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Public Health and Indigenous Australian Gambling: Risky Lifestyle or Harmless Recreation?

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1. Introduction

Gambling and particularly gambling-related problems give rise to a complex range of issues. Understanding gambling issues has tended to focus on the individual and their behaviour in the past but is increasingly being recognised as a public health concern (Blaszczynski & Nower, 2007; Shaffer & Korn, 2002). The public health perspective generally considers gambling behavior as a continuum from recreational gambling to low risk and moderate risk gambling and then problem gambling. This perspective focuses attention on the prevention of gambling problems, on minimization of gambling harms and on treatment for those suffering severe gambling problems (Productivity Commission, 2010). A public health view of gambling invites examination of its influences and impacts on populations and communities. Thus the focus of this chapter is on gambling by Indigenous Australians from several communities but belonging to one tribal group in regional Australia.¹ This chapter also draws on a model of gambling derived from the public health literature to analyse risk and protective factors associated with gambling within these communities. The usefulness of public health concepts and models to the study of gambling are demonstrated in this chapter. As well, it makes an empirical contribution to a little studied area.

2. Background

Gambling has long been recorded as a recreational activity in many cultures. Over 300 years ago, regular visits by Macassan fishermen and traders to northern parts of Australia brought card gambling to Indigenous Australians (Breen, 2008). Card gambling remains a widespread and popular form of contemporary recreation in many Indigenous communities, while the expansion of commercial forms of gambling such as poker machines, casinos, lottery-type products, sports betting and wagering has broadened Indigenous participation in gambling (McMillen & Donnelly, 2008). However, there is limited knowledge about Indigenous gambling or gambling-related problems (Belanger,

¹ Being aware of the debate around titles used to describe Aboriginal and Torres Strait Islander Australians, in this chapter we use the terms Indigenous Australian and Aboriginal interchangeably depending on source.

2006, 2011). Internationally, various Indigenous populations appear to have a higher prevalence of problem gambling than the general population (Conner & Taggart, 2009; Dyall, 2010; Williams, Stevens & Nixon, 2011). While research in Australia is limited, results suggest higher problem gambling rates among Indigenous Australians compared to non-Indigenous Australians, although prevalence rates have not been rigorously measured (Stevens & Young, 2009).

Nevertheless, Indigenous Australians are considered an at-risk group for gambling problems, given their social and economic disadvantage. Lower socio-economic groups, particularly those who experience poverty, unemployment, welfare dependence, homelessness and low education, usually have higher rates of gambling-related problems than the general population (Shaffer & Korn, 2002; Volberg & Abbott, 1997). Further, gamblers on low incomes suffering from problems with their gambling experience losses that are borne disproportionately (Shaffer & Korn, 2002). In New Zealand, people in lower socio-economic groups, especially Maori and Pacific Island peoples, tend to experience higher rates of problem gambling (Ministry of Health, 2009). A variety of socio-economic factors negatively affect the health and welfare of some Indigenous Australians. Indigenous Australians generally have a lower life expectancy, higher unemployment records, lower education levels, live with poverty and experience higher levels of psychological distress compared to non-Indigenous Australians (Australian Bureau of Statistics (ABS), 2010; Holland, 2011). Livingstone and Adams (2010) maintain that Australian gaming taxation mainly draws from disadvantaged groups of gamblers, adding to their financial hardship and marginalisation. Thus structural deficiencies and inequalities aligned with individual life circumstances may accumulate and impact on gambling issues for Indigenous Australians.

Given that little research has been conducted into gambling by Indigenous Australians, research on identifying and explaining underlying risk factors that contribute to gambling problems appears to be a useful addition to the sparse knowledge in this field. Additionally, research into protective factors, those that assist gamblers in controlling their gambling appears to make a similar contribution, adding balance to this topic. In this research, problem gambling is defined as 'difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community' (Neal, Delfabbro & O'Neil, 2005, p. i).

2.1 Theoretical approach

Risk and protective factors associated with gambling can arise from multiple influences. Identifying and analysing risk factors contributing to gambling-related problems form a major component of public health gambling research (Perese, Bellringer & Abbott, 2005). Risk factors, those that exacerbate negative gambling consequences and encourage further gambling (Thomas & Jackson, 2008), are largely unknown for Indigenous gamblers (Breen, Hing & Gordon, 2010). The situation is similar for protective factors, those that protect or reduce gamblers' exposure to harmful gambling consequences (Breen, 2011). Once identified, risk factors can be appropriately targeted for early intervention and prevention even if causal relationships are not established. Additionally, protective factors, those that assist gamblers to make decisions to protect them from harmful outcomes, can potentially inform appropriate public health promotion and education strategies.

The Model of Influences on Gambling Behaviours and Outcomes has been developed specifically to examine influences on the behaviour of gamblers and the consequences of their gambling activities (Thomas & Jackson, 2004). Three important elements of gambling uptake are integral to this model. These elements are the propensity to gamble, the influence of gambling products and services on gambling behaviour and the consequences of gambling behaviour. Each of these three elements has accompanying risk, moderating and protective factors. Leaving aside moderating factors, risk and protective factors may vary according to the propensity to gamble by different populations and by the nature and availability of different forms of gambling. Risk and protective factors associated with gambling outcomes may encourage further gambling for some gamblers but not for others. Thus, designing appropriate public health strategies to address problematic gambling requires a sound understanding of the risk and protective factors associated with gambling by the targeted population. For a depiction of this model, see Figure 1.

