when you don't have a say in the decisions that's made with your money, it's when you're not allowed to see certain accounts, stuff like that. Or there's secret loans, there's coerced loans going out. That's when I think it tips into financial abuse*. - ID06 gambling support service

Providers of gambling services often acknowledged that the perpetration of financial abuse may not be obvious to the gambler due to the absence of motives that are commonly described as underpinning FDV perpetrator behaviours; namely, a desire for control and dominance over the victim, and/or adherence to traditional gender norms. Instead, they could be motivated by the symptoms of their addiction, and their desire to avoid 'withdrawal'. However, as reflected in the below quote from a

gambling support participant, regardless of the intent behind financially abusive behaviours, they still have detrimental and negative impacts on victim-survivors.

> *What constitutes financial abuse can be an unintentional part of the gambling behaviour and still be a huge blow to the [non-gambling] person and hidden from them. They've dug us in and spent all our savings, which is devastating for a young family. And how do they move forward?* - ID04 gambling support service

Participants observed that a common form of financial abuse was the perpetrator forcing the victim-survivor to take out loans, or controlling all the family finances to fund their gambling habit. This often left the victim-survivor with no access to their own finances, or with a substantial debt.

> *Our clients end up with a massive debt because perpetrators have clued on to lock them down. They put the debt in their names. You've got working women who are being coerced to supplement their partner's gambling addictions. They're locked into mortgages, they can't leave the violent home.* - ID16 FDV service

> *She was not allowed to work. Her husband gave her an allowance weekly to cover expenses for herself and two kids. It was minimal, she had to choose whether she could buy medication for her lupus or pay for groceries for her baby. And if he didn't have enough money to buy alcohol, drugs and gamble, he would take it out of her allowance for the next week.* - ID27 child and family service

Coercive control

Coercive control, with a strong association to financial abuse, was a major dimension of FDV that presented with gambling harm across the service contexts. Coercive methods could include but often extended beyond financial abuse to support excessive and harmful gambling. Participants described clients as experiencing control through drug use, or confiscation of their phones or other means of communication. The threat of physical violence was omnipresent in these accounts.

> *I had a client who, every time her partner used [drugs], he would make her use as well. Not only to lock her down financially, but also to make her addicted. So then he controlled her finances. She couldn't get drugs or he'd say, "I'm using it to gamble,". So it is these different levels of coercive control and gambling is the act of the issue, and other factors around it are the finances, the violence, the coercion, intimidation, the sexual violence.* - ID16 FDV service

Coercive controlling behaviours by the gambler extended to every aspect of the victim's lives, including who they interacted with, how they spend their time and

money. As demonstrated in the below quote, this in turn created a condition of entrapment, where the victim-survivor was unable to leave the relationship.

> *That creates dependence. They destroy their self-esteem, their sense of self, so they are more likely to stay.* ID01 gambling support service

In other examples, victim-survivor clients were denied from seeking support for their own gambling habits.

> *I had a client recently, we were about to discharge her from the service but we finally got her in after months of cancellations, reschedules. Turns out it was DV, coercive control. She couldn't get there, she physically couldn't get there. He was blocking her access to getting counselling support.* - ID06 gambling support service

Types of gambling related to FDV

The participant perspectives on the types of gambling activities that were more likely to be associated with FDV were exclusively focused on EGMs and sports betting.

Electronic gaming machines

The role of gambling venues, and accessibility to 'pokies' was described as being strongly associated with risk of FDV. One participant working in remote communities described that in the absence of other community-based venues, the pub with an excessive number of EGMs, was the only place the locals could gather on the weekends to let off some steam. The gambling, alongside alcohol, exacerbated the risk of antisocial behaviours, including FDV, occurring.

> *We have one local pub. My clients, a lot of the time post leaving the venue, there is the escalated physical violence or altercations that come out of that, whether it's alcohol or drug use or whatever might come out of the gambling.* - ID16 FDV service

Participants working in FDV services and living in rural NSW, emphasised that in rural regions with abundance of EGMs per capita, there was little hope for meaningful change in the amount of gambling in their communities.

> *You walk into the [rural] club and the pokies are just like, they have so many pokies and people that you can tell have been there all day and it's full all the time. If we have less access to pokies, they'll find another way, they'll be online.* - ID28 FDV service

Across both rural and urban contexts, one participant linked the distance to a venue as being inversely related to the likelihood of post-gambling FDV at home; as travel time increases, risk of post-gambling FDV decreases. The participant attributed this

observed trend to the length of time spent travelling supporting de-escalation from gambling highs.

> *If it takes half an hour for me to get home, I've relaxed, I've forgotten about everything. If I'm five minutes away, I get home and I'm still on a gambling high. So, if they're further away and it takes longer for them to get home, the situation diffuses. But if they're home within five minutes, it goes bang*. - ID17 FDV service

Sports betting including online betting

Another gambling activity which participants linked to escalation of FDV was sport betting. This was undertaken at gambling venues, either using mobile devices online or TABs attached to the venues. The sporting culture, including the associated gambling, created similar issues about going home on the gambling high (or low).

> *If their team loses, that poses risk when coming home.* - ID30 FDV service

The participants, particularly in gambling support services, acknowledged they had seen a significant increase in clients having issues with online betting, and alongside EGM gambling it was becoming the predominant reason for help-seeking clients, especially for men.

> *We also get the sports betting and online. There's more men now doing the online around here. It's like they've got a problem, but bringing it home. A lot on the horses and the dogs. Anything they can gamble on. Like anything, if there's two blokes, "I'll bet you a hundred bucks that he wins first". And you can go anywhere and there will be bets placed, just general bets.* - ID28 FDV service

Of particular concern for some participants was the rise of online betting done in the home. They saw this as heightening the risk for violent outbursts due to proximity.

> *And that's where that goes hand-in-hand... because you can bet on anything online at any time now, you are at home... and whatever night it is, you can sit there until all hours doing it. By the time you realize how deep you are, that's when you can get quite worked up.* - ID02 gambling support service

Factors intersecting FDV and gambling harm

All service providers interviewed in this study reported encountering clients who had presented with co-occurring gambling harm and FDV. This included FDV service participants who reported regularly encountering clients experiencing gambling harm, either in relation to their own or a family member's gambling. A common

pattern described was of the FDV perpetrator who experienced harm in relation to their own gambling, and thus FDV victims who experienced gambling harm in relation to the perpetrator's gambling.

Participants described a range of factors that intersected with gambling and FDV and that may contribute to the risk of harm, highlighting the complex service needs of this population. FDV and gambling harm were perceived as strongly related, and this relationship was complex, involving multiple factors including mental health, alcohol and drug use, and trauma. In addition, socio-cultural contexts, including normative gender views, social norms, cultural and linguistic diversity and the ongoing impacts of colonisation were described as underlying the association between FDV and gambling.

Individual mental health factors

Broader mental health difficulties were noted as common among clients presenting to services with co-occurring FDV and gambling harm. Participants often described an interplay of factors whereby the use of gambling, alcohol and other drugs (AOD), and FDV was seen as a response to mental health difficulties.

> *Comorbid anxiety disorders or just anxiety more generally… they'll use gambling and violence as a coping mechanism. You also see a fair bit of personality disorder as well. So narcissistic personality, borderline personality, they would be kind of the main ones* - ID07 gambling support service

Histories of trauma, PTSD, and complex PTSD were also identified as major factors underlying FDV perpetration, victimisation and gambling harm. Participants recognised that this trauma had significant influence on how the clients experience, perceive and operate in the world. As one FDV practitioner reflected:

> *And I think we miss that. We just go, "Here's these big aggressive violent men who gamble." But they were broken little boys who we wanted help and now we don't want to help them because they're big and violent* - ID28 FDV support service

However, this view that trauma was a contributing factor to men's use of FDV was not shared among all of the FDV practitioner participants. One in particular pointed out that while trauma is sometimes underlying both FDV perpetration and gambling, attributing violent behaviours to trauma is not consistent with the practice model they uphold.

> *Not helpful to see it that way sometimes, if the court says "This person has been through this horrific childhood and this awful past and they have PTSD, therefore they cannot work. So this is why they're behaving the way they are, which doesn't make things better for my clients* - ID12 FDV service

Other addictions were viewed as common and playing a role in the mental health of clients with both FDV and gambling harm experiences. In particular, participants observed that alcohol other drugs often co-occurred with gambling harm, FDV and trauma. The interplay of these multiple complex factors, gambling being one of the many, evolved into a cycle of maladaptive behaviours where it was difficult to differentiate between perpetrator and victim.

> *It's just an ongoing cycle and a lot of times in these rural areas. The problem that we have is there's usually drug and alcohol abuse on both sides [of the couple], and a lot of trauma on both sides. Sometimes gambling and violence on both sides. So it's just an ongoing like tit-for-tat. And he'll give her a flogging and she'll go away for a month or a week and then she'll come back and then she might give him a hiding.* -ID28 FDV service

Personality Disorders or traits aligned with these disorders were viewed as factors complicating the mental health profiles associated with excessive gambling and abusive behaviours. Namely, these traits included a lack of insight on how their behaviour affects others, and lack of empathy.

> *We see [gambling] clients who have narcissistic traits, and possibly a personality disorder. And they're really great at manipulating situations and they're really smart, really intelligent. They're not going to accidentally say things. They challenge you all the time. We need help identifying these clients, because we can't conclude that every narcissistic person's abusing their family, but it does come with the territory'.* - ID01 gambling support service

Some providers of gambling support services had observed increasing numbers of clients with histories of FDV perpetration being diagnosed with ADHD, or as displaying symptoms consistent with the clinical profile, including impulsivity.

> *It's a little weird, but there's lots of these clients who present and they have either just been diagnosed or they suspect that they have adult ADHD. It makes sense because that lack of control, the impulsivity, flashes of anger, all the things that we know about ADHD. It just comes up time and time again.* - ID11 gambling support service

They specified further that one of the ADHD symptoms is uncontrollable anger, and that their clients described gambling as a calming activity after angry outbursts. More broadly, difficulties with impulse control were seen as the key element of ADHD type behaviours linking FDV and gambling harm. As a different provider explained:

> *Especially if it it's untreated or if they're not self-aware, that impulsivity, that's a component of ADHD. That impulsivity acts as a connecting factor.* - ID01 gambling support service

Socio-cultural norms and contexts

Many service providers acknowledged that the intersection between gambling and FDV was also embedded and intersecting with broader social and cultural constructs and contexts. In particular, they emphasised the intersecting roles of gendered power dynamics, cultural norms, colonisation and economic disadvantage on client's perceptions, acceptance and experiences of FDV and gambling harm.

Power, control and gendered social norms

Traditional gender roles and themes of power and control were seen by service providers as key parts of the social and psychological profiles of clients presenting with histories of FDV perpetration and excessive gambling. They described patterns of abuse whereby male clients employed controlling behaviours towards their female partners or family members. One participant described how some clients viewed females as *"only good for fucking and cooking"* and as having *"no value"*. - ID06 gambling support service. For both gambling and FDV clients abusive behaviours were described within broader patterns of control, particularly financial control.

> *There is a definite gendered element in victim-survivors, it's very normal for a man to dictate what you'll do with your finances, even if it's gambling. It's very normal for a man to tell you how to manage yourself. It's not very normal for a woman to be the person that has the money."*- ID14 child and family service

Patriarchal family structures and control were described by participants as being apparent among white Australian clients, as well as in clients from diverse backgrounds. Many participants highlighted that strong normative gendered roles: "*present with higher risk definitely. And quite a few have had family domestic violence [with gambling]."* - ID03 gambling support service. Other examples involved similar profiles of patriarchal family dynamics.

> *This client that I work with, she comes from [European] background, and there's very much this lens of the men control the finances, the men make the decisions. You have to be obedient, you have to listen to the men in your life. So they have to overcome, not just the [FDV], it's not just the gambling, but it's also these cultural ideas which intensify shame, intensify stigma, intensify barriers to come and access our service. -* ID06 gambling support service

Gendered social norms and inequalities that underpin FDV were identified as socially constructed and continually reinforced through public gambling imagery and advertising. These drivers of violence acted as a shared factor underpinning FDV and gambling harm. Participants recognised young men as being particularly impacted by messaging and activities perpetuating the gendered drivers of violence.

> *We have identified all the gender drivers of violence in the sports betting ads, you can see all of that through sports betting and how that's playing out, young men who are so exposed to the gender drivers, it is very normalised for them.* - ID32 gambling support service

> *They are all gambling online. All high-stimulating, artificial stimuli of dopamine across these young men, with the gendered drivers. That's playing into family violence as well. Even though these young men may not yet be perpetrating violence, they are getting groomed into these social constructs.* - ID33 FDV service

Participants perceived their clients were influenced by gambling advertising that portrayed gambling as a sign of masculinity. When these 'ideals' relating to masculinity, power and control did not align within their own environments, the risk of violence was heightened.

> *Look at these ads, women in bikinis are draping themselves over this man on a yacht, who's got the sports betting app. Then, you walk into a pub with all these images about the wins you should have walked home with, feeling like a king, and at home your wife is there going, 'Where the fuck have you been? Where's our money, and you're drunk, and what the fuck is going on?' They might feel like, 'I've been fucking cheated here, I don't know what to do with this anger.' That anger is then taken out on the family.* - ID31 FDV service

Cultural and linguistic diversity

Service providers described working with a diverse range of individuals, communities, and cultures, and reported features of the relationship between FDV and gambling that were linked to migrant histories, and unique dimensions of gendered and cultural norms, and cultural literacy.

New migrant families were often described as experiencing a heightened risk for co-occurring behaviours due to financial and social pressures combining with gendered norms and expectations. Pressure on men to support families and 'succeed' could be exacerbated by the role of shame and within relationships of dependence and control.

> *For migrants, there is pressure...to succeed. And some of that can lead to gambling problems. And then the partners and family members are dependent on that person who is gambling, so it [FDV] can co-occur with that. It's not on purpose, financial coercion and control, but it ends up being that situation where the person who's gambling is relying on family and networks to support them while*

> *they gamble the house out from under everyone else. -* ID05 gambling support service

English proficiency and a lack of knowledge of individual rights was outlined as a risk for co-occurring FDV victimisation and gambling harm in immigrant families.

> *There's a vulnerability factor. Typically, it's the men that come across and get really well acquainted with the system, and then the partner comes across, they're kind of kept in the dark because of the way the family structure is.* - ID03 gambling support service

Ongoing impacts of colonisation

Some of the participants worked in remote Aboriginal communities, and shared insights into the ongoing impacts of colonisation that underpin both FDV and gambling harm, intertwined with intergenerational trauma. In rural and remote communities, for example, gambling was common in social gatherings such as bingo and community card games. The normalisation of FDV and problematic gambling in this context was having a particular significant impact on the next generation - children.

