


Recognition and responses to intimate partner violence (IPV) in gambler's help services: A qualitative study

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Abstract

Accumulating evidence shows a strong association between gambling problems and reports of intimate partner violence (IPV) but provides limited guidance about how to respond to these issues in specialised gambling services. The aim of this study was thus to improve understanding of the potential role of gambling help providers in identifying and responding to IPV. This was addressed via 20 semistructured interviews with gambling help service staff in Australia (15 female and 5 male). Data were analysed in the context of a social constructivist approach to thematic analysis, which produced four themes: (1) “It's loaded with complexity,” which highlights the clinical complexity of clients who disclosed both gambling problems and IPV; (2) “The hidden nature of gambling and IPV,” describing stigma, shame and secrecy attached to both gambling and IPV; (3) “The big thing is putting it on the radar,” which outlined factors in the service context that either enabled client disclosures of IPV or kept it hidden; and (4) “It's everyone's business,” which described current approaches to interagency collaboration, with reference to factors that either limited or facilitated such responses to addressing IPV.

KEYWORDS

gambling help services, interagency collaboration, intimate partner violence, problem gambling, service responses

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1 | INTRODUCTION

Increasing evidence highlights the regular co-occurrence of gambling problems and family violence, including population surveys and studies of clinical samples (Dowling et al., 2014, 2018, 2021; Roberts et al., 2018, 2020; Suomi et al., 2013, 2019), which typically indicate that both exposure to and the use of IPV are common issues among people seeking help for gambling problems (Dowling et al., 2016). Studies on specialised gambling services (Dowling et al., 2016) show that the rates of IPV among help-seeking gamblers range from 7% (Namrata & Oei, 2009) to 69% (Echeburúa et al., 2011). Roberts et al. (2018) analysed data from a representative sample of U.S. adults and identified associations with gambling problems and IPV over time by both men and women, as well as associations with IPV victimisation for women only. In the UK, Banks and Waters (2022) reported that male gamblers often used coercive and controlling behaviours towards their female partners to access money, hide their gambling from others or conceal guilt by blaming their partner for gambling and abusive behaviours. While a majority of Australian evidence suggests that partner violence in families of problem gamblers is often bidirectional whereby men and women are equally likely to be victims and perpetrators, a small proportion of female gamblers report coercive and controlling behaviours by their partners (Suomi et al., 2019).

Data indicating that IPV is common in specific healthcare environments support the view that such services can play central roles in multisector societal responses to violence and abuse (García-Moreno et al., 2015). Accordingly, there may be benefits from specific IPV interventions in such settings, which could include case identification strategies, IPV training programmes and enhanced referral pathways (Feder et al., 2011; O'Doherty et al., 2014). Broader literature indicates that the suitability of these service-level initiatives can vary across context and jurisdiction, as well as service settings such as primary care (Yeung et al., 2012), sexual health (Horwood et al., 2018) and public mental health services (Rose et al., 2011; Trevillion, Howard, et al., 2012). Service staff who have contact with clients reporting the use of or exposure to IPV are generally receptive to addressing violence, although providers in specific contexts (such as mental health services) have expressed views that addressing violence is not a core part of their professional responsibilities (Trevillion, Oram, et al., 2012).

The high rates of IPV in gambling help-seeking settings suggest that help services could also play key roles in identifying and responding to violence. However, in contrast to research on responses to IPV in primary care and other service settings, there is scant evidence to provide bases for the design of initiatives that are suitable for specialised gambling treatment programmes. For example, only one study to our knowledge has considered gambling service provider perspectives on disclosures about male-to-female IPV, although the unique perspectives of gambling help providers were not differentiated from other services (including specialist family violence services) in this study (Hing et al., 2020). To respond to this knowledge gap, the aim of this paper was to improve understanding of the potential role of gambling help providers in identifying and responding to IPV encountered in such settings. This aim was addressed via four research questions:

1. What is the nature of IPV among clients of gambling help services?
2. What are the experiences of service providers in responding to IPV in the gambling help service context?
3. What is the perceived role of service providers in addressing IPV among individuals accessing gambling help services?
4. How do help providers understand available supports, services and service provision gaps that relate to IPV?