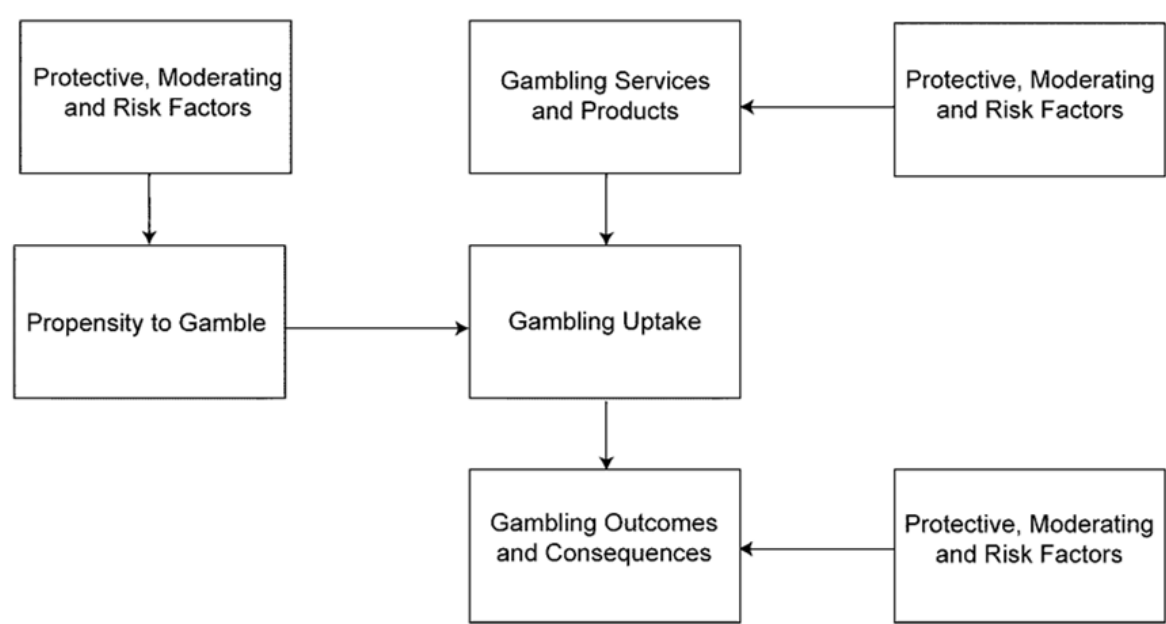


Fig. 1. Model of influences on gambling behaviours and outcomes (Thomas & Jackson, 2004:44)

A variety of influences contribute to gambling uptake and to gambling-related problems. Thomas and Jackson (2004, 2008) propose that behavioural characteristics, sociological and cultural factors strongly influence gambling uptake. In considering gambling uptake and the influence of risk and protective factors associated with it, risks relating to the propensity to gamble might include a faulty understanding about the nature of chance and random events underpinning many forms of gambling, boredom, social isolation, depression and a variety of cultural and ethnic issues (Korn & Shaffer, 1999; Thomas & Jackson, 2004, 2008). Gambling risks relating to the nature of the gambling products and services may include access to gambling, gaming venue characteristics, the nature of the games and the nature of rewards offered (Hing & Haw, 2010; Productivity Commission 1999, 2010). Risk factors potentially affecting gambling outcomes and thus encouraging further gambling might

include financial problems, legal troubles, relationship breakdown, depression and/or suicide (Korn & Shaffer, 1999; Thomas & Jackson, 2008; Productivity Commission 1999).

In contrast, protective factors affecting gambling uptake might arise through the propensity to gamble to socialise and relax with others and enjoy any economic outcomes (Korn & Shaffer, 1999; Shaffer & Korn, 2002). For gambling products and services, the influence of responsible gambling strategies publicised by signs and information in the gaming venues, through self-exclusion from venues and from media messages may be protective (QLD Treasury, 2004). For gambling outcomes, having adequate assets to budget for gambling and to provide a buffer against gambling losses (Thomas & Jackson, 2004; Productivity Commission, 1999, 2010) and having family support to help reduce or cease gambling if gambling problems arise (McMillen & Bellew, 2001) may be protective. Any or all of these potential risk and protective factors depend on personal, social, economic and cultural contexts. More risk factors have been identified in prior research than protective factors. In order to provide some balance in this analysis of gambling, the purpose of this chapter is to analyse risk and protective factors associated with gambling by Indigenous Australians in one region of New South Wales (NSW) Australia in order to inform public health measures directed at problem gambling.

3. Methods

An appropriate research design should be culturally sensitive as well as methodologically sound. An interpretative qualitative research design (Guba & Lincoln, 1989) was seen as being culturally appropriate (Martin, 2008). Being based on respectful communication and mutual cooperation, this approach provided rich in-depth data and valuable information. After consultations and discussions, permission was sought and granted by Indigenous Elders in this region and by a university ethics committee for this research to be carried out.

For the setting, in northern New South Wales the eastern corner is comprised of six adjoining local government areas (LGAs). Each LGA has a different geographic, social and economic profile but the Indigenous people of the six LGAs make up one tribal group. To request appropriate permissions for interviews and gather support for the research, we visited the six LGAs several times to explain the project. From an initial list of contacts of Indigenous people and organisations already known, each person interviewed was asked if they could identify other organisations and people relevant to the research. This sampling method, often called snowball sampling, was brokered by someone already known. It was useful in developing confidence and trust between people over time. Snowball sampling was used until all locations were visited and saturation was reached (Creswell, 2007). This process yielded interviews with 169 Indigenous Australians, 21 non-Indigenous Australian gaming venue managers and 10 non-Indigenous Australian gambling counsellors. On average, 30 Indigenous Australians were interviewed in each LGA, although only 20 were interviewed in one LGA where the population was small and widely dispersed. Semi-structured interviews (single or in small groups of two or three) were mainly conducted in workplaces, community and health centres and coffee shops. The three researchers, one Indigenous man and two non-Indigenous women, conducted the one hour interviews in pairs, depending on cultural and gender issues.

All interview notes and recordings were transcribed, then coded with N'Vivo software and analysed using thematic analysis (Braun & Clarke, 2006). The data were coded and analyzed

within the larger constructs of the Thomas and Jackson (2004) model for the propensity to gamble, the use of gambling products and services and the consequences of gambling on gambling behaviour. These results are provided below.

4. Results

For the results, risk factors, those that exacerbate and intensify adverse consequences of gambling, are presented first. These are followed by protective factors, those that assist people in making informed choices to protect them from harmful gambling consequences. Please note: all quotations are from Indigenous Australians unless described otherwise.

4.1 Risk factors for indigenous Australian gambling

Using the Thomas and Jackson (2004) model, risk factor results were analysed by propensity to gamble, by the use of gambling products and services and by gambling outcomes and consequences.

4.1.1 Propensity to gamble

Risk factors including personal, family, financial, historical and cultural risks were identified by the research participants as increasing the propensity to gamble. Personal risks were seen as gambling to escape from grief and loss, from boredom, due to peer pressure, after consuming alcohol or drugs, from being unemployed and having time to gamble, from having literacy and numeracy problems, and to obtain relief from abuse.