> *I've worked in First Nations remote communities and my observations are young children grow up thinking it's very normalised. Bingo, two, three nights a week, there's card games, drinking involved and there's family violence involved. The gambling and the alcohol use goes hand in hand, as the night progresses, then the family violence. The alcohol fuels a lot of that violence, but gambling is at the core of that. They grow up in this environment and think this is normal.* - ID33 FDV service

Directly linked to the ongoing impacts of colonisation, participants working with First Nations clients were often exposed to significant levels of trauma related to intergenerational experiences of poverty, violence and abuse. Gambling provided these men with a sense of hope.

> *There's so much trauma. There's so much violence through family, that lateral violence. For these guys, gambling is an escape. It's that chance of maybe I'll win big, maybe I'll get myself out of this. So, there's a lot of hope attached to it.* - ID28 FDV service

Economic Disadvantage

Economic disadvantage was viewed as common in the families and clients who experienced both gambling harm and FDV. Participants described poverty and financial stress as factors through which gambling harm and FDV could be related.

> *In these families there is financial pressure, so they're going out gambling, trying to earn that money back in some way, and then that's resulting in the conflict because if one's bringing home a certain amount and the other not, there is a lot of violence within that family unit.* - ID24 youth justice service

Living in intergenerational poverty was a reality for many, and the participants outlined that, especially in rural areas, their clients saw very little point making efforts to come out of it.

> *The men in our behavioural change group say "If I don't gamble my money, my family will just come and take it anyway, so I just gamble it because I get sick of them asking for it." That was their justification.* - ID28 FDV service

The impacts on children

Service providers highlighted the impact on children as one of the key areas of concern, particularly for practice and policy improvement in relation to the intersection with FDV and gambling harm. The participants described how these impacts on children often went unnoticed given the focus of service providers was on the parents or crisis care. If there were child protection concerns, the perception was that child protection services (CPS) had little capacity or resources to provide supports for familial gambling. The participants described their roles as limited in supporting children with co-occurring harm, notwithstanding their concerns about the devastating impacts of parental gambling and FDV on child wellbeing in the short and longer term.

> *Children are severely impacted by parental gambling in the family which is sometimes the main reason they come see us. They (kids) start acting out, bullying others, absconding, running away from home, doing drugs, gambling themselves.* - ID10 child and family service

Children experiencing FDV

The abuse and violence in families was characterised as predominantly taking place between parents, with children being witnesses to this violence.

> *They were throwing things at each other and usually they contained themselves until the kids were in bed. She was very mindful coming from a background herself of domestic and family violence. She didn't want it to be playing out in front of the kids, but it just did at times.* - ID11 gambling support service

Some service providers described client scenarios where the children would be used as “bargaining chips” in threatening the non-gambling parent. In some cases, the non-gambling parent would be coerced to hand over money or cards to the gambling abusive parent to protect their children from abuse.

> *I'll protect myself and my child, so I'll just give them the money. -* ID14 child and family service

Service providers described that when the children grew older, however, they may start intervening in arguments between their parents or carers, often to try and protect their non-abusive parent. This increases the risk of the young person becoming a target of the abuse, or being harmed accidentally, compounding their trauma. As described by a participant working in youth justice, who had outlined a high occurrence of parental gambling in her young clients.

> *Many of my clients will stand between - not both biological parents living together - it'll be a stepparent and a parent, and they want to protect their parents. It's not always directed straight at them, but they put themselves in between the two. I think the violence in that space is what is causing the most trauma to the kids that I work with.* - ID24 youth justice service

Child neglect

In addition to the abuse that children witnessed in the family home, in these families, participants highlighted connections with child neglect. Specifically, gambling was reported to significantly increase the risk of child neglect in the context of FDV. This was described as directly attributed to the parents’ experiences of FDV and gambling harm leading to their inability to meet children’s needs.

> *Our clients end up owing so much debt they can't pay for school fees and get uniforms. They don't have the money to supplement childcare, and can’t work. I had a client who was actively working and her partner was gambling and using heroin at the time. She thought he was working, and post-separation, his debts came up because she then realized that he had put her name down.* - ID16 FDV service

Sometimes parental gambling would lead to serious neglect where the parents were either leaving their children unsupervised, or not providing for their basic needs, including education and clothing. Sometimes the neglect would extend to the parents making money from their child by selling their belongings or taking their savings to gamble.

> *This young person, both his parents were gambling. When they ran out of money, they would sell his belongings for funds. He was 11. He had no clothes to go to school so he would show up in old stuff that had holes and didn't fit. At school, they would give him clothes*

> *to wear for the day. They developed a system where at the end of the day this young person would then go back to school and change into his old clothes before going home. So that mum and dad didn't know, didn't have access to these new clothes to then sell.* - ID27 child and family service

Child protection involvement

One of the services heavily involved with families experiencing co-occurring FDV and gambling harm were the statutory CPS. However, participants reported that child protection assessments rarely addressed familial gambling, regardless of some of the devastating impacts.

> *Gambling is very rarely spoken about in child protection. It never seems to be a danger in a child protection assessment. I think people don't fully understand the breadth of that and the child protection system needs to catch up, which is kind of mind-boggling knowing how common it is in these families.* - ID14 child and family service

Other participants, particularly those working at gambling services, also highlighted that despite the severity of FDV occurring in families, gambling is not typically perceived as a serious concern, and it could be difficult to trigger responses from CPS.

> *As you probably know, most of the time if we're talking about coercive controlling stuff, or even over abuse, like people yelling at each other, arguments and conflicts. CPS only want to deal with the high-level imminent risk stuff. At least that's my understanding of the whole CPS. All we can then do is document it.* - ID03 gambling support service

A common view the participants held was that CPS had very little capacity to support all families in need, but when the needs were serious enough, they provided a gateway to intensive services for the families. This is reflected in the below quote from one participant who was describing a high-risk matter of which they had visibility.

> *CPS is doing really intense interventions like three times a week home visits and daily calls, and they're looking at removal possibly because he is, just beating the absolute living shit out of this three-year-old constantly and a sexual abuse query.* - ID06 gambling support service

While participants were extremely willing to engage CPS as appropriate and when required, there were some hesitations in reporting parental gambling to statutory services. They voiced concerns about identifying gambling as an issue in clients

experiencing FDV as often the statutory CPS placed enormous requirements for the families to seek help for their gambling, which could contribute to parental stress.

> *Our clients that have young children, they've often got statutory intervention as well. It places a lot of stress on the clients because they have to meet the expectations of all sorts of services. Often child protection will have conditions that they must link in with AOD, that they must be linked in with a specialist in family violence. And then they're trying to also keep themselves safe. They have a lot on their plate, and I guess that's something that we are very mindful of.* - ID33 FDV service

> *I had one young person who was referred to me three times. I worked with her over a very long period of time. Her mother was a gambling addict to the point where she would steal the money off the children. She, on multiple occasions had hacked my client's bank account and took her money and had also hacked her Centrelink account.*
>
> *My client had been in out-of-home care and self-placed herself back when she was about 13 to live with her mum. Mum went into the protective services, she had had other children, and my client moved back in with her and basically became the primary carer for all those siblings.*
>
> *Because mum had her gambling addiction as well as other addictions, she was at the club, down the pub all day, all evening, so my client was stealing food and clothing and stuff to provide for her siblings. She's now a mum of her own. And while her life is not ideal, she is still providing better care than what she received as a child.* - ID24 youth justice service

Identification of co-occurring gambling harm and FDV

This section addresses the second research question for Stage 2: *what is the current practice in identifying co-occurring FDV and gambling harm*? It outlines practices and protocols participants used to identify co-occurring FDV and gambling harm with clients as well as the ways in which identification most commonly takes place. Key enablers and barriers to identification are highlighted. Enablers included the importance of establishing rapport and trust within client-service relationships, specific lines of questions that enabled disclosures and the role of the practitioner's professional experience in recognising signs of co-occurrence. Barriers to identification were closely linked to the high levels of shame and stigma associated with both gambling and FDV and the potential negative repercussions of disclosing either harm.

Identifying the co-occurring FDV and gambling harm

Gambling harm in FDV services

Although not common practice at the FDV services, there were some participants who described identifying gambling harm through formal screening tools. Few services reported consistently screening clients at intake, while others employed more informal lines of questioning once clients were engaged in the service.

> *In the list of priorities, it's [gambling] not up there. And even with our case plans because we've got a new reporting system that we use, there is nothing about gambling on there. So you've got health, mental health, court, you've got legal, all that, but gambling isn't even mentioned. You actually need a big picture so you can work out what's going on*. - ID17 FDV service

Even with formal gambling screening in place, some practitioners doubted whether the clients were always disclosing, especially at initial contact and within services working with perpetrators.

> *We do a pretty intensive intake assessment with the men, drill down on a lot of the issues. A lot of men will say that there's no issues with gambling, and I believe there possibly is. I feel like the stats that we've got, it's probably a lot higher.* - ID28 FDV service

There were a small number of service providers who described offering multiple services under the same roof, and these appeared to ask a wider range of questions to support referrals across programs.

> *Our intake assessment has a lens for all co-morbidities, with embedded safety plans. Because we're in a very special place, as a healthcare service we're able to offer those internal referrals. We've now incorporated gambling, four questions, into that assessment work, together with AOD. And we've got mental health, ensuring that the clients that come into our service are well supported.* - ID33 FDV service

FDV in gambling support services

Service providers indicated that it was much more common to ask about the occurrence of FDV in gambling support services. However, there was a wide variety of screening tools and approaches used, and many participants did not feel confident about identifying FDV in their clients. As one service provider noted:

> *We do screen for domestic violence. However, I wouldn't be surprised if some of the clients were capable of not letting on, not being found out*. - ID01 gambling support *service*

Many gambling support providers identified that they were more likely to identify FDV at subsequent sessions, once they had had a chance to build some rapport with clients and got to know them a bit better, or through unstructured interviews.

> For me it's always come the semi-structured interview process and asking specific questions about their family, their relationship, and picking up on their indicators through their physical presentation, their mood and all of that stuff. - ID03 gambling support service

Overall, the participants from gambling support services said that it was much more common that they identified the victim-survivors of FDV, rather than perpetrators among clients. Participants outlined that a lack of knowledge and protocols around FDV may have contributed to this.

> *I don't think we have any effective means of screening perpetrators, not only because of the secrecy, but just we don't know what kind of specific targeted questions we should be asking.* - ID03 gambling support service

FDV and gambling harm in non-specialised gambling or FDV services

Services outside of the FDV sector often had routine data collection about FDV at intake. However, screening for gambling harm in other than gambling specific services was rare. The participants perceived this was due to a lack of related knowledge and tools across the sectors.

> *We screen everybody for family violence. We don't come out and say, "Oh, has anybody in your family got a gambling issue?" That has to change. It needs to be an open conversation. We're all used to now talking about drug and alcohol, domestic violence…. Now, we need to change the story around gambling as well.* - ID10 child and family service

Participants reflected, however, that FDV and other immediate safety issues (e.g., housing insecurity) trumped additional concerns like gambling or other addictions in the family. Family violence was also a matter of mandatory reporting thus it came up more often, and the services had clear steps to follow after identification. This was not the case for gambling harm.

> *Usually what's reported [on the risk of harm reports] is those bigger issues, the biggest reporters are police, education and then health. So the things that fall under domestic violence, which is one of our main reportable issues, that's when you may see those other ones that could be gambling or mental health or drug use.* - ID22 child and family service

Enablers to identify co-occurring gambling harm and FDV

The participants outlined a number of factors that supported the identification of either FDV or gambling harm across support services. Most of these enablers were common across all service contexts and applicable to identifying both FDV and gambling harm and included a strong therapeutic or trusting relationship and the participants' professional and personal experiences.

Establishing rapport and trust in the client-service relationship

The participants consistently reported that gaining trust with clients in all service types was fundamental to supporting disclosures of harmful gambling or FDV. The study participants highlighted that their clients' disclosures usually occurred after some time had passed, emphasising the role of rapport, a trusting therapeutic relationship and taking a non-judgmental approach.

> *If the client knows that we're not going to be judgmental, that we provide a safe space, there's plenty of time, there's 100% attention, and they know they can trust you, then it takes them time. People don't disclose this usually until the 10th session. I've never had someone say it in first session, no way.* - ID11 gambling support service

In particular, participants emphasised the important role of establishing trust for female clients who were victims of FDV, whose capacity to trust may have been depleted through their experience of FDV. Gambling service providers highlighted rapport and trust facilitated talk about family relationships which was a lead in identifying FDV.

Specific topics leading to disclosures

The gambling support service providers commonly mentioned the use of conversations about the nature of the client's family relationships including with their children, parenting, and partners. This was seen as an approach that could support identification of both perpetrators and victims of FDV.

> *They talk about any frustrations with their children or any difficulties, I go, how do you usually manage that? Has there ever been any kind of physical violence that's come up, ever any kind of hitting, throwing things?* - ID07 gambling support service

> *He often talks about when he's at his lowest and he's gambling, he pushes his kids away, he gets snappy at them. And then he sees himself when he goes through periods of non-gambling and he feels like he's on top of it, he says he'll readily bring home flowers for his kids. I know to look at that as abuse as well, when your actions are*

> *causing you to snap at your kids, laying hands on kids or something like that.* - ID02 gambling support service

To identify gambling harm in FDV clients, the enabling conversation topics were related to personal finances and budgeting. This was evident within both FDV services and nonspecific gambling and FDV support services. Often these conversations and processes were required or embedded within service provision.

> *It (gambling] comes up around the finances because usually they're asking for gift vouchers or assistance. They get the escaping violence payment, I would say, "You're going to be getting X amount of money. What do you want to spend it on?" It comes up when they have $50 left for a week that they've spent on gambling. They don't have money, and they give up food or other stuff for gambling because it's X amount of time away from the home.* - ID17 FDV service

> *One thing we have to do as part of family law is financial disclosure, which means exchanging bank accounts. And so I'll see their bank accounts, I can go through with a highlighter and it's just Sports Bet $5, half an hour later Sports Bet $5 and there'll be dozens and dozens of transactions like that. Almost always Sports Bet or something like that or at the TAB.* - ID12 FDV service

Conversations on personal finances and budgets were often focused on client empowerment and support and therefore perceived as less threatening to clients than direct questioning about gambling harm.

> *It becomes really clear and clients are quite open, maybe not the initial assessment, but later on they'll talk about their finances and the gambling because it impacts housing, and capacity to provide day-to-day basic necessities for themselves and their children and exit options. Sometimes you might get a sense that they're holding back, they're not honest with you. But often by the next session, they will talk about it because we come from a place of empowerment.* - ID16 FDV service

Professional experience

Study participants outlined the impact of certain professional approaches or experiences on the identification of FDV. Previous professional experience related to the FDV sector was seen as enhancing confidence and skills in identifying FDV. There was no similar cross-pollination reported in the FDV service participants with experience in gambling support context, with all quotes here specific to gambling services.

> *I came from homelessness casework and family counselling. FDV was huge in both of those spaces. I think I was a bit more sensitive to it than a lot of other people and the child focus as well.* - ID03 gambling support service

> *Now I have a better understanding of the legislation and that sort of thing. I think I feel a lot more comfortable asking people about that because you know where the information is going to go, depending on what the person actually tells you.* - ID07 gambling support service

Experience over time allowed practitioners to feel more comfortable about 'being in the moment' with their clients to overcome their own discomfort to talk about sensitive issues outside the gambling context.

