INCREASING THE ODDS FOR SAFETY AND RESPECT:

A Gambling and Family Violence Issues Paper

SEPTEMBER 2017

Women's Health East
Investing in Equality and Wellbeing for Women

Women's Health in the North
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Women's Health In the North and Women's Health East acknowledge Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services. We pay our respects to their Elders past and present and recognise the ongoing living culture of all Aboriginal people. We express commitment to Aboriginal self-determination and our hope for reconciliation and justice.

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Summary

- Gambling-related harm and family violence are linked: Recent international and local research suggests that people with gambling problems are more likely than people without gambling problems to be victims or perpetrators of family violence.
- This research reveals that family violence is three times more likely to occur in families in which there is problem gambling than in families in which there are no gambling problems. Furthermore, over half of people with gambling problems report perpetrating physical violence against their children.
- Density of electronic gaming machine (EGM) accessibility and rates of family violence incidents recorded by police are strongly related.
- Family violence is an enormous problem in our community, with one in four Australian women having experienced violence by an intimate partner.

- Gambling-related harm is a major health, social, and financial problem for the individual gambler, their family members and friends ('affected others'), and the broader community. Gambling harms are diverse, can have different levels of severity, and can potentially affect multiple domains of health and wellbeing.
- For 75-80% of problem gamblers, EGM (poker machine) use is the most problematic form of gambling.
- The highest concentration of EGMs, and the highest losses per head occur in the most socially and economically disadvantaged communities in Victoria.

> "FAMILY VIOLENCE IS AN ENORMOUS PROBLEM IN OUR COMMUNITY, WITH ONE IN FOUR AUSTRALIAN WOMEN HAVING EXPERIENCED VIOLENCE BY AN INTIMATE PARTNER."

Introduction

This paper aims to provide information on the link between gambling and family violence to professionals, advocates, and policy and decision-makers. This paper was developed as part of a harm prevention project 'Increasing the Odds for Safety and Respect' that brought a gendered approach to the link between family violence and gambling. The project was conducted by Women's Health In the North (WHIN), Women's Health East (WHE), and North East Primary Care Partnership.

We begin by exploring how a gendered lens can be applied to gambling and family violence as public health issues. We then introduce gambling and gambling-related harm in Australia and particularly Victoria.[1] Then we examine family violence in Australia. The subsequent section explores the links between gambling-related harm and family violence. The final section identifies future work that would address the co-occurrence of family violence and gambling through service responses, research, and policy.

Applying a Gendered Lens to Family Violence and Gambling as Health Issues

A gendered approach to health recognises gender as a critical determinant of health and gender inequality as a key determinant of women's ill health. Gender inequality permeates all aspects of women's social, economic and civic lives, and prevents many women from living with dignity and free from gender–based fear, discrimination and violence. A gender analysis can inform actions to address inequalities arising from the different roles of women and men, the unequal power relationships between them, and the consequences of these inequalities on their lives, health and wellbeing.

Applying a gendered lens to health gives voice to women's lived experience, acknowledging the many ways in which women's experiences of the same issue, such as gambling harm are different to men's experiences. Violence against women is a violation of human rights and is the greatest contributor to ill-health in women in Australia. To reduce violence against women, we must seek to prevent activities and harms that co-exist with this violence.

A gendered lens raises awareness of the ways in which policies and programs can affect women's health, both positively and detrimentally. WHIN's 'Gender Analysis Tool' (Women's Health In the North, 2015) assists organisations to look at their policies and plans through a gendered lens, i.e., to consider gender and gender inequalities when analysing data and in program and policy planning and to make sense of the gender implications of their work.

1 Whilst every care has been taken to provide accurate and up-to-date information, WHIN and WHE do not take responsibility for the accuracy of data collated from other sources and recommend that primary sources, as listed in the reference list, should be consulted.

The Victorian Government 'gender and diversity lens' for health and human services views a gender lens as a quality improvement resource designed to identify:

- hidden assumptions and values which may sustain inequality and contribute to discrimination
- the possible consequences and impacts of initiatives
- service gaps and research in areas which require further work (Victorian Government, 2008).

