

# **Gambling The Home Away**

**A study of the impact of gambling  
on homelessness**

**Emma Antonetti and Michael Horn**



**Hanover Welfare Services**

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# **Homelessness is not simply a welfare issue, but is equally an issue of health, employment and training, housing and urban development**

## **About Hanover**

Hanover Welfare Services is a leading agency in Melbourne in the provision of services to people who are experiencing homelessness. It offers a wide variety of accommodation and support services to families, women, men and young people who are homeless in Melbourne.

The agency is totally independent. It has no structural links with governments, institutions or religious bodies. Hanover is incorporated as a non-profit Company, managed by a Board of Directors.

Hanover's mission is to empower homeless people to enable them to take greater control over their lives and to stimulate and encourage change in Australian society to benefit them.

It achieves this by delivering services, conducting research and through advocacy.

Everyday Hanover's services assist about 450 people through the provision of meals, accommodation, financial and material aid, counselling, budgeting, medical assistance, work skills training, employment placement and recreational opportunities.

## Acknowledgments

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\* *BreakEven problem gambling counselling services were subsequently renamed Gamblers Help by the Victorian Government in late 2000.*

# Contents

<b>Executive Summary</b>	<b>1</b>
<b>1. Background</b>	<b>5</b>
<b>2. Literature Review</b>	<b>6</b>
2.1 Gambling in Australia	6
2.2 Trends in gambling expenditure	7
2.3 Problem gambling	7
2.4 Prevalence and characteristics of problem gambling	9
2.5 Negative impact of problem gambling	10
2.6 Conclusion	14
<b>3. Method</b>	<b>15</b>
3.1 Prevalence rate	15
3.2 Pathways to housing crisis and homelessness	15
3.3 Methodological Issues	17
<b>4. Results</b>	<b>19</b>
4.1 Prevalence rate	19
4.2 Pathways	21
4.3 Conclusions	28
<b>5. Discussion</b>	<b>31</b>
5.1 Prevalence of housing crisis amongst problem gamblers	31
5.2 Pathways	32
5.3 Social impact of problem gambling	33
<b>6. Policy Implications</b>	<b>36</b>
6.1 Public education	36
6.2 Problem gambling services	36
6.3 Gaming venues	37
6.4 Homeless services	37
6.5 Other services used by problem gamblers	37
6.6 Further research	38

## Appendices:

1. BreakEven Survey
2. Interview Schedule

## Bibliography

## Executive Summary

### Background

Most people enjoy gambling occasionally, but for about two percent of the population, gambling becomes difficult to control, leading to serious adverse effects on their health and well being. Problem gambling is a harmful condition that not only affects individual players, but also their families and the broader community. Overseas and Australian research has examined in great depth the negative impact of problem or pathological gambling, including financial, family, health, employment, crime and poverty.

Whilst recent research in Victoria has examined the link between gambling and use of welfare services to meet basic needs, there has been no substantive study that specifically explores the extent to which problem gambling directly contributes to housing crisis or homelessness. *This study has sought to investigate the association between problem gambling and homelessness, and to better understand the pathways from problem gambling to housing crisis.*

A survey of 48 clients at two BreakEven (now renamed Gamblers Help) services in Melbourne for problem gamblers was undertaken between August and October 2000 to obtain a prevalence rate of the association between problem gambling and homelessness. This sample represented 38% of clients seen in the survey periods. This data was compared with recent findings from Hanover research with its service users experiencing homelessness. In-depth interviews with a small sample of 12 clients were subsequently conducted to examine the pathways from gambling to homelessness.

### Findings

*Analysis of Hanover client research shows that the prevalence of problem gambling varies amongst households experiencing homelessness according to their demographic profiles, but is within the range of 5% and 15%. Hanover staff feedback suggests this is a conservative figure. At the point of seeking crisis assistance at homeless services, many are reluctant to disclose their problem gambling for fear that it may affect the assistance offered – most notably financial help for rent arrears.*

*The survey of problem gamblers assisted by two BreakEven services revealed that one-third (31%) of clients reported a housing crisis caused by their gambling. Specifically, respondents experienced eviction, selling the home, leaving home, being unable to live independently, being behind in rent, threatened with eviction and concern over their ability to maintain rent payments. Twelve per cent had experienced actual loss of their housing attributed to gambling.*

Electronic gaming machines were the clearly preferred form of gambling of interviewees. Using an abridged form of the South Oaks Gambling Screen, an internationally recognised tool for assessing problem gambling, all interviewees fell into the category described as pathological gamblers.

In-depth interviews focussed on those in housing crisis at the 'extreme' end of the problem gambling scale. A reluctance of many of those in housing crisis to discuss their gambling in detail was identified. Consistent with other addictions, the willingness to acknowledge or discuss their problem gambling only occurred once addiction had fully developed. The interviews, however, were still able to shed important light on the relationship between gambling and housing crisis.

The case studies suggested that people are particularly prone to becoming addicted to electronic gaming machines at critical stages of vulnerability in their lives, such as the loss of a partner, the loss of employment, the death of a significant other or instances of extreme domestic violence. Loneliness was another factor leading to problem gambling - some gambled away time, not just money.

The common pathway from problem gambling to housing crisis or homelessness, as might be expected, initially involved financial stress. Problem gamblers inevitably were spending beyond their household's budgetary limits. As their financial situation became worse, family and other important relationships broke down. *The loss of pivotal support networks proved to be the most devastating effect of problem gambling.* After the loss of these important relationships, respondent health suffered, including loss of sleep, depression and suicidal behaviour.

Depression and isolation caused respondents to gamble more to escape their pain. Gambling for longer periods with larger amounts of money meant alternative ways of financing their gambling had to be found. People committed fraud, accumulated debts, became bankrupt and used loans to gamble. As more time was spent gambling, some respondents lost their job. *The research suggests that it typically takes from three to six years for problem gamblers to reach the point of housing crisis and homelessness.*

## Conclusions

*The findings of this research lead to the conclusion that housing crisis and homelessness are significant risks for those in our community whose gambling becomes problematic.* Our analysis indicates that at least ten per cent of demand at homeless services is most likely caused by problem gambling. Based on the most recent estimates of homelessness in Victoria, we might reasonably expect that at least 5,100 Victorians annually experience homelessness for this reason. Nationally, the figure is likely to be as high as 20,000 people. This is putting additional strain on already over burdened housing and welfare agencies. It suggests the longer term social impact and costs of excessive gambling are likely to be significantly higher than previously calculated.



## Key Policy Issues

The policy implications resulting from the research findings are in many ways self-evident. The outcome of housing crisis and homelessness is frequently a long term consequence of problem gambling. *It is critically important to further strengthen public education strategies that will prevent the onset of problem gambling.* The Victorian Government is to be applauded for introducing a more comprehensive strategy for responding to problem gambling. Community awareness, especially amongst younger age groups, of problem gambling services such as Gambler's Help need to be substantially improved.

This study has found that it is important the stigma attached to problem gambling is eliminated so as to maximise *early* disclosure within family settings and beyond. It is apparent that a proportion of individuals or households, who seek help from welfare agencies, are not disclosing their problem gambling. Financial help in these circumstances is merely a short term band-aid response. It may act to discourage people from obtaining the most appropriate help, worsening their predicament in the longer term. *Public education strategies need to empower individuals to believe it is OK to talk about gambling more openly.*

Providers of housing and related services to those who are homeless or at risk of homelessness need to develop targeted strategies within the homeless service system to encourage early disclosure by their clients of their problem gambling. These may include communication strategies, staff training and client assessment procedures, which reflect a knowledge of problem gambling.

*The loss of people's support networks is a major contributing factor in the pathway towards homelessness.* Providers of services to problem gamblers need to place greater emphasis on the assessment of support networks to enable, when appropriate, referral to family counselling agencies. Family members, partners and friends needs to be educated about problem gambling, how to deal with it and how to support loved ones through the hard times.

Client assessment procedures within problem gambling services should include questions on client housing circumstances to assess risk of homelessness, rather than relying on a single question on current status. This information could be used to ensure clients gain access through referral to homeless or housing services. The Department of Human Services is urged to review their information strategy for problem gambling services to enable this information to be collected.

*Problem gambling is one of a number of social indicators of increasing levels of isolation within our community.* We need to re-energise local community strategies that stimulate social and recreational activities designed to encourage participation by those living isolated lives. The State Government should play a leading role in developing and trialing new approaches to reduce social isolation.

The findings of this research should be considered indicative due to the small sample and limited resources. Additional research to more fully explore the nature of homelessness experienced by a wider sample of Gambler's Help clients is required. The State Government's Gambling Research Panel should consider funding this work in its research plan for the coming year.

## 1. Background

For most people, gambling is a pleasurable form of entertainment, undertaken occasionally in a social environment. However, for a small section of the population, gambling can become a problem affecting individuals, families and the community at large. Both international and local studies have shown that problem gambling can impact upon people's health, including stress related illnesses and depression. It can cause conflict within families, and result in financial hardship for individuals and their families.

Problem gamblers spend beyond their means, and sacrifice normal household expenditures to finance their gambling, placing pressure on already strained relationships. Households go without food or other necessities in exchange for more gambling time. A serious concern is that those on lower incomes spend greater proportions of their income on gambling, compared to those earning higher wages.

The use of welfare services by problem gamblers has been investigated, yet there has been no detailed research regarding the possible causal links between problem gambling and homelessness.

This research set out to further investigate the impact problem gambling has, or might have, on the level of housing crisis and homelessness. It also sought to enhance our understanding about the association between problem gambling and homelessness in Melbourne. An important element of the study was to gain insights into the *pathways* to housing crisis and homelessness as a result of problem gambling.

The specific research questions to be addressed by the study were:

- 1) What is the extent of the association between gambling and homelessness?
- 2) What are the pathways along which people travel before they find themselves facing a housing crisis and homelessness?
- 3) Are there any additional impacts which problem gambling has on households, especially families, who experience homelessness?

We initially examined previous research regarding problem gambling in order to point to gaps which needed to be addressed. A research methodology was developed to address the above questions. It should be pointed out that this study was undertaken by the researcher as an Executive Internee at Hanover from the Centre of Public Policy, University of Melbourne. The study's scope was necessarily limited by the time available to the researcher and the resources available at Hanover to undertake primary data collection.

## 2. Literature Review

This literature review provides background information about previous research on gambling, and in particular evidence of the social impact of problem gambling. The adverse effects of gambling lead to the hypothesis that a link between gambling and homelessness does exist, despite a gap in the research. We first review evidence about the prevalence of gambling in Australia. Then we review research on the negative effects of problem gambling. This overview will highlight the lack of research on the pathways by which gambling can lead to homelessness.

### 2.1 Gambling in Australia

The gambling industry in Australia has always been fraught with contradictions and controversies. Historically, the conservative and moral views of organisations such as the church pervaded society, constructing gambling as an indecent act, contrary to the working ethic. Despite this belief though, certain gambling activities have become part of our national identity. The Melbourne Cup, for instance, was first run in 1861 and has grown in popularity to become a day when the 'nation stops.' Similarly, the importance of 'two-up' pertains to its close association with our Anzac heroes. Conservative attitudes prevailed until 1953, when a state lottery was approved in Victoria (DHS 2000). The lottery proved to be quite popular; in 1960, Australians were spending 1.5% of their disposable household income on gambling, the highest amount of the developed western countries (Cathcart & Darian-Smith, 1996).