> *I am comfortable in that I don't always feel comfortable. I'm not like, "Oh, this is a great conversation". Maybe this is just me as a clinician, but I'm thinking, "This person is in front of me right now. They're talking to me right now. This is maybe the only time". With gamblers, often they haven't spoken to anyone else in mental health services ever and don't intend to ever again.* - ID05 gambling support service

Barriers for identification

The participants identified a range of barriers that made it difficult to identify gambling harm and FDV issues in their clients. These included lack of information and client knowledge about what gambling harm and FDV entail, normalisation of both behaviours, high levels of associated stigma and shame, all of which contributed to secrecy around these behaviours in the service context.

Lack of knowledge of harmful behaviours

Lack of understanding by the clients of what constituted harmful behaviour related to gambling and FDV was viewed as a barrier to identification as well as help seeking. Generally speaking, there was a better understanding of FDV compared to gambling harm, making FDV more easily identifiable.

> *It's like, "Well, everybody gambles". So it's easy to just brush it under the carpet, and when does it actually become a problem? Then, for a family to tease out, "Well, is that the gambling, or is that mental health, or is that alcohol misuse?" Whereas people now know what domestic and family violence is. So there's still a lot of grey areas with gambling if its harmful.* - ID10 child and family service

> *People who participate in our programs are unaware of what we would think constitute domestic abuse, or gambling, it's that lack of insight into how problematic it actually is. They're not intentionally*

> *omitting or withholding information, they don't actually have that understanding that the gambling is such a problem and it was part of that whole journey that unfolded to lead them to prison [for violent crime].* - ID26 FDV service

The normalisation of FDV, particularly in specific cultural or social contexts embedded in patriarchal family structures, meant clients could fail to recognise problematic behaviour.

> *One gambling client who disclosed DV in the intake stages. She was on the phone, she didn't know it was DV because of her cultural lens, because of just growing up in a patriarchal environment. She had DV in her family of origin from her dad. So she disclosed it, but she didn't identify it as DV. We did.* - ID06 gambling support service

Stigma and Shame

The service providers observed high levels of stigma and shame attached to both gambling harm and FDV, that acted as key barriers to disclosures and help seeking across service contexts.

> *Shame makes it pretty rare that we'd get disclosures of problem gambling. Even in the screening process, there was no mention about gambling, it's because of the shame, that some men would be like, "Oh, I don't, but my mum did, my brother does, yeah, whatever, I want some more information about that."* - ID31 FDV service

While shame and embarrassment attached to gambling and FDV perpetration were the strongest themes in the data, victims of FDV also were seen as experiencing shame related to the abuse they had endured, particularly in more patriarchal cultures.

> *It takes a while for them to admit to any of that because it's ugly and they're deeply embarrassed. One client, with a gambling addiction has been subject to some incredible violence by her previous partner. It takes a while for people to disclose both because it's just hard to talk about it.* - ID11 gambling support service

> *Strongly held ideas that are very patriarchal make it even harder for women to leave and definitely harder to access mental health services because it's seen as "why are you taking the problems outside the family, you're bringing shame". It becomes their shame to hold instead of the perpetrators.* - ID06 gambling support service

The impact of shame and stigma on delaying help seeking was emphasised by one participant. They explained that the result meant increased harm and complexity of recovery.

> *The problem is, it's in the domestic space and people are ashamed. The main problem is that they wait. And as a result, it's extreme. Then the number of pieces you have to pick up and the number of things you have to put back together, are much worse and they're much more broken.* - ID13 gambling support service

Secrecy and repercussions

The complex dynamic between shame, stigma, and normalisation relating to both FDV and gambling harm was viewed as increasing secrecy about the behaviours in the help-seeking clients. In addition, the domains of FDV often intersecting with gambling harm (financial, coercive controlling) were viewed as easily hidden if the clients so wished.

> *And it can just definitely be more of a hidden underlying thing, because they could do that privately and their family may not actually know it's gambling, but they're seeing repercussions of it. But it could be very much a hidden thing.* - ID22 child and family service

Within specific cultural and religious groups that do not view gambling behaviour as acceptable, study participants saw secrecy as preventing identification and access to services.

> *In the Arabic community they will not disclose gambling, even if we asked because gambling is not culturally accepted in many of their communities due to religion. Failure to disclose this is a problem as it prevents them from engaging with supports* - ID21 FDV service

However, gambling service providers also pointed out distinct barriers relating to the repercussions for clients, particularly if FDV was identified. Repercussions often related to the participants' professional limits to confidentiality and mandatory reporting obligations. These were seen as a barrier for disclosures and the identification of FDV perpetration and victimisation.

> *The gambling clients won't ever admit to having broken the law. If they're intelligent, which they often are, they'll recognize that one of the limits of confidentiality is when someone is in severe danger. They'll figure out that if they say to their psychologist that they're hitting their wife, then is she really going to keep that confidential now?* - ID01 gambling support service

> *Like all psychologists I go through the informed consent at the beginning, which could really impact people. It could impact their ability to actually say things and tell you about stuff.* - ID07 gambling support service

Current approaches to addressing co-occurring FDV and gambling harm

The data relating to third research question for Stage 2*, what are current service approaches to address co-occurring FDV and gambling harm?* is presented in this section. It provides an overview of the approaches employed by service providers to address FDV within gambling support services and gambling harm within FDV services. The data demonstrates that few service models had been formally designed to address the co-occurring issues. Rather, participants relied on service networks and a diversity of practices to provide support.

In the absence of formal service models, participants across services largely relied on referring their clients on to specialised services that were known to them in their local communities. Only a small number of participants were able to support the clients' needs more holistically at the service. These were mainly participants working in urban areas within semi-integrated models of care, where multiple support services were co-located. This type of approach did not only facilitate referrals, but also enhanced participant's capacity through access to training and interdisciplinary professional support.

> *The good thing about being in the hospital is that we can call into the hospital into the domestic violence line. So we've got really good in reach. There is also training that we can do. I did a training in the identification of FDV using this very specific tool we're very well-supported in terms of how to manage the disclosures and that sort of thing.* - ID07 gambling support service

Addressing gambling harm in FDV services

FDV service staff supporting victim-survivors almost exclusively referred clients on for their gambling and other addiction issues. They actively recognised that addressing gambling harm was not a priority for them, particularly when their client was in critical need for safety and crisis support. Processes for referring FDV clients experiencing gambling harm occurred on an ad hoc basis and through informal referral pathways, mainly by those participants who were familiar with local services.

> *We make referrals for gambling harm, if they mention gambling, we'll refer here to the individual counsellor to assess needs and look up referrals. We do have a database that I'm sure has some gambling referrals in there, but we don't have a flow chart of if X, Y, Z, we'll refer you.* - ID27 child and family service

Groups or services working with male perpetrators often had an explicit or implicit prerequisite that mental health problems including addictions had to be managed

prior to working on violent behaviours. Gambling, along with drug and alcohol or other addictions were understood as contributing factors to the violence, that if left untreated could act as triggers for the men relapsing into the use of violence.

> *If gambling is disclosed, it will be dealt with through referring him to addiction services. It doesn't matter what the addiction is - alcohol, drugs, porn,- we will only get so far if the addiction isn't dealt with as they act as a contributing factor and can also have a big impact program attendance. We can work concurrently with addiction services.* - ID19 FDV service

Although holistic models addressing FDV and gambling harm were rare, one service was running a more integrated model, combining the expertise of gambling and FDV support within the same service. The program was specifically co-designed with the FDV clients of the service to support identification and disclosures of gambling.

> *We try hard through that session to help [the perpetrators] to understand gambling harm, that they might be affected by it, or their family members. We are getting them. We've been on this for six years. It is slow and the learnings are continual to try and get people linked into service.* - ID32 FDV service

Addressing FDV in gambling support services

Participants from gambling support services predominantly saw co-occurring gambling harm and FDV in clients who identified as victim-survivors. Their approaches to support victims ranged from an immediate referral to specialised services through to working with clients with the specific FDV issue, alongside gambling harm. A majority of the gambling support services, however, outlined that funding for gambling support service limits most of the support to be specific to gambling, and not on other co-occurring issues.

> *The service's stance or policy is always, we are a gambling counselling service, and we stay in the scope of gambling. There's no room in our therapeutic program, we have a modular program, to be asking those questions. We'd probably refer out to Relationships Australia, like a men's behavioural change program.* - ID06 gambling support service

When FDV support needed to be prioritised, participants described to what extent they were able to support victim-survivors, while the client waited for specialised FDV service availability.

> *I was supporting her for a little bit just to establish some of that safety stuff. I was speaking to the police and their domestic violence liaison person, and she was also doing quite a bit of linking in with the services that I had suggested. But there was a big waiting list of*

> *the domestic violence service. It took 10 weeks for her to get in with them. So I saw her until they were able to take over.* - ID05 gambling support service

Victim-survivors seeking help through gambling support services were often described as reluctant to be referred on to FDV services. Instead of referring the client on, some participants with experience of FDV work were able to provide this specialist support for clients.

> *This client, she won't let me refer out. And I'm going to work with her, do DV psychoeducation and DV counselling. I'm not going to work on the gambling until she's out of there, but it's not appropriate now.* - ID06 gambling support service

More commonly, participants were aware of their professional limitations in being able to support victims and regularly suggested to their clients to seek specialist FDV help.

> *Definitely most clients want to stick with you because they finally disclosed it and they don't want to go to a specialist, they don't want to go somewhere else. And I'll say, "Look, I am limited. I am definitely limited. This is not my area of expertise, there are other services".* - ID11 gambling support service

> *I've done nearly all I can, but she still wants to see me, and we have a nice connection. I know she won't go and see somebody else, but I have referred her to other help, and a psychologist. She can't just see me. I've not got all the skills that she needs. But she's very engaged and she's improving.* - ID09 gambling support service

In terms of addressing FDV perpetration at gambling support service, the service providers described perpetrators accessing gambling services as an opportunity to support behaviour change related to both gambling and FDV.

> *We might refer them to things like men's behaviour change programs or anger management. Ideally, we are trying to help them to change their behaviour. I suppose that's an opportunity because they're coming in usually not to change their own behaviour, but because there's some court issue or they've been found embezzling money or there's some other consequence. That's an opportunity for us to actually help them with their emotional health and then change their cycle of behaviour.* - ID05 gambling support service

Service gaps for addressing the co-occurring FDV and gambling harm

The final section of the Stage 2 findings addresses the fourth research question for Stage 2, *what are the current service gaps in addressing the co-occurring FDV and gambling harm?* Participants reiterated that co-occurring FDV and gambling harm in their clients' lives is complex, requiring multi-faceted supports. Holistic supports, along with specific supports for both FDV and gambling support services are outlined.

Consistent with the other sections, a majority of participants acknowledged that FDV, gambling harm, and other intersecting issues do not exist in a vacuum and holistic models are needed. The idea of a 'one stop shop' was popular across all services regardless of the service context. Ideally, seeking help for one issue should allow their clients to access support for all relevant and contributing issues.

> *It isn't just family violence and gambling, they're co-occurring and intersect. So, how can we bridge these connections together for the same thing, which is safety or wellbeing of people. How can we bring sectors together in a way that we can share knowledge and understand each other's services better?* - ID30 FDV service

The need for a holistic approach to services was particularly articulated in relation to Aboriginal clients and remote communities. The intersection with trauma, drug and alcohol addictions, loss and grief, as well as the normalisation of the gambling and FDV presented complex challenges to service providers. However, strength based approaches, centred in community and culture presented opportunities for change.

> *These are the guys that aren't going out on country, they're going to the club or they're sitting in their room and online pokies. So I would love to see some form of support, but then it goes hand in hand with the drug and alcohol addiction too. You know, I'd love to see some holistic support around that as well.* - ID28 FDV service

> *Education is huge with people from diverse backgrounds. Whereas with First Nations communities, the horse has well and truly bolted and it's intergenerational, they are already immersed in it. And the approach is very different. It's [gambling and violence] very cultural with them.* - ID32 gambling support service

In addition to holistic approaches and integrated services, there were some additional service gaps identified in the specific service contexts. These are described below.

Service gaps in FDV services

Participants working in FDV services regularly called for more general information about gambling harm, gambling-related FDV, and how these issues might manifest in

victims and perpetrators of FDV. They described that there was currently a '*smorgasbord of different training'* available for FDV services but nothing specific about gambling harm.

> *Definitely better training opportunities to understand the link between gambling and domestic violence because we understand links between drug use and all these other things, but gambling doesn't seem to be on the radar. And more resources and information available to the impacts, again, the correlation and the impacts.* - ID14 child and family service

Particularly dire was the knowledge of the impact of gambling-related violence on children and families involved the CPS. The participants reported that having this information would help them better support the children.

> *A lot of parents are using drugs. They're drinking. They're gambling, coercive control, so they don't have the money to pay the rent. The child protection system needs an in-depth update on the factors that contribute to a family having resources and that they need to support their children as a child protective measure. They're homeless. They don't eat. They have no clothes. There's no medical care.* - ID14 child and family service

In addition to general information about gambling harm, the FDV service providers also called upon specific training and resources on gambling-related violence and tools how to have conversations with clients where they uncover or suspect gambling related harms.

> *We need staff education on, gambling as an addiction and its relation to domestic violence, it would be something like 'how do you deal with that type of addiction and interaction with domestic violence? What are some of the conversations you can have, how to do that? What's the supports available?* - ID22 FDV service

While a majority of the non-gambling support services had some understanding of what gambling harm might entail for individuals who gamble, very few had "*...even thought about being able to refer those who are affected by the partner's gambling" ID12.* They called for information about the specific impact that family members may experience as a result of someone else's gambling.

> *I think most of the women that we speak to, none of them are gambling themselves, problematically… I don't even know what sort of support would be helpful with the gambling specifically. What sort of things are even on the radar for that? I can see referrals for people who are gambling, but I am wondering about the people who are in households or impacted by it, what that might look like. I wouldn't know what referrals to give to family members.* - ID27 child and family service

Tailored information could relate to the dimensions of violence specific to gambling including the prominence of financial abuse and coercive control. Participants highlighted the diversity of presentations of financial abuse within family contexts, many of which are covert and hidden over extended periods of time. Therefore, gambling problems can be viewed as aligned to these patterns.

> *DV is still very much seen to be physical violence but [services] don't look at the other factors. A lot of my clients talk about their partners accessing their superannuation and gambling, they can make them pull it out for medical reasons, perpetrators get better at manipulating financial systems and at hiding it.* - ID16 FDV service

> *Gambling is often associated with shame and therefore connected with reactive anger. DFV services need to be working alongside appropriately trained sources for referral, or have these integrated into services, same as mental health services.* - ID21 FDV service

The participants described FDV services providers as not having the capacity to address gambling-related FDV. Therefore, a need for local information, specifically tailored at FDV and other services was recognised. This could include what gambling harm is, what gambling support services do, where they are located, and their provision of supports for family members. Some suggested embedding a gambling specialist sitting at FDV service with expertise in gambling related violence, local services, with the ability to also provide professional development to FDV staff around gambling harm.