Explaining escape from historical grief and cultural loss, some respondents said 'memories come up from the past and people push the memories down ... people turn to something, drinking, drugs, gambling, when the old memories surface'. Escape sometimes meant looking for some time away from stressful situations, either at home or at work. Several people mentioned escape in terms of 'time out alone' or a break away from heavy responsibilities. Other respondents saw that boredom was a gambling risk especially when people were unemployed, had plenty of free time to gamble and where alternative entertainment options were very limited. Risks arising from peer pressure were explained as '(some friends) won't talk to you unless you're with them when playing the (poker) machines'. Similar remarks were '(I) go to a venue with friends, and the next thing they are all on (poker) machines. If I want to talk to them I have to go over to the (poker) machines too. Then next thing you are putting money in too'.

The use of alcohol and drugs with gambling was described as 'a cycle involving low self-esteem that leads to drink and drugs'. Some gamblers were seen as being 'vulnerable to making poor choices, but most want to get out of the cycle'. Several people commented that 'Aboriginal people are used to being broke and having no money, so when gambling and the money is gone they do not seem to worry'. For some people it was 'acceptable to be poor in Aboriginal community, where some learnt to live in Struggle Street, used to having nothing'. Explaining budgeting problems and gambling, one person felt many people had 'not learned to control things in the welfare cycle, they need to learn skills ... need to learn to budget'.

Family risks were said to include generational exposure to gambling, normalisation of youth gambling and a lack of education generally. Gambling was reported to be learnt from

parents, family and grandparents where young people learn from exposure and experience. Childhood exposure to gambling and gamblers was apparent to some participants. 'Kids learn the behaviour from parents and older generations ... when it's generational it is very hard to break the cycle'. Some people stated that gambling experiences started early. 'Generations, kids learn to drink and gamble from their parents ... then these kids have their own kids and their habits continue'. In one location numeracy and literacy problems were high with one person claiming that not everyone can 'read or write, cannot read signs in the pub (hotel)'. This was further explained as a consequence of some parents not being home to send children to school regularly.

Financial risks were reported as gambling to increase income and to repay debts; and being used to being poor so gambling losses made no great difference to a life of poverty and a cycle of dependency for some. Gambling to increase incomes and reduce financial pressures 'has gone down from generation to generation. It's not dealt with, it's on-going'. Being financially pressed can exacerbate gambling problems leading to 'desperation for money, hoping to win the big jackpot one day'. Some gamblers were reported to believe that a big win would help solve their financial problems, assist them to repay debts and remove the need to borrow from family and friends. Linking gambling to social and economic disadvantage some participants explained 'gambling is linked to unemployment, they have more time to gamble but getting a job is hard'. This can affect self-esteem. 'People think that they are not good enough to get a job, you need experience and no-one gives Indigenous a go'. Summarising financial risks associated with gambling, an Indigenous respondent commented 'Aboriginal people are always broke and are always looking for a quick fix even if they have only \$5 left'. A major theme identified by participants was concern about financial risks.

Historical risks were said to include the longevity of gambling as an Indigenous recreation activity and borrowing money for gambling from family and kin. An overwhelming risk was reported thus: 'If you hang out with others at the venue, then you either gamble or are asked for money to support others gambling, especially younger people ... cultural values fall away with alcohol consumption and drugs and gambling'.

Cultural risks were believed to be a loss of Indigenous values, respect and discipline and a deterioration of traditional reciprocity when used for gambling. Cultural losses were seen as diminishing leadership. 'Aboriginal men had a role in society, now they don't ... lost their way'. Others felt there was a 'lack of leadership, there is a struggle to find great leaders in the community, Elders'. Many participants were saddened by the loss of Elders. 'A whole generation of Elders died early, some people have never had Elders to nurture them'. Keeping Indigenous values and culture alive was hard where 'there are less numbers of Elders to get advice'.

Thus, risks associated with propensity to gamble reported by these participants included many personal characteristics, family and cultural factors. More structural risks were linked to financial and historical factors.

4.1.2 Gambling products and services

Risks reported to be associated with gambling products and services were a variety of physical and sensory experiences connected to gambling. These included the sound, light

and visual features of poker (slot) machines, their attractive marketing and promotion, and the emotional attachment some people have to a lucky machine or favourite form of gambling. Access to the gambling environment was reported as usually easy and free services enhanced the appeal of staying in a venue to gamble. Social access and acceptance were also risks for some gamblers.

The attraction and risk of using poker machines was explained as 'Aboriginal people like the features of the machines, such as free spins ... like the noise, lights and jackpots'. Others saw attachment to poker machines as being a risk. 'People like to go to the same machines for luck because they think they know what features are needed to win'. Faulty beliefs were evident. 'People believe you win money on machines after a win, that is, have a win and believe it's easy to win (again) so they keep playing'. Superstitious beliefs were apparent when gamblers ask 'What did you come and talk to me for? I was winning; now I have stopped winning because you started talking to me'. As one person explained, 'People don't know the probability of a machine to pay and don't understand the outcomes of losing money'.

Marketing risks were described as 'Clubs always have marketing stuff to keep you in there ... venue advertisements, things you can win, free coffee'. Gambling advertising was seen as 'very attractive and is in your face all the time'. Others reported acceptance as a risk: 'People get sucked in by lights and surroundings of a comfortable venue ... air conditioned ... no hassles'.

Access to gaming venues, such as hotels or pubs and clubs in urban areas, was generally easy. They provided food, drinks and a variety of hospitality and sports services. Many respondents agreed risks included attractive venue characteristics saying '(Gaming) venues are appealing because you can drink and socialise ... it's all there ... meeting place, alcohol, food, gambling' and 'poker machines in the indoor/outdoor area for smokers, very easy to get access'. Therefore, participants reported risks associated with the use of gambling products and services as physical and sensory features linked to gambling as well as freely available physical and social access to gambling.

4.1.3 Consequences of gambling

Risk factors relating to addressing problematic consequences of gambling largely were found to be barriers faced in addressing gambling-related problems. These barriers seemed to fall naturally into two groups, intrinsic or personal barriers and extrinsic or external barriers. Intrinsic barriers were identified as shame, denial, depression and social and cultural norms. In the majority of interviews shame, denial and a subsequent loss of self-esteem were mentioned as barriers. People seemed to 'find it hard to admit ... a problem with gambling'. Some gamblers were said to be too ashamed to ask for help and become defensive about their problems. This was partly due to pride and partly because of historical discrimination suffered by Indigenous Australians. 'Ways to resolve problems and arguments were removed in the oppression of our culture; it was not replaced, left with no way to resolve problem'. For other gamblers, 'depression, schizoid and paranoid' comorbidities arose as barriers to their seeking gambling help. People with depression were seen to have limited ability to cope with pressure from gambling-related problems.