From the 1950s, governments realised the potential to exploit the gambling industry as a revenue source. By 1990-91, Victoria's first casino was established, removing prohibitions on electronic gaming machines. The total number of electronic gaming machines is now limited to the cap of 30,000 in Victoria.

Across Australia, revenue collected from gambling by the State Governments and Territories in the financial year 1997-98, amounted to almost four billion dollars (NSW, 1999). Taxes from the gaming industry now constitute the third largest source of income for the Victorian State government (DHS 2000). The tax revenue collected from gambling in Victoria is about 16% of total tax revenue this financial year (Brumby, 2000). State budget forecasts predicted that by 2004, gambling revenue would rise to \$1.53 billion. However, according to recent analysis, *'Victoria's gambling income is likely to rise by about 6.5% to \$1.6 billion in 2000-2001 and by 9% to \$1.76 billion in 2001-2002.'* (Millar 2001). A small proportion of monies raised through gambling are directed to the Community Support Fund, which go to community development projects, hospitals and counselling services for problem gamblers.

Gambling is big business. In 1997-98, Australian gambling businesses received \$11 billion and a further \$650 million in commissions. Clubs and hotels made a \$1 billion profit in the same year (NSW, 1999). Furthermore, an estimated 36,000 people are employed in gambling businesses around Australia, and another 70,000 or more are employed in clubs and pubs due to the presence of gambling facilities (NSW, 1999). The gambling industry accounts for an estimated 1.5% of the Gross Domestic Product (Productivity Commission, 1999).

Victorians, and Australians in general, enjoy gambling: over 80% of the population gamble and 40% do so regularly (Productivity Commission, 1999). Yet in 1997, the Victorian Casino and Gaming Authority (VCGA) reported that most Victorians believe that gambling is now a serious social problem (Hallebone, 1999). Moreover, 84% of Victorians agreed that gambling related problems have become increasingly worse in the four years since 1995 (VCGA, 2000). Why is it that the community has become so concerned about gambling related problems now?

## 2.2 Trends in Gambling Expenditure

In 1972-73, Victorians were spending just over 1% of their disposable income on gambling. By 1997-98 this had risen to 3.5% (Tasmanian Gaming Commission, 1998). By 1998 it was estimated that we spent more per capita on betting than on food (<http://detnews.com/1998/nation>). The amount of household disposable income spent on gambling in Victoria over the last five years has tripled, an increase of \$1,500 million (Smith, 1998 and Arthur Andersen, 1997). This represents the most marked increase in gambling expenditure in all of the Australian states (Deakin and Melbourne Universities, 1997). Actual gambling expenditure increased overall by over 8%, amounting to \$3, 45 million in 1998-99. This means that for each adult Victorian, an average of \$18.90 was lost per week (VCGA, 2000). Gambling losses constituted 3.5% of household disposable income, twice as much as it was fifteen years ago. Victorians were the second biggest losers, behind NSW. Average gambling losses per adult Victorian rose from \$928 to \$1,051 in 1999-2000 (Darby, 2001).

Most of this loss is attributable to increased use of gaming machines, with \$603 per capita of the total lost on gaming machines in Victoria. Australia has been reported to have 21% of the world's electronic gaming machines (Purple Sage Project, 2000). Thus gambling on electronic gaming machines in Victoria, *'...has risen from nothing to be the largest class of gambling activity in 5 years.'* according to a Market Solution report (Deakin and Melbourne Universities, 1997: 14).

While gambling expenditure is increasing, household savings are consistently decreasing. In 1996, 3.7% of household disposable income was saved, almost equalling the amount spent on gambling (McMillen, 1996). Also cause for concern is that 6% of gambling expenditure comes from basic living expenses, and 3% from a specific gambling budget (VCGA, 2000).

Since the introduction of gaming machines and other gambling activities in 1991, gambling expenditures in Victoria have increased significantly. Concern has thus arisen that some individuals may be gambling to the extent that it causes harm to themselves and those close to them.

## 2.3 Problem Gambling

Gambling is described as *'the wagering of money or something of value on an uncertain event that is dependent wholly on chance or partly on chance and partly on skill. Gaming is the name given to forms of gambling relying solely on chance such as poker machines, roulette, two up, Tattsлото, etc.'* (BreakEven, 2000: 3).

For most of the 80% to 90% of adults who gamble through their lifetime, gambling does not pose a problem (Błaszczynski et al, 1997). Mostly individuals can control their gambling, and simply gamble as a form of entertainment or leisure undertaken in a social context. However, for a small percentage of the population, gambling becomes a problem which is difficult to control.

The following Table provides a typology of gambling.

Table 1: Gambling Continuum

Type of gambler	Characteristics
Social gambler	Use gambling as a form of recreation. While wins are hoped for, punters expect to lose and so control their behaviour (Blaszczynski, et al, 1997)
Moderate problem gambler	Constitutes about 2% of the population. It is associated with gambling more than once a week, losing more than \$50 per week, gambling related debts, motives of winning rather than playing for entertainment, chasing losses, concealment of gambling, and guilt and depression (Dickerson, 1990).
Excessive problem gambler	Relates to about 1% of the Australian population. This behaviour leads to more than just financial problems and includes: relationship conflict and break-downs, accumulated debts, borrowings, loss of productivity at work or school, criminal behaviour and serious health issues such as suicidal thoughts (Blaszczynski, et al 1997).

There are various labels imposed upon those who have trouble controlling their gambling behaviour. 'Pathological' and 'compulsive' gamblers are common terms. Pathological gambling refers to a mental disorder defined by the American Psychiatric Association as '*chronic and irresistible impulses to gamble.*' (Brown & Coventry, 1997: 4). Similarly, compulsive gamblers are those who, engage *in an act that they believe is detrimental but feel unable to stop.*' (Brown & Coventry, 1999: 4) Gamblers Anonymous adopted this definition, regarding such experience as an incurable illness. This ideology propels a biological argument, that as McMillen, Brown and Coventry suggest, focus on the deficiencies of the individual, leading to stigmatising effects (Brown & Coventry, 1997). It also puts people in a category that demands special attention. This may lead to exclusion of other problem gamblers from service provision (Waker, 1998).

The preferred term adopted for this study is 'problem gambling'. This term is widely used in Australia, and is defined here as '*a person who is spending their time and money gambling in such a way that is harmful to them and potentially to those around them.*' (AIGR, 1997: 110) This is the definition used by the Victorian Department of Human Services and Victorian Casino and Gaming Authority.

While 'problem gambling' is not a definition free of implications, we do recognise, as McMillen proposed, that the structural and social context of gambling is just as important as the individual (Brown & Coventry, 1997).

## **2.4 Prevalence and Characteristics of Problem Gambling**

A 1991-92 Australian study found that 1% of the population were problem gamblers, meaning approximately 34,000 people in Victoria have problems with gambling (AIGR 1997). Further, it was estimated that this 1% is responsible for nearly 25% of all gambling losses (Deakin and Melbourne Universities 1997). They lose about \$12,000 each year, whereas other gamblers lose under \$650 (Productivity Commission 1999). Two other reports found that a little over 1% of the Australian population were likely to be problem gamblers (Dickerson et al, 1996 and Deakin and Melbourne Universities 1996). The Australian Institute for Gambling Research (1997) concluded that prevalence rates of problem gambling in Australian states ranged from 1% to 3%. In its current communications campaign, the Victorian Government states that 2% or 101,700 Victorians are problem gamblers (DHS 2001).

While US studies have shown that younger, single males were more likely to have problems with gambling, studies in Victoria reveal that relatively equal numbers of men and women have problems with gambling. Male problem gamblers commence gambling at an early age for the thrill of winning, and practice a variety of gambling activities, such as gaming and betting on the races. In contrast women begin gambling later in life, use predominantly EGM's and gamble to escape boredom and depression (Brown & Coventry 1997).

Many welfare organisations believe that there is a hidden group of problem gamblers from ethnic backgrounds. A study into the effects of gambling within ethnic communities did find that particular groups are at higher risk of becoming problem gamblers, but this was attributed to a lack of gambling counselling services for non-English speakers and a fear of shaming their families (<http://www.smh.co.../news/0004/17/nation>). Moreover, some ethnic communities are quite vulnerable as a result of settlement difficulties; this is especially true of refugees. Tran (1999) thus found problem gambling in Vietnamese communities to be more damaging due to their already strained circumstances. Blaszczyński (1997) suggests however that the high visibility of people from non-Anglo backgrounds may lead to an exaggeration of the problem. Rates of participation are actually lower in CALD groups compared to the Victorian community, and the time spent gambling is lower ([www.gambling.vcga.vic.gov.au](http://www.gambling.vcga.vic.gov.au)). This sentiment is strengthened by BreakEven data, which shows that 23% of clients come from ethnic backgrounds (born overseas). This is consistent with ABS population data that 27% of Victorians were born overseas (DHS 2000).

Surveys have shown that indigenous populations are 15 times more likely to suffer from problem gambling. Similar findings were discovered among indigenous American Indians and Maori and Pacific Islander groups (Blaszczyński et al 1997). Problem gambling causes more acute difficulties in these populations because they also suffer from high unemployment and low incomes (VCGA 1997).

Under-age gambling in Australia is also an emerging problem, with 50% of 15-17 year olds gambling once a month or more, with 14% acknowledging excessive gambling (AIGR 1997). Further, a staggering 82% of 13 year olds have been exposed to gambling - 62% by the age of 10 (Passey 1997). In a 2000 survey, 41% of 14 year olds were reported to have gambled in the previous year, with 50% believing it is a way to make money (Webber 2000). In the UK and USA, over 80% of adolescents gambled (Jackson 1999).

Internet gambling has been a major factor in under-age gambling, and community concerns are increasing due to imminent moves to create virtual home gaming industries (Johnston 2000). Concern has also been raised about the Victorian government's plan to institutionalize football betting, as 37% under the age 15 and 43% of 20-29 year olds already punt on football (Malakunas 2000).

## 2.5 Negative Impact of Problem Gambling

### 1) Financial

Bankruptcies attributed to gambling are growing at twice the rate of those from other causes, and there are many reports to support this trend (<http://detnews.com/1998/nation/>). Dickerson found that 73% of the Australian population spend more than they could afford on gambling regularly, and 32% borrow money and do not pay it back because of their gambling (Dickerson et al 1996). The Department of Human Services Financial Counselling Program has stated that clients with gambling problems have increased from 0.5% of cases in 1992-93 to 3% in 1995-96 (Arthur Andersen 1997). Analysis of new clients attending BreakEven services in Victoria 1995-96 showed that nearly 60% of problem gamblers relied on others to provide money to relieve desperate financial pressures (AIGR 1997). The Australian Vietnamese Women's Welfare Association reported that of the 30 focus group participants, 13 had financial difficulties or debts (<http://bilbo.indcom.gov.au/inquiry/gambling>). Since 1994, Financial Care Programs at Care and Kildonan have experienced a significant and consistent increase in the proportion of clients who cite gambling as a contributing factor (<http://bilbo.indcom.gov.au/inquiry/gambling>). The Roman Catholic Archbishop of Melbourne has said that *'there are hundreds of families that have been counselled by the Catholic welfare services who have lost between \$100, 000 and \$1 million to gambling'* (Hallebone 1999: 13)

Studies also show gambling is becoming more popular for people that can least afford to do so. A US study has found that individuals with lower incomes spent approximately 7% of their income on gambling, compared to those on higher incomes who spent 2-3% (<http://www.ccsa.ca/gmbiv.htm>). In Victoria (1993-94), gambling constituted 10-11% of recreational expenditures for those on low incomes.. At the same time, those on higher incomes were spending less on gambling (Smith 1998). Of the clients seeking treatment at two of the Melbourne BreakEven services, 65% were employed and 43% of those had an annual income less than \$20, 000 (Wootton 1996). Further, 37% of new clients presenting to BreakEven in 1998-99 were on a benefit or pension (DHS 2000). This suggests that those on lower incomes tend to gamble to the point that it causes harm to themselves or others.