> *We need local experts or centres that we could bring in to build those relationships with staff, especially if they were doing their own counselling or referral process, so we would get to know and build relationships, getting to know the organisations that might be able to support that and learn different strategies, narratives to use.* - ID22 FDV service

Service gaps in gambling services

Compared to those from FDV services, participants from gambling support services reported having more formal training and more access to a range of information regarding FDV. A main challenge in managing the vast number of clients who reported FDV was a lack of specialised victim and perpetrator services in each area.

> *There's more demand than there's availability. There is a wait list, and I think that when you're in a family violence situation, to be on a wait list is really unhelpful. So, I think more services, so it'd be probably good to have that referral pathway that's quite clear, and not have to look around for services.* - ID01 gambling support service

> *I'm referring to FDV services and there's a giant wait. It's just not enough in terms of resourcing. We're quite lucky being funded by the Office of Responsible Gambling. There's no way that we would have six clinical psychologists and all these other sundry people working for this addiction if we were part of health.* - ID05 gambling support service

Given the high occurrence of FDV in gambling support services, and difficulty accessing FDV services, participants suggested building capacity at gambling services to specialize in gambling-related violence, or a dedicated worker who would manage the cases with co-occurring FDV.

> *We have a referral pathway that we are doing warm referrals but the services are full. So I think it's just a huge, huge gap that maybe a DV specialist worker at each [gambling] service, or more comprehensive training for existing staff could fix.* - ID06 gambling support service

Participants saw the benefit in building their capacity to have conversations about violence perpetration, and what perpetration specifically looks like when gambling harm is involved, but also more knowledge around DV screening tools, building relationships with the local police, and understanding of the legislation relating to FDV.

> *How to appropriately ask questions about FDV if we suspect something, because it's such a sensitive topic. How do we gently do that without alienating or pissing off a client? That's the last thing we want to do. We don't want them to feel shamed or guilted or anything, but how do we do that?* - ID08 gambling support service

Specific to perpetrators was the notion that gambling services were often the only support service they attended voluntarily and that gambling services could leverage that by providing more holistic supports to match the needs of the clients.

> *For perpetrators, more resourcing for things like groups or services to get better at asking that question and supporting that person to stop their behaviour. It needs to happen at the services that the person is attending. Because you can go, "Oh, go to this domestic violence group." They're not going to do that. Unless the court is telling them to do that, there's no way.* - ID05 gambling support service

While general FDV training was available for gambling support service providers, a number of them were calling for more nuanced training around FDV referral pathways in each area, identification and treatment.

> *In-reach from DV services, where they can come to gambling service and not only give a low down of services in the area and things, but even around that upskilling of how to have these*

> *conversations. Even top tips for working with perpetrators that you are working directly with or victims of family violence. Even having some kind of hotline that you call that's more accessible for clinicians to get that advice.* - ID04 gambling support service

Identification of specific gambling-related violence was specifically important to participants from the gambling support services, particularly in relation to the common practice strategies. One of the first preventative actions in gambling support services is to have someone to take over the person's finances so they do not have access to money for gambling. Participants described the risk and challenges related to implementing financial controls for clients with gambling problems who were also a victim of coercive or controlling behaviours.

> *The usual thing for "normal couple" without family domestic violence, is that the non-gambling partner will take control of the money, they'll contract around how long for or what the expectations are before that control gets handed over. It can be complex in cases where you've got somebody who is gambling a lot of money, and partner is controlling, coercive and intimidating. So untangling that, where there is prior history of control.* - ID03 gambling support service

> *She is the one with the problem with gambling, and her partner is trying to manage the money, which is kind of sometimes recommended. We are careful around saying, particularly to women, "Hey, hand over all of your money to your partner," because I think that can be sometimes problematic. But the partner was coercive and controlling.* - ID05 gambling support service

Part 7. Discussion

The broad objective of this study was to examine the intersections and associations between gambling harm and FDV in NSW. The project was undertaken in two stages. Stage 1 explored the quantitative links with EGM density and FDV risk in NSW to identify area level characteristics that could be targeted with public health or policy interventions. Stage 2 collected and examined qualitative data regarding the current service needs and gaps outlined by service providers in responding to clients who experience FDV and gambling harm.

Area level associations of gambling accessibility and FDV

Association between EGM accessibility and FDV incidents

Our main findings from the first stage of the study, using geospatial EGM and police reported incidents of FDV data, show a clear association between EGM accessibility and FDV rates across Suburbs and Localities (SAL) in NSW. We operationalised 'accessibility' as proximity to nearest venue and density or EGMs within 10 km radius. Our findings show that the density was specifically related to FDV rates: increase of 1000 EGMs within a 10 km radius is associated with an expected increase of 0.03 FDV cases per 10,000 people, overall. While EGM density explained a small portion of the variation in the rate of police-recorded FDV between SALs, this portion is significant on population level and warrants increased scrutiny on gambling-related familial violence. Our findings are aligned with, and build on, previous research using geographical EGM and offending data in Australia and Finland (Markham et al., 2016; Lind et al., 2024). These previous studies similarly showed that EGM density is positively associated with higher community rates of FDV and higher rates of violent crimes.

EGMs were of interest for the study given they are the largest contributor to gambling losses in Australia (Badji et al., 2023) and also account for the highest level of gambling harm (Delfabbro et al., 2020; Dowling et al., 2005). Despite this, few studies have examined the association between EGM gambling and FDV. Some early research established a link between EGM gambling and subsequent aggressive behaviours (Parke & Griffiths, 2004, 2005). Our findings contribute further Australian evidence to literature from other international jurisdictions (Vasiliadis et al., 2013) showing both proximity and density were associated with gambling participation. In their study, however, proximity only was linked to greater likelihood of gambling harm (as defined by problem gambling rates). Our study did not measure gambling participation or harm but demonstrated the density rather than proximity was associated with police-recorded FDV as a novel and serious public health and criminal justice indicator of gambling harm. These findings suggest that it is the volume of gambling opportunities rather than the ease of traveling to nearest venue that is more likely to contribute to FDV incidents.

Our data shows that area socioeconomic status (SES) and higher proportion of Indigenous residents were also independently associated with FDV rates, even after controlling for other area-level factors. There were interactions across these factors, whereby associations between EGM density and FDV incidents were stronger in areas with lower SES, and with higher proportions of Aboriginal and Torres Strait Islander residents. These findings build on prior literature showing higher per capita placement of EGMs in lower SES areas in and outside Australia (Raisamo et al., 2019; Rintoul et al., 2013; Robitaille et al., 2008; Wardle et al., 2014; Xouridas et al., 2016). While some studies have also shown that Australian First Nations' populations have higher risk for both gambling harm and FDV (Meyer et al., 2021; Saunders et al., 2021), our study is the first to examine the association between EGM gambling and FDV on population level, while also modelling the effects of Indigenous status.

Geographical areas with increased risk of EGM related FDV incidents

Our analyses highlighted select geographical areas where FDV incidents were more likely to be associated with area-level EGM density. These higher risk areas are located in and around metropolitan Sydney, North-West of NSW, near the Queensland border, as well as in the Central West, and the South Coast areas. The density of EGMs or FDV incidents was not necessarily *higher* than average in these areas. Rather, EGM gambling was more strongly linked with FDV incidents in these areas, suggesting other area-based vulnerabilities (for example, associated with remoteness) that warrant further investigation. The qualitative data from Stage 2 further supported these Stage 1 findings, illustrating some dynamics of EGM gambling and FDV incidents that may occur in such areas. Specifically, service providers from remote communities attributed gambling associated with FDV to greater economic disadvantage as well as a high proportion of First Nations populations in the areas. Service providers working in FDV services in some of the high-risk communities noted that the gambling venues were the only available physical locations for social gatherings, a factor contributing to gambling-fuelled violence.

Similar to other research, (Dowling et al., 2016; Reyal et al., 2024; Copp et al., 2019) participants in the current study saw the availability of gambling as highly problematic in areas with high levels of economic disadvantage, and they were concerned by the normalisation of gambling. In these contexts of prevailing economic disadvantage and trauma-impacted populations, gambling was seen as the only 'hope' to get out of a parlous situation. A common view of participants was that when hope for something better did not materialise a propensity for violence in the family would be increased.

The need to address co-occurring gambling harm and FDV at services

Stage 2 of the project extends previous research on help seeking for co-occurring gambling and FDV that has to date been limited to a handful of qualitative interview studies, mainly with gambling support service staff (Cowlishaw et al., 2021 Hing et al., 2020, Suomi et al., 2024). Data from Stage 2 showed, overall, that these issues were perceived as commonly intersecting within each service context, signalling a general need to build capacity across services, but also a need for more systematic protocols and tools to address the co-occurring behaviours through integrated and holistic supports. The more nuanced findings about the profiles of these clients, and their specific help-seeking needs are discussed below.

Perceived patterns of FDV and gambling harm in help-seeking clients

The intersection between gambling and FDV was often viewed in sociocultural contexts including traditional masculine norms that underpinned harmful gambling and FDV perpetration, but also victimisation. The gendered nature of gambling-related violence was prominent in the data, with common presentations described as involving a gambling male family member perpetrating violence against a female partner, or the female victim using gambling as means of escaping violence perpetrated by non-gambling men. These findings are aligned with those reported by help-seeking clients themselves in other studies (Suomi et al., 2014; Suomi et al., 2019). They are also consistent with earlier studies showing that some individuals, particularly women, may use gambling as a mechanism to physically or emotionally escape distress resulting from IPV victimization (Afifi et al., 2010; Cunningham-Williams et al., 2007; Dowling, Suomi, et al., 2016; Echeburua et al., 2011). Similarly, problematic gambling has been suggested as a coping mechanism for perpetrators to deal with the guilt and shame associated with perpetration of IPV (Brasfield et al., 2012; Dowling et al., 2016; Korman et al., 2008).

In the current study, gambling was not widely viewed as a direct cause of new cases of gendered FDV perpetration; rather, it was seen as a reinforcing factor that can exacerbate violence frequency and severity, and also lead to unique forms and opportunities for abuse including financial abuse and coercive behaviours consistent with other studies (Banks & Waters, 2022; Clare et al., 2021; Hing et al., 2020, 2022; Hunt & Gonsalkorale, 2018). Other patterns of violence with clinical implications included non-gambling female spouses perpetrating violence against their gambling male partners, and reciprocal violence where service providers had difficulties distinguishing the perpetrator and victim. Research on help-seeking populations reveal that the non-gendered reciprocal violence is the most common pattern of gambling related violence reported by help-seeking clients in gambling support services (Suomi et al., 2019); however, this type of violence is not commonly disclosed or visible to support services. These patterns highlight the complexity and

wide range of the client needs who experience gambling-related violence at support services.

Psychosocial profiles of clients presenting with the co-occurring issues

The service providers perceived the association between gambling harm and FDV in the current data as complex and multifaceted. Gambling and violence were also understood as intersecting in complex ways with additional factors such as mental health issues, including trauma, emotional dysregulation, and other addictions. These findings are consistent with studies suggesting that histories of trauma, victimization, anger problems, emotion dysregulation, impulsivity, and psychiatric comorbidity often complicate associations between gambling harm and FDV (Brasfield et al., 2012; Dowling, Suomi et al., 2016; Korman et al., 2008; Lünnemann et al., 2019; Muelleman et al., 2002). Psychiatric disorders specifically have been shown to attenuate these association between gambling harm and both physical IPV victimization and perpetration (Afifi et al., 2010; Brasfield et al., 2012, 2011; Goldstein et al., 2009; Muelleman et al., 2002; Roberts et al., 2016, 2017). A specific observation in the current data from gambling support service providers was there were increasing numbers of ADHD diagnoses among clients who report co-occurring gambling harm and violence perpetration. While impulsivity (Brasfield et al., 2012) has been previously implicated as a factor in FDV and gambling harm, there is very little previous research on the role of ADHD symptomatology in this association, which also warrants further investigation.

The types and impact of gambling-related violence

Types of violence that service providers commonly observed in relation to gambling harm included financial and emotional abuse, and coercive controlling behaviours. Consistent with previous research (Suomi et al., 2014, 2019), incidents of physical violence were perceived as less common. In contrast to physical violence where signs of violence may be readily visible, non-physical forms of abuse can be subtle and go unnoticed for longer periods of time. Given that gambling is also considered ‘a hidden’ addiction, gambling related violence may be most likely to surface during periods of crisis. This means that the clients who disclose both behaviours are likely requiring significant and multidimensional forms of support from services.
Many service providers reported grappling with uncertainty about the ‘intentionality’ of some of the potentially financially abusive behaviours; while the gambling partner may have not intentionally restricted their partner’s access to money, their behaviours to obtain money for gambling could was perceived and experienced as financially abusive by their non-gambling partner. Regardless of the intent, behaviours such as asking non-gambling partners to take on loans, and controlling finances, were described by participants as having a detrimental impact on the participant.

The issue of intentionality has been discussed recently in parallel literature on neuro-divergence and mental illness. This includes a small but growing body of research

that has questioned the need to differentiate between FDV behaviours that are motivated by a desire for control and dominance, underpinned by entitlement and gender norms, and those that are symptomatic of a psychological disorder, such as gambling disorder (see for example, Cowey et al., 2025; Leibowitz et al., 2011). The relevance of this literature to the current project is its implications for the design and delivery of services that engage with clients where FDV and gambling behaviours are present.

A different pattern was evident in specific cultural and family contexts with strong patriarchal structures, where the male family members controlled finances and the female partner would not perceive this as out of ordinary.

A major imperative to improve service response to these intersecting issues was the perceived impacts on dependent children. Impacts outlined by service providers included children witnessing parental violence, coupled with serious physical and psychological neglect. Despite the devastating consequences of co-occurring FDV and gambling harm, service providers described they had very few avenues to support children, and they stated that child protection services were not set up to identify or address gambling harm or gambling-related FDV. These impacts of parental gambling and violence on children align with those reported by children themselves in previous research, including witnessing parental violence over gambling, direct abuse by the gambling parent, and physical and psychological neglect (Suomi, Lucas et al., 2022, 2024; Suomi et al, 2021; Suomi, Bailey et al., 2023; van der Kolk et al., 2014). Our findings outline a particularly urgent need to develop better protocols to address the needs of children in families experiencing gambling harm and FDV.

Current approaches to address the co-occurring behaviours

The data shows little consistency in current policies and practices regarding identification and supports for clients with co-occurring FDV and gambling harm across services. While many gambling services are now routinely screening for FDV, the FDV services were generally unaware of tools or protocols available to address gambling harm. While the data generally points to difficulties in identifying both gambling harm and FDV, common enablers for disclosures or both co-occurring behaviours across service contexts was the strength of therapeutic relationships, and specific lines of inquiry that enabled disclosures: discussions about finances facilitated gambling disclosures and those about relationships often led to disclosures about family violence, both victimisation and perpetration.