2 | METHOD

2.1 | Participants

Participants included 20 staff who held roles in gambling help services in Australia, including gambling help financial counsellors ($n = 5$) and therapeutic counsellors ($n = 5$), as well as executive/programme managers ($n = 5$), and team leaders/peer programme coordinators ($n = 5$). Fifteen participants identified as female, and five identified as male. Years of professional working experience ranged from 2 weeks to 20 years (mean = 5 years and 8 months). Seventeen participants worked for gambling help services in the Australian state of Victoria, and three worked for services in the state of South Australia. Eight participants were from regionally based services, seven were from urban services, and five were working for state-wide services. A total of 12 different organisations of varying sizes were represented by the participants. All 12 organisations offer integrated services, including gambling-specific services, or gambling, alcohol and drug support services.

2.2 | Recruitment and interviews

The methodology was approved by the University of Melbourne Human Research Ethics Committee (approval number 2056615). Participants were recruited for interviews via a number of strategies. These included email invitations through professional networks of gambling help service providers (including the peak body for financial counsellors) and study promotions at online meetings of managers of relevant services in Victoria and South Australia. Semistructured interviews were conducted via telephone between November 2020 and March 2021. The interview guide (Appendix 1) was developed based on understandings of the current literature and proposed research questions and initially addressed the perceived role of gambling help providers in responding to IPV exposure and use among individuals accessing these services. Follow-up prompts were situated under broad questions about recent encounters with IPV among clients and explored understandings of the underlying drivers of IPV use, in addition to potential differences with nongambling populations. Finally, the interview guide addressed perceptions of available services and service provision gaps, and supports required for help providers to improve responses to IPV. All interviews were conducted by one researcher, and they ranged from 25 to 70 min (average of 44 min) and were audio-recorded and transcribed verbatim.

2.3 | Analysis

The analyses adopted a social constructivist approach (Creswell & Poth, 2016) to thematic analysis (Braun & Clarke, 2013). Social constructivism aims at understanding how people construct and reconstruct meaning (Guba & Lincoln, 1994) and supported the exploration of varied, multiple and complex perspectives of help providers (Creswell & Garrett, 2008). The analyses focussed on understanding perceptions of, and responses to, clients who had either experienced or used violence in their intimate relationships. Inductive methods were utilised to code the data, moving from descriptive to interpretative codes, and finally to overarching themes. That is, descriptive coding was used to label sections of the data with codes that summarised the passage, and these codes were refined by interpreting and grouping them into categories and finally into overarching themes (Braun & Clarke, 2019). Relevant statements were coded with ample context to avoid data fragmentation and decontextualisation (Pope et al., 2000). A final coding framework was agreed upon with co-researchers and applied to the dataset. A selection of transcripts and quotes was reviewed by co-authors under each theme (Braun & Clarke, 2012), and coding was conducted iteratively with co-researchers. Data saturation was agreed upon with

co-researchers when no new themes were identified, and all data collection strategies had been exhausted by the project team (Fusch & Ness, 2015). The software program NVivo 11 was used to manage the data and support analysis.

3 | FINDINGS

Findings were organised in relation to four themes that were developed on the basis of common narratives across interviews. These themes relate to the four research questions and were characterised as follows: (1) “It's loaded with complexity”; (2) “The hidden nature of gambling and IPV”; (3) “The big thing is putting it on the radar”; and (4) “It's everyone's business.”