In recognition that particular groups of women, such as women with disabilities, immigrant and refugee women, or low-income women, experience even greater disadvantage, gender analysis processes have expanded to incorporate an intersectional lens. Just as gender-blind policy and practice can discriminate against women and deepen inequality, policy and practice that views all women as a homogenous group can discriminate against groups of women—especially women who face multiple forms of discrimination (Women's Health In the North, 2015). Gambling, as with all other social issues is not experienced in the same way by all members of society. For example, women in disadvantaged communities will have fewer resources to use when in financial stress or when experiencing violence at home. Aboriginal and Torres Strait Islander (ATSI) women and migrant women also experience structural racism and discrimination which impacts on their access to services related to both gambling and family violence.

> "GAMBLING, AS WITH ALL OTHER SOCIAL ISSUES IS NOT EXPERIENCED IN THE SAME WAY BY ALL MEMBERS OF SOCIETY."

Gambling in Australia

Gambling is a major industry in Australia, generating losses in excess of $19 billion annually (Productivity Commission, 2010). EGMs account for more than half the total losses from all gambling (Brown, 2016). In 2015–16, $2.6 billion was lost to EGM gambling within Victoria, an increase of 1.74% ($45 million) on 2014–15. This is the equivalent of $5.1 million per venue, $94,000 per machine, or $526 per adult (Brown, 2016).[2] This equates to losses of up to $500,000 per hour on EGMs during peak times in Victoria (Dowling, 2012).

Although overall expenditure on EGMs has slowed, and in some instances decreased across Australia, expenditure per machine user appears to have risen, suggesting that those who are using EGMs are spending more (Productivity Commission, 2010, p. 2.1). EGM use (50.64%) and race betting (31.01%) were reported to be the top two highest-spend gambling activities of problem gamblers. Sports betting comprises 4.51% of legal betting in Australia (Victorian Responsible Gambling Foundation, 2016). In Victoria, a recent growth in race betting has been driven by increased female participation. A sharp increase in the number of women participating in race betting since 2008 (from 12% to 20% in 2014) may be in part explained by the increasing feminisation of wagering and an increasing appeal of such betting during the heavily marketed Spring Racing Carnival (Hare, 2015). The rates of engagement with and losses incurred by Victorians from illegal, off-shore, online wagering is unclear.

Previously it was thought that 'low-risk' gamblers experience a low level of problems with few identified negative consequences, 'moderate-risk' gamblers experience a moderate level of problems leading to some negative consequences, and 'problem gamblers' gamble with negative consequences and a possible loss of control, as per the Problem Gambling Severity Index (Edgerton et al., 2014). However, it is now known that all gambling poses risk to the community, not just problem gambling. In fact, 85% of all gambling-related harm in Victoria is associated with low and moderate-risk gambling, with only 15% of the harm attributable to problem gambling (Browne et al. 2016).

2 Detailed information of losses for each local council area in Victoria can be found at the following website under the heading 'Gambling': http://www.greaterdandenong.com/document/18526/statistics-vic-gambling-venues-machines-and-losses

Gambling-related Harm in Victoria

The impacts of harmful gambling behaviour on individuals and their families are well documented and include physical and mental ill-health, family breakdown, neglect and abuse of children, family violence, financial ruin, crime and associated incarceration, and in some cases self-harm and suicide. (Australian Medical Association, 2013; Kalischuk, Nowatzki, Cardwell, Klein, & Solowoniuk, 2006, cited in Dowling, 2014).

In 2010, between 310,000 and 510,000 adults in Australia were experiencing moderate or significant problems with their gambling (Productivity Commission, 2010) and on average the lives of 7.3 'significant others' were adversely affected by every person with gambling problems (Productivity Commission, 1999). While this data estimated the amount of individuals directly or indirectly affected by moderate or significant gambling-related harm, we now know that the number of those affected is actually significantly greater, as 'low-risk' gambling is now known to also cause harm to the gambler and those around them (Browne et al., 2016).