Our data highlights significant challenges to identification of gambling harm and FDV by the service providers. In addition to the lack of protocols for questioning, the main barriers to identification included a lack of client knowledge of what constituted

harmful behaviours. The normalisation of both gambling and abusive behaviours was described as a significant contributor to the lack of client knowledge of these harms. Conversely, stigma and shame around both behaviours were seen as additional barriers that led to secrecy, further enabled by the 'hidden' nature of gambling related violence. These themes build on the broader literature on experiences of stigmatisation associated with gambling problems (Hing & Russell, 2017; Miller & Thomas, 2018) and IPV (Overstreet & Quinn, 2013), as a significant barrier for help seeking.

When identification did occur, the FDV and gambling support services tended to refer their clients out to specialist services, if they were available, which often was not the case. While most FDV services worked with the clients alongside their gambling treatment (including treatment as an affected other), some men's behaviour change programs excluded clients with gambling or other addictions until such issues were adequately addressed. Naturally, the main priority for FDV services was client safety and managing any potential risks or crises, and accordingly gambling harm was not generally viewed as a priority issue. Many FDV workers also did not feel they had enough knowledge about gambling harm to integrate this in their client work with both victims and perpetrators.

Compared to FDV services, the gambling support staff in this study were more confident working with the two intersecting issues simultaneously. Gambling support services were often the first and sometimes only support service the FDV clients engaged with, and they were described as often unwilling to access other services concurrently. Gambling support providers felt ambivalent about supporting these clients, however, as their main service needs were often around family violence victimisation or perpetration and not gambling harm.

Such findings may suggest that gambling support services provide a window of opportunity to engage with clients who may not be ready to access specialist FDV services. Our data specifically showed that victim-survivors already engaged at gambling services were resistant to access FDV specific services, either for the anticipation of how the perpetrator may respond or having to re-tell their story. The current 'non-integrated' services risk the clients disengaging from services, specifically if they are being referred on multiple times. This is particularly important to victim-survivors who may be at immediate risk should be appropriately supported regardless of the service context. In view of this, increasing the capacity of workers in the gambling support context to work with FDV is critical to the safety of individuals and families. This could also be considered across the broader national context of gambling support and financial counselling services.

A need for an integrated, holistic service model to address the co-occurring behaviours

The current study, overall, points to the need for holistic models addressing these intersecting behaviours, including culturally sensitive approaches. Holistic service model was used to describe increasing capacity within the services to respond to client needs. These included upskilling the sector to have a more integrated lens to the presenting problems, including FDV and gambling harm. It also included increasing specialised services in local areas through more targeted funding, as well as better service coordination including systematic referral pathways. The data highlights potential value from a 'one-stop-shop' for either perpetrators or victims of FDV with embedded expertise and capacity in gambling harm, gambling related violence, and potentially other co-morbidities including mental health, financial counselling and legal support. The current siloed service models have been singled out in previous research on gambling harm and FDV that often only focus on narrow definitions of FDV and gambling harm, that remain inconsistent across services (Cowlishaw et al., 2021; Hing et al., 2022; Suomi et al, 2024). Our findings extend these by providing novel information about how non-gambling specific services can be supported to address gambling harm, and where the critical service gaps currently are.

A recent systematic review of published studies on integrated models for FDV shows that the most common interactions occurred between statutory agencies such as police and child protection (Gear et al., 2024). While health care service providers were included in many of the models, their engagement played a peripheral role in addressing FDV through service delivery. This was also evident in our data whereby service providers called for a more robust cultural and contextual lens to ensure a holistic service delivery. The co-occurring issues, relevant for responding to both FDV and gambling harm, were associated with lack of understanding of religious differences, shame, challenges with migration, racism, as well as patriarchal family structures, or gendered attitudes towards women.

Models of integrated service approaches to FDV have been articulated previously by World Health Organisation (WHO, 2016), which nearly 10 years ago called for a "holistic, integrated and coordinated response across different sectors, professional disciplines, and governmental, private and nongovernmental institutions" (p. 10) to address interpersonal violence against women. Examples of this exist, including the IRISi model in the UK which is a specialist domestic violence and abuse training, support and referral programme for General Practices to reduce violence in the community and shows promising results[7]. Also in the UK, integrated service models for FDV have been rolled out in the context of drug and alcohol use (see Gilchrist & Hegarty, 2017; Gilchrist et al., 2019). These have included cognitive behavioural group therapy programs for alcohol-dependent men who had been arrested for FDV

[7] https://irisi.org/wp-content/uploads/2024/11/IRISi-Impact-Report-2023-2024.pdf

(see Easton et al, 2007) and targeted ‘brief’ programs for female IPV victims with substance use and/or disorder within health settings (see Weaver et al, 2015). These types of approaches, that acknowledge power and control as implicated within IPV while addressing co-morbidities, could be expanded to community-based services in NSW including gambling support services but also other addictions, health or social services likely to overlap with FDV populations.

In addition to more integrated and holistic approach, all service providers included specific suggestions to improve their own practice to better meet the needs of clients experiencing FDV and gambling harm. These suggestions were centred around building capacity in existing services to better identify and address gambling-related violence and funding streams that would allow a more flexible approach to treat the intersecting issues. They also identified specific areas of practice where more information and training were required. These included information about gambling harm across all service contexts but also about gambling related violence and how it manifests in both victims and perpetrators and impacts on children.

Limitations of the study

Stage 1 of the study employed a novel methodology to examine area level associations with EGM density and police reported FDV incidents from 2017 to 2023. While there are many strengths to this methodology, findings also need to be interpreted with some limitations in mind. Firstly, the current study employed a relatively narrow definition of the outcome variable: police-reported FDV incidents that resulted in proceedings. Although, at the time of writing this report, there were some forms of non-physical abuse that were criminal offences under the NSW Criminal Code, including stalking, emotional abuse and financial abuse, the majority of incidents which result in police intervention and a proceeding are for physical assault. This is primarily because of the presence of evidence that can be used to support an investigation of these matters (i.e., emergency room admissions and injury evidence), whereas non-physical forms of abuse are more difficult to investigate and bring to court. Given this narrow definition, the estimates provided in this study should be considered conservative, and the real rates are likely to be higher. In addition, there is a number of factors that are likely to contribute to the relationship between DV incidents and EGM density including proximity of alcohol outlets. Future studies could examine the association between DV and access to alcohol outlets with and without EGMs, which was out of scope for the current study. Despite these limitations, the novel finding that it was the EGM density rather than the number of gambling venues (with alcohol outlets) that was associated with DV rates provides confidence about the unique contribution of EGM density to DV incidents in NSW.

Secondly, the independent variables only included EGM density, and distance to closest EGM venue, but there are other indicators of gambling, such as gambling expenditure, or time spent gambling at a venue, contributing to the association between EGM gambling and FDV. EGM expenditure is being collected by the venues, but it is not easily accessible for the unit of analysis we used (SALs). This type of data should be made available for researchers to build a comprehensive understanding of the impacts of EGM gambling on familial violence, as well as other negative consequences of gambling. Thirdly, the control variables included in the model may not be the optimal set of predictors for the model predicting FDV rates, however we chose them as they have been flagged by previous research. Future research using small area estimates, for example, can examine the inclusion of variables on gender equality or attitudes, ethnicity and other psychosocial constructs that are associated with both FDV and gambling harm. Finally, this study used data that spans a period in which EGM expenditure and participation were impacted by COVID-19 related lockdowns. In 2020 and 2021 restrictions applied to gambling venues led to a reduced rate of all forms of gambling and in particular EGM expenditure (Queensland Government Statistician Office, 2023). The stage 1 results should be considered in the context of the potential impact of these lockdowns. Specifically, the findings should be considered an underrepresentation of the overall impact of EGM density on FDV rates, and the real impact is likely to be stronger.

Limitations of Stage 2 include a relatively small sample, representing only select service providers in NSW. The main limitation of the Stage 2 data is that we only interviewed service providers about their clients they see and did not involve any clients themselves in the interviews. This type of self-report data introduces a significant bias to the client profiles outlined in this report and should be considered with caution. Specifically, the observations about clients by the participants are based on perspectives of help providers, and they do not necessarily reflect characteristics of all service users, including those who may experience FDV but have not come to the attention of help providers. This notwithstanding, the main findings about client profiles are largely consistent with other data about help-seeking clients and general population experiencing FDV and gambling harm (Suomi et al., 2019; Roberts et al., 2018).

Part 8. Conclusion and policy implications

KEY FINDING 1: *There is a clear association between area-based EGM accessibility (as measured by EGM density and police FDV rates in NSW above and beyond that explained by the geography or other contextual factors.*

KEY FINDING 2: *Particularly strong effects of EGM density on FDV rates (where EGMs increase FDV incidents over 30%) were located in and around metropolitan Sydney the regional North and North Western parts of NSW near the Queensland border, where the coverage of GambleAware service is sparse.*

KEY FINDING 3: *There is a need for integrated service response with a clear policy framework to address FDV and gambling, enabling efficient referral pathways across service contexts, including child and family services.*

KEY FINDING 4: *Service providers called for a specific suite of training modules and resources related to specific aspects of gambling-related FDV targeted to a range of service contexts, including child and family services.*

Taken together, the current study provides critical new information about the association of EGM accessibility and rates of FDV in NSW. It also provides information about additional guidance and resources identified by services supporting clients presenting with co-occurring FDV and gambling harm. Our findings suggest that limiting EGM accessibility overall and specifically in areas with low SES and higher Indigenous population may potentially provide an avenue for reducing the FDV incidence in high-risk areas. The findings also point out to specific supports that the service sector requires to better support clients experiencing co-occurring FDV and gambling harm.

These findings can be used to inform gambling regulation, harm minimisation policy and building capacity in support services in the state of NSW, which has the highest number of EGMs of all Australian jurisdictions, and highest expenditure on EGM gambling. Our findings are strongly aligned with the NSW Domestic and Family Violence Plan 2022-2027[8], with a strong focus on building knowledge to ground prevention activities in local evidence, and explicitly states this evidence to involve "*research on the relationship between DFV and alcohol and gambling harm to inform liquor and gaming regulatory approaches and decision making that would help reduce the impact of these reinforcing factors*" (p.29) on FDV. The strategy also

[8] https://dcj.nsw.gov.au/documents/service-providers/domestic-and-family-violence-services/NSW-Domestic-and-Family-Violence-Plan-2022-2027.pdf

highlights the importance of building capacity of the broader workforce to identify and respond to risk, working with "*complimentary providers, such as financial counsellors, and gambling support services to improve identification and responses to DFV, including cross-referrals*" (p.32). The key findings of this report can also be used in line with the NSW Office of Responsible Gambling Strategic Plan 2024–2027, that states research findings are to be used to improve education, support services, policy, regulation and other harm minimisation practice. We intend for the report and its key findings to be a useful tool in operationalising and implementing these priorities by the NSW government.

The findings from Stage 1 could inform EGM licensing in NSW and guide the assessment process for EGM licence applications including standardised social impact assessments. Most Australian states and territories now require a social impact assessment to accompany applications for EGM licences and in New South Wales, this is referred to as a Local Impact Assessment. Generally speaking, there is little clarity around quantifying the social, financial and mental health impacts of EGMs in the local areas where the EGMs are intended to operate. While the local impact assessment process is not optional, applicants retain discretion over how they present evidence and frame their assessment of social impacts and are likely to underestimate the true detrimental impact associated with an EGM venue. Clarity around the definition of social impacts and how they are measured, including FDV rates, especially in areas with high proportion of Indigenous residents and areas with low socioeconomic status, may allow a more complete assessment of the net value of EGM venues. In addition to establishing an overall association between EGM accessibility and FDV incidents, our stage 1 findings identified specific areas in NSW where risk of gambling-related FDV incidents was heightened. These areas include geographically large SALs in the northern and western parts of NSW where the effect of EGM density on FDV incidents appears particularly strong. The effects were also strong in and around Metropolitan Sydney, particularly in the western and south western fringes. Coupled with high density EGMs, the current findings could guide local harm reduction efforts targeting gambling related-FDV in these areas, but also in select regional centres such as Griffith and the NSW South Coast. The Stage 1 findings also show that FDV rates were higher in low SES areas and areas with higher proportion of Indigenous residents. Both SES and Indigeneity are linked to FDV and gambling harm, with SALs characterised by higher levels of socio-economic disadvantage also having higher rates of reported FDV and problem gambling. Previous research also shows that poorer areas have higher concentrations of EGMs and larger gambling losses (Vasiliadis et al., 2013). This suggests that gambling expenditure disproportionately comes from individuals who cannot socially or financially afford it, placing further strain on disadvantaged communities.

The Stage 2 findings from interviews with service providers show significant clinical complexity relating to FDV and gambling harm and point to multiple intersecting

needs of clients that disclose the co-occurring issues at services. To better match the specific needs of these clients, a more integrated approach is required that includes systems-level strategies and approaches to treatment, as well as the involvement of multiple services in addition to FDV and gambling help. A key requirement in this approach is a clear policy statement with a strong cross-sector collaboration focus that gambling support and FDV services will help develop and commit to. This would enable information sharing, professional development opportunities and consistent referral pathways between service contexts. Finally, the Stage 2 findings support building capacity within the broader workforce to identify and respond to risk in specific service contexts. The interviews pointed to specific gaps where training, workforce planning and practice guidelines on specific issues is required. These should be developed and coordinated on the basis of a clear policy framework and include roles and responsibilities within the service sector. Finally, more funding is needed for dual-care models that are outside the current service funding. These can include specific treatment for trauma- or gambling related violence, or addictions treatment for victims of FDV that require longer and more intense modes of treatment. The specific content of training and resources should be guided by the current data research and developed in consultation with service providers at each service context.

References

Afifi, T. O., Brownridge, D. A., MacMillan, H., & Sareen, J. (2010). The relationship of gambling to intimate partner violence and child maltreatment in a nationally representative sample. *Journal of psychiatric research*, 44(5), 331-337. https://doi.org/10.1016/j.jpsychires.2009.07.010

Aizer, A. (2010). The gender wage gap and domestic violence. *American Economic Review*, 100(4), 1847–1859. https://doi.org/10.1257/aer.100.4.1847

Al-Yaman, F., Van Doeland, M., & Wallis, M. (2006) *Family Violence among Aboriginal and Torres Strait Islander peoples. Cat. No. IHW 17.* AIHW https://www.aihw.gov.au/getmedia/34fea687-d980-4e54-8826-256b6acfdd0f/fvaatsip.pdf.aspx?inline=true

Australian Bureau of Statistics. (2017). Personal Safety, Australia, 2016 (4906.0). ABS. https://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

Australian Bureau of Statistics. (2021-22). *Partner economic abuse*. ABS. https://www.abs.gov.au/statistics/detailed-methodology-information/concepts-sources-methods/personal-safety-survey-user-guide/2021-22/partner-economic-abuse.

Australian Bureau of Statistics. (2021-22). *Partner violence*. ABS. https://www.abs.gov.au/statistics/people/crime-and-justice/partner-violence/2021-22.