Indigenous gambling was very much seen as a social and cultural norm. 'Gambling is seen as a normal thing to do. For many people it's a routine to be going down to the pub or club'.

These norms were associated with all age groups. 'Gambling is seen as a common activity for young and older Aboriginal people to do'. One person summarised this risk by saying 'Gambling, a lot of people don't think it's a problem because it's a social thing'. Some Indigenous gamblers were said to be 'comfortable living with low incomes'. Further, based on traditional obligations to share with those asking for help, some gamblers relied on 'extended families who take on the role of feeding kids'. This meant that 'the gambler is not challenged' and that gambling problems were extended by family and cultural norms.

Extrinsic barriers were reported by participants to include a lack of knowledge regarding gambling help services, poor access to gambling help, a lack of culturally appropriate gambling help services, a lack of gambling education and awareness, concern about confidentiality of gambling help services, and a lack of knowledge about self-exclusion from gaming venues. Several participants said there was 'no awareness in community of gambling problems ... no programs in place for alcohol, drugs and gambling'. Additionally, other people maintained that many gamblers would not know where to get gambling help because they personally did not know of any gambling help services in their location. Many participants remarked that there were 'no gambling education and awareness programs to let people know about services'.

Logistical problems with isolation and a lack of transport made it even more difficult for some gamblers to access gambling help. For access to gambling help telephone services, a couple of participants noted that many Indigenous people 'don't want to talk about it (gambling) on the phone' and 'would not ring any support for help'.

A lack of 'culturally appropriate gambling help services' was seen as a barrier. A key issue raised was Indigenous people do not like seeing non-Indigenous people for help. 'They don't like going to non-Aboriginal services'. Additionally, they are 'not comfortable with a non-Aboriginal counsellor'. One person felt this was particularly the case for 'the older ones (who) really like Aboriginal services with Aboriginal staff'. Commenting on the lack of services, participants said generally 'there are not enough services (Aboriginal and non-Aboriginal) to help people with gambling problems'. Many respondents noted that 'Mainstream organisations are not addressing Aboriginal issues ... are not culturally appropriate ... not capable of addressing Aboriginal gambling issues'.

Regarding confidential services, Indigenous gamblers were concerned about trust. '(We) won't go into non-Indigenous services because confidentiality is a problem'. Gambling help seeking is hindered because Aboriginal people are 'naturally a shy race' said one non-Indigenous gambling counsellor. 'Aboriginal people do not like to talk to people about their problems ... through history they are told to keep their problems to themselves'. Thus, some people feel unable to share their problems resulting in hiding their gambling problems until a crisis occurred.

Thus, intrinsic risks associated with gambling outcomes and consequences were said to be the personal risks facing some gamblers who were experiencing gambling-related problems but were unable to admit this because of their shame, their depression and social and cultural norms encouraging gambling. Extrinsic risks were reported to be the lack of awareness about and availability of gambling help services, a lack of provision of culturally appropriate gambling help services and counsellors, and concern about confidentiality and possible retribution.

4.2 Protective factors for indigenous gambling

Using the Thomas and Jackson (2004) model, protective factor results were analysed in relation to the propensity to gamble, the use of gambling products and services and gambling consequences.

4.2.1 Propensity to gamble

Protective factors identified in relation to the propensity to gamble were grouped into personal, family, financial and cultural themes. Personal protective factors were seen as self-control in controlling gambling activities, self-respect, having a purpose in life and high aspirations, being employed and earning money, learning from experience and religious beliefs.

Several themes emerged from the interviews in relation to personal protective factors. Some of these were linked to having 'high values' including self-respect and respect for others. Having respect and self-control meant having the willpower to 'control ... set limits' for gambling. Similarly, holding high aspirations, including working for a living, was considered a protective factor reducing the propensity to gamble. 'People who work, learn to control their money ... people who do not work hard to earn their money don't value it as much as someone who works for it'. Thus, 'people who work more tend not to be the regular gamblers. They value their money more than others'. Others also commented that people who are aware of themselves and have a purpose in life 'don't want to waste their money in the poker machines'. People had also learnt not to gamble through past experience because 'people see what's destroyed'. Some spoke about their childhood and how they 'don't want that for my kids, gambling and drinking, as seen in my parents' behaviour'. In two locations, a couple of people spoke about how 'the church and religion plays a big role' as a protective factor for gambling. One person found strength through attending church services, saying 'I've been going to church since I was little' and that 'church is strong here'.

Family protective factors were reported to include having strong family influences, family values upheld and positive extended family or kin relationships. Having family around you was also considered a protective factor, mentioned in over half the interviews. This occurred because 'a partner pulls you up' and because 'some families pull one another into line'. Other people talked about the importance of family values. 'Kids, family help people see things that are more important ... different home life and values'. Family responsibilities took precedence for many: 'family and kids, put money towards them first'. One person said 'people learn to spend on important things like kids, food ... they budget'. Another said that 'children change your life as a number one priority'. In addition, the extended family was also identified as being involved 'maybe an aunt or uncle who takes a bit of time' and 'everyone is there to help each other out' and were also seen as protective factors for gambling. Some respondents advocated alternative family activities. 'To do something else, have an open mind, spend time with family, social outings, education and parenting classes'. That is, 'Aboriginal people should look to replace gambling with something else - other options to relax, escape when bored'.

Financial protective factors were said to be education and skills in financial management and small stakes betting. The importance of budgeting skills and money management was discussed in terms of paying bills first before gambling and also setting a gambling budget.

'I set myself a limit of \$20 then and still stick to it now' and 'I set a limit, pay bills first and only gamble with what is left over'. Using strategies to control expenditure included 'leaving the key (debit and credit) card at home to limit the money spent' and another was '(to) give his money to his dad who helps him budget'. Other people set up automatic deductions from their welfare pension to ensure essential items were paid first and then spent the remaining amounts as discretionary spending. One person commented 'I just don't like losing money ... when you weigh up the odds and how many times people win and how many times people don't, it doesn't add up'. Thus, being able to prioritise spending through effective money management helped people '(to) decide to put money to good use, know how to do this'. Financial education and management was recognised as being important.