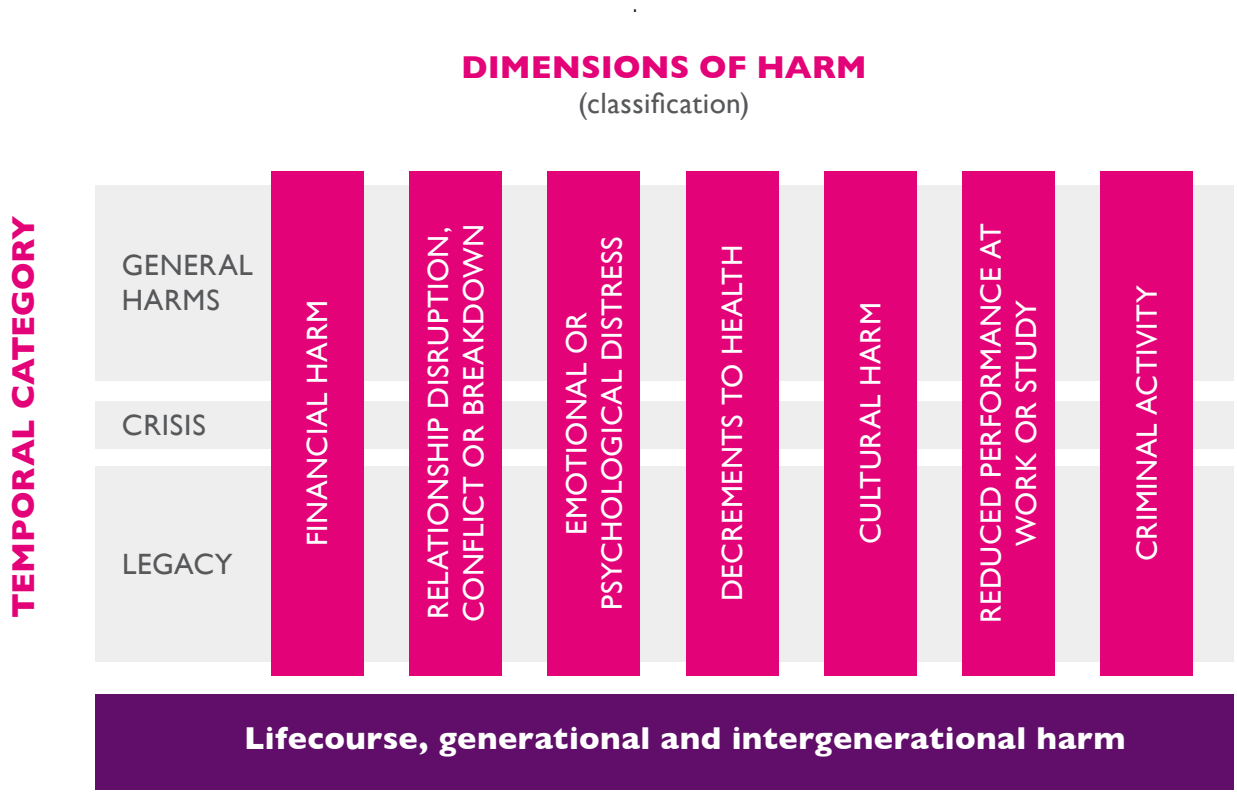
In recent years, understanding of the environment in which gambling harm occurs has grown. Gambling is now understood to be a public health issue requiring a public health response, rather than an issue of concern only for the people who gamble and their families (Browne et al., 2016; Langham et al., 2016). A new evidence-based definition of gambling-related harm captures this shift in approach, clearly locating gambling harm as a public health issue:

> "GAMBLING-RELATED HARM IS ANY INITIAL OR EXACERBATED ADVERSE CONSEQUENCE DUE TO AN ENGAGEMENT WITH GAMBLING THAT LEADS TO A DECREMENT TO THE HEALTH OR WELLBEING OF AN INDIVIDUAL, FAMILY UNIT, COMMUNITY OR POPULATION."
>
> *LANGHAM ET AL., 2016. P. 4*

The Victorian research that led to this definition found that low-risk, moderate-risk and problem gambling behaviours all impact on the health and wellbeing of gamblers, affecting others and the community. Seven dimensions of harm were identified: financial, work or study, health, emotional or psychological, relationships, cultural, and criminal activities. The researchers also divided these dimensions into three categories – general harms, crisis harms, and legacy harms.