The 'Impact of EGM's on Inner City Municipalities' Study cited examples of individuals spending redundancy payments on electronic gaming machines, psychiatric patients spending their entire pensions on gaming machines, and intellectually disabled people using gaming machines and finding it difficult to manage their money (Arthur Andersen 1997). The already disadvantaged may thus experience further problems from excessive gambling.

Darebin City Council, in its submission to the Productivity Commission Inquiry into Gambling Industries, stated that *'whilst people of all backgrounds and circumstances can and do become involved in problem gambling, residents already struggling with personal or financial pressures are often the most vulnerable to gamble beyond their limited means.'* (<http://bilbo.indcom.gov.au/inquiry/gambling/>).

The Victorian Casino and Gaming Authority concludes in its 1996/97 Research Program that *'socially disadvantaged individuals have been more negatively affected than other groups'* (ACT Select Committee on Gambling 1999: 16).

Compounding the problem is the fact that more machines are located in lower socio-economic areas. For example, Footscray has an unemployment rate of 20% yet has 116 machines for every 10,000 people. In Burwood, unemployment stands at around 5%, yet only 16 machines for every 10,000 people exist (Purple Sage Project 2000). Genevieve Sinclair, from the Victorian University of Technology, has completed research which ranked the inner northern and north-western cities of Darebin and Moonee Valley in the State's ten hardest hit municipalities by pokie machines.

*We can see that there are more machines in poor areas and the bottom line fact is that where there are more machines, people are spending more money [on gambling]* (reported in Svendsen 2000: 9). The Productivity Commission could not deny that *'gaming machines are more densely located in lower income areas...'* (Productivity Commission 1999: 30).

Problem gambling can cause disastrous financial strain, more so for those who are just managing to survive. This suggests that extreme poverty as a result of uncontrolled gambling is possible. Demand on welfare and housing services may also be affected by problem gambling.

## 2) Family and important relationships

Problem gambling can also effect the gambler's friends and family. It has been estimated that for every problem gambler, another ten to fifteen people are affected (<http://www.ozemail.com.au/cnlob/gambling/family.html>). The VCGA (Summary of Findings 1996-97) found the major impact to be disruptions to family unity, family breakdown and reduced living standards. Conflict within the family was attributed to gambling due to loss of money leading to financial ruin, welfare dependence, stealing, lying, violence and failing mental and physical health (Arthur Andersen 1997). The 1991 national study into gambling, conducted by Dickerson and others, showed that 86% experienced problems with family or friends due to their gambling problem, and gambling caused the break-up of an important relationship in 45% of the cases (Dickerson et al 1996). Similarly, an estimated 53% of clients attending Victorian BreakEven services in 1995-96 either jeopardized or lost significant relationships (AIGR 1997). According to the State Government, the proportion of problem gamblers who are divorced or separated is twice the Victorian average (DHS 2001).

An Alberta study found spouses of pathological gamblers were more likely to suffer nervous breakdowns or engage in substance abuse, and were three times more likely to attempt suicide (<http://www.ccsa.ca/gmbiv>). Another study found that pathological gamblers caused their spouses to act violently, with 82% of the wives of pathological gamblers stating they were so angry with their husbands that they wanted to 'kill, hurt, or incapacitate' them (<http://www.ccsa.ca/gmbiv>). In contrast, Tran's study found that around every second or third case of family violence in the Vietnamese community was gambling related, and all those who suffer are women (Tran 1999). Often women leave home or live in fear of losing their home due to unpaid debts.

The report on the 'Impact of EGM's on Small Rural Communities,' also found that problem gamblers negatively affected their children. Children being left in cars in car parks, not receiving proper attention and being taught poor values were all reported (Arthur Andersen 1997). Overseas studies also show that children from families suffering from problem gambling are twice as likely to attempt suicide, have lower school grades and higher rates of substance abuse. These children are also more likely to have gambling problems later in life (<http://www.ccsa.ca/gmbiv>).

## 3) Work and employment

Problem gambling can also affect work performance. Incessant worries from gambling, gambling during work hours, absenteeism, poor concentration and attention due to gambling stress, theft from the work place, and substance abuse all combine to reduce work productivity. This can lead to termination of employment or leaving voluntarily to avoid possible prosecution. Loss of wages further adds to financial problems, reduces self esteem and places strain on already troubled relationships (Blaszczynski et al 1997).



A Quebec study estimated that pathological gamblers cost their employers five hours a month in late time. It was also found that pathological gamblers steal money from their employers, 14% skip entire days from work in order to gamble and 36% lose their jobs because of gambling related problems (<http://www.ccsa.ca/gmbiv>).

Dickerson and others (1996) also found that 32% of problem gamblers moved or changed jobs because of their gambling, and 23% had been fired from a job because of gambling. Clients seeking assistance at BreakEven also reported work and employment problems in 22% of the cases (DHS 2000).

Unemployment, and subsequently reduced income, is a major cause of poverty and homelessness, and so problem gambling may indeed be a causal factor in housing crisis and homelessness.

#### 4) Crime

When heavy gamblers have used all available resources, some turn to crime to finance their gambling activities. American surveys suggest that an estimated 30% of prisoners are probably pathological gamblers (Victorian Council for Problem Gambling 1996). In Dickerson's 1991 national study, 18% of the sample had appeared in court on charges related to gambling and 27% had been in prison because of gambling related crimes (Dickerson et al 1996). Analysis of clients of problem gambling counselling services in 1995-6 found that 25% reported they committed a crime to finance their gambling, increasing to 30% in 1996-7 (Arthur Andersen 1997). However gambling issues often remain undisclosed to the court. Jelena Popovic, Deputy Chief Magistrate has stated '*...defendants were ashamed to disclose their gambling to the court*' and, as a result, '*magistrates rarely refer defendants to programs as gambling has not been indicated through the pleas.*' (Salvation Army 1998: 15)

#### 5) Health

Problem gamblers are at greater risk of ill health. Three quarters of problem gamblers commencing treatment are suffering severe depression, with up to 22% reporting at least one suicide attempt (Blaszczynski et al 1997). Based on the State Coroner's Office records, a total of 36 gambling related deaths were identified between 1992 and 1996 (Deakin and Melbourne Universities 1997). Nearly half of Gamblers Anonymous members in the United States had considered suicide, and 13% had attempted it (<http://www.ccsa.ca/gmbiv>). Similarly, a Quebec study of college students found that 27% of pathological gamblers had attempted suicide, compared to 7% of college students with no gambling problem (<http://www.ccsa.ca/gmbiv>). Thus, in relation to other addictive disorders, the rate of attempted suicide is highest among problem gamblers (<http://www.ccsa.ca/gmbiv>).

Some gamblers report alcohol and/or substance abuse (Blaszczynski et. al 1997). Poker machine players are reported to drink and smoke twice as much as those who do not play (Papp 2000). Other health implications include attention deficit disorders, hyperactivity, mood swings, agoraphobia, obsessive-compulsive disorders, and other stress related illnesses including heart disease, insomnia and migraines (<http://www.ccsa.ca/gmbiv>).

Serious health issues may lead to problems such as being unable to continue working, or support oneself independently. Many find that they need outside help for health and related problems, adding to the demand for social services.

## 6) Use of Welfare Services

Various government and community agencies have experienced greater stress, due to an increase in demand from clients with gambling related problems. Studying the effects of EGM's on non-metropolitan communities, the VCGA found that non-government community organisations reported increased workload due to problem gamblers. The Salvation Army believed their services experienced a 20% increase in the number of people seeking help for gambling addiction in 1999-2000 ([http://news.bbc.co.uk/1/hi/english/business/you\\_money/1](http://news.bbc.co.uk/1/hi/english/business/you_money/1)).

Emergency relief figures from the Uniting Church at Footscray/Yarraville experienced a five fold increase from 2,592 cases in 1990 to 12,928 cases in 1995. Similarly, the Prahran Mission witnessed an increase from 1,565 cases in 1990 to 5,129 cases in 1994 (<http://bilbo.indcom.gov.au/inquiry/gambling/>). These alarming increases in the number of people seeking help were attributed to problem gambling.

VCOSS has also stated that the number of gamblers seeking help from Victorian Charities had more than doubled in the four months leading up to September 1996 (<http://bilbo.indcom.gov.au/inquiry/gambling/>).

The VCGA, 'Summary of Findings 1996-97,' also reported that gambling had led to an increase in the use of welfare and community services: *'we have concluded that there has been a net adverse social impact from increased gaming of indeterminate magnitude and extent'* (Arthur Andersen 1997: 33)

## 7) Homelessness or housing crisis

Finally, we review the rather small amount of previous research linking gambling with homelessness.

Considering the impact of problem gambling on people's lives as shown above, we may reasonably expect that excessive gambling would lead to housing crisis or homelessness.

The VCGA report, 'Social and Economic Effects of EGM's on Non-Metropolitan Communities,' provided one piece of anecdotal evidence that gambling contributed to an individual's housing crisis: *'Kevin has only recently admitted he has a gambling problem. He has been evicted from his accommodation and is presently living in a men's hostel.'* (Deakin and Melbourne Universities 1997: 328)

Lifeline and ACTCOSS presented evidence of the social effects of gambling in the ACT, which included losing the family home, but no official numbers were given (ACT Select Committee on Gambling 1999). Similarly, community representatives provided anecdotal evidence of people selling their homes to pay gambling debts in another report 'Definition and Incidence of Problem Gambling' (AIGR 1997).

The Productivity Commission report into gambling industries also cited some case studies, one of which told this story: *'My gambling has caused me to appear before the courts on no less than four occasions. I have been homeless many times and my life has become unmanageable...'* (Productivity Commission 1999: 27).

Brown and Coventry's study (1997) into women's experiences with problem gambling, revealed one woman out of twenty-seven was homeless, however their pathways into housing crisis were not documented. It was also reported that financial counsellors suggested that gambling was impacting on client housing situations. Such agencies found it difficult to obtain information about gambling from service users (Brown and Coventry 1997).

From an analysis of fifty problem gambler cases seeking assistance from financial counsellors, almost 18% were threatened with eviction and 10% lost their homes (Pentland 1997).

Jackson's preliminary analysis of services used by problem gamblers showed that of those seeking assistance from housing and accommodation crisis centres, 13% were identified to have gambling related issues (Jackson 2000).

Recent Hanover research into outcomes for households receiving financial assistance to secure or maintain private rental housing found that 5% of all households and 10% of singles experiencing difficulties had a known gambling problem (McCormick, Wylie and Horn 2000). This prevalence rate is likely to be a significant under estimate due to the brief nature of contact with clients and the obvious reluctance of clients to disclose issues that might impact on their receipt of financial assistance. Another analysis of client data on families receiving emergency housing in Dandenong in 2000 reported 15% to have problem gambling (Varis 2000).

