RESEARCH REPORT

Recognition and responses to Intimate Partner Violence (IPV) in Gambler's Help services: A qualitative study

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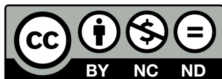

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The authors declare no conflict of interest in relation to this report or project.

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Recognition and responses to Intimate Partner Violence (IPV) in Gambler's Help services: A qualitative study

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Executive summary

Background

Intimate Partner Violence (IPV) is a common issue among clients in gambling help services, and the aim of this project was to improve understanding of the potential role of gambling help providers in identifying and responding to IPV encountered in such settings. This aim was addressed via interviews with gambling help service providers, which were guided by series of research questions including:

1. What are the perceived roles and experiences of help providers in addressing IPV among individuals accessing gambling help services?
2. What are the perspectives of gambling help providers regarding the drivers of IPV use among these clients?
3. How do help providers understand currently available supports, services, and service provision gaps that relate to IPV?

Approach

The project comprised a qualitative study of gambling help service providers, involving *n* = 20 semi-structured interviews (with 15 women and 5 men) that were conducted via telephone between November 2020 and March 2021. Seventeen participants worked for gambling help services in Victoria and three worked for support services in South Australia. Participants represented a range of roles in gambling help services, including gambling help financial counsellors, therapeutic counsellors, as well as executive/program managers, and team leaders/peer program coordinators. Data were analysed in the context of a social-constructivist approach to thematic analysis.

Key findings

Four themes were developed on the basis of the qualitative analyses:

1. 'It's loaded with complexity': Gambling help providers emphasised the clinical complexity of clients who disclosed both gambling problems and IPV, which was reflected in descriptions of many co-occurring mental health and psychosocial issues, as well as intersecting cultural factors.
2. 'The hidden nature of gambling and IPV': Participants regularly referenced the stigma, shame and secrecy attached to both gambling and IPV, along with factors that contribute to difficulties naming or identifying these issues (for example, the tendency to frame violence as a dimension of interpersonal conflict or maladaptive relationship behaviours).
3. 'The big thing is putting it on the radar': Help providers identified factors that either enabled client disclosures of IPV, or alternatively, kept these issues hidden.
    - 'What puts it on the radar' included high awareness of non-physical forms of IPV (e.g., economic abuse), routine discussions of financial problems that were typical in gambling help services, as well as help providers own personal and professional experiences of IPV.
    - 'What keeps it hidden' included concerns about the roles and capacities of gambling help providers in addressing IPV, and broader organisational conditions including the lack of support for comprehensive assessments involving questions about risk.
4. 'It's everyone's business': Participants also described salient responses of gambling help services to IPV, which commonly emphasised approaches to intra-agency or inter-agency collaboration, and referenced factors that either limited responses (e.g., rural or remote locations), or facilitated inter-agency collaboration and proactive approaches to addressing IPV.

Implications

The findings draw attention to the potential role of gambling help services in identifying and addressing IPV, which should comprise one important part of the broader multi-sector societal response to these issues. Interviews also suggested significant challenges that gambling help providers face in relation to the identification and response to IPV, and these support recommendations to strengthen the role of such services in at least three areas:

Recommendation 1: There should be strategies considered to promote identification of IPV, and provide physically, emotionally, and culturally safe contexts for disclosures in gambling help services. This may involve:

- Screening tools or protocols with clear referral pathways;
- Safe, culturally sensitive and trauma-informed service environments; and
- Aboriginal and CALD community-led culturally appropriate and safe change initiatives.

Recommendation 2: There should be tailored IPV policies and guidance, training and associated resources for gambling help services and providers, potentially including:

- Development of an IPV policy framework for gambling help services which outlines specific areas of responsibility and workforce capability; and
- Provision of supporting resources, including training and practice guidance, which can support the development of workforce capacity in appropriate areas.

Recommendation 3: There should be system-level initiatives to promote cross-sector collaboration, which may include a focus on enhancing:

- Referral pathways and embedding of specific violence expertise in gambling help services;
- Funding models that support establishment and co-location of multisectoral specialised 'service hubs' (e.g., help providers, legal advice, mental health support), or engagement with existing networks that are currently available (e.g., Orange Door services in Victoria); and
- Technological systems that can promote remote access to specialist violence expertise for services situated in rural or regional settings.

Future research

Initiatives that endeavour to improve identification and responses to IPV in gambling help services should be considered in conjunction with research that can ensure that service-level interventions are feasible and acceptable in gambling help services, and also lead to discernible benefits for clients. Such studies should be additional to research that further explores the implications of multiple stigmatised conditions associated with gambling problems and IPV, and additional intersections with the cultural identities and experiences of clients from diverse backgrounds, including Aboriginal people and members of CALD communities.

Background

Intimate Partner Violence (IPV) is a major public health issue and human rights violation, and can reference any behaviour from a current or former intimate partner that results in physical, psychological, or sexual harm (World Health Organisation, 2010). These may comprise acts of physical or sexual aggression, as well as psychological forms of abuse including coercive or controlling behaviours that aim to dominate the victim and limit their autonomy (for example, by restricting access to financial resources, and isolating an individual from support networks) (Stark & Hester, 2019). IPV is a global issue with the World Health Organisation reporting around 30 per cent of ever-partnered women around the world who have experienced lifetime physical or sexual violence from an intimate partner (Devries et al., 2013). IPV has broad societal consequences, and is the single largest cause of disease burden for women aged 25–44 years in Australia (Ayre, On, Webster, Gourley, & Moon, 2016). Although men are exposed to violence used by intimate partners, there is evidence that women are most vulnerable to repeated and severe forms of abuse, including coercive and controlling violence (Ansara & Hindin, 2010; Houry et al., 2008). Global statistics also suggest that the greatest numbers of homicides among women are perpetrated by intimate partners (Stöckl et al., 2013).

IPV has many non-fatal impacts on victims, and can result in physical conditions and injuries, as well as mental health problems including depression, posttraumatic stress, and substance use disorders (Spencer et al., 2019). Literature indicates high prevalence rates of IPV across mental health conditions, and also demonstrates consistent associations involving both victimisation and perpetration of violence and depressive, anxiety, and post-traumatic stress disorders (Spencer et al., 2019; Trevillion, Oram, Feder, & Howard, 2012). In the context of substantial psychiatric morbidity linked with IPV, there are unsurprising associations with usage of physical and mental health services (Bonomi, Anderson, Rivara, & Thompson, 2009), and violence is encountered regularly in generalist medical and specific health service settings. By way of illustration, Australian studies have suggested around 28 per cent of women patients in primary care that report having ever been afraid of their partner (which is an important indicator of coercive controlling violence) (Hegarty & Bush, 2002), while international studies indicate 26 per cent of patients in mixed psychiatric settings that report lifetime exposure to IPV (Oram, Trevillion, Feder, & Howard, 2013).

There is common co-occurrence of gambling problems and IPV, which is reported across population-based surveys (Dowling et al., 2018) and studies of help-seeking samples of gamblers (Suomi et al., 2019) and family members (Suomi et al., 2013). In the Australian context, for example, Suomi and colleagues (2013, 2019) reported that many instances of violence in families of people with gambling problems were verbal and bi-directional (whereby individuals were both perpetrators and victims). This research also suggested that people with gambling problems often used violence in the context of anger related to gambling losses, while their partners were likely to use violence after discovering the extent of gambling that had been concealed. A small but important proportion of women were also identified as targets of coercive and controlling behaviour, and used gambling as means of physically and mentally escaping from trauma caused by IPV (Suomi et al., 2019). Such findings align with results of other studies of Australian women who are victims of IPV (Hing et al., 2020), as well as international evidence. For example, Roberts et al. (2018) analysed data from a representative study of U.S. adults and identified associations over time with gambling problems and reports of IPV use among men and women, as well as associations with gambling problems and IPV victimisation for women only. Such findings are consistent with research on specialist gambling treatment services, which also indicates high rates of IPV exposure identified in such settings. For example, a systematic review of studies published between 2000 and 2012 (Dowling et al., 2016) identified three relevant studies of gambling treatment which reported rates of IPV exposure ranging from 7 per cent (for “spouse assault” indicated during interviews) (Namrata & Oei, 2009) to 69 per cent (for reports of being victims of recent partner violence) (Echeburúa, González-Ortega, De Corral, & Polo-López, 2011). More recently, international studies have suggested around 12 per cent and 14 per cent of gambling treatment clients in the UK who screened positive for past year IPV perpetration and victimisation,

respectively (Roberts et al., 2020). In Australia, Dowling et al. (2014) reported data from users of gambling help services and identified 27 per cent of clients at intake who reported being victims of abuse in the past 12 months, while around 23 per cent disclosed past year IPV perpetration.