3.1 | It's loaded with complexity

The first theme addressed RQ1: *What is the nature of IPV in the clients of gambling help services?* It encompassed narratives from service providers regarding the clinical complexity and presentation of clients who reported both gambling problems and IPV. Participants commonly described co-occurring mental health and psychosocial issues in gambling help clients who were experiencing IPV, including histories of intergenerational trauma (e.g. neglect, family violence and abuse in childhood), along with co-occurring mental health issues and other psychosocial difficulties (e.g. unemployment and severe financial problems). These co-occurring issues were mentioned in relation to both IPV exposure and use:

Mental health is a big one, particularly in the financial counselling area, there's stress over money, anxiety and depression, you've got unemployment, medical illnesses, you've got life events which can trigger things, you've got drugs and alcohol.

(Participant 7, Team Leader)

In addition to mental health vulnerabilities, participants consistently expressed the view that gambling was likely to drive or complicate other psychosocial stressors, including financial distress, child protection issues, homelessness and illegal activity:

There's not just one issue. You're looking at a multitude of issues ... you've got electricity, rent is in arrears, mortgages are in arrears, they've got pay day lender loans, they've gone to the pawn shop, they've hocked something. They've got insurance problems. They've got no food. They're about to be evicted because it's gone to court. They're living in a car because they've sold everything they can.

(Participant 1, Financial Counsellor)

These multiple stressors were perceived to contribute to complex and reciprocal processes associated with both IPV and gambling problems. In some instances, gambling was perceived as the source of relationship conflict escalating to violence, while in others, negative consequences of gambling were described as exacerbating preexisting IPV.

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

(Participant 2, Therapeutic Counsellor)

The use of controlling behaviours by the gambler was described as a potential attempt to regain a sense of control over spiralling financial situations and deteriorating relationship dynamics in response to gambling losses. This was often accompanied by increasing aggression and anger of both the nongambling partner and the gambler.

... the more in debt they're becoming, the more credit cards they get, the more that they're not coping, the more payments that they've missed, aggression escalates, because you have to escalate the aggression to hide the issues that are going on.

(Participant 3, Financial Counsellor)

People can become far more controlling [when they feel a lack of control]. It depends on where the power's then sitting because there can be a power shift often within that. Sometimes the gambler is the one who has the power in the relationship prior to that. Part of trying to control the fall-out is to become more controlling.

(Participant 11, Program Manager)

Other participants described gamblers, predominantly females, who were victims of IPV and used gambling to physically and emotionally escape from violence. Gambling venues provided physical security and emotionally safe places for social interactions that were otherwise limited by their partner's aggressive and controlling behaviours.

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

(Participant 17, Program Manager)

Intersecting cultural factors were also reported to add complexity to the process of identifying IPV among clients from diverse backgrounds. With reference to Aboriginal communities, some participants suggested that cultural tendencies to share resources and provide help for family and kin networks could be misused to support gambling. Other participants referenced important cultural contexts for the role and meaning of hierarchy, power and control, misogyny and intergenerational trauma:

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

(Participant 6, Therapeutic Counsellor)

3.2 | The hidden nature of gambling and IPV

This theme partly corresponded to RQ1: *What is the nature of IPV in the clients of gambling help services?* and to RQ2: *What are the experiences of service providers in responding to IPV in the gambling help service context?* It involved narratives regarding the hidden nature of IPV and gambling problems that made both issues challenging to identify and address. It also encapsulated descriptions of stigma, shame and secrecy that were associated with both gambling problems and IPV and were compounded when perpetrators were mandated to attend counselling:

I genuinely think that the hidden nature of gambling and the hidden nature of domestic and family violence can be challenging. It may not always come to the surface, so you're relying on honesty from the client sometimes, particularly when you're working with clients that are ... strongly coerced to be here, like, "If you don't attend your counselling, you will go back to jail." you have to be aware that they might be telling you what you want to hear.

(Participant 9, Program Manager)

Participants also described common “framings” of both gambling problems and IPV as normalised, or unproblematic, and these framings were viewed as contributing to their hidden nature in the service context. For example, some participants suggested that tendencies to hide gambling problems were attributed to experiences of shame and stigmatisation, and these stemmed in part from the common framing of gambling as a harmless recreational activity:

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

(Participant 14, Team Leader)

Similarly, gambling help providers described the clients' tendency to frame violence as a normal part of interpersonal conflict or maladaptive relationship behaviours, including a potential response to stress and frustration attributed to gambling.