Prevalence rates overseas indicate the problem may be much wider. A survey conducted across 42 homeless shelters across America found that nearly one in five homeless men and women relate gambling to their housing crisis. Moreover, 40% said that despite their situation, they continued to gamble occasionally ([www.csmonitor.com/durable/1998](http://www.csmonitor.com/durable/1998)). The dilemma encountered in such studies is determining conclusively the extent to which gambling causes homelessness.

## **2.6 Conclusion**

Problem gambling has devastating effects in peoples' lives, not only harming the individual, but also their families and communities. Yet the effects on housing has largely been ignored, even though financial, family, health, crime, employment and poverty are all factors that correlate with homelessness. The evidence cited above strongly suggests that problem gambling impacts upon housing stability and would be expected to lead to homelessness.

The literature review has found some anecdotal evidence linking problem gambling to homelessness. In addition, several recent Australian studies confirm that problem gambling does have a direct causal effect on housing tenure: prevalence rates range from 5-15% of those seeking assistance from homeless services, varying according to their demographic profiles and nature of the services. It is also acknowledged by service providers that these levels are underestimates. In light of this evidence, it was decided to focus on the population of problem gamblers to determine a more accurate prevalence rate. No similar studies have specifically shown the prevalence of housing crisis amongst those using problem gambling services. Nor has research conducted thus far sought to understand the pathways from gambling to homelessness in any great depth.

Lack of knowledge in this area may adversely affect the way welfare services, specifically housing and homeless services, are delivered to problem gamblers who are clearly placing greater demand on the welfare sector. This study has therefore sought to address the above gaps in our understanding of the relationship between problem gambling and homelessness.

### **3. Method**

#### **3.1 Prevalence Rate**

The first aim of the research was to gain a prevalence rate of housing crisis or homelessness experienced by those seeking assistance at problem gambling services. In order to make this objective manageable, problem gambling services was narrowed down to the BreakEven organisation, specifically the Central and Northern agencies. BreakEven (subsequently renamed Gambler's Help in late 2000) is an organisation that provides counselling, community education and other specialist gambling services.

To answer the research question, BreakEven Northern workers asked their clients a series of short questions in relation to their housing (Appendix 1). BreakEven Central was already occupied with other survey work, so survey forms were left at reception, relying on clients to complete them. The survey form was purposely kept brief so as to minimise the intrusiveness on staff and client time. Nine questions collected basic demographics on participants, their current housing and the extent of possible housing crisis associated with gambling. An open ended question allowed respondents to define 'housing crisis' in their own terms. This may have raised issues not thought of by the research design.

The initial time period for conducting the surveys was set for the month of August, indicating the rate of housing crisis' experienced by problem gamblers in that month. However due to circumstances beyond our control, surveying was done by some BreakEven Northern workers in the first two weeks of August (Set A), and by other workers in the first two weeks of October (Set O). Every client within the survey period was asked to participate in the survey, avoiding the need for a sample selection strategy. However, if workers deemed it inappropriate, particularly if the client was experiencing a great deal of stress, then they were not asked to participate.

A total of forty-eight surveys were completed by BreakEven staff on behalf of the participating clients. In the first two weeks of August twenty-eight clients participated in the survey out of a total of seventy-four clients, and twenty out of fifty-three people were surveyed in the first two weeks of October. Participating clients represented 38% of all BreakEven clients at the selected services.

#### **3.2 Pathways to housing crisis and homelessness**

In-depth interviews were conducted with a small sample of people who had experienced both homelessness and problem gambling. Three Hanover services across a range of suburbs in metropolitan Melbourne were chosen to access potential participants who met the above criteria. The three services were Hanover Inner North (in Northcote), Hanover Dandenong and Hanover Moorabbin. These services are accommodation resource centres, providing housing assistance and support for individuals, couples and families in housing crisis.

Staff were informed about the project and asked if they would be interested in assisting in the client selection process. Staff agreed to take on the role of informing potential participants about the research and distributed consent forms for completion. The consent procedures complied with the agency's ethical policy for research with clients. The consent forms gave the researcher permission to contact interested participants. Arrangements were then made with the client for a suitable time and place to conduct the interview. A total of 12 interviews were completed of which ten were conducted at the participant's current accommodation, where they felt most comfortable. The other two interviews were conducted at Hanover Inner North, complying with participant's preference. On average, interviews took approximately 75 minutes to complete.

Prior to commencing the interview, participants read a statement of intention, providing details about the project and what the interview involved (Appendix 2). Participants were reminded that they could withdraw consent at any stage, and any aspect of the interview would be excluded at the participant's request. Interviews were anonymous and safeguards were put in place to protect confidentiality. Discretion was given to participants to pause the tape when they preferred for something not to be recorded. Only two interviews were taped, while the others were summarised after the interview was completed.

The first part of the interview allowed participants to explore issues related to their own circumstances. A process of funnelling was used, as questions proceeded from general to more specific topics as the interviewee became more comfortable (Minichiello, 1995). Interviews began with the general question, 'How do you think gambling has affected your life?' If respondents did not cover the areas of family, financial, employment, health, crime and housing themselves, they were asked directly. The interview schedule suggested topics of conversation rather than following predetermined questions, enabling answers to be given in greater depth. The interviewer could rephrase questions, in a neutral way to tease out responses and clarify misunderstandings. Importantly, the participant had the opportunity to express relevant issues, rather than be constrained by the interviewer's own assumptions of what should be discussed. Participants could map out their life history in relation to gambling, placing issues in a proper context, fostering greater understanding and preventing concepts being forced into the interviewer's worldview (Merton 1956).

The second part of the interview comprised a survey, which adopted fifteen questions from the South Oaks Gambling Screen (SOGS). The SOGS was devised in the US and is used internationally to determine whether or not people are problem gamblers or probable pathological gamblers. Measuring the extent of people's dependence on gambling was considered important in gauging the association with their housing crisis or homelessness. A SOGS score of three or four identifies a 'potential' pathological gambler, and a score of five or more results in a 'probable' pathological gambler classification (Dube et al 1996). However, an abbreviated score of 2 to 3 and 4+ were adopted as only 15 of the 20 questions were used in this study.

The SOGS does have some limitations: it is not always accurate in predicting potential and probable gamblers, it is less accurate in detecting gambling problems in women and it has not been validated for use in culturally diverse and non-English speaking situations. The low predictive validity and unknown value in cultural contexts was not important for this research, but difficulty in detecting women problem gamblers was. However, the women in this sample commonly measured at the extreme end of the problem gambling scale, and so were easily detected using SOGS. Also, SOGS questions may lead to interpreting the data in terms of a mental disorder. On the other hand, the SOGS provides a description for the extent and degree of problem gambling for individuals. SOGS has been used widely, and has acceptable internal reliability and concurrent validity. The VCGA concluded that *'the SOGS is the only available screen that has been validated and extensively used in population surveys in jurisdictions around the world.'* (AIGR 1997: 29)

Participants were given twenty dollars as compensation for their time and any costs incurred. It was initially thought that the payment incentive would attract people not necessarily fitting the criteria. However, the low participation rate suggests that this was not the case. Paying participants may also cause them to feel they should respond in a manner pleasing to the interviewer. Open questions were mainly used, providing minimal suggestion of the 'right' answers.

Deviant case sampling was used, thereby focusing on cases that contained a wealth of information because they were special in some way (Patton 1980). In this instance, they had faced housing crisis due to problem gambling. While this reduced representativeness of the sample and the ability to generalise, the aim of this component of the study was to explore the main pathways between gambling and homelessness. The sample size was therefore small - twelve participants were interviewed.

### **3.3 Methodological Issues**

Gratitude must go out to the research participants, who not only gave up their time, but were also willing to divulge their personal details. Respondents disclosed something most people were not willing to do, that is, their problem gambling. The major impediment in carrying out the method was the low disclosure of problem gambling by Hanover clients. Hanover's earlier research (McCormick et al 2000) found five percent of all households (ten per cent of single persons) had disclosed problem gambling. This finding was based on case notes for clients of a crisis assistance service generally offering short-term or one-off help for their housing crisis. In comparison, a prevalence rate of 15% was obtained through analysis of longer term clients of Hanover Dandenong (families receiving emergency housing, Varis 2000).

In the absence of large scale representative studies of homeless populations, it is not possible to draw firm conclusions on prevalence rates of problem gambling. Short term or one-off assistance to households, who are inevitably in poverty and therefore seeking financial aid, will be accompanied by low disclosure rates. Such households may not disclose their gambling because they assume that financial assistance will not be provided, or because of the stigma or shame attached to gambling in some communities. The crisis circumstances they invariably face will also deter participation in this type of research.

This study has reinforced the above assessment as the number of participants disclosing gambling over the sampling period was lower than the above prevalence data would suggest for this category of service.

The employees of Hanover and BreakEven were responsible for selecting the sample, and without their help the success of the research would have been undermined. While they showed great enthusiasm, their ability to carry out the research tasks was often undermined by their busy work schedule. Research obligations were secondary to meeting the immediate concerns of clients in crisis.

This study has therefore provided valuable insights into both the resources required and methodologies appropriate to obtain robust prevalence rates of problem gambling amongst households in housing crisis or homeless. This is an important issue that needs to be addressed, if future research is to be conducted more successfully.

### Case study: Brian, aged 44

*'I began gambling when I started working at the age of eighteen. Back then everyone went for a punt at the TAB after work. Gambling was a social thing for me, until I started on the poker machines. The trouble began when I couldn't pay the bills, lucky my wife was working and helped out with that. I had various jobs and had to leave or was fired because of my gambling. Then me and my wife started fighting a lot because I'd spend all the rent money and the money we needed for other stuff. I lied about my problem and I felt guilty about what I did to my family, I was supposed to provide for them but I couldn't. Eventually I felt so bad I thought my family would be better off without me so I left for their sake. There was never any money, and my wife didn't trust me. I sometimes speak to my son over the phone, but I can't provide anything for him, I can't even buy him a birthday present. I can't face them again just yet. I spend just about all of my pension on the pokies, pretty much the day I get it. I don't have proper accommodation, I move around a lot. I feel like I'm on the verge of doing something really bad because of my addiction.'*

## 4. Results

### 4.1 Prevalence Rate

#### *Demographic profile*

Twenty-eight surveys were completed in the first two weeks of August out of a total of seventy-four clients seen by BreakEven in that time period. In the first two weeks of October, twenty surveys out of fifty-three clients seen by BreakEven were completed. The total sample of 48 participants represented 38% of clients over the two periods.

Table 2 below provides a summary of demographics of the two sets of data. Twenty-five participants (52%) were male and twenty-three female, reflecting BreakEven data overall. Thirty were Australian born, whilst the remainder originated from: Italy (5), Greece (3), Lebanon (2), New Zealand (2), Turkey (1), India (1), Thailand (1), England (1) Croatia (1) and one did not specify the country of birth. People born outside Australia make up about a quarter of the population, which corresponds with the profile of clients typically seen at BreakEven. However in this survey, people born in countries other than Australia were over-represented - making up 37% of the sample. However, part of this difference may be explained by the location of the two BreakEven services in inner and northern Melbourne suburbs.

Half the sample identified as single persons, nine respondents were in a couple (without children) and seven were in a couple with children. Five were single parent families, while the family status of three respondents was unidentified. One-quarter of clients were families with children (excluding the unknown cases). Single persons were thus over represented in this sample compared to annual data for all BreakEven services.