Data indicating that IPV is common in specific health care environments has informed assertions that such services can have central roles in multisector societal responses to violence and abuse (García-Moreno et al., 2015). Accordingly, there has been growing literature that has endeavoured to improve understanding and support the roles of service providers in addressing IPV, and has considered benefits of specific IPV interventions (e.g., screening programs) (O'Doherty et al., 2014), along with service-level interventions involving case identification strategies, IPV training programs, and enhanced referral pathways (Feder et al., 2011). These service-level initiatives have varied across context and jurisdiction, and have been shaped by preliminary studies of health service capabilities, including qualitative investigations of service providers in settings such as primary care (Yeung, Chowdhury, Malpass, & Feder, 2012), sexual health (Horwood, Morden, Bailey, Pathak, & Feder, 2018), and public mental health services (Rose et al., 2011; Trevillion, Howard, et al., 2012). By way of illustration, relevant studies have demonstrated that many such service providers are receptive to roles addressing IPV, although there can be variability in attitudes, and providers in some contexts (such as public mental health services in the UK) have expressed views that addressing violence is not a part of their professional responsibilities (Trevillion, Howard, et al., 2012). In primary care, the most appropriate roles for GPs have been framed as involving identification of cases and referral to external agencies, although other responsibilities have been identified (e.g., assessing safety risks and treating IPV-related conditions) (Yeung et al., 2012). Interviews also suggest specific care providers (e.g., practice nurses) who may have greatest capacity to address IPV (Yeung et al., 2012), and have identified obstacles to addressing violence. The latter include time constraints, insufficient expertise, and limited awareness or availability of community resources (Trevillion, Howard, et al., 2012; Yeung et al., 2012), as well as unique barriers that may apply in specific settings. For example, service providers in public mental health settings in the UK have identified concerns about impacts of enquiries about IPV on therapeutic relationships, and also describe difficulties assessing the validity of IPV disclosures when clients exhibit severe mental health problems (Trevillion, Howard, et al., 2012).

The aforementioned literature which indicates that IPV is common in gambling help services may suggest that these settings provide important contexts for initiatives that can strengthen the roles of help providers in identifying and responding to violence. However, in contrast with substantive bodies of evidence that are oriented towards informing responses to IPV in primary care and general mental health settings, there is scant research that provides bases for initiatives in gambling treatment. We know of no studies that have considered the acceptability or benefits of structured interventions for identifying or responding to IPV in gambling help settings, and only one study has obtained service provider perspectives on addressing disclosures. The latter involved interviews with service providers who worked across varied settings, including gambling help services, financial counselling, specialist family violence services, and other services around Australia, as part of a broader project involving interviews with participants with lived experience of 'gambling-related IPV' (Hing et al., 2020). High level analyses of data from service providers across settings (not limited to gambling help) provide preliminary indications of varied factors that could have bearing on IPV strategies. For example, they suggest awareness of common comorbidities for many service users, which were difficult to address in settings that did not provide multiple services in one organisation. Some providers also emphasised the salience of economic abuse perpetrated by men with gambling problems against their partners, reported difficulties distinguishing this from poor financial decision making, and described common understandings of IPV in terms of traditional gender roles and inequities. However, the unique perspectives of gambling help providers were not typically differentiated in analyses of data from multiple services (including family violence services), and the distinctive experiences of gambling help providers remain unclear.

The Current Study

The aim of this project was to explore the potential role of gambling help services in the identification and response to clients who had either experienced or used violence in their intimate relationships. This aim was addressed via a qualitative methodology involving semi-structured interviews, which were guided by a number of research questions including:

1. What are the perceived roles and experiences of service providers in addressing IPV among individuals accessing gambling help services?
2. What are the perspectives of gambling help providers regarding drivers of IPV use among these clients?
3. How do help providers understand currently available supports, services, and service provision gaps that relate to IPV?

Approach

Participants and procedure

The current project plan initially comprised two stages including (1) an online survey of Gambler's Help service providers in Victoria, followed by (2) linked follow-up interviews with a purposive sample of providers. However, in the context of substantial disruptions for services and communities in Victoria in 2020/21, there were major obstacles to engaging and recruiting from Gambler's Help services. A strategic decision was thus made to prioritise collection of qualitative data via interviews, and also to expand recruitment of service providers from outside of Victoria. Accordingly, there were small numbers of respondents to online surveys, which were insufficient for purposes of meaningful quantitative analyses, and the remainder of this report is focussed on the collection and analyses of findings from interviews.

Gambling help providers were recruited for interviews via a number of strategies. These included invitations to participate in the online survey, that were distributed to gambling help services via emails from the Victorian Responsible Gambling Foundation, which funded the current project and also commissions relevant services in Victoria. This survey included an invitation to take part in follow-up interviews, and requested an email address if participants consented to contact. The Foundation also facilitated promotion of the study via presentations at online meetings of managers of Gambler's Help services, and network meetings of help providers. In addition, the research team sought engagement via presentations to the membership list of Financial Counselling Victoria, the peak body and professional association for financial counsellors in Victoria (many of which provide Gambler's Help services), and via networks with the Statewide Gambling Therapy Service in South Australia. Finally, the research team also contacted the manager of Gambler's Help services in Victoria directly, while a project advertisement was posted on social media platforms. Service managers and help providers who expressed interest were contacted subsequently to arrange a convenient time to conduct interviews.

There were $n = 20$ semi-structured interviews conducted via telephone between November 2020 and March 2021. Seventeen participants worked for gambling help services in Victoria and three worked for services in South Australia. Eight of the services were regionally based, seven were urban, and five were state-wide services. All organisations provided additional services, in addition to gambling help, although the integration of services varied across organisation and location. None of the services in this study were culturally specific, which was despite attempts to engage and recruit diverse types of services. Interviews ranged from 25 to 70 minutes (average of 44 minutes) and were audio-recorded and transcribed verbatim. Participants represented a range of roles in gambling help services, including both gambling help financial counsellors ($n = 5$), and therapeutic counsellors ($n = 5$), as well as executive/program managers ($n = 5$), and team leaders/peer program coordinators ($n = 5$). There were $n = 15$ participants that identified as female and $n = 5$ identified as male. Years of professional working experience ranged from 2 weeks to 20 years (mean = 5 years and 8 months).

Interview guide and analyses

A semi-structured interview guide (Appendix 1) was developed collaboratively by the research team based on an understanding of the current literature and the proposed research aim and questions. This provisional guide was provided to representatives of key stakeholder groups (including both therapeutic and financial counsellors) for review and feedback prior to finalisation. The interview guide initially addressed the perceived role of gambling help providers in responding to IPV exposure and use among

individuals accessing gambling help services. Follow-up prompts were situated under broad questions about recent encounters with IPV among clients, and explored understandings of underlying drivers of IPV use, in addition to potential differences with non-gambling populations. Finally, the interview guide addressed perceptions of available services and service provision gaps, and supports required for help providers to improve responses to IPV. All interviews were conducted by one researcher, who has experience in qualitative research specialising in gender-based violence, and is a practicing clinical psychologist.