Cultural protective factors were believed to be Indigenous Elders acting as role models and people respecting and adhering to traditional Elders' example, cultural cohesion and cultural values. As a source of power and wisdom, 'Elders play an important role as a source of advice and authority'. As role models, Elders were reported as 'leaders and role models, able to correct people who stray off the path'. With good role models 'kids grow up to value hard work and money, education, good food, have a vehicle, employment'. Cultural cohesion was considered to be very important and there was a strong Elders' presence in several communities which was not so evident in others. In locations where Elders authority was respected and heeded, 'cultural values were held by both men and women'. Some people were said to 'come back to [the] community to get help, get advice from Elders ... Elders point people in the right direction to get help'. Here, it was said '[we] look after our own'.

4.2.2 Gambling products and services

There were very few protective factors seen as being relating to gambling products and services and those that were mentioned were only suggestions, not really part of people's experience. Some participants mentioned that developing an understanding of the odds of winning would be protective. A few others saw tighter legal controls over gambling spending and reduced attractiveness of poker machines as potentially protective. For example, some participants said that it was protective to 'learn more about how you don't win on a poker machine', although another disagreed, saying that 'knowing the odds wouldn't help much as people still want to escape'. A few people acknowledged that 'legislation really helps with limits on spending and this should be tighter'. Another suggested that 'making (poker) machines less attractive ... reduce visual stimuli'. In many ways, these protective factors were potential interventions for reducing gambling risks.

4.2.3 Gambling consequences

Protective factors relating to the consequences of gambling were reported to include factors that facilitated people to be able to address their gambling-related problems. Protective factors were identified as the provision of culturally appropriate gambling help services and counsellors, provision of gambling education and awareness specifically for Indigenous people, encouragement of male role models as community leaders, and a combination of Indigenous community strength and support for people who need assistance. Like gambling products and services, protective factors associated with gambling consequences were mainly seen as being potentially protective because very few had been experienced by these participants.

Most participants raised concerns regarding a lack of Indigenous gambling help services and Indigenous counsellors. They commented 'people did not go to non-Indigenous services before now ... need more Indigenous services'. Some felt it was important to provide a 'non-judgemental service that needs to be in an appropriate place and service'. Then Indigenous gamblers may attend 'if people knew about it and it was culturally appropriate'. In regards to community education about gambling and its impacts, it was contended that the 'Aboriginal population needs to be informed about health promotion. Intervention services could be promoting this on family days and (at) public health events'. Additionally, some suggested 'group awareness sessions would be good, as when it's individual (sessions) they think they are being singled out'. Many participants agreed that Indigenous people 'need education about gambling ... money matters ... financial education'. Another way to inform Indigenous gamblers was said to be through 'clubs and pubs ... like the smoking campaigns ... they could do something similar'.

Where gambling was seen as somewhat problematic in two locations, one facilitator seen to strengthen the community was having strong male role models. Several people said 'men are missing from ... this community'. There were 'very few men here as role models'. Men were missing due to young deaths, accidents and incarceration with 'some young boys, teens are in juvenile detention centre'. While very capable women Elders were leading one community, there was a 'need for community leaders (to) build culture' for men to balance the leadership roles and to make up the 'loss of (male) culture'. The need for male role models was seen as one way to strengthen communities and provide young males with aspirations to become Elders.

Another facilitator for addressing gambling problems raised in the interviews was said to be Indigenous community strength and support. Community strength would facilitate group solutions. 'Community groups get together and work together. Get all groups together, talk about issues and target problems early to stop problems'. An example of support was recounted as a gambler who 'tried to kick the habit and came to live here and gave it up'. In this case the influence of a strong community helped this person because they 'dealt with this at a community level'.

Some of these protective factors were potentially helpful interventions for reducing gambling risks. These included the provision of culturally appropriate gambling help services and counsellors and the provision of gambling education and awareness specifically for Indigenous people. More general protective factors such as the encouragement of male role models as community leaders and Indigenous community strength to support for people who need assistance were more general protective factors which could be related to any issues.

4.3 Suggested interventions to address gambling issues

Of the numerous suggestions for potential gambling interventions, the most important and frequently mentioned appeared to be the need for relevant and appropriate community education and awareness programs about gambling, for culturally appropriate gambling help services and trained Indigenous counsellors, and Indigenous specific responsible gambling resources. Indigenous role models were seen as assisting in these processes providing people were trained. Many participants remarked it was important to 'make the community aware and educate them about gambling'. A starting point involved first

recognising gambling as being a problem for some Indigenous people and 'start talking about gambling and the problems it can cause'. Some suggestions to facilitate community awareness and education included having 'fun days, barbeques, that's where people talk ... in workshops in the schools'. Other suggestions were 'a big youth forum for the community' and 'use (Aboriginal) Lands Council to spread community awareness about gambling'.

In regards to the provision of culturally appropriate gambling help services, many participants stressed the need for these by saying 'people shy away from non-Indigenous services'; 'some need to speak to Indigenous help'; 'you need more Aboriginal people there, whether it's psychologists or mental health workers'; and, 'we need more Aboriginal counsellors'. A participant asked rhetorically 'why won't our people ring that (free hot line) number, because it's got no Aboriginal staff'. Some people had a fear of being stigmatised. Highlighting the effects of historical discrimination, one person said 'got to be Indigenous way, not colonial way'. Several participants made the point that non-Indigenous workers and counsellors should undergo cultural awareness training and that this 'should be compulsory, Blackfellas access community services, therefore these services need to be able to help, therefore they need awareness training'.

Indigenous specific responsible gambling resources were seen as being 'Aboriginal advertising campaigns for gambling'; 'Aboriginal specific signs and messages in (gaming) venues' and 'an Indigenous gambling help line'. A few participants commented that there were 'not enough Aboriginal workers in hospitality who could raise gambling issues for Aboriginal gamblers'. It was felt that the gaming industry and governments 'can provide much more awareness of gambling that is more focused and appropriate to Aboriginal people'. Governments were expected to take the lead in addressing these issues if they were genuinely serious about reducing harm for Indigenous gamblers.