She was sick of the gambling and the lies... She did question me, “Is this abuse?” I then had to explain to her that with gambling, it can be a bit of a fine line sometimes between whether it's actually family violence.

(Participant 5, Financial Counsellor)

Participants also described how feelings of shame and guilt, with associated attempts to conceal gambling and IPV, often resulted in other maladaptive coping strategies used by their clients. These coping strategies, as described by participants, would manifest in the gambler blaming others for their behaviours, and not taking responsibility for their own behaviours, and this complicated the course of treatment:

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

(Participant 3, Financial Counsellor)

3.3 | The big thing is putting it on the radar

This theme corresponded partly to RQ2: *What are the experiences of service providers in responding to IPV in the gambling help service context?* and RQ3: *What is the perceived role of service providers in addressing IPV among individuals accessing gambling help services?* The theme encompassed factors that were understood to enable client disclosures of IPV, or conversely, kept these issues hidden, and were organised in relation to two subthemes: “what puts it on the radar” and “what keeps it hidden.”

3.3.1 | What puts it on the radar?

Many participants, and particularly financial counsellors, acknowledged their important role in facilitating disclosures of IPV and providing a gateway for clients to access therapeutic counsellors and other services. These participants also described generally high confidence in the abilities of gambling help service staff to identify IPV among their clients, including a range of nonphysical and economic forms of abuse:

... all of our counsellors are acutely aware of financial abuse stuff happening Physical violence is the easy one, to some extent, in terms of being able to recognise

it and confront it. I think because counsellors are so acutely aware of the subtleties of financial violence, they'll pick up some of the subtleties as well.

(Participant 15, Program Manager)

Some participants, and particularly financial counsellors and service managers, suggested that talking about money and finances could facilitate disclosures of IPV exposure, and the provision of budgeting support was particularly useful in initiating discussions about economic abuse:

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

(Participant 3, Financial Counsellor)

In some instances, participants who worked with couples reported “red flags” for IPV in direct observations of the gambler and affected other:

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

(Participant 8, Therapeutic Counsellor)

Other factors that were viewed as facilitating client disclosures of IPV exposure included rapport and strong therapeutic relationships enabled by nonjudgmental approaches to therapy, particularly regarding experiences of trauma and violence. In some instances, the extent to which participants felt comfortable addressing violence and trauma with their clients was attributed to their own professional or personal experiences:

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

(Participant 1, Financial Counsellor)

Some participants also described the importance of services adopting gendered perspectives that recognised IPV and underlying structural drivers, including power, control and gender inequality:

I think number one is underlying culture of power and control in society, the dominant male entitlement to the women and women's bodies It's very important for us as an agency and access workers to have that feminist perspective and to see that these are situations of power and control. We see that as the main driver especially in those relationships between men and women.

(Participant 18, Team Leader)

3.3.2 | What keeps it hidden

While most participants acknowledged the important role of gambling help services in addressing IPV, there were a small number of therapeutic counsellors and service managers who expressed hesitation and suggested that counsellors required more support:

[IPV] isn't part of the Gamblers Help clinicians' work. Their work, first and foremost, is gambling.”

(Participant 14, Team Leader)

Some participants described particular concerns that direct (and insensitive) questioning may cause clients to disengage from services, while they were not able to provide culturally appropriate services to manage violence or dysfunctional couple relationships. In other organisations, the identification of IPV was not routinely supported, and some participants did not feel confident undertaking comprehensive assessments:

We almost expect that our clients would tell us if that was going on. It's one of the failures of this system. We're not encouraged to do a broad assessment, to ask about all these particular things. We almost expect that we would be told by the client if they were experiencing domestic abuse and violence.