The analyses adopted a social constructivist approach (Creswell & Poth, 2016) to thematic analysis (Braun & Clarke, 2013). Social constructivism aims to understand how people construct and reconstruct meaning (Guba & Lincoln, 1994), and supported exploration of the varied, multiple, and complex perspectives of help providers (Creswell & Garrett, 2008). The analyses focused on understanding service providers' perceptions of, and responses to, clients who had either experienced violence or used violence in their intimate relationships. Inductive methods were utilised to code the data, moving from descriptive to interpretative codes, and finally to overarching themes. Relevant statements were coded with ample context to avoid data fragmentation and de-contextualisation (Pope et al., 2000). A final coding framework was agreed with co-researchers and applied to the dataset. A selection of transcripts and quotes were reviewed by co-authors under each theme (Braun & Clarke, 2012), and coding was conducted iteratively with co-researchers. Data saturation was agreed with co-researchers when no new themes were identified, and all data collection strategies had been exhausted by the project team (Fusch and Ness, 2015). The software program NVivo 11 was used to manage the data and support analysis.

In the context of reflexive thematic analysis, meaning and knowledge are understood as situated and contextual, with the researcher's subjectivity considered a resource for knowledge production rather than a bias (Braun & Clarke, 2020). Notwithstanding this, several strategies were used to enhance methodological rigour (Lincoln & Guba, 1985), and aligned with principles of credibility, positionality, and reflexivity. Credibility was achieved through engagement with representatives of groups including gambling help providers, peak bodies, and policy makers, in order to gain provisional understanding of the differing experiences and perspectives of these stakeholders (Altheide & Johnson, 2011). Positioning and assumptions are a key part of qualitative research supported by reflexive practice (Braun & Clarke, 2019). Reflexive practice requires awareness of personal, social, and cultural contexts in which we live and work, and understanding how these can impact the way we interpret our world (Etherington, 2004). Reflexivity integrates well with the interviewer's professional background as a clinical psychologist who has previous experience working with consumers with a history of mental illness, trauma, violence, and abuse. It was essential to identify and question assumptions held by the researcher and how they may have influenced the collection, selection, and interpretation of data and data saturation (Braun & Clarke, 2019; Finlay & Gough, 2008). The lead author engaged in regular reflective practice and supervision with co-authors throughout the analysis and coding process.

Results

Findings from the qualitative analyses were organised in relation to four themes that were developed on the basis of common narratives that were observed across interviews. These four themes were characterised as follows:

1. 'It's loaded with complexity'
2. 'The hidden nature of gambling and IPV'
3. 'The big thing is putting it on the radar'
4. 'It's everyone's business'

Each of these themes is described below with supporting quotes provided for illustrative purposes.

1. 'It's loaded with complexity'

The first theme encompassed narratives regarding the clinical complexity and presentation of clients who reported both gambling problems and IPV, which was reflected in descriptions of co-occurring mental health and psychosocial issues, as well as intersecting cultural factors.

Most participants described issues that commonly co-occurred with gambling problems and IPV, including histories of underlying trauma (e.g., neglect, family violence and abuse in childhood), along with current co-occurring mental health issues and other psychosocial difficulties (e.g., unemployment, severe financial problems). These co-occurring issues were mentioned in relation to both IPV exposure and use:

> *"Mental health is a big one, particularly in the financial counselling area, there's stress over money. The controlling behaviours of perpetrators of intimate partner violence, there's definite control aspects. Stressors that create anxiety and depression are big, you've got unemployment, medical illnesses, you've got under employment, you've got life events which can trigger things, you've got drug and alcohol, which would be massive, and children. This is harder to pick up in the sense, but it's also the things that they've been subjected to themselves, like the way they've been brought up." (Participant seven, Team Leader)*

Most participants expressed the view that gambling was likely to drive or complicate other psychosocial stressors, including financial distress, child protection issues, homelessness, and illegal activity:

> *"The clients at Gambler's Help, every one of them are complex with huge needs. There's not just one issue. You're looking at a multitude of issues…you've got electricity, you've got rent, rent is in arrears, mortgages are in arrears, they've got loans, they've got pay day lender loans, they've gone to the pawn shop, they've hocked something. There's not one thing. It's huge complex issue. They've got insurance problems. They haven't paid this. They haven't done that. They've got no food. They're about to be evicted because it's gone to court, it's gone to VCAT and they've got to be out next week. They've got nowhere to live. They're living in a car or something like that because they've sold everything they can and they've got no money to pay." (Participant one, Financial Counsellor)*

Participants regularly highlighted the complex and reciprocal processes that could connect IPV and gambling problems. For example, some help providers suggested that gambling could contribute to relationship conflict and also exacerbate IPV.

> *"It was a bit of a chicken or an egg, as to which came first, the gambling or the family violence. I think it was characteristic of their relationship right from the beginning. They had both been gamblers, it was there from the start." (Participant two, Therapeutic Counsellor)*

Some participants also described how use of controlling behaviours, in particular, could reflect attempts of gamblers to regain some sense of control in the context of accumulating financial losses:

> *"…to turn the tables, they become more aggressive, and that escalates as well, for example, the more in debt they're becoming, the more credit cards they get, the more that they're not coping, the more payments that they've missed, so therefore the aggression escalates, because you have to escalate the aggression to hide the issues that are going on." (Participant three, Financial Counsellor)*

> *"It's that kind of stuff that creates that high load of stress which then creates relationship and family-based and issues…People can become far more controlling. From an intimate partner violence perspective, it depends on where the power's then sitting because there can be a power shift often within that. Sometimes the gambler is the one who has the power in the relationship prior to that. Part of trying to control the fall-out from that is to become more controlling." (Participant 11, Program Manager)*

Conversely, other participants described how many victims of IPV gambled because venues provided safe spaces to escape from violence in the home:

> *"…it could be the woman who's gambling because she's trying to get away from the partner, and she's seeking refuge in some of these places. I've been out to venues with our Venue Support worker and heard stories about women arriving at venues at 11 o'clock at night and just hanging around because they feel safe because they know there's a security guard on the door, they can go there, it's warm and they might sit there and then start playing the pokies." (Participant 17, Program Manager)*

Intersecting cultural factors were also described as adding complexity to the process of identifying IPV among clients from diverse backgrounds, including Australian backgrounds. These participants referenced important cultural contexts for the role and meaning of hierarchy, power and control, misogyny, and intergenerational trauma:

> *"I'm trying to educate her about family violence, that her husband's psychological, emotional and financial abuse are not acceptable, but I'm aware that might be lacking cultural sensitivity. In the Middle Eastern country where they're from it is expected that the husband should control everything, but this woman is really suffering as a result." (Participant six, Therapeutic Counsellor)*

> *"Some cultures are still willing to still be the 'ocker' male, so to speak, and still wanting to drink and not deal with the consequences or understand the consequences of what they're doing when they're inebriated, and often it's also at the same time that they're not dealing with their own trauma as well." (Participant seven, Team Leader)*

With reference to Aboriginal communities, some participants suggested that tendencies to share resources and provide help for family and kin networks could be misused to support gambling:

> "*So, instead of paying the rent they'll give them the money so they can go and get some food or some smokes or some drink (…) that's financial abuse*": (*Participant one, Financial Counsellor).*

However, some responses also suggested limited understanding of the unique cultural and collective meanings of gambling in some Aboriginal communities, as well as potential intersections with other forms of family violence including financial elder abuse (often described in terms of 'humbugging').

2. 'The hidden nature of gambling and IPV'

This theme encapsulated narratives regarding stigma, shame and secrecy associated with gambling problems and IPV, along with factors that contribute to difficulties naming or identifying these issues. The latter includes

the framing of gambling as a recreational activity, and the framing of IPV as a reflection of problem-solving difficulties or relationship conflict. These framings served to normalise both gambling problems and IPV among gamblers, families, and the broader community, and also contributed to the stigmatization and hidden nature of these issues.