5. Discussion

Clearly in this chapter, more risk than protective factors have been identified and described as being associated with gambling. Risk and protective factors are now discussed using three fundamental elements of the Thomas and Jackson (2004) model, the propensity to gamble, the use of gambling products and services and the consequences of gambling.

5.1 Risk and protective factors associated with the propensity to gamble

Risks that increased the propensity to gamble included personal, family, financial, historical and cultural risks. Personal risk factors centred on gambling to escape (from grief and loss, violence and abuse), and gambling to alleviate disadvantaged structural conditions (unemployment and a lack of education) and gambling under the influence of alcohol or drugs.

The desire to escape was a risk factor that affected some gamblers more than others. For those removed from their families as children and raised in institutions with no access to their homeland and culture, gambling appeared to provide an escape from harsh experiences and hurtful memories. Indigenous Australian researcher Atkinson (2002) agrees that growing up with long-lasting and traumatic effects of discrimination, marginalisation and disadvantage is reflected in illness, dysfunction and dependency for Indigenous Australians. Experiencing lengthy stress and anxiety, Atkinson (2002:91) noted, 'people

begin to feel like losers'. Using gambling to escape appeared as a risk associated with gambling by some gamblers.

Gambling was also used by some Indigenous Australians to try to alleviate their disadvantaged structural conditions such as a lack of education and employment, and by inference, living in poverty. Similarly, Dickerson et al. (1996) found that being younger, single, having a low income, not having full-time work, and having fewer resources to fall back on were multiple risks linked to Indigenous Australian gambling-related problems. Supporting evidence was also reported in New Zealand and Canada regarding gambling by Maori, Pacific and First Nation peoples (Ministry of Health, 2009; Williams et al., 2011). Thus, a lack of education and subsequent unemployment opportunities, underemployment and time to gamble were recognised in the current study as risk factors which increased the propensity for gambling.

Previous research has noted that Indigenous gambling-related risks are heightened when alcohol is a significant problem (Aboriginal and Medical Research Council of New South Wales (AHMRC), 2007). The link between alcohol and drug consumption, Indigenous gambling and negative life events was established by Stevens and Young (2009). A sense of loneliness and internalisation of shame and guilt contribute to some Indigenous people's use of alcohol and gambling in order to reduce their disadvantage (AHMRC, 2007). Self-protective mechanisms can be used by people vulnerable to risk (Dyall, 2010). The co-morbidity between gambling and alcohol use was not unique to this research.

In contrast, personal protective factors appeared to be mainly centred on control, respect and religious beliefs. Similarly, self-control and informal group control protected Indigenous gamblers in north Queensland by reducing their propensity to gamble (Breen 2010). This often included a general agreement on money stakes, on pooled stakes, low denomination gambling and shared winnings. These gamblers regulated their gambling in a healthy, collective way. There was similar evidence of informal group control and self-management found in this current research.

Religious beliefs were found to help people make decisions to abstain from gambling or to gamble in a controlled way. Some people had experienced adverse consequences from earlier gambling and their religious faith helped them resist repeating those experiences. In this research, as in north Queensland (Breen 2010), religious beliefs appeared to provide non-gamblers and reformed gamblers with protection through their beliefs, values and involvement in religious activities.

Family risk factors said to be associated gambling focused on generational issues and normalisation of youth gambling. Family and adult gambling has previously been seen as a model for gambling by younger Indigenous Australians (AHMRC, 2007; McDonald & Wombo, 2006). A family history of gambling is important for linking social relationships with gambling. Maori mothers and grandmothers were said to be role models for their children, socialising them into gambling (Morrison, 1999). Indigenous youth appeared to follow social norms for gambling in family circles. Thus, unhealthy gambling activity by adult gamblers provides an example to others, especially youth, which may reinforce this risky behaviour.

However, protective factors were identified as strong family values and positive relationships. In north Queensland, Breen (2010) found role models to be parents, grandparents, extended family members and siblings. They assisted some gamblers to

manage their gambling by advice and substitution of activities, such as fishing. Role models and strong family ties also helped shield some Indigenous people from pressure to gamble.

Some gamblers were said to face financial risks and create a cycle of dependency in their efforts to increase income and alleviate poverty through gambling. This was exacerbated by having few skills in budgeting and financial management. Prior research has also found that Indigenous gamblers on low incomes are more likely to experience problems with their gambling because they can least afford to lose money (AHMRC, 2007). Stevens and Young (2009) found that Indigenous gambling problems were linked to low individual and household income, uncertain housing tenure and cash flow problems. Using gambling to try to increase resources is an unreliable and high risk strategy which may result in gambling with borrowed money. Gambling to make money was a risk associated with gambling.

Conversely, a financial protective factor used by some gamblers in the current study was limiting gambling activities to small stakes betting and having some understanding of the odds of winning. Such limits generally protect against problem gambling, that is, gambling characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others and the community (Neal et. al. 2005:125). A further protective factor was identified as education and skills in financial management, with some gamblers reporting that they pay their bills first and only gamble with discretionary funds.

Historical and cultural risks were reported to be centred on the longevity of Indigenous activities (cultural acceptance) and a loss of traditional values and respect. Similarly, some gamblers in north Queensland also found it difficult or nearly impossible to avoid gambling activities by virtue of a history of gambling within their families and kin folk (Breen, 2010). When a cycle of gambling losses resulted in debts and loans incurred by chasing losses, the ripple effect of gambling losses was felt by others as gamblers borrowed money, food and other essentials. Reciprocity traditionally supported others in times of genuine need, but was found to be a risk for some gamblers when used to extend their gambling.

However, protective factors included respect for cultural values and Elders' authority. Engagement with culture and spirituality, Atkinson (2002) maintained, are the foundations of health and healing for those traumatised Indigenous Australians seeking escape through highly addictive behaviours. Indigenous role models, particularly the example of Elders in certain communities, were protective by providing cultural leadership when acting in ways that were positive, balanced and respectful of Indigenous values.

5.2 Risk and protective factors associated with the use of gambling products and services

Risks associated with gambling products and services were reported by participants as including the physical and sensory experiences tied to gambling, use of 'lucky' poker machines, marketing and the gambling environment.