Table 2: Demographic profile of sample of BreakEven clients

Demographic	Set A (August), %	Set O (October), %	Total Sample, %
Gender: Male	50	55	52
Female	50	45	48
Country of Birth: Australia	61	65	63
Other	39	35	37
Family Status: Person alone	46	55	50
Person alone with child(ren)	14	5	10
Couple without child(ren)	25	10	19
Couple with child(ren)	4	30	15
Not specified	11	0	6
<i>Total Sample</i>	28	20	48

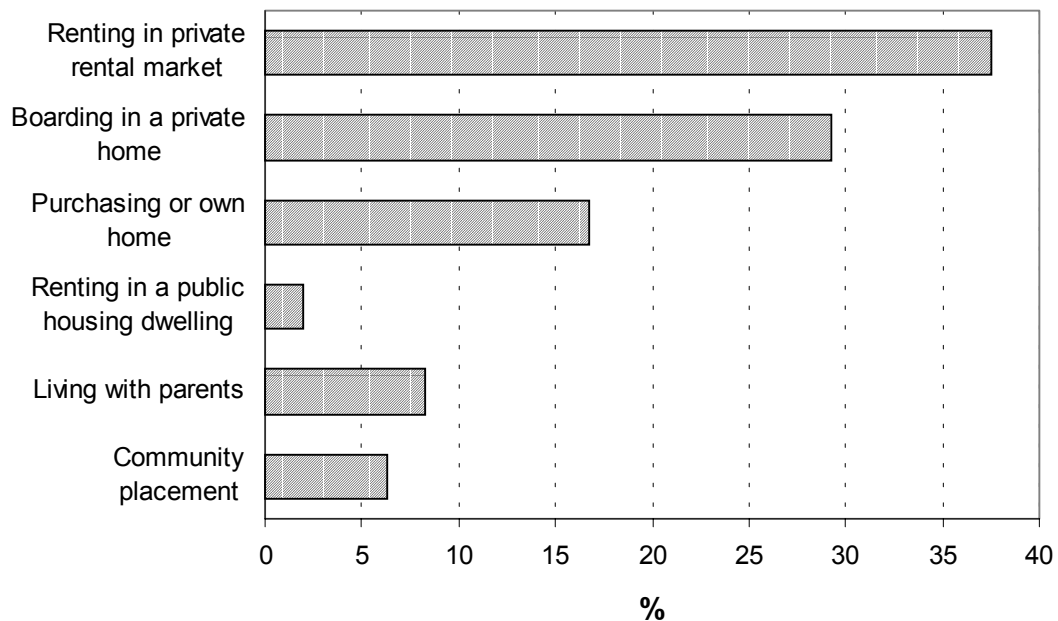
Participant ages ranged from twenty to seventy-five years. However those aged from their late thirties to late forties were most common. This is consistent with broader BreakEven data, with 60% aged 30-49 years (DHS 2000).



### *Current Housing*

The largest proportion of participants (38%) were in private rental housing, followed by 29% boarding in a private home and 17% purchasing or owning their home (Figure 1).

Figure 1: Current housing/accommodation type



For the great majority of this sample, regular financial commitments were required to maintain their housing. The survey did not ascertain whether 'boarding in a private home' or 'living with parents' were temporary or long-term arrangements.

### *Housing crisis and homelessness*

Fifteen of the forty-eight participants (31%) had experienced housing crisis due to problem gambling. Figure 2 below shows the category of housing crisis reported by participants - 40% had experienced eviction or otherwise lost their home, 33% had become behind in their rent and 20% had been threatened with eviction.

Figure 2: Housing crisis due to problem gambling



Two respondents, who had left their homes, had been asked to leave by partner or co-tenants because of their problem gambling. One of these respondents initiated a relationship with someone at work, just to secure somewhere to live. One participant, who sold his property in order to finance his gambling, had also served a prison sentence for fraud related to gambling.

The above indicative profile suggests that those in the private rental market are at higher risk of becoming homeless or facing housing crisis because of the immediacy of the impact of excessive gambling on their capacity to maintain rental payments.

Previous analysis of clients presenting at BreakEven has found that only about 1% were literally homeless at contact (Jackson 1997, DHS 2000). The above data indicates a much larger proportion (31%) of problem gamblers experience housing crisis. Whilst 12% were reported to have lost their home as a consequence of gambling.

## 4.2 Pathways

The selection procedure at the three homeless services yielded a total of 12 in-depth interviews with clients who met the eligibility criteria of having experienced homelessness and problem gambling.

### *Participant demographic profile*

Males were under represented in the interview group, which comprised four men and eight women, compared to the population of problem gamblers. Eight participants were born in Australia, one also identifying as of aboriginal background. Two were born in England, and one in Jamaica. The sample did not include therefore anyone of non-English speaking background.

Participant ages ranged from the mid thirties to late fifties: 60% were aged 40-55 years, representing slightly older age group than most commonly served by BreakEven.

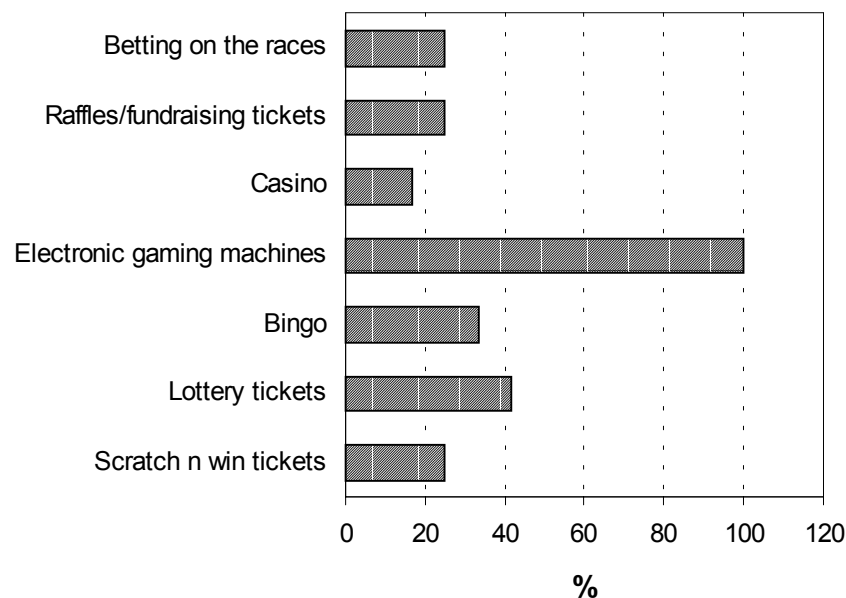
Eleven were single persons and one was a single parent. This contrasts with clients seen at BreakEven, 64% of whom were in a couple.

Government benefits were the main source of income for interviewees, whereas 37% of BreakEven new clients in 1998-99 were on a benefit (DHS 2000). The interview group were on lower incomes generally than clients at BreakEven, but this is understandable given their housing situation.

### *Profile of gambling activities*

Those interviewed were asked about their preferred forms of gambling and the frequency of their gambling. Electronic gaming machines were clearly the preferred form of gambling for this group: every person had gambled on EGM's within the last six months. On average, they had undertaken three different kinds of gambling in their lifetime (Figure 3).

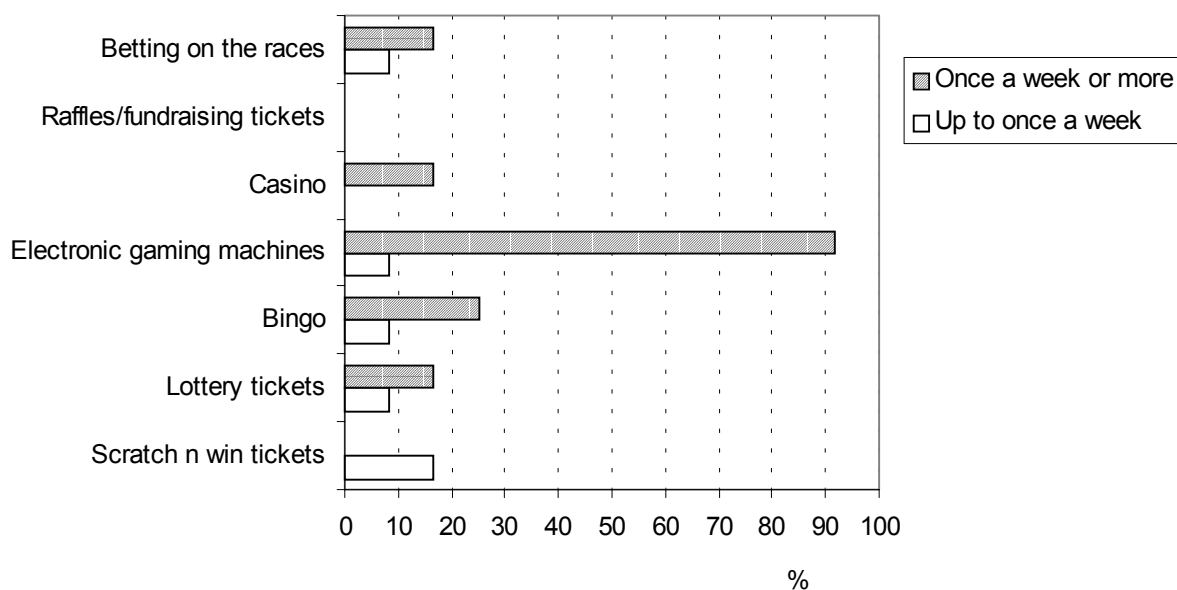
Figure 3: Forms of gambling over lifetime



*Note: respondents were able to choose more than one gambling activity.*

The dominance of EGM's as the preferred form of gambling is evident from Figure 4 below. All but one participant uses EGM's at least once a week. Reflecting perhaps the older age profile, bingo was popular with one-quarter playing at least once a week.

Figure 4: Frequency of gambling over previous 6 months



*Note: respondents were able to choose more than one gambling activity.*

### *Extent of problem gambling*

The above profile does not in itself lead to the conclusion that this group had a gambling problem. The abridged form of the South Oaks Gambling Screen (SOGS) was used to assess the level of problem gambling experienced by participants.

The results of the SOGS shown in Table 3 indicate significant levels of excessive gambling. SOGS scores ranged from 9 to 15 points. A respondent minimum score of 4 is judged as a probable 'pathological gambler'. On this basis, all the participants could be described as pathological gamblers.