(Participant 20, Team Leader)

3.4 | It's everyone's business

The final theme corresponded to RQ4: *How do help providers understand currently available supports, services and service provision gaps that relate to IPV?* It encompassed understandings of broader organisational responses of gambling help services to IPV, which emphasised the usefulness of intra and interagency collaboration and highlighted contextual or service-level factors that either limited (e.g. rural or remote locations) or facilitated collaboration and other proactive approaches to IPV.

Following the identification of IPV exposure, most participants described feeling relatively comfortable providing emotional and practical support to clients and targeting specific experiences of trauma and violence for victims of IPV. In contrast, many participants felt less capable of working with clients who used violence, unless they had access to a team with appropriate skills to support this type of client work:

... not knowing what to do when men say that they've been a perpetrator. I'm at a bit of a loss when they say that. Probably I haven't got enough information or training or understanding as to how to respond to that.

(Participant 15, Team Leader)

Most participants recognised the importance of intra-agency and interagency collaboration, with larger organisations comprising multiple teams of therapeutic counsellors, drug and alcohol workers, family violence specialists, and case management services. The large multidisciplinary teams were perceived as crucial in addressing the varied and complex needs of gambling help clients:

We're very lucky because within our structure we actually have throughout the office, it's not just the family violence team sitting together and the Gamblers Help team, you've actually got different disciplines sitting beside each other, so we encourage them to actually tap in and use the other teams around them for their expertise.

(Participant 19, Program Manager)

Those with previous experience in the family violence sector described greater comfort navigating and facilitating referrals and linkages with specialist services for clients who disclosed IPV:

I am very aware having worked in those services myself. I've worked in victim support services, I've worked in services providing [behaviour] change programs for

perpetrators of violence. I know the people at Orange Door; I know 1800 RESPECT, whereas that's not necessarily team knowledge at this point.

(Participant 11, Program Manager)

In contrast, smaller and more remote organisations described limited opportunities for collaboration with other services, with more narrow expertise focussing on the treatment of gambling-related issues only.

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

(Participant 6, Therapeutic Counsellor)

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

When I'm working out in the [rural area], there's much less support services available, and I certainly don't have any support from our organisation. My clients include every risk factor, family and domestic violence, and in an intergenerational way, because they grew up in very dysfunctional and violent families and they are now dealing with having their own children and to break those patterns.

(Participant 10, Therapeutic Counsellor)

Having access to professional development and supervision was perceived as helpful for improving responses to IPV. The policies at most services acknowledged the likely co-occurrence of IPV and gambling problems. At the organisational level, some services also had comprehensive IPV-related processes in place, including formalised risk and safety planning procedures. Some participants reported that their employers were adopting a "whole of organisation" strategic response to addressing IPV, including creating a safe place for staff to disclose incidents of IPV relating to their own personal life.

Internally it's high on the strategic agenda. I have a lot of backing and support from the executive to make sure that that happens and a lot of support from clinicians across different programs to make that a reality. There's still a lot of work to be done to put in the practical details in terms of training, in terms of referral pathways, making sure that we have proper arrangements for information sharing. All of that is conditioned on existing relationships of trust and cooperation so it's been really good in that sense.

(Participant 18, Team Leader)

Some responses, however, reflected inconsistent approaches across gambling-specific services across regions.

Organisationally, it would be to have some sort of unified approach around that in terms of knowledge training, access to resources, policy framework. If we can get a unified process covered in some of our gambling services, as well as targeted in family services now, some of the allied health teams.

(Participant 11, Program Manager)

4 | DISCUSSION

The overarching aim of this study was to improve understanding of the potential role of gambling help providers in identifying and responding to IPV. It builds on the growing literature about the co-occurrence of gambling problems and IPV (Dowling et al., 2016; Roberts et al., 2018; Suomi et al., 2019) and contributes to a broader body of research about the roles of help providers in addressing IPV in primary care and general mental health settings (Bair-Merritt et al., 2014; Trevillion et al., 2016). Accordingly, the current study draws attention to the potential role of gambling help services in identifying and addressing IPV, which comprise one small but important part of the multisector societal response to IPV and violence against women (García-Moreno et al., 2015).