Shame and secrecy were acknowledged initially by help providers who described clients who had difficulties discussing their gambling problems, despite presenting to a specific help service for gambling:

> *"First of all, even to get them to talk about that they have an issue with gambling is one of their biggest things." (Participant 19, Program Manager)*

Issues of secrecy were compounded when gambling problems co-occurred with IPV use, and particularly when perpetrators were mandated to attend counselling:

> *"I genuinely think that the hidden nature of gambling and the hidden nature of domestic and family violence can be challenging. You can only go with what you're presented. It may not always come to the surface, so you're relying on honesty from the client sometimes, and that might not necessarily translate into practice, particularly when you're working with clients that are…strongly coerced to be here, like, "If you don't attend your counselling, you will go back to jail." That sort of thing. When you're working with clients in that spectrum, you have to be aware that they might be telling you what you want to hear, and that's always a challenge when working with this particular cohort." (Participant nine, Program Manager)*

Some participants suggested that tendencies to hide gambling problems were attributed to experiences of shame and stigmatisation, and indirectly to the framing (or perception) of gambling as a harmless recreational activity for most people:

> *"Everyone has to be much more open about how much this goes on because gambling is also something that you see advertised on television, how wonderful, how much fun, et cetera it is. It's almost like there are two faces. In one way we condone gambling but of course in another way society really frowns upon it." (Participant 14, Team Leader)*

Similarly, gambling help providers identified implications of the tendency to frame violence as a dimension of interpersonal conflict or maladaptive relationship behaviours, including a potential response to stress and frustration attributed to gambling. This framing was then linked to difficulties identifying and naming IPV.

> *"She was sick of the gambling and the lies...She did question me, "Is this abuse?" I then had to explain to her that with gambling, it can be a bit of a fine line sometimes between whether it's actually family violence or just them trying to hide." (Participant five, Financial Counsellor)*

Some participants suggested that shame and attempts to conceal gambling and IPV could result in blaming others and the failure to take responsibility for their behaviours:

> *"…in both gambling and AOD, you're hiding something in that particular sense. If there's something else that's going on in that relationship as well as intimate partner violence …. hiding the issues and not being able to face them and cope with them is one of the biggest triggers- "It's not my fault." (Participant three, Financial Counsellor.*

There was also a sense that secrecy associated with gambling could be 'transferred' to family members. This was described in the context of family members who were first learning about the extent of gambling-related debt and financial losses, which resulted in stress or shock, and apparent tendencies towards secrecy while adjusting to the sense of betrayal and loss:

> *"The big contextual or contributing factor…would obviously be the stress on the family unit from the gambling. Some of that is from the actual gambling, some of it's from the secrecy that goes with that, some of it's from the financial impact of that, how people have suddenly discovered*

that their partner has bankrupted them, and they're struggling with the loans on the house." (Participant 11, Program Manager)

3. 'The big thing is putting it on the radar'

This theme encompassed factors that were understood to enable client disclosures of IPV, or alternatively, kept these issues hidden, and is organised in relation to two sub-themes: 'what puts it on the radar', and 'what keeps it hidden'.

What puts it on the radar

Many participants described generally high confidence that gambling help providers had the capacity to identify IPV among their clients, including non-physical and economic forms of abuse:

> *"The difference from some of the relationship services I've previously worked at is that all of our counsellors are acutely aware of financial abuse stuff happening…. Physical violence is the easy one, to some extent, in terms of being able to recognise it and confront it. It's the others that are much more subtle. I think because these guys as counsellors – both the therapeutic counsellors and the financial counsellors – are so acutely aware of the subtleties of financial violence, they'll pick up some of the subtleties as well." (Participant 15, Program Manager)*

Some participants, and particularly financial counsellors and service managers, also described how talking about money and finances could facilitate disclosures of IPV exposure, while the provision of budgeting support was identified as a useful context for initiating discussions about economic abuse:

> *"You're having conversations around the stuff that is kept secret and not disclosed in terms of the gambling, and financial losses, and all that other kind of stuff. To carry on and extend that out to other stuff that is kept hidden, like intimate partner violence, is not a big step from what they're assessing anyway. I think we're in a good position to be able to do that." (Participant 11, Program Manager)*

> *"Limiting of financial cash – when you're actually conducting a budget with a person, which is a lot of our role, exploring with the client, "Why don't you have the funds?" and that reveals the situation, if you're not already pre-informed of that due to the referral." (Participant 3, Financial Counsellor)*

However, there were also some participants who described difficulties distinguishing gambling-related financial harm from economic abuse, while a small number expressed the view that all financial problems resulting from gambling comprised a form of economic abuse:

> *"…explaining to them that the lack of money that you have, so that you can't buy for the essential needs for the kids, the food that you need, that you're actually seeking emergency relief – the fact that you need to do that, and it's causing you stress, is a form of abuse." (Participant 3, Financial Counsellor)*

> *"In terms of affected others...they are always experiencing financial abuse from their partner if that partner is the person who is gambling." (Participant 15, Team leader).*

Participants suggested other factors that could enable client disclosures of IPV exposure, including rapport and a strong therapeutic relationship, non-judgmental approaches to therapy, and an openness to asking about trauma and violence. In some instances, the extent to which participants felt comfortable talking about trauma was attributed to their own experiences of violence, or having direct experience in the family violence sector:

"I've actually been through this sort of thing myself. So, I've had a personal experience and he was a gambler as well. So, just my own life experience and where I work I have been able to pick up the issues from what they say and how they say it." (Participant 1, Financial Counsellor)

"Pretty confident. I worked for family violence services for eight years, so I'm fairly comfortable with it." (Participant 2, Therapeutic Counsellor)

The importance of understanding structural factors associated with gender-based violence was not acknowledged in most interviews, although there were a small number of participants who described these issues:

"It's more common that the family violence will connect to deeper underlying causes in behaviour. I think number one is underlying culture of power and control in society, the dominant male entitlement to the women and women's bodies…. It's very important for us as an agency and access workers to have that feminist perspective and to see that these are situations of power and control. We see that as the main driver especially in those relationships between men and women." (Participant 18, Team Leader)

"..the man/boy culture of showing your manliness and keeping your partner and being the man of the house, is probably maybe a good way to explain that, and how that is encouraged amongst men within sporting clubs... We can sometimes see it through the gambling because gambling is also big within sporting areas, sporting clubs. So, there's that aspect, but the terminology that we try to get away from these days, "boys will be boys," and that's changing that culture from which many men still have been brought up with when they were young and trying to change that." (Participant seven, Team Leader)

Finally, many participants reported facilitating different types of 'couples work', which ranged from one-off sessions to inform partners about available resources, to ongoing couples-based therapies, either as financial or therapeutic counsellors. The nature of couples work varied according to the organisation and experience of counsellors, and these participants reported vigilance for IPV 'red flags' involving direct observations of interactions between the gambler and affected other:

"In the room, you would notice the body language. You notice controlling language that's used, put-downs, subtle but present. Body language responding to feeling oppression maybe, unsafe, out of the comfort zone. With body language, like, "Watch it. Back off."" (Participant eight, Therapeutic Counsellor).

What keeps it hidden

Financial counsellors often described a role in addressing IPV that focussed on facilitating disclosures and providing a gateway for clients to access therapeutic counsellors and other services. In contrast, there were small numbers of therapeutic counsellors and service managers who did not appear to recognise that gambling help services had roles in responding to IPV, while some managers also suggested that counsellors did not have the skills and willingness required to address IPV:

"[IPV] isn't part of the Gambler's Help clinicians' work. Their work, first and foremost, is gambling." (Participant 14, Team Leader)

"I think sometimes...probably the older generation that we have is that we don't talk about that stuff or it's not our business…they're here for this purpose and I'm just going to see them for this purpose. Where probably our younger ones in that sense may be more open. I have had…a male clinician say, "I don't feel comfortable if it's a female if they start to open up or how much do I know." So, that could be [based] on their gender. And, culturally as well because in [regional town] we have a very diverse culture range and we have discussed as a team, people saying and

it's not because they want to be disrespectful, so understanding what is the belief in one culture, it may be that the husband makes the decisions and they step through, but then it's understanding their boundaries or not being disrespectful to that culture belief of what it is and what's in place." (Participant 19, Program Manager)

Some participants suggested that IPV was often overlooked during intake, and that organisations could contribute to the hidden nature of violence by not supporting comprehensive client assessments that included questions about risk:

> *"Regardless of what program you're in if you're a clinician you're trained to look out for those things [problem gambling], and sometimes domestic abuse and violence does get overlooked. We almost expect that our clients would tell us if that was going on. It's one of the failures of this system. We're not encouraged to do a broad assessment, to ask about all these particular things. We almost expect that we would be told by the client if they were experiencing domestic abuse and violence. Part of it is there's a very low level of cultural awareness as well. Because these issues in some cultures are quite normalised, clients may not think to talk about it or realise that it is abuse, to identify and recognise it as abuse." (Participant 20, Team Leader)*

4. 'It's everyone's business'

The final theme encompassed descriptions of salient responses of gambling help services to IPV, which commonly emphasised approaches to intra-agency and inter-agency collaboration. Participant narratives also referenced factors that either limited responses (e.g., rural or remote locations), or facilitated collaboration and other instances of proactive approaches to IPV.