Table 3: Participant scores on the South Oaks Gambling Screen (SOGS)

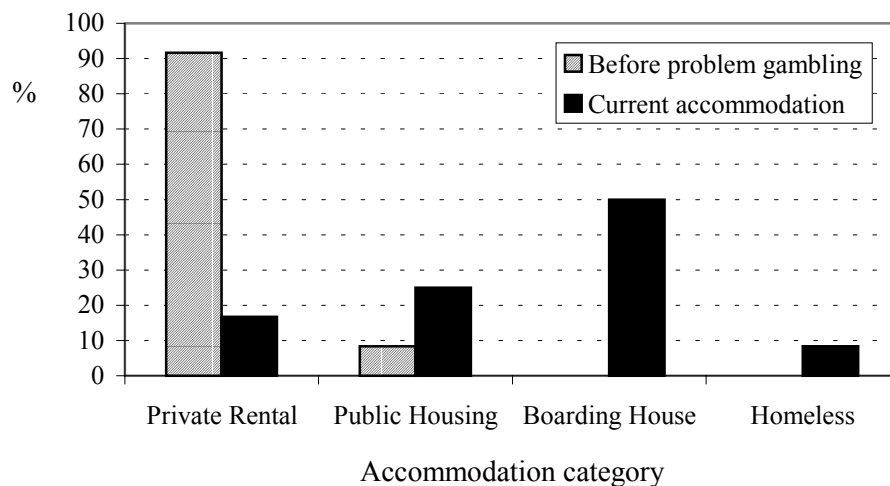
Participant SOGS score	9	10	11	12	13	14	15
Number of participants with those scores	2			3	3	2	2
Percentage of participants	17%	0%	0%	25%	25%	17%	17%

*Scores of four or more represent a probable 'pathological' gambler.*

### *Accommodation prior to problem gambling*

Almost all respondents reported that they were in private rental housing prior to their gambling becoming problematic (Figure 5). The other person was in public housing. Figure 5 also shows their accommodation at the time of interview. The extent to which their gambling had affected their housing tenure is apparent. Only two people were still in private rental accommodation and three in public housing. Half of the interview group were boarding, while one was actually literally homeless (without shelter) due to problem gambling.

Figure 5 : Accommodation before problem gambling and current accommodation



The interviews sought to determine the period of time of gambling before facing housing crisis. For two-thirds, they reported that it took between three and six years before a housing crisis became a serious concern. A further 17% reported that it had taken over six years. Whilst this is a non-representative sample, it does suggest that for the majority the progression from social or recreational gambling to problem gambling, whereby their housing was either threatened or lost, takes many years. This finding will be discussed later in terms of its implications for intervention.

The second aim of this study was to examine and understand the pathways from problem gambling to housing crisis and homelessness. In summary, the key issues were:

- Reasons for social gambling
- Why social gamblers became problem gamblers: trigger events.
- Common pathways to homelessness
- Retrospectives and some thoughts about the future

### *Reasons for social gambling*

There were various motivations for beginning to gamble. People reported gambling for social and entertainment reasons as well as in the hope of winning:

*'I started gambling because my partner at the time often gambled, and so it was something that we could do together. When you first start out you're getting excited about everything, especially when you get a real big win.'*  
(Wendy, aged 49)

*'You meet people there because you go to the same places, it becomes a social outing you cannot get elsewhere.'* (Samantha, aged 46)

The atmosphere of the gaming venues was part of the whole attraction to gambling:

*'You feel good in there with the bright lights, you don't have to worry about the time, even the ads are attractive.'* (Kathy, aged 47)

*'There's a bit of a subculture thing about it too. The way it's set up there's tables in the middle and you can get free coffee if you want, if you're a known customer. The other thing about it is it's entertainment'* (Joel, aged 49)

Many of the women interviewed stated that the availability of gaming venues enabled them to go out by themselves safely at night. They considered that this was socially acceptable.

*'There are not many leisure activities women can do by themselves. The security staff even walk you out at night,' and 'Before it was not seen to be acceptable for women to go out by themselves.'* (Judy, aged 51)

The most common motivating factor was the hope of winning money. For people who have to survive on low incomes, gambling offers maybe their only hope for a better life. Gambling is seen as a possible alternative source of income, to obtain things in life others take for granted.

*'As a single mum I wanted my boy to have what the other kids had. I thought gambling would help me buy him the right pair of shoes and other things that we wanted.'* (Samantha, aged 46)

### **Why social gamblers became problem gamblers**

Once the excitement of gambling was discovered, people increasingly continued as a way of escaping something they were unable to cope with in their lives. People sought relief from mundane jobs and having to constantly support and care for family members. Separation from a partner, unemployment, a death in the family and even domestic violence proved to be trigger events:

*'I'm a nurse for the elderly which can be quite a tiresome job, and it's like looking after children some of the time. Gambling served as a way to get away from that.'* (Judy, aged 51)

*'When I split up with my partner my gambling just got worse and worse because of the trauma of the break-up. Suddenly you've got all this time to yourself and you've got nothing else to do.'* (Wendy, aged 49)

*'My father passed away two years ago, I was living with him and looking after him. I had a break down when my father passed away. I ended up in St. Vincent's. I've been an excessive drinker all my life, and after the death of my father I experimented with the pokies. Because it's entertainment and there's nothing else to do, if you can't find work or anything else to occupy yourself plus the addictive nature of the whole thing, you just sit there playing the damn things. It's only time before you lose.'* (Joel, aged 49)

*'I started gambling when the pokies were introduced to escape the worry and depression. I gambled to shut out the world, I did not want to go home.'* (Sofie, aged 44)

In some cases, participants described excessive drinking and psychological problems which either preceded or accompanied their gambling activities.

### *Common pathways to housing crisis and homelessness*

The main adverse effect of people's gambling was the loss of an important person or persons in their lives. Three-quarters of the 12 participants had lost someone close to them, and two reported strained relationships. Problem gambling led to conflicts within families and between partners due to loss of trust over financial matters, such as taking money without repaying it or using money earmarked for the rent, bills and essential household expenditure for gambling.

Spending more time at gaming venues exacerbated the level of conflict at home, inevitably from a break down in communication. At this stage, family members strongly advised their loved ones to seek help for their gambling 'problems'. The advice was rejected as they invariably believed that their gambling was under control.

Being disconnected from partners, children, friends and family was the main cause of people's loneliness, isolation, feelings of guilt and depression. This loss created a huge gap in their lives, to the extent that many did not know how to handle such loneliness. This led all of the participants to suffer health problems, especially stress and anxiety experienced through loss of sleep, headaches and other related symptoms. One respondent suffered from immense stress after her son left, and had a stroke while playing the gaming machines. Two other respondents had attempted to commit suicide and two were on anti-depressants.

Having someone you could turn to for support and companionship is fundamentally important in maintaining a connection to the community. Without this link, people felt they had nothing left to lose, and problem gambling did not seem such a threat. Gambling also became an outlet for guilt and depression, and served to release the pain brought upon by gambling itself.

*'There were times when there was not food in the fridge, that's how important gambling was to me. I lost my son because of gambling, he left and even lied about where he was going. I always had someone, and when I didn't it was hard to get used to. It's the loneliness that gets you, nothing can be worse, and nothing can take it away. I don't know anyone where I'm living now. You go gambling because you're lonely, but you don't talk to anyone, and when you do you don't get upset about losing the money, because you talked to someone.'*  
(Susie, aged 55)

*'I used my family's money to gamble and never repaid them. I asked for more money more often as time went by, and eventually my family wanted nothing to do with me. I had no other support. I lost everyone I loved and trust, you feel isolated. You've got no one to get you out of your feeling of hopelessness, and so I gambled more out of desperation.'* (Garry, aged 33)

Throughout the period of excessive gambling, recurrent financial problems were inevitable. Initially problems consisted of making sacrifices in 'normal' household expenditure in order to finance their gambling. What usually followed was the selling of household items, including the car and household appliances. Financial ruin followed within a short time after the loss of a partner or relative. Gambling became the life of four respondents who had no previous occupation. One man spent his entire pension on gambling, the very day he got it. For three respondents, gambling became their new 'job', as a consequence of losing their previous employment due to their gambling.

Another three people eventually left their jobs for other reasons. For the ten that were unemployed at the time of being interviewed, there was a lot of time to fill in their daily lives. Gambling was thus an inviting prospect. However, it is reasonable to assume that it would affect their search for work or their ability to meet government mutual obligation requirements as income support recipients.

Living on a pension or unemployment benefit meant that minimal amounts were left over to spend on excessive gambling. Respondents either went broke, accumulated debts or committed illegal offences to get the extra money to gamble. Three participants reported substantial debts, averaging \$36,000 each. Three other respondents financed their gambling by committing criminal offences, while another two had seriously considered criminal activities. The following respondent used a loan he received from Centrelink for gambling:

*'I actually took out a loan from Centrelink last week just to try to get myself a holiday from poverty, and the first thing I did was to go straight to the venues. I won \$140. I thought I would just spend a few dollars and have a few drinks, and just celebrate the fact that I won and this money will keep me away from things for while. I stayed there from six at night to three in the morning and the whole loan and everything, and the winnings, the whole lot except \$70 from \$135 I had in the bank went in one hit. I'm still burning about that...I've got a cheque coming the day after tomorrow and I've been deliberately trying to stay away from them. But I doubt my chances of getting through the day without having a go...Pokies is not a drug but it's just as addictive as heroine.'*  
(Joel, aged 49)

Taking into account all of the above experiences, homelessness was a realistic prospect, especially given the fact that eleven of the respondents were in the private rental market, and one was in public housing. Consider also that four were unemployed, and seven came from households where they were the sole income earner. Recent Hanover research found that over half of households seeking housing assistance were paying at least 40% of their income on rent (McCormick, Wylie and Horn 2000). Disposable income for low income households in private rental is scarcely sufficient to finance gambling on a regular basis. Stress on household, immediate and extended family would be inevitable in the longer term.

Eight of the twelve respondents (67%) had been evicted from their housing, with some evicted more than once. Seeking assistance from welfare agencies was only used as a last resort. This evidence supports previous research conducted by Hanover (2000) that concluded that people seek assistance very late in their pathway towards homelessness. Households generally seek help directly related to their *immediate crisis*, consisting of rent assistance to pay arrears, advice regarding impending eviction or accommodation options.

At the time of being interviewed, half were staying at boarding houses. Three were in public housing, two were in private rental and one was literally homeless. The majority were in tenuous housing circumstances as a direct result of gambling. There was a correlation between the extreme nature of their housing crisis and the extent of their gambling problem. According to the South Oaks Gambling Screen results, all of the respondents would be considered to be pathological gamblers.



Only two people got help for their gambling - often respondents believed they did not have a problem until it was too late. After several evictions, the daughter of one respondent encouraged her mother to seek help, but she refused to believe she could control it. There was also a lack of awareness of agencies such as BreakEven, and a level of misconception about their services. The view was that BreakEven operated in a similar way to Alcoholics Anonymous. Some respondents believed you would have to stand up alone and 'reveal your secrets to everyone', thus adding to the shame they already felt. This deterred them from using services such as BreakEven:

*'I don't want to get up in front of everyone and tell them my problems, and I don't need anyone lecturing me, I just need someone who understands me.'*  
(Linda, aged 33)

### **Retrospectives**

Whilst the majority were still actively gambling, even though they were aware of its effect on their lives, they were able to reflect on what has helped to control or reduce its impact. A key factor in the process of dealing with problem gambling was reconciliation with estranged family or friends. This enhanced the recovery process - knowing what could be lost encouraged people to regain some control of their gambling:

*'I've just been reunited with my daughter and I am determined to keep that relationship.'* (Anna, aged 50)

The birth of a new baby for one respondent proved to be the best motivating factor not to gamble excessively.

There was mixed sentiment in regard to hope for the future. Some were still gambling to an extreme degree, and could not see their situation changing much in the near future. Most, however, were at the stage where they were beginning to reduce the time and money spent on gambling. One respondent took the view that complete removal from the gambling scene was the only way out, and barred herself from various gaming venues. Noteworthy was the absence of use of specialist services either during the inexorable development of excessive gambling or subsequent to housing crisis and family breakdown.