Australian Bureau of Statistics. (2023, December). *National, state and territory population*. ABS. https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/dec-2023.Australian Bureau of Statistics. (2025, March). *Australian National Accounts: National Income, Expenditure and Product*. ABS. https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/latest-release.

Australian Gaming Council. (2023). *Gaming Machines.* AGC. https://austgamingcouncil.org.au/sites/default/files/2023-07/4_AGC_FactSheet_GamingMachines_V1_Final.pdf

Australian Institute of Health and Welfare. (2019a). Family, domestic and sexual violence in Australia: Continuing the national story 2019. AIHW. https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/data-sources-for-monitoring-family-domestic-and-sexual-violence/aihw-national-hospital-morbidity-database-nhmd-2016-17

Australian Institute of Health and Welfare. (2019b). Specialist Homelessness Services annual report: 2018-2019. AIHW. https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-18-19/contents/summary

Australian Institute of Health and Welfare. (2023). *Family and domestic violence.* AIHW. https://www.aihw.gov.au/family-domestic-and-sexual-violence/types-of-violence/family-domestic-violence

Banks, J., & Waters, J. (2022). An examination of the interrelationship between disordered gambling and intimate partner violence. *International Review of Victimology*, *29*(2), 277-292. https://doi.org/10.1177/02697580211065508 (Original work published 2023)

Badji, S., Black, N., & Johnston, D. W. (2023). Economic, Health and Behavioural Consequences of Greater Gambling Availability. *Economic Modelling*, 123, 106285.

Badji, S., Black, N., & Johnston, D. W. (2020). Association between density of gaming venues in a geographical area and prevalence of insolvency: longitudinal evidence from Australia. *Addiction*, 115(12), 2349-2356.

Bartolo, L. D. (2001). The Geography of Reported Domestic Violence in Brisbane: A social justice perspective. *Australian Geographer*, 32(3), 321–341. https://doi.org/10.1080/00049180120100059

Bellringer, M., Fa'amatuainu, B., Taylor, S., Coombes, R., Poon, Z., & Abbott, M. (2013). Exploration of the impact of gambling and problem gambling on Pacific families and communities in New Zealand.

https://niphmhr.aut.ac.nz/__data/assets/pdf_file/0005/7556/Pacific-gambling-impacts-study-Communication-summary-Final-26.04.13.pdf
Benson, M. L., Fox, G. L., DeMaris, A., & Wyk, J. V. (2003). Neighborhood Disadvantage, Individual Economic Distress and Violence Against Women in Intimate Relationships. *Journal of Quantitative Criminology*, 19(3), 207–235. https://doi.org/10.1023/A:1024930208331
Berkowitz, L. (1989). Frustration-aggression hypothesis: examination and reformulation. *Psychological bulletin*, 106(1), 59.
Boardman, B., & Perry, J. J. (2007). Access to gambling and declaring personal bankruptcy. *The Journal of Socio-Economics*, 36(5), 789-801.
Boxall, H., & Morgan, A. (2021). Who is most at risk of physical and sexual partner violence and coercive control during the COVID-19 pandemic? *Trends and Issues in Crime and Criminal Justice*, 618. https://doi.org/10.52922/ti78047
Boxall, H., Morgan, A., & Brown, R. (2020) *The prevalence of domestic violence among women and during the COVID-19 pandemic.* (*Statistical Bulletin no. 28)*, Australian Institute of Criminology
Brasfield, H., Febres, J., Shorey, R., Strong, D., Ninnemann, A., Elmquist, J., ... & Stuart, G. L. (2012). Male batterers' alcohol use and gambling behavior. *Journal of Gambling Studies*, 28, 77-88.
Brasfield, H., Shorey, R., Febres, J., Strong, D., & Stuart, G. L. (2011). Hazardous gambling among women court-mandated to batterer intervention programs. *The American Journal on Addictions,* 20(2), 176.
Bricknell, S. (2023*). Homicide in Australia 2020–21 (42; Statistical Report).* Australian Institute of Criminology. https://doi.org/10.52922/sr78979
Browne, M., Rockloff, M., Hing, N., Russell, A., Boyle, C., & Rawat, V. (2020*). NSW gambling survey, 2019*. NSW Responsible Gambling Fund. https://www.gambleaware.nsw.gov.au/resources-and-education/check-out-our-research/published-research/nsw-gambling-survey-2019
Clare, C. A., Velasquez, G., Martorell, G. M. M., Fernandez, D., Dinh, J., & Montague, A. (2021). Risk factors for male perpetration of intimate partner violence: A review. *Aggression and Violent Behavior*, 56, 101532.
Copp, J. E., Giordano, P. C., Manning, W. D., & Longmore, M. A. (2019, September). Neighborhood norms, disadvantage, and intimate partner violence perpetration. *Sociological Forum*, Vol. 34, No. 3, pp. 594-615. https://doi.org/10.1111/socf.12516
Costa, B. M., Kaestle, C. E., Walker, A., Curtis, A., Day, A., Toumbourou, J. W., & Miller, P. (2015). Longitudinal predictors of domestic violence perpetration and victimization: A systematic review. Aggression and violent behavior, 24, 261-272.
Cowlishaw, S., & Kessler, D. (2016). Problem gambling in the UK: Implications for health, psychosocial adjustment and health care utilization*. European Addiction Research*, 22(2), 90-98.
Cowlishaw, S., Metcalf, O., Lawrence-Wood, E., Little, J., Sbisa, A., Deans, C., ... & McFarlane, A. C. (2020). Gambling problems among military personnel after deployment*. Journal of Psychiatric Research*, 131, 47-53.
Cowlishaw, S., O'Dwyer, C., Sbisa, A., Metcalf, O., Couineau, A., O'Donnell, M., Suomi, A., (2021), *Recognition and responses to Intimate Partner Violence (IPV) in Gambler's Help services: A qualitative study*. Victorian Responsible Gambling Foundation, Melbourne.
Cowlishaw S, Dennison M, Rioseco P, Baur J, Burns A, Lawrence-Wood E, McCarthy J, Couineau A, O'Donnell M, Muir S, Forbes D. (2023). Intimate Partner Violence among current and ex-serving Australian Defence Force personnel and families: Transition and Wellbeing Research Programme Secondary Analyses Project. Phoenix Australia – Centre for Posttraumatic Mental Health: Melbourne.
Cowlishaw, S., Metcalf, O., Little, J., Sbisa, A., Deans, C., O'Donnell, M., Sadler, N., Van Hooff, M., Lawrence-Wood, E., Crozier, T., Battersby, M., McFarlane, A. & Forbes, D (2020), Gambling problems among Australian military personnel after deployment:

analyses of the Middle East Area of Operations (MEAO) Prospective Health Study, Victorian Responsible Gambling Foundation, Melbourne.
Cowey, E., Bartels, L., & Boxall, H. (2025). The criminalisation of coercive control: Implications for defendants with neurodevelopmental and cognitive disorders. *Alternative Law Journal*, *50*(1), 52–60. https://doi.org/10.1177/1037969X241312710
Cunningham-Williams, R. M., Ben Abdallah, A., Callahan, C., & Cottler, L. (2007). Problem gambling and violence among community-recruited female substance abusers. *Psychology of addictive behaviors*, 21(2), 239.
Cunradi, C. B., Mair, C., Ponicki, W., & Remer, L. (2011). Alcohol Outlets, Neighborhood Characteristics, and Intimate Partner Violence: Ecological Analysis of a California City. *Journal of Urban Health*, 88(2), 191–200. https://doi.org/10.1007/s11524-011-9549-6
Delfabbro, P., King, D. L., Browne, M., & Dowling, N. A. (2020). Do EGMs have a stronger association with problem gambling than racing and casino table games? Evidence from a decade of Australian prevalence studies. *Journal of gambling studies*, 36, 499-511.
Doran, B., & Young, M. (2010). Predicting the spatial distribution of gambling vulnerability: An application of gravity modeling using ABS Mesh Blocks. Applied Geography, 30(1), 141-152.
Dowling, N. A., Ewin, C., Youssef, G. J., Merkouris, S. S., Suomi, A., Thomas, S. A., & Jackson, A. C. (2018). Problem gambling and family violence: Findings from a population-representative study. *Journal of Behavioral Addictions*, 7(3), 806-813.
Dowling, N. A., Hawker, C. O., Merkouris, S. S., Rodda, S. N., & Hodgins, D. C. (2021). *Addressing gambling harm to affected others: a scoping review*, Victorian Responsible Gambling Foundation, Melbourne. https://responsiblegambling.vic.gov.au/documents/1044/VRGF_RR_AffectedOthersScopingReview.pdf
Dowling, N. A., Jackson, A. C., Suomi, A., Lavis, T., Thomas, S. A., Patford, J., ... & Bellringer, M. E. (2014). Problem gambling and family violence: Prevalence and patterns in treatment-seekers. *Addictive behaviors*, 39(12), 1713-1717.
Dowling, N., Smith, D., & Thomas, T. (2009). The family functioning of female pathological gamblers. *International Journal of Mental Health and Addiction*, 7, 29-44.
Dowling, N., Smith, D., & Thomas, T. (2005). Electronic gaming machines: are they the 'crack-cocaine'of gambling? *Addiction*, 100(1), 33-45.
Dowling, N., Suomi, A., Jackson, A., Lavis, T., Patford, J., Cockman, S., ... & Abbott, M. (2016). Problem gambling and intimate partner violence: A systematic review and meta-analysis. *Trauma, Violence, & Abuse,* 17(1), 43-61.
Easton CJ, Mandel DL, Hunkele KA, Nich C, Rounsaville BJ, Carroll KM. (2007). A cognitive behavioral therapy for alcohol-dependent domestic violence offenders: an integrated substance abuse-domestic violence treatment approach (SADV). *American Journal on Addictions*. 16, 24–31
Echeburúa, E., González-Ortega, I., De Corral, P., & Polo-López, R. (2011). Clinical gender differences among adult pathological gamblers seeking treatment. *Journal of Gambling Studies*, 27, 215-227.
Fedovskiy, K., Higgins, S., & Paranjape, A. (2008). Intimate partner violence: How does it impact major depressive disorder and post traumatic stress disorder among immigrant Latinas? *Journal of Immigrant and Minority Health*, 10(1), 45–51.
Fitz-Gibbon, K., Meyer, S., Boxall, H., Maher, J., & Roberts, S. (2022). *Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts (15/2022; Research Report)*. ANROWS. https://www.anrows.org.au/publication/adolescent-family-violence-in-australia-a-national-study-of-prevalence-history-of-childhood-victimisation-and-impacts/
Flake, D. F. (2005). Individual, Family, and Community Risk Markers for Domestic Violence in Peru. *Violence Against Women*, 11(3), 353–373. https://doi.org/10.1177/1077801204272129

Flood, M., & Pease, B. (2009). Factors influencing attitudes to violence against women. *Trauma, violence & abuse*, *10*(2), 125–142. https://doi.org/10.1177/1524838009334131

Freytag, C., Lee, J., Hing, N., & Tully, D. (2020). The dangerous combination of gambling and domestic and family violence against women: Practice guide for gambling counsellors, financial counsellors and domestic and family violence workers, (ANROWS Insights, 06/2020). ANROWS. https://www.anrows.org.au/resources/the-dangerous-combination-of-gambling-and-domestic-and-family-violence-against-women-practice-guide-for-gambling-counsellors-financial-counsellors-and-domestic-and-family-violence-workers/

Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., Watts, C. H., & WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet (London, England)*, *368*(9543), 1260–1269. https://doi.org/10.1016/S0140-6736(06)69523-8

Gear, C., Ting, C., Manuel, C., Eppel, E., & Koziol-McLain, J. (2024). Integrated system responses for families impacted by violence: a scoping review. *International journal of integrated care*, *24*(2), 17.

Gilchrist, G., Dennis, F., Radcliffe, P., Henderson, J., Howard, L. M., & Gadd, D. (2019). The interplay between substance use and intimate partner violence perpetration: A meta-ethnography. *The International journal on drug policy*, *65*, 8–23. https://doi.org/10.1016/j.drugpo.2018.12.009

Gilchrist, G., & Hegarty, K. (2017). Tailored integrated interventions for intimate partner violence and substance use are urgently needed [Editorial]. *Drug and Alcohol Review, 36*(1), 3–6. https://doi.org/10.1111/dar.12526

Golden, S. D., Perreira, K. M., & Durrance, C. P. (2013). Troubled Times, Troubled Relationships: How Economic Resources, Gender Beliefs, and Neighborhood Disadvantage Influence Intimate Partner Violence. *Journal of Interpersonal Violence*, 28(10), 2134–2155. https://doi.org/10.1177/0886260512471083

Goldstein, A. L., Walton, M. A., Cunningham, R. M., Resko, S. M., & Duan, L. (2009). Correlates of gambling among youth in an inner-city emergency department. *Psychology of Addictive Behaviors*, *23*(1), 113.

Gorman, D. M., Labouvie, E. W., Speer, P. W., & Subaiya, A. P. (1998). Alcohol Availability and Domestic Violence. *The American Journal of Drug and Alcohol Abuse*, 24(4), 661–673. https://doi.org/10.3109/00952999809019615

Graham-Kevan, N., & Archer, J. (2008). Does controlling behavior predict physical aggression and violence to partners? *Journal of Family Violence, 23*(7), 539–548. https://doi.org/10.1007/s10896-008-9162-y

Griffing, S., Lewis, C. S., Chu, M., Sage, R. E., Madry, L., & Primm, B. J. (2006). Exposure to interpersonal violence as a predictor of PTSD symptomatology in domestic violence survivors. *Journal of Interpersonal Violence*, 21(7), 936–954. https://doi.org/10.1177/0886260506288938

Grinols, E. L., & Mustard, D. B. (2021). Does Problem Gambling Increase Crime? *University of Illinois Law Review Review*, 1745.

Grun, L., & McKeigue, P. (2000). Prevalence of excessive gambling before and after introduction of a national lottery in the United Kingdom: Another example of the single distribution theory. *Addiction*, 95(6), 959-966.

Hansen, M., & Rossow, I. (2008). Adolescent gambling and problem gambling: Does the total consumption model apply?. *Journal of Gambling Studies*, 24, 135-149.

Heise, L.L. (2011). *What works to prevent partner violence: An evidence overview.* STRIVE Research Consortium, London School of Hygiene and Tropical Medicine.

Heise, L. L., & Kotsadam, A. (2015). Cross-national and multilevel correlates of partner violence: An analysis of data from population-based surveys. *The Lancet Global Health,* 3(6), 332–340. https://doi.org/10.1016/S2214-109X(15)00013-3

Hetling, A., & Zhang, H. (2010). Domestic Violence, Poverty, and Social Services: Does Location Matter?*. *Social Science Quarterly*, 91(5), 1144–1163. https://doi.org/10.1111/j.1540-6237.2010.00725.x

Hing, N., O'Mullan, C., Mainey, L. Nuske, E., &Breen, H.. (2023) Intimate partner violence linked to gambling: cohort and period effects on the past experiences of older women. *BMC Women's Health* **23**, 165 (2023). https://doi.org/10.1186/s12905-023-02316-0

Hing, N., O'Mullan, C., Nuske, E., Breen, H., Mainey, L., Taylor, A., ... & Lee, J. (2020). The relationship between gambling and intimate partner violence against women. ANROWS https://www.anrows.org.au/publication/the-relationship-between-gambling-and-intimate-partner-violence-against-women/

Hing, N., O'Mullan, C., Nuske, E., Breen, H., Mainey, L., Taylor, A., ... & Jackson, A. (2022). Gambling-related intimate partner violence against women: A grounded theory model of individual and relationship determinants. *Journal of interpersonal violence,* 37(19-20).