Once IPV was identified, participants commonly recognised the importance of working with victims of IPV and some described providing emotional and practical support targeting experiences of trauma and violence. In contrast, many participants felt less capable or prepared to work with IPV perpetrators, unless they had access to a team with appropriate skills to provide support for further work with the client:

> *"… not knowing what to do when men say that they've been a perpetrator. I'm at a bit of a loss when they say that. Probably I haven't got enough information or training or understanding as to how to respond to that." (Participant 15, Team Leader)*

> *"Certainly gaps in terms of people available to work with men or to work with perpetrators of violence. I'm always looking around for supports for men, and there's very few and far between, so that makes it difficult." (Participant 10, Therapeutic Counsellor)*

Across professional groups, most participants recognised the importance of intra-agency and inter-agency collaboration. Some larger organisations comprised multiple teams including therapeutic counsellors, drug and alcohol workers, family violence specialists, as well as case management services, and this was viewed as helpful for addressing the complex needs of gambling help clients:

> *"We have AOD counsellors so I might work with them. I might work with a gambling therapeutic counsellor. I might work with a mental health nurse or something like that. Wherever there's – whoever their counsellors are, I work with them." (Participant 10, Financial Counsellor)*

> *"We do internal training, we talk about it at team meetings or in your group sessions when you are there and do… de-identified cases… and also encourage the clinicians to do that secondary consult. As I said, we're very lucky because within our structure we actually have throughout the office, it's not just the family violence team sitting together and the Gambler's Help team, you've actually got different disciplines sitting beside each other, so we encourage them to actually tap in and use the other teams around them for their expertise." (Participant 19, Program Manager)*

Service managers who had worked previously in the family violence sector indicated that this history provided advantages in terms of understanding external services, facilitating referrals and linkages with specialist services for clients who disclose IPV:

> *"I am very aware having worked in those services myself. That's useful in that I have a lot of that knowledge base myself. I've worked in victim support services, I've worked in services providing [behaviour] change programs for perpetrators of violence. I know those structures. I know the people at Orange Door; I know 1800 RESPECT. I know that stuff, whereas that's not necessarily team knowledge at this point." (Participant 11, Program Manager)*

In contrast, smaller organisations evidenced fewer linkages and opportunities for collaboration with other services, and appeared to operate mainly within the narrow context of gambling help provision:

> *"My role in referring is really limited to giving the client the contact details. It was only with the client with refugee status that I actively referred and made contact with the service myself, to ask them to call her. I was a bit limited because we've been working remotely, in terms of how I could do it." (Participant six, Therapeutic Counsellor)*

Although participants often indicated working well with external services, the lack of specialised services in rural and remote areas was perceived as a challenge. This was particularly the case for child and family services, and also for culturally appropriate services for Aboriginal clients or those from CALD backgrounds:

> *"When I'm working out in the [rural area], there's much less support services available, and I certainly don't have any support from our organisation. Myself and the financial counsellor are the workers in that area. It's a very intergenerational support. That's included every risk factor, including family and domestic violence, and in an intergenerational way, because they grew up in very dysfunctional and violent families and they are now dealing with having their own children and now dealing with trying to break those patterns. In that instance, I end up doing a lot more of the casework." (Participant 10, Therapeutic Counsellor)*

Having access to professional development and supervision was perceived as helpful for improving responses to IPV. At an organisational level, some services were characterised as having IPV-related policies and processes for staff and clients who may be experiencing IPV, including formalised risk and safety planning procedures (for example, based on the MARAM framework in Victoria). Some participants reported that their employers were adopting a 'whole of organisation' strategic response to addressing IPV through implementation of the MARAM.

> *"Internally it's high on the strategic agenda. As I said, we are really expected to implement the MARAM reforms agency wide, and speaking as the manager responsible for that project, I have a lot of backing and support from the executive to make sure that that happens and a lot of support from clinicians across different programs to make that a reality. With respect to our funding bodies, the Responsible Gambling Foundation, has been quite proactive and open to our ideas in terms of making this concrete. There's still a lot of work to be done to put in the practical details in terms of training, in terms of referral pathways, making sure that we have proper arrangements for information sharing, etcetera. All of that is conditioned on existing relationships of trust and cooperation so it's been really good in that sense. I think for us it's really more about getting the resources to execute properly more than anything else so the moral, political support, they're all there." (Participant 18, Team Leader)*

> *"We have policies around how we would support a disclosure, so if we have a staff member come in, or they need to, if they're threatened at work by their partner – their partner may be manipulating them – we've got a whole process written up as part of our safety framework for our staff if they're experiencing it. We acknowledge it exists in the community. We're demystifying it. We've got that in place, and I have regular fortnightly supervision with all my*

staff, and like I said, they have that external clinical supervision. If they don't want to talk about it in the workplace, they have got that other support in place until they're ready to disclose, so there's a fair bit of support at different angles and an actual proper, written-up procedure of what to do, so it's really clear that the staff will be support if that happens within their personal lives." (Participant 9, Program Manager)

However, this was not a consistent or unified approach across all gambling help services:

"Organisationally, it would be to have some sort of unified approach around that in terms of knowledge training, access to resources, policy framework. If we can get a unified process covered in some of our gambling services, as well as targeted in family services now, some of the allied health teams and stuff like that. If we can build that unified thing across it, that would be really, really helpful." (Participant 11, Program Manager)

Discussion

The purpose of this study was to explore how gambling help providers understand and respond to clients who disclose IPV, including those who are exposed to IPV and clients who use violence in their relationships. It thus builds on growing literature about the co-occurrence of gambling problems and IPV (Dowling et al., 2016; Roberts et al., 2018; Suomi et al., 2019). It also contributes to a broader body of research about the roles of help providers in addressing IPV that has previously focussed on service environments including primary care (Bair-Merritt et al., 2014), and general mental health settings (Trevillion, Corker, Capron, & Oram, 2016). The current study thus draws attention to the potential role of gambling help services in identifying and addressing IPV, which comprise one small but important part of the multi-sector societal response to IPV and violence against women (García-Moreno et al., 2015).

The findings highlight a view among gambling help providers that IPV often occurs in the context of significant clinical complexity, as reflected in multiple co-occurring issues including histories of trauma exposure, concurrent mental health problems, and psychosocial challenges including severe financial difficulties. It is important to acknowledge that these observations are based on perspectives of help providers, and they do not necessarily reflect characteristics of all service users, including those who may experience IPV but have not come to the attention of help providers (potentially because they tend towards less visible and complex issues). Notwithstanding this, the findings are consistent with results from population-based studies which indicate that gambling problems across a continuum of severity are linked with reports of trauma exposure in both childhood and adulthood (Roberts et al., 2017). Such studies also suggest that severe instances of problem gambling co-occur commonly with other mental health conditions (Lorains, Cowlishaw, & Thomas, 2011), and predict psychosocial problems including financial difficulties (Cowlishaw & Kessler, 2016), and homelessness (Roberts et al., 2017). Furthermore, help-seeking for gambling is also driven commonly by gambling-related ‘crises’ (e.g., severe debt, relationship breakdown) (Evans & Delfabbro, 2005), and this tendency may further shape the complex profile and multidimensional needs of clients who present to help services.