## **4.3 Conclusions**

Like most people, respondents regarded gambling as a social outlet and form of entertainment. However, they differed from the majority of the gambling population in a fundamental way; their gambling had developed into an addiction. Certain events and situations in respondent lives increased their vulnerability to problem gambling, and gambling itself served as a way to escape. This is part of the attraction of gambling. Paradoxically, increased levels of gambling resulted in making their reality worse. Problem gambling caused respondents to face financial, family, health, employment and legal difficulties.

The common pathway for the interview group was initially financial stress. Over time the financial stress became too much for families, friends and partners to bear. Relationships became strained and eventually broke down. In some cases, this directly caused homelessness. The isolation suffered through the loss of such important support networks enhanced emotional stress felt by individual gamblers. Respondents suffered stress-related illnesses due to guilt and loneliness, even leading to suicidal behaviours. Gambling became a further release for pain, and respondents resorted to extreme measures to gamble away more time and money. Some lost their employment, while others committed crimes to finance their gambling.

Although those interviewed represent the extreme end of problem gambling and associated issues, several key conclusions may be drawn from the interviews:

- The period between onset of problem gambling and housing crisis typically is of the order of 3 to 6 years
- Relationship and family breakdown is an inevitable consequence over time
- Misconceptions about the type of specialist help available were evident
- A key factor in their recovery is a recognition of the value of their lost family and friends

Problem gambling is an issue that impacts upon the individual, family and wider community. Without effective intervention, it is evident that finances, family, health, employment and crime each intersect to impact upon people's housing situation, inevitably leading to housing crisis and homelessness. The above findings do provide insights into how intervention strategies might be improved to reduce the risk of homelessness for those with gambling problems. They also serve to reinforce the importance of preventative strategies for reducing the onset of excessive or problem gambling across our community.

### Case study: Tracey, aged 43

*'I started gambling with my friends and used to enjoy going to the pokies. I was having trouble at home at the time, my daughter her boyfriend and their child were all dependent on me. They did nothing to help themselves, I'd come home from a long day at work and they hadn't even cleaned their dishes. It got me really angry. So I started to go gambling to take out time for me, nobody needed me there. I could forget about everything that was happening at home. But after a while I was gambling too much. I took time off work to gamble, and received several warnings because of it. Eventually I left work due to my health, which gave me more time to gamble. I was losing lots of money, I had to sell stuff. I used to have lots of things, I don't know where they've gone now. I faced several evictions, went to court over it and still have not paid back what I owe. I was carrying my three week old daughter when I was kicked out. I didn't even have a chance to get all of the stuff I had left. By this time I had nowhere to go except to get help. They put me into public housing. I don't gamble as much now because of my small daughter, if anything ever happened to her I don't know what I would do with myself.'*

## 5. Discussion

### 5.1 Prevalence of housing crisis amongst problem gamblers

The survey of problem gamblers assisted by BreakEven services revealed that one-third (31%) of 48 clients reported a housing crisis caused by their gambling. Specifically, respondents experienced eviction, selling the home, leaving home, not being able to live independently, being behind in rent, threatened with eviction and concern over rent arrears. *Twelve per cent had experienced actual loss of their housing attributed to gambling.*

It should be stressed that attributing causation between problem gambling and homelessness is problematic. As the in-depth interviews have indicated, a range of socio-demographic and personal factors may be associated with both problem gambling and homelessness. In this sense, for some people problem gambling and homelessness are parallel outcomes of the interplay of underlying issues. Nevertheless, the prevalence rate found from our study is based on a methodology that documented personal experiences of housing crisis attributed to gambling.

It should be acknowledged that the survey group represents a small proportion of those seeking assistance at services for people with gambling problems in Melbourne. Thus, annually, over 4,000 people are assisted by problem gambling services across Victoria (DHS 2000). However, the sample did represent 38% of clients at the selected BreakEven services during the study period. Comparison of key demographic variables did not indicate a significant bias within the survey group.

Previous data on BreakEven clients has recorded that about 1% are homeless at the time of assistance (Jackson 1997, DHS 2000). Even allowing for the limitations of this study, the findings indicate that a much higher level of housing crisis and homelessness is experienced by problem gamblers than previously thought.

The way homelessness is defined in data collections and research studies has obvious implications for our understanding of the extent and nature of housing crisis. The BreakEven Client Registration form includes the question 'Is the client homeless? (Yes/No response), citing the definition '...persons who have no home or permanent place to stay of their own and no regular arrangement to stay at someone else's place.' (DHS 2000). This is the only question on this issue and therefore results in very limited insight into the client's housing circumstances or experience of homelessness. It only collects their current or presenting situation: it is probable that many problem gamblers in housing crisis or homeless would not be in a position to access such services. The current assessment process does not include past or present experience of housing crisis. Hanover's study specifically addressed this issue in allowing the client to describe their housing crisis or homelessness in their own terms.

The prevalence rate of 12% of problem gamblers who have experienced homelessness may be compared with the reported prevalence of problem gambling amongst clients of homeless services. Whilst obtaining a representative sample of households or individuals experiencing homelessness is inevitably problematic, the few analyses undertaken to date indicate a 5-15% prevalence rate. This range is in part due to the differing demographic profiles of service users and nature of services offered by agencies. As shown in this study, there is likely to be under reporting of problem or excessive gambling by those seeking assistance at crisis housing services. Higher prevalence rates, that is, at the upper end of the above range, are reported at services that work with clients more intensively over longer periods.

Intuitively, we consider that housing difficulties are not something problem gamblers have difficulty disclosing for fear of being stigmatized or due to a sense of shame, having already decided to seek help at problem gambling services. This contrasts with the experience at homeless services, where clients are often afraid to disclose their problem gambling.

Based on this evidence we feel confident in concluding that problem gambling causes housing crisis and homelessness with a prevalence rate of 12%. We also conclude that at least 10% of demand at services for those in housing crisis is attributable to the impact of gambling. Based on the most recent estimates of homelessness in Victoria, we might reasonably expect that at least 5,100 Victorians annually experience homelessness for this reason. Nationally, the figure is likely to be as high as 20,00 people.

These findings have obvious implications for policies and strategies for minimising the adverse impact of gambling across our community through a comprehensive range of preventative initiatives. The findings also point to the need to ensure better assessment and referral procedures at both problem gambling services and housing assistance agencies to encourage disclosure of both issues by clients and to ensure targeted help is available to respond to individual needs.

The limited scope of this research described previously puts a caveat on our main conclusion. We would encourage further research either in the form of a larger scale time-limited survey across all problem gambling services, or through the addition of relevant questions to the ongoing data collection of clients of those services, to validate the prevalence rate of homelessness experienced by problem gamblers.

## **5.2 Pathways**

Previous research has shown that problem gambling has devastating effects for individuals, families and the community. Problem gamblers experience financial, family, employment, health and legal difficulties. The in-depth interviews undertaken in this study showed similar patterns and experiences.

The sampling frame resulted in an interview group representing the 'extreme' end of the problem gambling spectrum. They were on average older, were largely dependent on government income benefits and had histories of a pathological level of gambling. To reiterate the key findings from their experiences:

- the period between onset of problem gambling and housing crisis typically is of the order of 3 to 6 years
- relationship and family breakdown is an inevitable consequence over time
- misconceptions about the type of specialist help available were evident

It may be that this group represents only a small minority of those experiencing difficulties relating to their gambling, who do not access or fall through the cracks in services designed for those whose gambling becomes problematic. It was beyond the scope of this study to make such judgements. However, it is evident that the progression from social gambling to a situation when family breakdown, loss of support networks and financial ruin has occurred, culminating in housing crisis for a significant proportion, often takes many years. This suggests ample opportunity, through more effective forms of timely assistance, to intervene to prevent the worst possible outcomes, as exemplified by the histories of those interviewed.

Clearly the level of harm to individuals and their families from problem gambling warrants increased efforts to develop more sophisticated and effective prevention approaches:

- to raise awareness of the addictive nature of gambling within the general community
- to reduce the sense of shame attached to problem gambling and eliminate the reticence of individuals to disclose their gambling within the family and beyond
- to counter misconceptions within the community about problem gambling services, especially in comparison to services for problem drinkers

The interviews show that electronic gaming machines have become the preferred gambling activity over the past decade in Victoria. This finding is reinforced by the financial data showing that 65% of Victoria's gambling revenue derives from gaming machines (Millar 2001). The attractiveness of facilities introduced over the past decade is much more powerful for those who have lost their family and support networks. Gaming venues were viewed as somewhere to go to relieve boredom and social isolation rather than as a positive recreational experience. For those in poverty, gambling also offers a hope for a better life - for example, a chance to provide a few extra items for children and loved ones. Even though the actual odds are weighted against them making a profit from their gambling. Other research has documented the extent to which gaming venues have targeted those least able to afford the losses due to lack of disposable income. The experiences of those interviewed suggest an invidious process whereby vulnerable individuals are being seduced into gambling beyond their means over time. The consequences have clearly been catastrophic not just on the individuals but also on their families and friends.

The relatively long period of time from social gambling to family breakdown and housing crisis suggest ample opportunity to target intervention strategies to prevent the latter occurring. Such strategies will only work if problem gambling is destigmatised across the community, so that individuals and their families are able to talk about their gambling and seek help. Some respondents held the view that problem gambling services required disclosure within group settings, rather than individualised assistance. A key element to achieving greater disclosure and use of problem gambling services is a careful and sensitive portrayal of the type of assistance offered by such services.

### **5.3 Social impact of problem gambling**

Problem gambling not only affects individuals but also their family and the broader community. The case study of Susie (page 35) indicates the extent of possible involvement of health and welfare services for someone with a gambling addiction.

Whilst Susie's story may not be representative of the population of problem gamblers, it serves to show the impact of gambling on both family and the broader community. Apart from the personal impact on the individual in terms of financial hardship, loss of employment and housing crisis, the breakdown in the relationship with her son had its own impact. Her son was forced to leave home and thereby seek help to find alternative accommodation. This necessitated financial assistance from both government (for example, rent assistance) and community services (housing establishment funds). It may well be that her son would have benefited personal counselling and support.

Within the broader community, her employer experienced loss of productivity because of her gambling and eventually had to replace her. Her landlord suffered loss of rent payments for at least three months. Although her stroke could not be directly attributed to gambling, there were substantial demands made on health services over a long period. Subsequent to her seeking help, police time followed by a housing service and problem gambling service have been involved in the recovery process at substantial cost to the public purse.

Attempts at cost benefit analysis using typical case scenarios have resulted in a range of estimates of the social costs of problem gambling. The Productivity Commission's inquiry into gambling industries found that the gaming industry produces a net "consumer benefit" of at least \$5 billion a year. The 'social cost' of gambling ranged from one to five billion dollars a year. Therefore the Commission assumed that the 'net benefit' arising from gambling was anywhere between \$152 million to \$5 billion (Colebatch 2000).

Dickerson and others (1998) calculated the cost of problem gambling to the New South Wales community to be \$50 million a year, and stated that the estimated figure was low due to conservative costing assumptions. Using American estimates, BreakEven has estimated that problem gambling cost Victoria \$520 million annually (BreakEven 2000).

Whilst gambling generates substantial revenue for governments, its impact creates significant hidden costs. Some of these costs cannot be calculated, particularly the number of relationships destroyed by problem gambling and the effect this has on individuals. Other negative effects of gambling, such as ill-health and crime, are placing increasing financial strain on the community. Welfare and homeless services are also facing increased demand directly attributable to problem gambling. This suggests that the problem is much wider than initially thought. It is imperative then that governments put problem gambling in proper perspective. The recent initiatives of the Victorian Government are a very welcome start to tackling problem gambling. Addressing problem gambling will not only reduce the number and severity of the problem for individuals, but also lessen the socio-economic impact it has on the wider community.