Hing, N., & Russell, A. M. T. (2017). How anticipated and experienced stigma can contribute to self-stigma: The case of problem gambling. *Frontiers in Psychology, 8,* Article 235. https://doi.org/10.3389/fpsyg.2017.00235

Hodgins, D. C., Shead, N. W., & Makarchuk, K. (2007). Relationship satisfaction and psychological distress among concerned significant others of pathological gamblers. *The Journal of nervous and mental disease*, 195(1), 65-71.

Hulme, S., Morgan, A., & Boxall, H. (2019). Domestic violence offenders, prior offending and reoffending in Australia. *Trends & Issues in Crime & Criminal Justice*, 580. https://doi.org/10.52922/ti04077

Hunt, C. J., & Gonsalkorale, K. (2018). Conformity to masculine norms among treatment-seeking male problem gamblers. *International Gambling Studies*, 18(3), 408-419.

Kalischuk, R. G., Nowatzki, N., Cardwell, K., Klein, K., & Solowoniuk, J. (2006). Problem gambling and its impact on families: A literature review. *International Gambling Studies*, 6(1), 31-60.

Korman, L. M., Collins, J., Dutton, D., Dhayananthan, B., Littman-Sharp, N., & Skinner, W. (2008). Problem gambling and intimate partner violence. *Journal of gambling studies*, 24, 13-23.

KPMG. (2016). *The cost of violence against women and their children in Australia: Final report.* KPMG. https://www.dss.gov.au/sites/default/files/documents/08_2016/the_cost_of_violence_against_women_and_their_children_in_australia_-_summary_report_may_2016.pdf

Krause, E. D., Kaltman, S., Goodman, L. A., & Dutton, M. A. (2008). Avoidant coping and PTSD symptoms related to domestic violence exposure: A longitudinal study. *Journal of Traumatic Stress*, 21(1), 83–90.

Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2016). Understanding gambling related harm: A proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, 16(1), 80. https://doi.org/10.1186/s12889-016-2747-0

Lebowitz, E.R., Vitulano, L. A., Omer, H. (2011).'Coercive and Disruptive Behaviors in Pediatric Obsessive Compulsive Disorder: A Qualitative Analysis' *Psychiatry.* 74(4) 362-371. https://doi.org/10.1521/psyc.2011.74.4.362

Lind, K., Hagfors, H., & Salonen, A. H. (2024). Gambling behavior and criminal convictions: a register-based investigation. *Addiction Research & Theory*, 32(3), 167-177.

Livingstone, C. (2005). Desire and the consumption of danger: Electronic gaming machines and the commodification of interiority. *Addiction Research & Theory*, 13(6), 523-534.

Lund, I. (2008). The population mean and the proportion of frequent gamblers: Is the theory of total consumption valid for gambling? *Journal of Gambling Studies*, 24, 247-256.

Lünnemann, M. K. M., Van der Horst, F. C. P., Prinzie, P., Luijk, M. P. C. M., & Steketee, M. (2019). The intergenerational impact of trauma and family violence on parents and their children. *Child abuse & neglect*, 96, 104134.

Markham, F., Young, M., & Doran, B. (2014). Gambling expenditure predicts harm: Evidence from a venue-level study. *Addiction*, 109(9), 1509-1516.
Markham, F., Doran, B., & Young, M. (2016). The relationship between electronic gaming machine accessibility and police-recorded domestic violence: A spatio-temporal analysis of 654 postcodes in Victoria, Australia, 2005–2014. *Social Science & Medicine*, 162, 106–114. http://dx.doi.org/10.1016/j. socscimed.2016.06.008
McPhail, B. A., Busch, N. B., Kulkarni, S., & Rice, G. (2007). An integrative feminist model: the evolving feminist perspective on intimate partner violence. *Violence against women*, *13*(8), 817–841. https://doi.org/10.1177/1077801207302039
McCormick, J., Delfabbro, P., & Denson, L. A. (2012). Psychological vulnerability and problem gambling: An application of Durand Jacobs' general theory of addictions to electronic gaming machine playing in Australia. *Journal of Gambling Studies*, 28, 665-690.
Meyer, S., & Stambe, R. M. (2021). Indigenous women's experiences of domestic and family violence, help-seeking and recovery in regional Queensland. Australian Journal of Social Issues, 56(3), 443-458.
Miller, H. E., & Thomas, S. L. (2018). The problem with 'responsible gambling': Impact of government and industry discourses on feelings of felt and enacted stigma in people who experience problems with gambling. *Addiction Research & Theory, 26*(2), 85–94. https://doi.org/10.1080/16066359.2017.1332182
Mission Australia. (2019). *Out of the shadows: Domestic and family violence a leading cause of homelessness in Australia*. Mission Australia. file:///C:/Users/ioubo/Downloads/Out%20of%20the%20Shadows.pdf
Mouzos J & Makkai T 2004. *Women's experiences of male violence: findings from the Australian component of the International Violence Against Women Survey (IVAWS)*. Research and public policy series no. 56. Canberra: Australian Institute of Criminology. https://www.aic.gov.au/publications/rpp/rpp56
Morgan, A., & Boxall, H. (2020). Social isolation, time spent at home, financial stress and domestic violence during the COVID-19 pandemic. *Trends & Issues in Crime and Criminal Justice*, 609. https://doi.org/10.52922/ti04855
Morgan, A., & Boxall, H. (2022*). Economic insecurity and intimate partner violence in Australia during the COVID-19 pandemic (02/2022; Research Report*). Australian National Research Organisation for Women's Safety (ANROWS). https://www.anrows.org.au/publication/economic-insecurity-and-intimate-partner-violence-in-australia-during-the-covid-19-pandemic/
Moore, L. H., & Grubbs, J. B. (2021). Gambling disorder and comorbid PTSD: A systematic review of empirical research. *Addictive Behavior*s, 114, 106713.
Muelleman, R. L., DenOtter, T., Wadman, M. C., Tran, T. P., & Anderson, J. (2002). Problem gambling in the partner of the emergency department patient as a risk factor for intimate partner violence. *The Journal of emergency medicine*, 23(3), 307-312.
NSW Department of Communities and Justice, *NSW Domestic and Family Violence Plan 2022-2027*, NSW Government. https://dcj.nsw.gov.au/documents/service-providers/domestic-and-family-violence-services/NSW-Domestic-and-Family-Violence-Plan-2022-2027.pdf
O'Mullan, C., Hing, N., Nuske, E., Breen, H. & Mainey, L. (2022) Strengthening the service experiences of women impacted by gambling-related intimate partner violence. *BMC Public Health,* 22(1), 1–13.
Overstreet, N. M., & Quinn, D. M. (2013). The Intimate Partner Violence Stigmatization Model and Barriers to Help-Seeking. *Basic and applied social psychology*, *35*(1), 109–122. https://doi.org/10.1080/01973533.2012.746599
Orford, J., Copello, A., Velleman, R., & Templeton, L. (2010). Family members affected by a close relative's addiction: The stress-strain-coping-support model. *Drugs: education, prevention and policy*, 17(sup1), 36-43.
Palmer du Preez, K., Bellringer, M., Pearson, J., Dowling, N., Suomi, A., Koziol-Mclain, J., … Jackson, A. (2018). Family violence in gambling help-seeking populations. *International Gambling Studies*, *18*(3), 477–494. https://doi.org/10.1080/14459795.2018.1480648

Paterson, M., Leslie, P., & Taylor, M, (2019). *2019 ACT Gambling Survey.* Centre for Gambling Research. https://csrm.cass.anu.edu.au/sites/default/files/docs/2020/6/2019-ACT-Gambling-Survey.pdf
Parke, A., & Griffiths, M. (2005). Aggressive behaviour in adult slot machine gamblers: An interpretative phenomenological analysis. *Journal of community & applied social psychology*, 15(4), 255-272.
Parke, A., & Griffiths, M. (2004). Aggressive behaviour in slot machine gamblers: A preliminary observational study. *Psychological Reports*, 95(1), 109–114.
Pinchevsky, G. M., & Wright, E. M. (2012). The Impact of Neighborhoods on Intimate Partner Violence and Victimization. *Trauma, Violence, & Abuse*, 13(2), 112–132. https://doi.org/10.1177/1524838012445641
Price, A., Hilbrecht, M., & Billi, R. (2021). Charting a path towards a public health approach for gambling harm prevention. Journal of Public Health, 29, 37-53.
Queensland Government Statistician's Office. (2023). Australian gambling statistics. 38th edition, 1995-96 to 2020-2021. Queensland Government. Australian Gambling Statistics, 38th edition, 1995-96 to 2020-21
Raisamo, S., Toikka, A., Selin, J., & Heiskanen, M. (2019). The density of electronic gambling machines and area-level socioeconomic status in Finland: a country with a legal monopoly on gambling and a decentralised system of EGMs. *BMC Public Health,* 19, 1-7.
Rees, Susan, Jan Breckenridge, and Samantha Murray. *"Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: State of knowledge paper."* ANROWS Landscapes (2015). ANROWS https://www.anrows.org.au/publication/meta-evaluation-of-existing-interagency-partnerships-collaboration-coordination-and-or-integrated-interventions-and-service-responses-to-violence-against-women-state-of-knowledge-paper/
Reyal, H. P., Dissanayake, N., Gunarathna, H., Soysa, D., Fernando, M. S., & Senarathna, L. (2024). Association between individual-level socioeconomic factors and intimate partner violence victimisation in women: a systematic review protocol. *BMJ open*, 14(3), e080117. https://doi.org/10.1136/bmjopen-2023-080117
Rintoul A, Livingstone C, Mellor A, Jolley D. (2013) Modelling vulnerability to gambling related harm: how disadvantage predicts gambling losses. Addiction Research and Theory. ;21(4):329–38. http://dx.doi.org/10.3109/16066359.2012.727507
Roberts, A., Coid, J., King, R., Murphy, R., Turner, J., Bowden-Jones, H., ... & Landon, J. (2017). Gambling and violence in a nationally representative sample of UK men. *Addiction*, 111(12), 2196-2207.
Roberts, A., Landon, J., Sharman, S., Hakes, J., Suomi, A., & Cowlishaw, S. (2018). Gambling and physical intimate partner violence: Results from the national epidemiologic survey on alcohol and related conditions (NESARC). *The American Journal on Addiction*s, 27(1), 7-14.
Roberts, A., Sharman, S., Landon, J., Cowlishaw, S., Murphy, R., Meleck, S., & Bowden-Jones, H. (2020). Intimate partner violence in treatment seeking problem gamblers. *Journal of Family Violence*, 35, 65-72.
Roberts, K., Dowell, A., & Nie, J. B. (2019). Attempting rigour and replicability in thematic analysis of qualitative research data; a case study of codebook development. *BMC medical research methodology*, 19(1), 66. https://doi.org/10.1186/s12874-019-0707-y
Roberts, K. J., Smith, N., Bowden-Jones, H., & Cheeta, S. (2016). Gambling disorder and suicidality within the UK: an analysis investigating mental health and gambling severity as risk factors to suicidality. *International Gambling Studies*, 17(1), 51-64.
Robitaille E, Herjean P. (2008). An analysis of the accessibility of video lottery terminals: the case of Montréal. International Journal of Health Geographies.;7:2. https://doi.org/10.1186/1476-072X-7-2
Rockloff, M., Browne, M., Hing, N., Thorne, H., Russell, A., Greer, N., Tran, K., Brook, K., & Sproston, K. (2020). *Victorian population gambling and health study 2018–2019.*

Victorian Responsible Gambling Foundation. https://responsiblegambling.vic.gov.au/resources/publications/victorian-population-gambling-and-health-study-20182019-759/

Rockloff, M. J., Donaldson, P., & Browne, M. (2015). Jackpot expiry: An experimental investigation of a new EGM player-protection feature. *Journal of Gambling Studies*, 31, 1505-1514.

Rue, H., Martino, S., & Chopin, N. (2009). Approximate Bayesian inference for latent Gaussian models by using integrated nested Laplace approximations. *Journal of the Royal Statistical Society: Series B (Statistical Methodology)*. 71(2): 319-392. https://doi.org/10.1111/j.1467-9868.2008.00700.x

Saunders, P., & Doyle, K. (2021). Gambling interventions in Indigenous communities, from theory to practice: A rapid qualitative review of the literature. *Journal of Gambling Studies*, 37(3), 947-982.

Schüll, N. D. (2012). *Addiction by design: Machine gambling in Las Vegas.* Princeton: Princeton University Press.

Segrave, M. T. (2017). *Temporary migration and family violence: An analysis of victimisation, vulnerability and support.* Monash University. https://www.monash.edu/__data/assets/pdf_file/0003/1532307/temporary-migration-and-family-violence-an-analysis-of-victimisation-vulnerability-and-support.pdf

Sobrun-Maharaj, A., Rossen, F., & Shiu Kei Wong, A. (2012) *The Impact of Gambling and Problem Gambling on Asian Families and Communities in New Zealand.* New Zealand Ministry of Health https://www.fmhs.auckland.ac.nz/assets/fmhs/soph/sch/cahre/docs/Final%20IGAF%20report%202012.pdf

Stevens, M., Gupta, H., & Flack, M. (2019). *The Northern Territory gambling and wellbeing survey report, 2018.* Menzies School of Health Research, Charles Darwin University. https://industry.nt.gov.au/publications/business/publications/gambling-research/2018-nt-gambling-prevalence-and-wellbeing-survey

Stith, S. M., Smith, D. B., Penn, C. E., Ward, D. B., & Tritt, D. (2004). Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and Violent Behavior, 10*(1), 65–98. https://doi.org/10.1016/j.avb.2003.09.001

Suomi, A., Bailey, M., Lucas, N., Dowling, N., & Delfabbro, P. (2023). "It's like you're not even there…": Gambling harm experienced by children of gambling parents. *Children and Youth Services Review*, 145, 106800.

Suomi, A., Bolton, A., & Pasalich, D. (2023). The prevalence of post-traumatic stress disorder in birth parents in child protection services: systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 24(2), 1032-1046.

Suomi, A., Dowling, N. A., Thomas, S., Abbott, M., Bellringer, M., Battersby, M., ... & Jackson, A. C. (2019). Patterns of family and intimate partner violence in problem gamblers. *Journal of Gambling Studies*, 35, 465-484.

Suomi, A., Jackson, A. C., Dowling, N. A., Lavis, T., Patford, J., Thomas, S. A., ... & Cockman, S. (2013). Problem gambling and family violence: family member reports of prevalence, family impacts and family coping. *Asian Journal of Gambling Issues and Public Health*, 3, 1-15.