The current results identified further views of gambling problems and IPV as hidden issues that are both associated with experiences of stigma, shame, and secrecy. Such themes align with broader literature on experiences of stigmatisation associated with gambling problems (Hing & Russell, 2017; Miller & Thomas, 2018) and IPV (Overstreet & Quinn, 2013), when these issues are considered in isolation. For example, studies of other health settings indicate that women who experience IPV may hold expectations of negative reactions from service providers, including fear of being judged or negatively evaluated (Heron & Eisma, 2021). Expectations of devaluation comprise key features of anticipated stigma (when stigma is conceptualised as a phenomenon that also includes internalised, enacted, and cultural dimensions) (Murray, Crowe, & Overstreet, 2018), and have been identified as barriers to IPV disclosures and help-seeking (Heron & Eisma, 2021; Overstreet & Quinn, 2013). A recent study by Hing et al. (2020) also considered the dual stigma stemming from gender-based IPV and gambling, and suggest that family violence and gambling harm may have common dimensions of personal responsibility and failure, which are deeply entwined with feelings of shame. The current findings extend this literature and suggest that effects of violence stigmatisation are readily observable in gambling help services, and may have implications via client secrecy and reluctance to disclose IPV. These may be additional to impacts on clients from internalisation of stigma (which can manifest in shame and self-blame) (Overstreet & Quinn, 2013), and from the intersection of multiple stigmatised identities, such as problem gambler, and IPV victim or perpetrator. The latter can be inferred from emerging literature on ‘intersectional stigma’, which has accounted for experiences of living with certain stigmatised health conditions (e.g., HIV) among marginalised groups that also suffer stigmatisation (e.g., racial or sexual minorities) (Turan et al., 2019). This provides evidence that such identities can exacerbate one another, whereby individuals who report stigma from one condition may be more likely to endorse stigma from another condition (Staiger, Waldmann, Oexle, Wigand, & Rüsch, 2018), and this has been attributed to factors including heightened

sensitivity to stigmatising experiences (Turan et al., 2019). The affected others of gamblers have also been found to experience stigma that can contribute to secrecy and isolation, and thus increase vulnerability to the severe adverse effects of IPV (Riley, Lawn, Crisp, & Battersby, 2020).

This study suggested influences of cultural factors among gambling help clients that can intersect with presenting problems in the context of gambling and IPV. Participants provided observations of IPV in relation to different cultural groups that included Australian men (presumably white Australian), Aboriginal Australians, and other Culturally and Linguistically Diverse (CALD) groups, including ethnic minorities. Accordingly, the interviews highlight the varied cultural identities that can influence experiences of both IPV and gambling harm, and may have important implications for help services. By way of illustration, studies of ethnic minorities in Australia have documented many barriers to IPV help-seeking that include language problems and limited knowledge of support services (Murray et al., 2019). Recent migrants have also been shown to encounter risk due to isolation and dependency on family for financial resources, and limited access to employment, health, or education services (Maher & Segrave, 2018). IPV used and experienced by Aboriginal men and women must also be considered in relation to complex issues grounded in historic and structural oppression, and may reflect consequences of colonisation and intergenerational trauma, as well as institutional racism (Andrews et al., 2021; Gallant et al., 2017). Emerging literature suggests there may be specific approaches to identifying and responding to IPV that are appropriate among these cultural groups (Andrews et al., 2021; Fisher, Martin, Wood, Lang, & Pearman, 2020), and these may be important considerations for gambling help services.

Findings from this study also suggested other barriers to addressing IPV in gambling help services. These included the view of some participants that addressing violence did not comprise a responsibility of gambling help providers, which aligns with studies of other health settings which have documented similar views of some service providers that addressing IPV is not part of their professional responsibilities (Trevillion, Howard, et al., 2012). These views have been classified as 'attitudinal barriers' to addressing violence (Sprague et al., 2012), and may contrast with attitudes of other help providers (particularly financial counsellors) who described specific and appropriate roles that involved facilitating IPV disclosures and supporting clients to access services. Additional barriers included perceptions of inadequate skills to identify and respond to IPV disclosures. Given the high clinical complexity associated with IPV in gambling help services, it may be unsurprising that some help providers voiced concerns about competencies required to respond to clients who disclosed IPV. These participants identified the need for enhanced capacities to address IPV, and this suggests value from service-level interventions involving provision of institutional support, training for care providers, and protocols for screening and referral, which can all help promote practice change among providers and support improvements in self-efficacy for addressing IPV (O'Campo, Kirst, Tsamis, Chambers, & Ahmad, 2011).

Finally, the current findings highlight alternative attributes of gambling help services that may enhance or facilitate identification and responses to IPV. The interviews suggested that many help providers were keenly aware of dimensions of economic abuse (although gambling-related financial harms were sometimes misperceived as inherently forms of economic abuse), while discussions about finances and budgeting were identified as useful contexts for initiating conversations about IPV. At the organisational level, help providers emphasised value from service-level initiatives and guidelines, such as those provided as part of the MARAM framework in Victoria, and also suggested that responses to IPV were strengthened when staff had prior experience or relationships with the family violence sector. The latter findings are consistent with service-level interventions which also involve embedding specialist IPV expertise in health care agencies; for example, via mentoring staff to become local IPV 'champions' (Goicolea et al., 2015), or via 'advocate educator' roles which are external to health services but are tasked with developing relationships and providing IPV support (Feder et al., 2011). This focus on engagement with other services, which underscored the perceived importance of cross-sector collaboration in addressing IPV, was a common thread that ran across interviews in this study. These included interviews with financial counsellors who articulated their role as providing a gateway to services, and help providers who described the value of working with teams including specialists in IPV and other areas (e.g., drug and alcohol).

Conversely, the interviews also suggested some service provision contexts where instances of cross-sector collaboration were more difficult. These included smaller organisations that did not house other services or specialist teams (including IPV specialists), as well as services situated in rural or regional areas where other services were also more sparsely distributed.

Strengths and limitations

To the best of our knowledge, this is the first qualitative study that has described the unique perspectives of gambling help providers on the identification and response to IPV. The participants included different types of gambling help providers, including financial and therapeutic counsellors, team leaders and program managers. The strong theoretical underpinnings of the research were also a strength, whereby the social constructivist approach facilitated in-depth understanding of the diverse perspectives of help providers on IPV and gambling problems.

Notwithstanding these strengths, the research was also associated with important limitations:

- The scope of the research was limited predominately to gambling help providers in Victoria, with only three participants based in South Australia, and none from other Australian States or Territories. Accordingly, the findings may not be transferable to other parts of Australia, where there are different regulatory landscapes, as well as international jurisdictions.
- Participants reported different roles in gambling help services, including therapeutic and financial counsellors, as well as service managers or leaders, and there were smaller numbers of participants (and thus less data) available to reflect the potentially heterogeneous experiences and perspectives of these distinct types of help providers.
- The analyses attempted to differentiate between help provider narratives relating to IPV use and exposure among gambling help clients, but these were not always clearly distinguished in the data and the unique encounters and responses to these different dimensions of IPV (including risk assessment strategies) were under-developed in the findings.
- By virtue of the broad focus of interviews on both IPV use and exposure, men and women, along with the orientation to help providers, the data were potentially less detailed and elaborate than would be expected from other contexts (such as interviews that focussed more narrowly on IPV exposure by women, as understood by family violence specialists). Accordingly, the data were also sparse in relation to some research questions; for example, that produced limited detail regarding understandings of the drivers of IPV use among clients, and did not comprise a distinct theme or subtheme in the findings.
- The project was focussed on IPV, and did not consider broader dimensions of family violence, including child exposure to IPV, child maltreatment, as well as elder abuse, which are all likely to intersect with experiences of IPV.
- Despite efforts to engage a broad range of service types, the research did not include any culturally specific gambling help services.
- This research was also confined to help provider experiences only, thereby excluding voices of service users, such as clients who have used or been exposed to IPV, and service users from diverse backgrounds and minority groups including cultural and sexual minorities, as well as clients with disabilities.
- As with all qualitative research, the findings are reflective of the values and assumptions of the researchers, in addition to the participants, and a different research team may have arrived at alternative interpretations of the data.