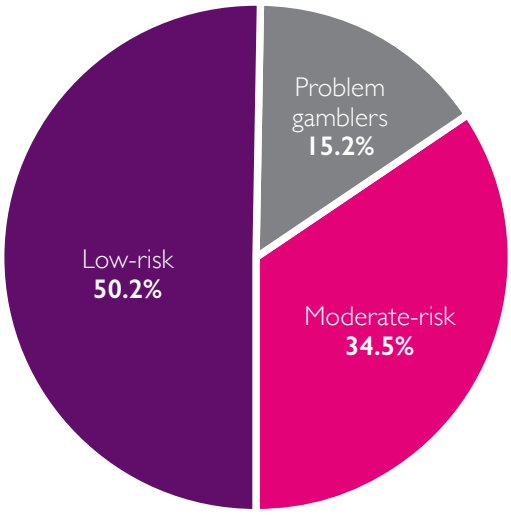
These categories aimed to capture harms experienced as a result of gambling and the types of harms that prompted help-seeking. This process recognised that harm could still be experienced even if a person ceased gambling (Browne et al., 2016). The researchers learned that, 'sometimes a single incident of harm or a cumulative effect of multiple harms could result in a more profound impact that would change someone's life course, creating generational or intergenerational loss' (2016, p. 66).

Figure 1: A Conceptual Framework of Gambling Harm



Source: Browne et al., 2016, p. 40

Figure 2: Distribution of Severity of Gambling Problems



Source: Browne et al., 2016, p. 133.

The health effects of gambling are comparable to other well documented public health conditions, as shown in Table 1 below.

Table 1: Impact of Gambling and Other Health Conditions at Individual Level

RISK OF GAMBLING HARM	COMPARABLE HARM	IMPACT
Low Risk	Musculoskeletal conditions (e.g., arthritis) complete hearing loss, moderate anxiety disorders, amputation of one arm or urinary incontinence	Manageable but persistent and can get in the way of enjoying life
Moderate Risk	Mild alcohol use disorder (binge drinking) or stroke (moderate ongoing effects with some cognition problems)	More problematic and may have significant consequences at times
Problem Gambling	Migraine headaches (in the moment) and bipolar disorder (during a manic episode)	Debilitating impact on quality of life, including ability to work, maintain relationships or maintain physical and mental health

Source: Bryne, 2016.

Further findings by Browne et al. (2016) were that:

- The burden of gambling-related harm primarily involves damage to relationships, emotional/psychological distress, health and financial impacts.
- The overall burden of gambling-related harm experienced by Victorians equates to approximately two-thirds the harm caused by major depressive disorders and alcohol misuse and dependency.

The majority of harm from gambling is attributable to low-risk gambling (50.2%), as compared with moderate-risk gambling (34.5%) and problem gambling (15.2%). This is experienced by both gamblers and affected others, and translates to 85% of these harms being associated with low and moderate-risk gambling, not problem gambling. In fact, Browne and his colleagues report that 'at a population level, aggregate harms accruing to non-problem gamblers exceed those occurring to problem gamblers by about 6–1' (Browne, 2016, p. 3). Gamblers experience the majority of harm (86%), while people affected by someone else's gambling account for around 14% of total harm (Browne et al., 2016). According to Browne and colleagues, gambling problems are more prevalent than many mental illnesses:

> Low-risk gambling problems are more prevalent than depression, and problem gambling is more than twice as common as schizophrenia … Low-risk gambling problems are present at almost half the prevalence of harmful use of alcohol, which is one of the most prevalent conditions affecting population health in Australia … Based on prevalence alone, gambling is an issue of similar magnitude to other health conditions of national importance (2016, p. 144).