Suomi, A., Kim, J., Biddle, N., Dowling, N.A., Hahn, M., et al, (2024). *Victorian population gambling and health study 2023,* Victorian Responsible Gambling Foundation, Melbourne.

Suomi, A., Kim, J., Hahn, M. H., & Biddle, N. (2024). Gambling participation and risk after COVID-19: Analysis of a population representative longitudinal panel of Australians. *Addiction*. 119(8): 1430–1439. https://doi.org/10.1111/add.16523

Suomi, A., Lucas, N., Dowling, N., Delfabbro, P. (2021*) Gambling harm experienced by children of parents who gamble*, Victorian Responsible Gambling Foundation, Melbourne.

Suomi, A., Lucas, N., Dowling, N., & Delfabbro, P. (2022). Parental problem gambling and child wellbeing: Systematic review and synthesis of evidence. *Addictive behaviors*, 126, 107205.
Suomi, A., Lucas, N., Dowling, N., & Delfabbro, P. (2024). Gambling harm experienced by children exposed to parental gambling: An online survey of Australians*. Journal of gambling studies,* 40(1), 181-200.
Suomi, A., O'Dwyer, C., Sbisa, A., Metcalf, O., Couineau, A. L., O'Donnell, M., & Cowlishaw, S. (2023). Recognition and responses to intimate partner violence (IPV) in gambler's help services: A qualitative study*. Australian Journal of Social Issues*, 58(4), 874-890.
Suomi, A., Watson, N., & Butterworth, P. (2022). How many children are exposed to at-risk parental gambling in Australia? Results from a representative national sample. *Addictive behaviors*, 130, 107305.
Taylor, S., Stallings, A., Greenstein, S., Ochoa, A., Said, A., Salinas, N., ... & Phan, M. (2024). Serving IPV survivors in culturally diverse communities: perspectives from current service providers. *Violence against women*, *30*(8), 1866-1882.
van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* Viking.
Vasiliadis, S., Jackson, A. C., Christensen, D., & Francis, K. (2013). Physical accessibility of gaming opportunity and its relationship to gaming involvement and problem gambling: A systematic review. *Journal of Gambling Issues*, 28
Vitaro, F., Wanner, B., Brendgen, M., & Tremblay, R. E. (2008). Offspring of parents with gambling problems: Adjustment problems and explanatory mechanisms. *Journal of gambling studies*, 24, 535-553.
Wardle, H., Keily, R., Astbury, G., & Reith, G (2014). 'Risky places?' Mapping gambling machine density and socio-economic deprivation. *Journal of Gambling Studies*. 30, 201–12
Weaver TL, Gilbert L, El-Bassel N, Resnick HS, Noursi S. (2015). Identifying and intervening with substance-using women exposed to intimate partner violence: phenomenology, comorbidities, and integrated approaches within primary care and other agency settings. *Journal of Women's Health.* 24, 51–56
Wheeler, S., Round, D., & Wilson, J. (2010*). The relationship between crime and gaming expenditure in Victoria*. Melbourne: Department of Justice, Victoria.
Wheeler, S. A., Round, D. K., Sarre, R., & O'Neil, M. (2008). The influence of gaming expenditure on crime rates in South Australia: A local area empirical investigation. *Journal of Gambling Studies*, 24, 1-12.
Wheeler, B., Rigby, J., & Huriwai, T (2006). Pokies and poverty: problem gambling risk factor geography in New Zealand. *Health Place,* 12(1):86–96
Whitaker, M. P. (2014). Linking community protective factors to intimate partner violence perpetration*. Violence against Women*, 20(11), 1338–1359. https://doi.org/10.1177/1077801214552854
Whiteside, M., Heyeres, M., Maltzahn, K., Griffin, T., & MacLean, S. (2020). Intervening in Indigenous gambling: a systematic review of the literature. *SAGE Open*, 10(3), https://doi.org/10.1177/2158244020947441 (Original work published 2020)
World Health Organisation. (2016) *Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.* Geneva, Switzerland. https://www.who.int/publications/i/item/9789241511537
Xouridas, S., Jasny, J., & Becker, T (2016). An ecological approach to electronic gambling machines and socioeconomic deprivation in Germany. *Journal of Gambling Issues*, 33.
Young, M., Markham, F., & Doran, B. (2012). Too close to home? The relationships between residential distance to venue and gambling outcomes*. International Gambling Studies*, 12(2), 257-273.

Appendices

Appendix 1: Interview schedule for FDV service providers

Part 1: Introduction

- Type of service provision (e.g., family and domestic violence victims/perpetrators, gambling counsellor, therapeutic counsellor, any supervisory/managerial roles)
- Length of time providing services on behalf of the service.
- Caseload composition – e.g., individuals, couples, families, groups
- Length of time you generally see clients for and how frequently
- What would a typical client look like at your services?

Potential prompts

- Context: individual, family, child, or couples counselling?
- How comfortable do you feel asking a client about their experiences of gambling harm, either in relation to their own or someone else's gambling? What supports/training have you accessed or been provided to support asking about gambling harm?
- Do you know how your organisation is set up to address disclosures of gambling harm?
- What do you think is your role in identifying gambling harm? What do you think is the organisation's role in identifying gambling harm?
- What do you see as the limits of your role when dealing with gambling harm – when do you feel you need to refer either internally or to other agencies? Consider factors that might influence your decision – e.g. level of risk, involvement of children, clients who are both victims and perpetrators.

Part 2: Gambling harm in clientele

I'm going to ask you now to think of a typical client with experience of gambling harm. The focus here will be on your experience of identifying and responding to gambling harm in general, not on the personal details of the clients. I will ask that you not disclose any details that might compromise your client's confidentiality or reveal their identity.

Could you tell about a typical case where you identified or worked with a client who experienced gambling harm in FDV clients?

- Is the gambling harm related to someone else's gambling (affected others) or own gambling behaviours? What does that look like in your clients (what kind of gambling, how long for, the severity of harm)?
- How did you come to suspect or confirm the client's experience of gambling harm? Do you think their experience of FDV was related to gambling?
- Was there anything that made it easier or harder to talk about the client's gambling harm experience?
- What did you do after you began to suspect or confirm the client's experience of gambling harm?
- Is there anything you think you could or should have done differently with this client?

- If there has been a case where you suspected a client experienced gambling harm and you didn't ask about it, could you say what you think held you back from asking?

Can you tell me about your understanding of the context or factors underlying the co-occurrence of FDV and gambling harm?

Tell me about the potential role of:

- Financial issues, financial abuse, secretive finance-related behaviour, etc.
- Anger
- Substance abuse
- Post-traumatic stress disorder symptoms
- Relationship conflict
- Power and control dynamics
- Gender

Part 3: General questions to all participants regardless of the service context

- **Mechanics between FDV and gambling harm**

I'd now like to discuss in more depth your understanding of how gambling harm and FDV may be related in help seeking clients. I'd like to focus on the likely causes and contributing factors to the use of violence, victimisation and problematic gambling, thinking broadly and beyond the support service clients you've worked with.

What do you think are the main underlying causes and contributing factors to FDV/Gambling harm?

Follow-up prompts:

Tell me about the potential role of

- Relational dynamics [e.g. problem-solving skills]
- Communication issues
- Mental health problems
- Sociocultural issues
- Financial concerns and/or disputes
- Impacts of addictive behaviour and associated behaviours such as secrecy, lying, or attempts to control behaviour

Do you think the underlying causes and contributing factors to FDV differ among individuals accessing gambling support/FDV services as compared with individuals accessing support for other issues? Can you tell me about this?

Follow-up prompts:

Tell me about the potential role of

- Relational dynamics [e.g. problem-solving skills]
- Communication issues
- Mental health problems
- Sociocultural issues
- Financial concerns and/or disputes
- Economic abuse

- Impacts of addictive behaviour and associated behaviours such as secrecy, lying, or
- attempts to control behaviour

➢ **Support in identifying and responding to co-occurring FDV and gambling harm**

We've now come to the final part of the interview, and I'd like to touch on your views of what would be helpful when working with clients who experience co-occurring gambling harm and FDV?

Looking at the range of support services you know of in NSW

- Where do you see opportunities for responding to co-occurring gambling harm and FDV?
- Are there gaps in the service system that make it harder to respond to the co-occurring issues?
- Are there organisations and services that are critical to addressing the co-occurring issues that your organisation should work/already works with? How come?

In terms of the support you receive from your own organisation, and your professional networks, what do you think would help you to better identify and support clients who experience co-occurring FDV and gambling harm?
Organisationally, what do you think would help better identify and support clients who experience co-occurring FDV and gambling harm?

Follow-up prompts:

- Consider support service environment and processes (e.g. waiting room set up, way appointments are made, intake and assessment, information provided to clients)
- Consider the supervision you receive and/or other supervision you engage in (e.g. the extent to which you have the opportunity or feel comfortable discussing about the co-occurring FDV and gambling harm you in supervision).
- Consider your professional development needs at the organisation where you work guidance [e.g. supervision; secondary consults; training; informative written material; policies & procedures]
- Consider leadership and colleagues within your organisation. What would help facilitate work with clients experiencing the co-occurring issues? (e.g. messages from organisational leadership, how implementation and change in practice get supported by the gambling support service teams/leaders)?
- Consider colleagues and networks outside your organisation. What would help facilitate your work with victims and perpetrators of FDV who also experience gambling harm? (e.g. messages from networks and organisations you are involved with, how implementation and change in practice get supported by networks and organisations you are involved with)?

This concludes our interview. Thank you for taking the time to share with me today. Before we wrap up, is there anything else relating to the topic that has not been raised yet that you think would be helpful to share? Thank you for your time.

Appendix 2: Interview schedule for gambling support service providers

Part 1: Introduction: – see FDV interview schedule above
Part 2: FDV

- **Victimisation**

Could you tell me about your experiences in responding to victims of FDV? How common is it? Could you say what percentage?
Potential prompts:

- Context: individual, family, or couples counselling?
- How comfortable do you feel asking a client about their experiences of FDV? What supports have you accessed or been provided to support asking about FDV?
- Do you know how your organisation is set up to address disclosures of FDV?
- What do you think is your role in identifying FDV? What do you think is the organisation's role in identifying FDV?
- What do you see as the limits of your role when dealing with victims of FDV – when do you feel you need to refer either internally or to other agencies? Consider factors that might influence your decision – e.g. level of risk, involvement of children, clients who are both victims and perpetrators.

I'm going to ask you now to think of a typical gambling support service client who is a victim of FDV. The focus here will be on your experience of identifying and responding to FDV in general, not on the personal details of the clients. I will ask that you not disclose any details that might compromise your client's confidentiality or reveal their identity.

Could you tell about a typical case where you identified or worked with a client who experienced gambling harm and FDV?

- How did you come to suspect or confirm the client's experience of FDV? Do you think their experience of FDV was related to gambling?
- Was there anything that made it easier or harder to talk about the client's FDV experience?
- What did you do after you began to suspect or confirm the client's experience of FDV?
- Is there anything you think you could or should have done differently with this client?
- If there has been a case where you suspected a client was a victim of FDV and you didn't ask about it, could you say what you think held you back from asking?

- **Perpetration**

Could you tell me about your view of what role gambling support services have in responding to clients who use violence in their relationships?

Potential prompts:

- Context: individual, family, financial, or couples counselling?
- How common do you think it is that your gambling support clients use violence in their relationships?
- How comfortable do you feel asking a client about their use of violence in their relationships? What supports have you accessed or been provided that support inquiry about clients use of violence?
- Do you know how your organisation set up to address clients disclosures of use violence in their relationships?
- What do you think is your role in identifying a client who uses violence in their family relationships? What do you think is the organisations role in identifying a client who uses violence in their relationships
- What do you see as the limits of your role when dealing with clients who use violence in their relationships – when do you feel you need to refer either internally or to other agencies? Consider factors that might influence your decision – e.g., level of risk, involvement of children, clients who are both victims and perpetrators.

I'm now going to ask you to think of a typical gambling support service client who used violence in their relationship. The focus here will be on your general experience of identifying and responding to FDV. I will ask, however, that you not disclose any details that might compromise your client's confidentiality or reveal their identity.

Could you tell me about a recent case where you identified or worked with a client who was using violence in their relationship? Alternatively, you might describe a case where you had reason to suspect the client used violence in their relationship, even if you couldn't confirm this.

Follow-up prompts:

- How did you come to suspect or confirm the client's use of violence in their relationship? In what way was the use of violence related to presenting issues including gambling?
- What did you do after you began to suspect or confirmed the client's use of violence in their relationship? If you couldn't confirm perpetration, what got in the way of learning this (e.g. client dropped out; didn't ask because X, Y and Z)
- Was there anything that made it easier or harder to talk about the client's use of violence? [e.g. ways of eliciting disclosure; handling limits to confidentiality in context of informed consent; balancing practical needs with therapy]

If there has been a case where you suspected a client was using violence in their relationship/s and you didn't ask about it, could you say what you think held you back from asking?

Can you tell me about your understanding of the context or factors underlying the client's use of violence in this relationship?

Follow-up prompts:

Tell me about the potential role of:

- Gambling-related issues (such as financial issues, secretive finance-related behaviour, etc.)
- Anger
- Substance abuse
- Post-traumatic stress disorder symptoms
- Relationship conflict
- Power and control dynamics
- Gender

Part 3: Questions to all service providers – see Part 3 of FDV interview schedule above

Appendix 3: Interview schedule for 'other' service providers

Part 1: Introduction: – see FDV interview schedule above

Part 2: FDV and Gambling harm in clientele

Could you tell me about your experience with clients who may present experiencing FDV and harmful gambling? How common is it? Could you say what percentage?

Potential prompts:

- Context: individual, family, or couples counselling?
- How comfortable do you feel asking a client about their experiences of FDV and gambling harm? What supports have you accessed or been provided to support asking?
- Do you know how your organisation is set up to address disclosures of FDV and gambling harm?
- What do you think is your role in identifying FDV and gambling harm? What do you think is the organisation's role in identifying FDV and gambling harm?
- What do you see as the limits of your role when dealing with clients who experience FDV and gambling harm – when do you feel you need to refer either internally or to other agencies? Consider factors that might influence your decision – e.g. level of risk, involvement of children, clients who are both victims and perpetrators

I'm going to ask you now to think of a typical client who is experiencing FDV and gambling harm / behaviours. The focus here will be on your experience of identifying and responding in general, not on the personal details of the clients. I will ask that you not disclose any details that might compromise your client's confidentiality or reveal their identity.

Could you tell about a typical case where you identified or worked with a client who experienced gambling harm and FDV?

- How did you come to suspect or confirm the client's? Do you think their experience of FDV was related to gambling / or gambling related to FDV?
- Was there anything that made it easier or harder to talk about the client's experience?

- What did you do after you began to suspect or confirm the client's experience?
- Is there anything you think you could or should have done differently with this client?
- If there has been a case where you suspected a client was experiencing FDV and gambling harm and you didn't ask about it, could you say what you think held you back from asking?