Implications and future directions

Qualitative interviews suggested significant challenges that gambling help providers face in relation to the identification and response to IPV, and accordingly signal the need for initiatives to support and strengthen the

role of such services in addressing IPV. The findings also suggest at least three main areas of priority focus for such initiatives.

First, observations of client tendencies to experience stigma, shame and secrecy relating to IPV all highlight the need for strategies to support disclosure and identification of violence in gambling help services. These may involve IPV screening tools and protocols that can support routine questioning about violence, although it is important to recognise that universal screening should not be recommended in the absence of evidence that such practices can promote discernible benefits (relative to costs) for clients (O'Doherty et al., 2014). Strategies that attenuate the effects of stigma, shame and secrecy should also be considered at the level of organisations and service providers. Critically, any strategies that aim to increase questioning about IPV should be considered in conjunction with endeavours to support responses to disclosures, including first-line responses and subsequent engagements with services that can support clients who disclose violence. They should also occur in the context of endeavours to promote physically and psychologically safe environments for disclosures. These can be engendered by organisational structures and policies that allow for the development of trust between help providers and clients (for example, by allowing sufficient time in consultations to develop relationships), and that also affirm the importance of client choice and control. Such structures may be embedded in broader service-level changes that are oriented towards principles of trauma-and-violence-informed-care, which also emphasise the importance of safety, client-centred care, predictability and consistency in care provision, as well as both gender and cultural awareness (Browne et al., 2012). The latter are particularly important given the diverse cultural backgrounds of gambling help clients that may intersect with IPV, and also suggest the need for initiatives that can enhance culturally aware and appropriate practices for clients from both Aboriginal backgrounds and CALD communities. There may be particular value from culturally targeted initiatives that involve IPV advocate educator roles that are held by trained specialists from Aboriginal and CALD backgrounds, who can support responses to IPV and enhance culturally appropriate and safe practices within gambling help services.

Recommendation 1: There should be strategies to promote identification of IPV, and provide physically, emotionally, and culturally safe contexts for disclosures in gambling help services. This may involve:

- Screening tools or protocols with clear referral pathways;
- Safe, culturally sensitive and trauma-informed service environments; and
- Aboriginal and CALD community-led culturally appropriate and safe change initiatives;.

Second, interviews with gambling help providers identified concerns about the adequacy of skills required to address IPV, and these indicate a need for guidance regarding the responsibilities for addressing IPV that are expected of gambling help providers, as well as tailored training and resources to support relevant areas of workforce capability. The MARAM framework in Victoria could be used to inform this guidance, and identifies different workforce tiers ranging from specialist family violence practitioners (Tier 1), to workers in universal services and organisations (Tier 4). It also indicates responsibilities that are appropriate for each tier, and are associated with supporting resources (e.g., training, practice guidance). For example, Tier 3 organisations reference workers in mainstream services and non-family violence agencies, and are attributed responsibilities that include supporting sensitive and safe engagement with clients, identifying violence, and participating in secondary consultation for purposes of risk assessment, management, and referral (Family Safety Victoria, 2018). The roles of gambling services are not addressed in the MARAM context, although some providers (e.g., financial counsellors) may have responsibilities by virtue of other affiliations. However, this omission highlights the need for specific guidance regarding the responsibilities of gambling help providers, as well as supporting resources which include training programs and practice guidelines. The latter may be based on existing materials that have been developed in other settings, but should be tailored to gambling help services. For example, it seems likely that many gambling help providers would be classified as non-family violence specific agencies, which are Tier 3 in the MARAM framework. Accordingly, training and resources may focus on foundational knowledge about the nature and risk factors for IPV, as well as identification strategies and first-line responses to disclosures. The latter may reference international guidelines which indicate key tasks that underlie responses; for example, which are organised in relation to the 'LIVES' acronym, and reference Listening, Inquiring about needs, Validating experience, Enhancing safety, and ensuring Support (World

Health Organization, 2013). Potentially, there is also a role for training that covers principles and practice relating to risk assessment and safety planning. Freytag et al., (2020) have also compiled a practice guide in relation to one dimension of IPV related to gambling: gender-based coercive control experienced by female partners of male problem gamblers. This practice guide could inform specific aspects of upskilling workers that come into contact with female victims of IPV.

Recommendation 2: There should be tailored IPV policies and guidance, training and associated resources for gambling help services and providers, potentially including:

- Development of an IPV policy framework for gambling help services which outlines specific areas of responsibility and workforce capability; and
- Provision of supporting resources, including training and practice guidance, which can support the development of workforce capacity in appropriate areas.

Third, the study identified perceptions of significant clinical complexity that related to IPV and gambling problems, and this highlights the multidimensional needs of clients who disclose IPV in gambling help services. Adequate responses are likely to require systems-level strategies and approaches to intervention, which will involve cross-sector collaboration and involvement of multiple services in addition to gambling help. These will presumably include involvement of specialist IPV services, which may be supported by enhanced referral pathways, as well as attempts to embed violence expertise within gambling help services. However, it is important to recognise that clients who disclose IPV are likely to have many additional needs which relate to financial advice, legal advice, and mental health support. These multidimensional needs highlight the requirement for partnerships involving a range of internal or external services, as well as system-level initiatives promoting cross-sector collaboration and information sharing. However, it is also important to acknowledge that gambling help services are diverse and located across metropolitan and rural settings, while different solutions are presumably required across contexts. For example, the provision of comprehensive services for clients who disclose IPV may be feasible for larger (integrated) organisations that provide multiple services in metropolitan areas where external services are also most available. In contrast, help services in rural areas may suffer from the absence of such services, and need alternative strategies that involve developing internal capacity to respond to IPV or co-occurring issues, and leveraging off technologies to facilitate care coordination or remote access to specialist services.

Recommendation 3: There should be system-level initiatives to promote cross-sector collaboration, which may include a focus on enhancing:

- Referral pathways and embedding of violence expertise in gambling help services;
- Funding models that support establishment and co-location of multisectoral specialised 'service hubs' (e.g., help providers, legal advice, mental health support), or engagement with existing networks (e.g., Orange Door services in Victoria); and
- Technological systems that can promote remote access to specialist violence expertise for services situated in rural or regional settings.

Finally, the findings also signal a number of important directions for future research. Given the sparsity of evidence relating to IPV in gambling help services, the current study signals a generalised need for research that can further inform the development and design of tailored IPV interventions. These may address identification strategies (e.g., screening tools and protocols) and responses to IPV (e.g., involving the provision of IPV advocacy support), which should focus on addressing violence exposure and use. Any such initiatives should be developed in collaboration with service providers and those with lived experience of IPV and/or problem gambling. Collaborative methodologies can support improved understanding and sensitivity to the perspectives of help providers and clients who receive interventions (e.g., to explore acceptability and barriers to implementation). They can also provide context for quantitative studies involving randomised trial designs, which provide direct tests of benefits of interventions for clients. These tests may be based on trials of specific intervention strategies (e.g., IPV screening protocols), as well as relatively 'complex' interventions at the service level that involve multiple components (e.g., screening protocols, training for service providers, enhanced referral pathways) (O'Campo et al., 2011).

The findings also highlight the need for targeted research on experiences and impacts of multiple co-occurring stigmatised conditions associated with gambling problems and IPV, which could be considered in the context of an 'intersectional stigma' framework (Turan et al., 2019). This framework invites consideration of additional intersections with cultural identities and experiences of gambling help clients from diverse backgrounds, including Aboriginal people and members of CALD communities. These clients may have unique experiences of both gambling harm and IPV, as well as variable needs and pathways to accessing and engaging services. Such contextual considerations are necessary to enhance understanding of how to optimally support the design of culturally safe practices that are crucial to addressing IPV in gambling help services.