In 2014, women were found to be significantly less likely to have gambling-related problems compared to men, with the Victorian Prevalence Study of that year finding that 5.3% of males and 2.1% of females were problem or moderate-risk gamblers (Hare, 2015). However, we now know that demographic groups such as women 55 years and over with low-risk gambling problems account for the largest proportion of harms associated with any single gambling risk category, at 14.5% (Browne, et al., 2016). According to Browne and colleagues, 'While less likely individually to develop clinically significant gambling problems, women aged 55 years and over nevertheless contribute substantially to the 'burden of harm' experienced by Victorians' (2016, p. 3).

It is estimated that for 75–80% of problem gamblers, EGM use is the most problematic form of gambling (Productivity Commission, 2010, p. 13). EGMs outside Crown Casino play a major role in gambling losses and gambling-related harm in Victoria, accounting for nearly half of all gambling regulated by the government in Victoria (Brown, 2016). Most gambling losses are funded not by savings, but by reduced spending on other goods (South Australian Centre for Economic Studies, 2005, cited in Brown, 2016).

The most disadvantaged communities tend to incur the highest gambling losses. In 2015–16 for instance, gambling losses among EGMs situated in Greater Dandenong—the least affluent locality in metropolitan Melbourne—stood at $975.6 per adult, over six times higher than the corresponding rate of $141.9 in Boroondara, one of the most advantaged municipalities in the state. Thus the residents of the community with the highest gambling losses in Victoria are the least able to bear the financial burden. Hume, Whittlesea, Darebin and Monash are local government areas within the northern and eastern metropolitan regions of Melbourne that incur high losses per adult on EGMs. Again, these statistics can be accessed via the URL given in footnote 1. There is also a very high prevalence of problem gambling in Victorian ATSI communities. Approximately 8.71% of ATSI people experience problem gambling (Hare, 2015).

> "YOU DON'T HAVE TO BE A PROBLEM GAMBLER TO BE HARMED BY GAMBLING."
>
> *DR MATTHEW BROWNE, CENTRAL QUEENSLAND UNIVERSITY*

Family Violence

The term family violence encompasses violence between partners and former partners, as well as violence that occurs between other family members, such as siblings, children or parents, as well as non-related carers. Family violence involves violent, threatening, coercive or controlling behaviour or any form of behaviour that causes a family member to be fearful. This includes not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, damage to property, social isolation and any behaviour which causes a person to live in fear (Department of Human Services Victoria, 2011).

Family violence is a gendered crime, overwhelmingly perpetrated by men against women and children. Women are most likely to be assaulted by a partner or former partner. This type of violence is often referred to as intimate partner violence (IPV).[3] One in four Australian women have experienced violence by an intimate partner (Cox, 2015). In ATSI communities, family violence is often the preferred term (rather than intimate partner violence or domestic violence) as it encapsulates the broader issue of violence within extended families, kinship networks and community relationships, as well as intergenerational issues (Stanley et al., 2003 cited in Our Watch et al., 2015).

> “FOR 95% OF WOMEN AND 95% OF MEN WHO HAVE EXPERIENCED VIOLENCE SINCE THE AGE OF 15, THE PERPETRATOR WAS MALE.”

3 Unless otherwise noted, data in this section has been taken from: Australian Bureau of Statistics. (2012). Personal safety Canberra: ABS. Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

Figure 3: Prevalence Statistics for Women's Experience of Different Types of Violence. Image from Change the Story (Our Watch, ANROWS & VicHealth, 2015), statistics from Cox (2015).