### Case study: Susie, aged 55

*Susie is a single mum with one dependent son. She works about fifty hours a week in order to make ends meet. She begins gambling with the hope that it will provide a few extra things for her son, but it gradually takes over her life. She takes time off work, and eventually leaves. Her son leaves her because of her gambling. She gambles more excessively to fill in the hole in her life. On one occasion, she has a stroke whilst playing a pokie machine. She is taken to hospital, and is left with some paralysis on the right side of her body.*

*She continues to play the pokies despite her impairment. She falls into substantial rent arrears - not paying the rent for 3 months. She moves and becomes desperate for someone to help her. She takes herself to the hospital, and they tell her they cannot help her. She subsequently goes to the police for help. They refer her to someone who can help her find accommodation. She moved into a boarding house twelve months ago, and still resides there. She is now seeking counselling for her addiction.*



## **6. Policy Implications**

### **Policy Context**

This research was initiated in early 2000 at the same time as the new Victorian State Government started to develop a more comprehensive strategy to respond to community concern at the impact of gambling on social health and well being. The community is rightly concerned at the dramatic increase in gambling. The most recent data show that Australians lost \$2.5 billion to the nation's casinos alone in 1999-2000, with an 8% increase in revenue from the previous year (Melbourne Express 2001). Victorian Government projections estimate that gambling revenue will continue to increase in future years and according to Millar rise by 9% to \$1.76 billion in 2001-2002 (Millar 2001).

It is estimated that there are over 101,700 Victorians considered as problem gamblers (DHS 2001). It is just a question of time before many of this group exhaust their personal resources, incur debts and experience family conflict and breakdown. On the basis of this indicative research, Hanover believes that problem gambling will ultimately cause housing crisis and homelessness, at tremendous personal and social costs.

The Victorian Government is to be applauded for introducing a more comprehensive strategy for responding to problem gambling. It is premature to consider how effective their communications and direct service delivery initiatives will be in reducing adverse social impact and harm caused by problem gambling. The findings from this study serve to inform future development of key elements of the new strategy as well as providing additional evidence of the extreme impact excessive gambling can have on individuals and households. As the evidence builds up, it is becoming clear that much more will need to be done to prevent problem gambling and to respond to its adverse social effects.

### **6.1 Public education**

Greater awareness and knowledge about gambling and its risks needs to be developed across the community. The Victorian Government's new communications strategy, including a mass media campaign, is an important start in this area. The current focus is on the risks associated with gambling and on services available to assist with problem gambling. One of the key messages from this study is the high level of stigma or shame experienced by gamblers during the early transition phase from social to problem gambling. This results in individual reluctance to disclose their gambling problems especially within the family setting. However, this study also indicates that, in many cases, welfare and homeless services may be assisting people in crisis without knowing the true cause of their predicament. This prevents problem gamblers from obtaining the most appropriate help and is reducing the effectiveness of these services. Public education strategies need to empower individuals to believe it is OK to talk about gambling more openly.

### **6.2 Problem gambling services**

Greater awareness of services for problem gamblers is required so that people actually receive help and learn how to manage their gambling. Services like BreakEven (now Gambler's Help) need to address the fact that those in lower age brackets tend not to access their services. In reaching wider audiences, problem gambling services need to establish clear messages that will eliminate people's misconceptions about what and how their services are delivered.

The loss of people's support networks was a major contributing factor in the pathway towards homelessness. Providers of services to problem gamblers need to place greater emphasis on the assessment of support networks to enable, when appropriate, referral to family counselling agencies. Family members, partners and friends need to be educated about problem gambling, how to deal with it and how to support loved ones through the hard times.

It is also recommended that assessment should include questions on client housing circumstances to assess risk of homelessness, rather than relying on a single question on current status. This information could be used to ensure clients gain access through referral to homeless or housing services. The Department of Human Services is urged to review their information strategy for problem gambling services to enable this information to be collected.

### **6.3 Homeless services**

Under-reporting of problem gambling appears to be a serious issue affecting service delivery in the homeless sector. While the stigma attached to gambling is a major factor in reducing disclosure of excessive gambling within households in crisis, there is also the obvious concern that disclosure will affect the likelihood of receiving assistance, especially those needing financial or material aid. Without addressing problem gambling, clients have less chance of getting back on their feet. They are more likely to receive band-aid help on repeated occasions to bale them out of immediate crisis.

The significant association between problem gambling and homelessness indicates the need for targeted strategies within the homeless service system to encourage early disclosure by clients at SAAP and THM services, including communication strategies, staff training and assessment procedures which include problem gambling.

### **6.4 Other services used by problem gamblers**

It is likely that problem gamblers and their families experiencing crisis are reluctant to disclose the extent of their problem when seeking help at other agencies in the community, notably those providing financial or material aid. It is important that information and assessment procedures maximise full disclosure of problem gambling to ensure assistance is appropriate and effective not only in responding to immediate crisis but also in dealing with the underlying issues. Strategies should be developed for providing assistance conditional upon seeking help from a problem gambling service.

Loneliness is a fundamental factor leading to problem gambling - many people gamble away time rather than just money. Problem gambling is one of a number of social indicators of increasing levels of isolation within our community. We need to re-energise local community strategies that stimulate social and recreational activities designed to attract participation by those living isolated lives. State and local governments have a key role to play in developing and trialing new approaches to reduce social isolation.

## **6.5 Further research**

The findings in respect of prevalence rates should be considered indicative due to the small sample and limited resources. The authors are confident that further research would validate the extent of association between problem gambling and housing crisis. We would, however, encourage additional research to validate our main finding and to more fully explore the nature of homelessness experienced by a wider sample of Gambler's Help clients. It is recommended that the Gambling Research Panel consider funding this work in its research plan for the coming year.

The methodology used in this study resulted in interviews with those at the extreme end of both housing crisis and problem gambling. Whilst this group had 'graduated' through the various phases of gambling over time, additional qualitative research targeting 'moderate' problem gamblers experiencing housing crisis would help the development of more effective preventative and early intervention strategies.



## APPENDIX 1

### BreakEven Survey

1. Gender of client

Female

☐

Male

☐

2. Year of birth of client

3. Country of birth of client

Australia

☐

Other

\_\_\_\_\_

☐

4. Does the client identify as being:

Aboriginal

☐

Torres Strait Islander

☐

Both

☐

5. Family status

Person alone

☐

Person with child(ren)

☐

Couple without child(ren)

☐

Couple with child(ren)

☐

6. Current type of housing/accommodation

Crisis/short-term accommodation

☐

Medium/long-term accommodation

☐

Hostel

☐

Motel/hotel

☐

Community placement

☐

Renting independently in private rental market

☐

Renting a public housing dwelling

☐

Boarding in a private home

☐

Purchasing or living in your own home

☐

Living in a car/tent/park/street/squat

☐

Hospital/psychiatric institution

☐

Prison/youth training centre

☐

Detoxification unit/rehabilitation centre

☐

Other

\_\_\_\_\_

☐

7. Has gambling ever caused your client to:

Be evicted

☐

Sell their home

☐

Leave their home

☐

8. Do you feel gambling has caused your client to face a housing crisis in any other way, and if so how?

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9. If gambling caused your client to be homeless, where did they go to find accommodation?

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## **APPENDIX 2**

### **Interview Schedule**

1) How do you think gambling has affected your life?

N.B: The following questions are only to be asked only if not addressed by the respondent himself, and do not have to follow this particular order.

2) When you started gambling, what was your family situation?

Did gambling contribute to family conflicts?

What was your family's/partner's greatest concern about your gambling?

Did the conflict over gambling ever cause you or your partner to leave home?

What is your family situation like now?

Do you feel gambling and the effect on your family was a factor leading up to your housing crisis?

3) Did you ever suffer financial problems due to your gambling activities, if so what were they?

Have you ever accumulated a debt, if so what do you estimate the amount to be?

Were you able to pay the debt off? How?

4) Were you employed as you began gambling?

Did gambling affect your work, if so how?

What is your main source of income now?

5) Did excessive gambling ever affect your health, if so, how?

6) Did you ever commit an illegal act to finance your gambling activities?

If yes, did you ever serve time for that offence?

How did this affect your life?

7) Before you began gambling what was your housing situation?

As you began to gamble more, did your housing situation change, if so, how?

Did you ever seek assistance to help keep your housing, if so, how?

When did you suffer a housing crisis or become homeless?

8) What do you believe would have helped you with your gambling problem before it caused you to be homeless?

#### Questions related to gambling behaviour.

9) When did you begin gambling?

Why did you start gambling? Why did you continue?

When did you feel gambling was becoming a problem?

Did you ever seek help? Who did you seek help from?

## South Oaks Gambling Screen

1. Please indicate which of the following types of gambling you have done in your lifetime and in the last six months.

	Not at all		< once a week		Once a week or more	
	L/T	6M	L/T	6M	L/T	6M
Scratch 'n win tickets						
Lottery						
Bingo						
Electronic gaming machines						
Casino						
Card games for money						
Raffles or fundraising tickets						
Sports pools						
Betting on the races						
Other _____						

2. What is the largest amount of money you have ever gambled with?

	On Any One Day	In the Last 6 Month
\$1 or less	<input type="checkbox"/>	<input type="checkbox"/>
More than \$1 to \$10	<input type="checkbox"/>	<input type="checkbox"/>
More than \$10 to \$100	<input type="checkbox"/>	<input type="checkbox"/>
More than \$100 to \$1000	<input type="checkbox"/>	<input type="checkbox"/>
More than \$1000 to \$10, 000	<input type="checkbox"/>	<input type="checkbox"/>
More than \$10, 000	<input type="checkbox"/>	<input type="checkbox"/>

3. Check which of the following people in your life has, or had, a gambling problem.

Father	<input type="checkbox"/>
Mother	<input type="checkbox"/>
Brother or Sister	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>
Spouse/partner	<input type="checkbox"/>
Child(ren)	<input type="checkbox"/>
Friend/someone important in your life	<input type="checkbox"/>



4. Did you ever lose time from work or school due to gambling?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

5. Have you ever felt guilty about gambling or what happens when you gamble?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

6. Did you ever gamble to solve financial difficulties?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

7. After losing did you feel you must return as soon as possible to win back your losses?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

8. Did you often gamble until your last dollar was gone?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

9. Did you ever borrow or sell anything to finance your gambling?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

10. Did gambling make you careless of the welfare of yourself and your family?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

11. Has gambling made your home life unhappy?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

12. Were you reluctant to use 'gambling money' for normal expenditures?

Yes ☐

No ☐

13. Have you ever gambled to escape worry or trouble?

Yes ☐

No ☐

14. Have you ever committed, or considered committing an illegal act to finance your gambling?

Yes ☐

No ☐

15. Have you ever considered self destruction as a result of your gambling?

Yes ☐

No ☐

### Demographics

1. Gender of client

Female ☐

Male ☐

2. Year of birth of client

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Country of birth of client

Australia ☐

Other  ☐

4. Does the client identify as being:

Aboriginal ☐

Torres Strait Islander ☐

Both ☐

5. Family status of client

Person alone ☐

Person with child(ren) ☐

Couple without children ☐

Couple with child(ren) ☐

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