Future Research: There is a strong need for additional research that is oriented towards informing tailored interventions for addressing IPV in gambling help settings. This may involve:

- Collaborative methodologies that engage gambling help providers and clients in the research process;
- Quantitative designs incorporating trial methodologies to provide tests of the benefits of IPV interventions for gambling help providers and clients;
- Direct studies of the experience of implications of multiple co-occurring stigmatised conditions associated with gambling problems and IPV, which can be considered in the context of an 'intersectional stigma' framework; and
- Studies of additional intersections with the cultural identities and experiences of gambling help clients from diverse backgrounds, including Aboriginal people and members of CALD communities.

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Appendices

Appendix 1: Interview guide

Introductory comments

Thank you for agreeing to be interviewed and for taking part in this study. This interview is intended to give us a better understanding of:

- *the experiences of managers, therapeutic and financial counsellors in identifying and responding to IPV among individuals accessing gambling support services*
- *how prepared counsellors feel to address IPV victimisation and perpetration, respectively, and what approaches they use*
- *how prepared managers feel to address IPV victimisation and perpetration, respectively, and what managerial and organisational approaches they use*
- *the ways in which you think counsellors who provide gambling support services could be supported to address IPV, both at an individual and organisational level.*

The interview will take about one hour and will be recorded to ensure that we have an record of what you said. The information we gather is confidential and the recording will be kept securely on servers at Phoenix Australia and will be destroyed once the study is complete. Your interview will also be transcribed verbatim and these transcripts will be stored on the servers at Phoenix Australia indefinitely.

The findings from this study will inform written reports and publications which may use illustrative quotes from your interview. However, these reports will include no identifying information and nothing about you will be shared outside the research team.

Do you have any questions or concerns about how the information in the interview will be used? If it's OK with you, I will now turn on the recorder.

Part 1: Context

1. Could you tell me about the sort of work you do on behalf of the gambling support service you work for?

Potential prompts:

- Type of service provision (e.g., financial counsellor, therapeutic counsellor, managerial roles)
- Length of time providing services on behalf of the gambling support service.
- Caseload composition – e.g., individuals, couples, families, groups
- Length of time you generally see clients for and how frequently

Part 2: IPV victimisation

Intimate Partner Violence (IPV) refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm, including acts of physical or sexual aggression, psychological and economic abuse and controlling behaviour.

2. Could you tell me about your view of what role gambling support services have in responding to victims of IPV?

a. As a counsellor/ as a manager

Potential prompts:

- Context: individual, family, or couples counselling?
- Counsellors only Q: How comfortable do you feel asking a client about their experiences of IPV? What supports have you accessed or been provided to support asking about IPV?
- Manager only Q: How is your organisation set up to address disclosures of IPV?

- What do you think is your role in identifying IPV? What do you think is the organisations role in identifying IPV?
- How are cases usually handled: therapeutic versus case management role, or financial counselling;
    - role in risk assessment;
    - understanding of how role fits with reporting and risk assessment procedures at the gambling support service in referring to specialist family violence service, etc.
- What do you see as the limits of your role when dealing with victims of IPV – when do you feel you need to refer either internally or to other agencies? Consider factors that might influence your decision – e.g. level of risk, involvement of children, clients who are both victims and perpetrators.

I'm going to ask you now to think of a time when you've identified or worked with a gambling support service client who was a victim of IPV. The focus here will be on your experience of identifying and responding to IPV and I'd like you to have a specific example in mind for working through the next few questions. I will ask, however, that you not disclose any details that might compromise your client's confidentiality. I'd like to remind you that this interview is about intimate partner violence rather than family violence, and while you can consider the impact the IPV is having on children, we will not be discussing other forms of abuse for the purposes of this project.

3. Counsellors only Q: Could you tell me about a recent case where you identified or worked with a gambling support service client who was a victim of IPV?

4. Manager only Q: Can you think of a time when you supported a counsellor who worked with someone who disclosed IPV? Can you think of a time when the organisation had to address IPV? What did this look like?

Follow-up prompts:

- How did you come to suspect or confirm the client's experience of IPV? In what way was their experience of IPV related to their presenting issues, including gambling?
- Was there anything that made it easier or harder to talk about the client's IPV experience? [e.g. level of case complexity; client's openness to talking about it; context of couples counselling; own lived experience of IPV, etc.]
- What did you do after you began to suspect or confirm the client's experience of IPV? [e.g. safety planning; triaging support in terms of urgency; referral resources & services – e.g. crisis shelters, housing support, financial support, legal services, child protection, etc.; secondary consults; balancing practical needs with therapy]
- Is there anything you think you could or should have done differently with this client?
- If there has been a case where you suspected a client was a victim of IPV and you didn't ask about it, could you say what you think held you back from asking?

Part 3: Use of violence in relationships

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

a. As a counsellor/ as a manager

Potential prompts:

- Context: individual, family, financial, or couples counselling?
- Counsellors only Q: How comfortable do you feel asking a client about their use of violence in their relationships? What supports have you accessed or been provided that support inquiry about clients use of violence in their relationship?
- Manager only Q: How is your organisation set up to address clients disclosures of use violence in their relationships?
- What do you think is your role in identifying a client who uses violence in their relationships? What do you think is the organisations role in identifying a client who uses violence in their relationships
- How cases are usually handled:

- therapeutic vs case management role;
- role in assessing risk to victim (including children);
- understanding of how role fits with reporting and risk assessment procedures at the gambling support service;
- role in referring to specialist family violence service such as men's behaviour change program, etc.

- What do you see as the limits of your role when dealing with clients who use violence in their relationships – when do you feel you need to refer either internally or to other agencies? Consider factors that might influence your decision – e.g., level of risk, involvement of children, clients who are both victims and perpetrators.

I'm now going to ask you to think of a time when you've identified or worked with a gambling support service client who used violence in their relationship. The focus here will be on your experience of identifying and responding to IPV perpetration and I'd like you to have specific examples in mind for working through the next few questions. I will ask, however, that you not disclose any details that might compromise your client's confidentiality. Again, I'd like to remind you that this interview is about intimate partner violence rather than family violence, and while you can consider the impact the IPV is having on children, we will not be discussing other forms of abuse for the purposes of this project.

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

7. Manager only Q: Can you think of a time when you supported a counsellor who worked with someone who disclosed the of use violence in their relationship? Can you think of a time when the organisation had to address the of use violence in their relationship? What did this look like?

Follow-up prompts:

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

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

Follow-up prompts:

Tell me about the potential role of:

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

Part 4: Attributions for the use of IPV

I'd now like to discuss in more depth your understanding of why some individuals use violence in their relationships. I'd like to focus on the likely causes and contributing factors to the use of violence, thinking broadly and beyond the gambling support service clients you've worked with.

7. What do you think are the main underlying causes and contributing factors to intimate partner violence?

Follow-up prompts:

Tell me about the potential role of

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

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

Follow-up prompts:

Tell me about the potential role of

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

Part 5: Support in identifying and responding to IPV

We've now come to the final part of the interview, and I'd like to touch on your views of what would be helpful when working with intimate partner violence in the context of gamblers' help services.

9. Looking at the range of services offered to individuals accessing gamblers' help services:

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

10. Counsellors only: In terms of the support you receive from the gambling support service where you work and your professional networks, what do you think would help you to better identify and support clients who use violence in their relationships or are victims of intimate partner violence?

11. Managers only: Organisationally, what do you think would help better identify and support clients who use violence in their relationships or are victims of intimate partner violence?

Follow-up prompts:

- Consider gambling support service environment and processes (e.g. waiting room set up, way appointments are made, intake and assessment, information provided to clients)
- Consider the supervision you receive from the gambling support service and/or other supervision you engage in (e.g. the extent to which you discuss the impact of IPV cases on you in supervision)
- Consider your professional development needs and the gambling support service where you work guidance [e.g. supervision; secondary consults; training; informative written material; policies & procedures]
- Consider leadership and colleagues within the gambling support service. What would help facilitate your work with victims and perpetrators of IPV? (e.g. messages from organisational leadership, how implementation and change in practice get supported by the gambling support service teams/leaders)?
- Consider your colleagues and networks outside the gambling support service. What would help facilitate your work with victims and perpetrators of IPV? (e.g. messages from networks and organisations

you are involved with, how implementation and change in practice get supported by networks and organisations you are involved with)?

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

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