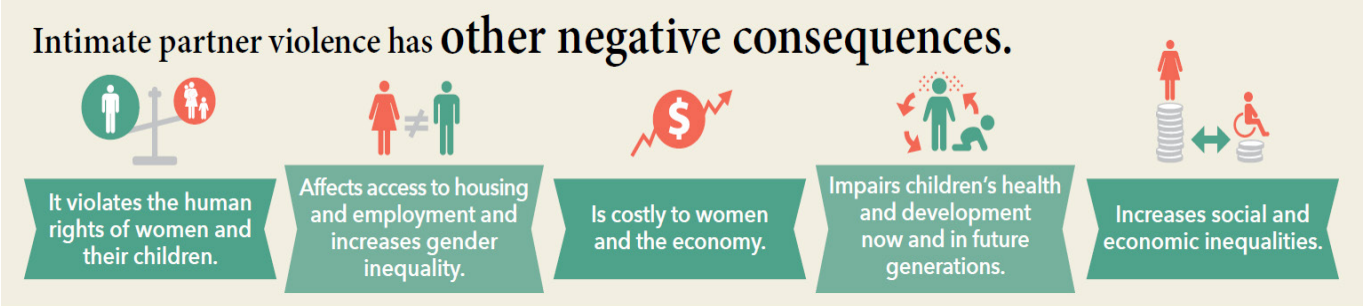
Most violence experienced by women and men is perpetrated by men. For 95% of women and 95% of men who have experienced violence since the age of 15, the perpetrator was male. Men are most likely to be assaulted by men they do not know, whereas women are more likely to be assaulted by someone they know. Family violence is a crime in Victoria. Since 2009–10, family violence referrals to police have more than doubled in Melbourne's northern and eastern metropolitan regions (NMR and EMR respectively) (Women's Health In the North, 2014; Crime Statistics Agency, 2016).

Family violence was the context for about half of the violent crimes reported in both NMR and EMR in 2015–16. This was the case for 53.2% and 55.2% respectively of all assaults and related offences, 49.4% and 48.4% respectively of all abductions and related offences, and 61% and 55.4% respectively of stalking, harassment and threatening behaviour offences. Of all sexual offences, 40.9% and 39.5% respectively were perpetrated as part of family violence (Crime Statistics Agency Victoria, 2016).

Family violence has long been recognised as a public health issue. Violence between intimate partners[4] is 'responsible for more ill-health and premature death in Victorian women over 18 than any other of the well-known risk factors, including high blood pressure, obesity and smoking' (Webster, 2016).

Anxiety disorders comprise the greatest proportion of this attributable burden (35%), followed by depressive disorders (32%) and suicide and self-inflicted injuries (19%). In 2011, intimate partner violence was responsible for almost half (45%) of the total burden due to homicide and violence amongst young women (ANROWS, 2011, 2016).

Figure 4: Negative Consequences of Intimate Partner Violence in Addition to Health Impacts (Webster, 2016).



There is clear evidence that family violence is a gendered issue. The biggest risk factor for being a victim of family violence is being a woman. The diagram below shows how gender inequality is the driver of violence against women; specific elements or expressions—termed gendered drivers—are the most consistent predictors of violence against women.

Figure 5: The Drivers of Violence against Women (Our Watch, ANROWS & VicHealth, 2015).

4 Intimate partner violence is violence between partners or ex-partners. 'Family violence' includes intimate partner violence, as well as violence between other family members, such as siblings or adult child to parent.

Addressing the main driver of men's violence against women, namely gender inequality, will help to prevent all forms of violence against women before it occurs, including family violence. A gender equity focus needs to be central to any efforts aimed at preventing family violence. The national framework *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia* (Our Watch, ANROWS & VicHealth, 2015) identifies actions to address the gendered drivers of violence against women. These actions are shown in the diagram below; prevention activities that address norms, structures and practices accompany each action. For example, the action 'challenge condoning of violence against women' features the activity of shifting social support for attitudes, behaviours, systems and practices that justify, excuse or downplay violence against women or shift blame from the perpetrator to the victim. The framework discusses how the actions can be implemented through legislative, institutional and policy responses and carried out in settings such as workplaces, schools and sports clubs as relevant.

Figure 6: Actions to Prevent Violence against Women (Our Watch, ANROWS & VicHealth, 2015).