Poker machine appeals include fast games, recognisable artwork and graphics, enjoyable sounds, pleasing music, free spins, intermittent payouts, cash prizes and jackpot prizes (Productivity Commission 2010). The participants' mentioned a variety of attractive features making poker machine gambling a very popular form of commercial gambling here. Poker machine gambling has been linked to a heightened risk of developing gambling problems

generally and particularly for Indigenous women gamblers (AHMRC 2007). Some gamblers here, both male and female, appeared to be captured by poker machines and were reluctant to stop gambling when other gamblers are unaffected.

A favourable view of gambling was found to be supported by marketing and venue appeal. In research in the Northern Territory, increased Indigenous participation in commercial gambling has been attributed to the socially inclusive nature of the gaming venues (McDonald & Wombo 2006). Similarly, the use of Maori cultural symbols and traditions for marketing gambling businesses, Dyall (2009) argued, encourages Maori gambling. Some marketing and promotional activities were perceived as risk factors by participants in this research.

Easy physical and social access was seen to increase the appeal of gambling, especially if life at home was tense or over-crowded. Gaming venues with comfortable facilities made it easy to stay in a venue and gamble, a finding also noted by the AHMRC (2007). Similarly, in New Zealand, Morrison (2004) found that Maori women sought glamour and comfort in gaming venues as well as an escape from stress. While few protective factors were found associated with the use of gambling products and services, our risk factor results are confirmed by the literature for Indigenous gamblers here.

5.3 Risk and protective factors associated with the consequences of gambling

As noted earlier, risk factors relating to the consequences of gambling were mainly expressed here in terms of barriers to addressing a gambling problem, while protective factors related to facilitators to addressing a gambling problem. A most important intrinsic barrier centred on shame. Similarly, an important extrinsic barrier focused on a lack of culturally appropriate gambling help services.

Shame experienced with gambling-related problems was recognised as a source of pain for Indigenous gamblers in the past (Breen, 2010; McDonald & Wombo, 2006). The main barriers for Indigenous people in help-seeking for gambling problems were shame and some unwillingness to trust the confidentiality of counselling services (AHMRC, 2007). In contrast, Dickerson et al. (1996) reported that, in New South Wales, Indigenous gamblers with gambling-related problems sought help for their gambling at five times the rate of non-Indigenous gamblers with similar problems. However, the type of help sought was not identified. Denial and concealment were reported here as preventing Indigenous gamblers from seeking help and a lack of appropriate gambling help services exacerbated this risk.

In contrast, facilitators suggested by participants were personal recognition of a gambling-related problem. This depends on having a sufficient understanding of gambling and its related effects to recognise signs of a gambling problem and knowing where to seek help. Mainstream research has also shown that gamblers with family and social support have heightened capacity to address gambling-related problems (Thomas & Jackson, 2004). For Indigenous gamblers, supportive attitudes and assurance of family help have also been identified as important facilitators for help-seeking (Breen, 2010).

A lack of culturally appropriate gambling help services was an important extrinsic barrier to seeking help for a gambling problem. Uncertainty was raised about culturally unfamiliar operational processes of the gambling help services, a variety of communication styles, unequal power relationships and the gender of the counsellors. These barriers to help-

seeking have been raised previously (McMillen & Bellew, 2001). Facilitators to reduce these barriers included the provision of a range of gambling help services, including culturally appropriate community education and awareness, gambling counselling, trained Indigenous counsellors and for a few, rehabilitation. To reduce gambling risks and improve protection, the location of gambling help services within Indigenous health services could assist gamblers to access help without feeling shame.

Although this research was undertaken in one area of New South Wales and does not represent the state population of Indigenous Australians, it does reveal information on risk and protective factors associated with gambling that has not previously been identified or documented. The qualitative interviews conducted here have brought to light numerous risk and protective factors that deserve further investigation, possibly using quantitative methods to allow for generalisability.

6. Conclusions

The application of a public health model to investigate gambling by Indigenous Australians in one area, northern New South Wales, has highlighted the complexities of Indigenous gambling motivations, behaviours, consequences, risk factors and protective factors. Importantly, this research has pointed out the opportunity for potential interventions to develop culturally sensitive and inclusive responsible gambling strategies and practices reported to be appropriate for Indigenous Australians here. These strategies and practices, developed in cooperation with Indigenous Australians, could filter down into other communities, heightening protection of Indigenous gamblers through the active participation of Indigenous collaborators. It is hoped that this research has provided a useful platform from which such actions can proceed.

7. Acknowledgement

This project and subsequent authorship of this article was funded by Gambling Research Australia.

We acknowledge and thank the Indigenous Australians involved in this research for their generous cooperation and consideration.

8. References

- Aboriginal Health & Medical Research Council of New South Wales (AHMRC). (2007). *Pressing problems, gambling issues and responses for NSW Aboriginal communities*, AHMRC, Sydney.
- Australian Bureau of Statistics. (ABS). (2010). *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, No. 4704.0. ABS, Canberra.
- Belanger, Y. (2006). *Gambling with the Future, The evolution of Aboriginal Gaming in Canada*, Purich Publishing Ltd., Saskatoon.
- Belanger, Y. (2011). (Ed.). *First Nations gambling in Canada: Current trends and issues*, University of Manitoba Press, Winnipeg.
- Blaszczynski, A. & Nower, L. (2007). Research and measurement issues in gambling studies: Etiological Models. In G. Smith, D. Hodgins & R. Williams (Eds.). *Research and*