> "ADDRESSING THE MAIN DRIVER OF MEN'S VIOLENCE AGAINST WOMEN, NAMELY GENDER INEQUALITY, WILL HELP TO PREVENT ALL FORMS OF VIOLENCE AGAINST WOMEN BEFORE IT OCCURS, INCLUDING FAMILY VIOLENCE."

The Link Between Gambling-related Harm and Family Violence

When gambling co-occurs with family violence, the short and long term health impacts for women and children are potentially magnified and responses to each issue require an understanding of the link between the two. This understanding is important not just in relation to service responses delivered in the community but also for policy makers and planners working in both family violence and the gambling reform areas.

Recent Australian research shows that people who have significant problems with their gambling are more likely than people without gambling problems to be victims and perpetrators of family violence (Dowling, 2014). This research reveals that family violence is three times more likely to occur in families where there is problem gambling than in families in which there are no gambling problems (Dowling et al., forthcoming). Furthermore, over half of people with gambling problems report perpetrating physical violence against their children (Dowling, 2014). Suomi and colleagues (2013) note that over half of family members of problem gamblers reported some form of family violence in the past 12 months and 34.2% stated that the family violence was perpetrated by or against at least one problem gambling family member. Moreover, 70% of participants believed that problem gambling and family violence were related.

In 2016, the Victorian Royal Commission into Family Violence noted that the relationship between gambling and family violence is an emerging area of inquiry. The commission noted that economic security was one of the necessary pillars for women's recovery from family violence and that financial abuse as a form of family violence is not yet widely recognised nor addressed. When gambling occurs in the home, it has the potential to negatively impact on women's economic security (State of Victoria, 2016).

The relationship between family violence and gambling is complex. In some instances, family violence has been found to precede gambling, with victims and perpetrators of violence using gambling as a coping mechanism (Korman et al., 2008). Research by the Women's Information and Referral Exchange (WIRE) into women experiencing problem gambling and isolation suggests that some women

> "MOST OF THE WOMEN WHO COME TO OUR SERVICE AS AN AFFECTED OTHER OF A GAMBLER HAVE EXPERIENCED FAMILY VIOLENCE, PARTICULARLY FINANCIAL ABUSE."
>
> *ANOUK CEPPITHOMAS, SENIOR FINANCIAL COUNSELLOR, BANYULE COMMUNITY HEALTH*

who are experiencing family violence use gaming venues as a safe space away from home (Women's Information and Referral Exchange, n.d). Gambler's Help counsellors and family violence workers have reported anecdotally that some female clients who are also victims of family violence visit gaming venues to escape violence at home and that some then develop problems with gambling. '[A gaming venue is seen as] a safe place for women to be, it's under cameras. There's other people there, you can be social without actually talking to anybody (Rintoul, forthcoming).

> "DESPITE THE LACK OF PROVEN CAUSALITY, THE MAGNITUDE OF THIS CORRELATION BETWEEN EGM NUMBERS AND FAMILY VIOLENCE IS IT OF GREAT CONCERN..."

In many cases, gambling has also been found to occur before incidences of family violence (Dowling, 2014). Gender inequality, disrespect and the condoning of violence are factors driving violence against women (including family violence), however other factors are known to increase the frequency and severity of violence in relationships. Alcohol is one such factor, with the relationship between alcohol and violence well understood. Whilst research suggests that gambling is another activity strongly associated with family violence, further research is needed to better understand the nature of this association (Markham et al., 2016). As Markham, Doran and Young note,

'Gambler's Help counsellors can make a big difference to the lives of clients experiencing or perpetrating family violence. We [can] identify when it might be present and make sure that we prioritise women and children's safety ahead of gambling-specific issues. We also support these clients to access family violence specialist services.' *Vera Semjonov, Therapeutic Counsellor, Gamblers Help East.*

'further research utilising strong quasi-experimental designs should be undertaken to disentangle the causal relations underlying this association' (2016, p. 113). Given that many gaming and betting venues generally also serve alcohol, these environments provide the necessary conditions to increase the frequency and severity of violence.

A recent Victorian study describes the link between police-recorded family violence and EGM accessibility. Postcodes with no EGMs were associated with 20% fewer family violence incidents and 30% fewer family violence assaults, when compared with postcodes with 75 EGMs per 10,000 people (Markham, et al., 2016). This association does not explain causality and it is interpreted as gambling being both a cause and effect of family violence. Despite the lack of proven causality, the magnitude of this correlation between EGM numbers and family violence is it of great concern, warranting further investigation and with direct implications for planning and public policy. Concerns exist regarding an increasing amount of misogynistic betting advertising aimed at young men, which 'may be propagating or reinforcing attitudes that legitimise behaviours of violence towards women' (Victorian Responsible Gambling Foundation, 2016).

Opportunities for Future Work

Response Programs and Services

Awareness-raising in the family violence and gambling sectors of the link between the two issues is essential for the delivery of appropriate, wholistic service responses. Service providers in both sectors require training to assist them to the coexistence of the two issues. This training needs to be embedded in professional development programs and provided on a regular basis so that it can be a component of induction for service providers entering the sector.

Dowling and colleagues (forthcoming) suggest health and welfare services need to routinely screen and assess for a range of issues, including gambling problems, family violence, alcohol and drug use problems, and mental health issues. It is also critical that these services develop and provide treatments and responses designed to manage this cluster of conditions. There is a need for risk assessment frameworks used in the gambling and family violence sectors to be more closely aligned. For example, it would be beneficial to include gambling as a risk indicator in family violence risk assessment tools and conversely family violence to be included as a risk indicator in gambling risk assessment tools.

Research

The current research suggests a clear link between gambling harm and family violence, however there is a need for more investigation, both quantitative and qualitative. Research that applies a gendered lens and considers the effects on women and men differently is required on:

- prevalence of gambling within families presenting to services for help with family violence issues
- experiences of women, men and children when family violence and gambling are occurring in the family
- experiences of parents, grandparents, children and/or other relatives and care-givers when family violence and gambling co-occur
- how financial abuse is perpetrated in relationships in which there is family violence and gambling, and the impact of this form of abuse
- economic, health and social costs to individuals and families when gambling and family violence co-occur
- social and financial costs to communities from the co-occurrence of family violence and gambling-related harm, including costs to the health, legal and welfare systems
- the link between gambling, alcohol and family violence. There is a strong link between alcohol and family violence, as well as a strong link between gambling and alcohol use. Many gambling venues serve alcohol, robust research is required to understand the social and health impacts when alcohol use, gambling and family violence co-occur, and the nature of the relationships between these factors.

Policy

Any changes in practice and service delivery should be underpinned by supporting policy, evidence frameworks and practice strategies. Specific areas for policy development and implementation include:

- a clearly articulated gambling-harm prevention framework that recognises gambling as a public health issue, as articulated by Browne and colleagues in their report (2016a)
- a co-occurrence prevention strategy that:
  - references both key evidence-based frameworks (*Change the Story* and the proposed gambling-harm prevention framework)
  - recognises gender as a structural determinant of health
  - identifies key actions, responsibilities and resourcing.

It is critical that the public health sector and any resultant policy and supporting documents reflect the changing gambling environment, including increased online betting and its implications for family violence prevention and policy and the continued application of a public health lens to gambling related harm.

Conclusion

This paper summarises our work over three years on the co-occurrence of family violence and gambling-related harm as part of the 'Increasing the Odds for Safety and Respect' project. Through this harm prevention project, we have applied a gendered approach to the link between gambling and family violence. This paper forms our evidence base on this issue, capturing the current status of research and practice on this important topic.

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The 'Increasing the Odds for Safety and Respect' project was a partnership between Women's Health In the North (WHIN), Women's Health East (WHE), and North East Primary Care Partnership.

For more information, please contact WHIN on **03 9484 1666**, or at **info@whin.org.au** or visit the WHIN website. Alternatively, please contact WHE on **9851 3700**, at **health@whe.org.au** or visit the WHE website.

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