- measurement issues in gambling studies*, pp. 323-344, Academic Press, Burlington, MA.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology, *Qualitative research in psychology*, vol. 3, pp. 77-101.
- Breen, H. (2008). Visitors to Northern Australia: Debating the history of Indigenous gambling. *International Gambling Studies*, Vol.8, No.2, pp. 137-150.
- Breen, H. (2010). *Risk and protective factors associated with Indigenous gambling in north Queensland*. Unpublished PhD thesis, Southern Cross University, Lismore.
- Breen, H. (2011). Risk and protective factors associated with gambling consequences for Indigenous Australians in north Queensland. *International Journal of Mental Health and Addiction*. DOI: 10.1007/s11469-011-9315-8 Published Online First 26.2.2011, Retrieved from <http://www.springerlink.com/content/1152j81274544p52/> (17 October 2011)
- Breen, H., Hing, N. & Gordon, A. (2010). *Exploring Indigenous gambling: Understanding Indigenous gambling behaviour, consequences, risk factors and potential interventions*. Gambling Research Australia, Melbourne.
- Conner, T. & Taggart, W. (2009). The impact of gaming on the Indian Nations in New Mexico, *Social Science Quarterly*, Vol.90, No.1, pp. 50-70.
- Creswell, J. (2007). *Research design: Qualitative, quantitative and mixed methods approaches* (2nd edition), Sage Publications, Thousand Oaks, CA.
- Dickerson, M., Allcock, C., Blaszczyński, A., Nicholls, B., Williams, J. & Maddern, R. (1996). *A preliminary exploration of the positive and negative impacts of gambling and wagering on Aboriginal people in NSW*, AIGR, Sydney.
- Dyall, L. (2007). Gambling, social disorganisation and deprivation. *International Journal of Mental Health and Addiction*, Vol.5, No.4, pp. 320-330.
- Dyall, L. (2010). Gambling: A poison chalice for Indigenous Peoples. *International Journal of Mental Health and Addiction*, Vol.8, pp. 205-213.
- Guba, E. & Lincoln, Y. (1989). *Fourth Generation Evaluation*. Sage Publications, Newbury Park, CA.
- Hing, N., Breen, H. & Gordon, A. (2010). Respecting Cultural Values: Conducting a Gambling Survey in an Australian Indigenous Community. *Australian and New Zealand Journal of Public Health*, Vol.34, No.6, pp. 547-553. (DOI: 10.1111/j.1753-6405.2010.00624.x)
- Hing, N. & Haw, J. (2010). *Influence of venue characteristics on a player's decision to attend a gambling venue*. Gambling Research Australia, Melbourne.
- Holland, C. (2011). *Shadow Report, On Australian governments' progress towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians*. Close the Gap Campaign Steering Committee, Canberra.
- Korn, D. & Shaffer, H. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, Vol.15, No.4, pp. 289-365.
- Livingstone, C. & Adams, P. (2010). Harm promotion: Observations on the symbiosis between government and private industries in Australasia for the development of highly accessible gambling markets. *Addiction*, Vol.106, pp. 3-8.
- Martin, K. (2008). *Please knock before you enter, Aboriginal regulation of Outsiders and the implications for researchers*. Post Pressed, Brisbane.

- McDonald, H. & Wombo, B. (2006). *Indigenous gambling scoping study - Draft report*. School for Social and Policy Research, Charles Darwin University, Darwin.
- McMillen, J. & Bellew, N. (2001). *ACT needs analysis, gambling support services*. AIGR, Sydney.
- McMillen, J. & Donnelly, K. (2008). Gambling in Australian indigenous communities: The state of play. *Australian Journal of Social Issues*, Vol.43, No.3, pp. 397-426.
- Ministry of Health. (2009). *A Focus on Problem Gambling: Results of the 2006/07 New Zealand Health Survey*. Ministry of Health, Wellington, New Zealand.
- Morrison, L. (1999). *The good and the bad times: Maori women's experiences of gambling in Rotorua*. Unpublished Master's thesis, University of Waikato, New Zealand.
- Morrison, L. 2004, 'Pokie gambling and Maori women: Friend or foe?' *eGambling: The Electronic Journal of Gambling Issues*, Vol. 12, Retrieved from http://www.camh.net/egambling/issue12/jgi_12_morrison.html (15 October 2011)
- Neal, P., Delfabbro, P. & O'Neil, M. (2005). *Problem gambling and harm: Towards a national definition*, Gambling Research Australia, Melbourne.
- Perese, L., Bellringer, M. & Abbott, M. (2005). *Literature review to inform social marketing and approaches, and behaviour change indicators, to prevent and minimise gambling harm*, Health Sponsorship Council, New Zealand.
- Productivity Commission. (1999). *Australia's gambling industries*. Inquiry Report No. 10, Ausinfo, Canberra.
- Productivity Commission. (2010). *Gambling*. Report no. 50, Canberra.
- Shaffer, H., & Korn, D. (2002). Gambling and related mental disorders: A public health analysis. *Annual Review of Public Health*, Vol.23, pp. 171-212.
- Stevens, M. & Young, M. (2009). *Reported Gambling Problems in the Indigenous and Total Australian Population*. Gambling Research Australia, Melbourne.
- Thomas, S. & Jackson, A. (2004). Influences on gambling behaviors and outcomes: A model for the design of effective interventions. *Gambling Research*, Vol.6, No.2, pp. 40-51.
- Thomas, S. & Jackson, A. (2008) *Risk and protective factors, depression and comorbidities in problem gambling*, Report prepared for beyondblue, The Problem Gambling Research and Treatment Centre, Melbourne.
- Volberg, R., & Abbott, M. (1997). Gambling and problem gambling among indigenous peoples. *Journal of Substance Use and Misuse*, Vol.32, No.11, pp. 1525-1538.
- Williams, R., Stevens, R., & Nixon, G. (2011). Gambling and problem gambling in North American Aboriginal People. In Y. Belanger (Ed). *First Nations gambling in Canada: Current trends and issues*, pp. 166-194, University of Manitoba Press, Winnipeg.



Public Health - Social and Behavioral Health

Edited by Prof. Jay Maddock

ISBN 978-953-51-0620-3

Hard cover, 570 pages

Publisher InTech

Published online 16, May, 2012

Published in print edition May, 2012

Human behavior accounts for the majority of morbidity and premature mortality throughout the world. This book explores several areas of human behavior including physical activity, nutrition and food, addictive substances, gun violence, sexual transmitted diseases and more. Several cutting edge methods are also examined including empowering nurses, community based participatory research and nature therapy. Less well known public health topics including human trafficking, tuberculosis control in prisons and public health issues in the deaf community are also covered. The authors come from around the world to describe issues that are both of local and worldwide importance to protect and preserve the health of populations. This book demonstrates the scope and some of the solutions to addressing today's most pressing public health issues.

How to reference

In order to correctly reference this scholarly work, feel free to copy and paste the following:

Helen Breen, Nerilee Hing and Ashley Gordon (2012). Public Health and Indigenous Australian Gambling: Risky Lifestyle or Harmless Recreation?, Public Health - Social and Behavioral Health, Prof. Jay Maddock (Ed.), ISBN: 978-953-51-0620-3, InTech, Available from: <http://www.intechopen.com/books/public-health-social-and-behavioral-health/public-health-and-indigenous-australian-gambling-risky-lifestyle-or-harmless-recreation>

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