The findings show that IPV and gambling problems often occur in the context of significant clinical complexity, as reflected in client histories of trauma exposure, concurrent mental health problems and psychosocial challenges, including severe financial difficulties. The findings are consistent with results from population-based studies, which indicate that gambling problems are linked with mental health conditions, trauma exposure and other psychosocial problems (Cowlshaw & Kessler, 2016; Lorains et al., 2011; Roberts et al., 2017). Help-seeking for gambling is also driven commonly by psychosocial “crises” (e.g. severe debt and relationship breakdown; Evans & Delfabbro, 2005), and this tendency may further shape the complex profile and multidimensional needs of clients who present to help services.

Adding to the complex clinical profiles, the current findings highlight gambling problems and IPV as hidden issues both of which are associated with experiences of stigma, shame and secrecy. This is consistent with the broader literature on stigmatisation associated with gambling problems (Hing & Russell, 2017; Miller & Thomas, 2018) and IPV (Overstreet & Quinn, 2013), when considered separately. Studies of other health settings indicate that women who experience IPV may hold expectations of negative reactions from service providers, including fear of being judged or negatively evaluated (Heron & Eisma, 2021). Expectations of devaluation comprise key features of anticipated stigma (Murray et al., 2018) and have been identified as barriers to IPV disclosures and help-seeking (Heron & Eisma, 2021; Overstreet & Quinn, 2013). A recent study by Hing et al. (2020) also considered dual stigma stemming from gender-based IPV and gambling and suggested that family violence and gambling harm may relate to common dimensions of personal responsibility and failure, which are deeply entwined with feelings of shame. The current findings are also indicative of clients' multiple stigmatised identities (e.g. problem gambler, IPV victim or perpetrator) and may be understood in relation to conceptual notions of “intersectional stigma,” which have been used to account for experiences of living with stigmatised health conditions (e.g. HIV) among marginalised groups that also suffer stigmatisation (e.g. racial or sexual minorities; Turan et al., 2019; Staiger et al., 2018). The current findings extend this literature and suggest that the effects of intersectional stigma may also be readily observable in gambling help services and may have implications via client secrecy and reluctance to disclose IPV.

The current findings also align with conclusions drawn from recent research on nongambling-specific service users with specific experiences of male-to-female IPV, which also emphasise the importance of intersectionality of gambling harm and violence, and support calls for integrated service systems in providing services in this context (Banks & Waters, 2022; O'Mullan et al., 2022). Such results have practice implications and may suggest that IPV identification strategies and referral pathways could be embedded within gambling treatment service delivery (Freytag et al., 2020). This, however, requires adequate service responses to comprehensively address both violence and gambling, which currently have limited availability in Australia (Hing et al., 2020; O'Mullan et al., 2022).

Findings from the current study also highlight influences of cultural factors among gambling help clients that can intersect with presenting problems in the context of gambling and IPV.

For example, studies of ethnic minorities in Australia have documented many barriers to IPV help-seeking that include language problems and limited knowledge of support services (Murray et al., 2019). Recent migrants have also been shown to encounter increased risk due to isolation and dependency on family for financial resources, and limited access to employment, health or education services (Maher & Segrave, 2018). IPV used and experienced by Aboriginal men and women must also be considered in relation to complex issues grounded in historic and structural oppression and may reflect consequences of colonisation and intergenerational trauma, as well as institutional racism (Andrews et al., 2021; Gallant et al., 2017). Emerging literature suggests specific approaches to identifying and responding to IPV that are appropriate among these cultural groups (Andrews et al., 2021; Fisher et al., 2020), and these may be important considerations for gambling help services.

Barriers to addressing IPV included inadequate skills to identify and respond to IPV disclosures and the lack of professional development opportunities, as well as “attitudinal barriers,” whereby service staff did not consider addressing IPV important for their specific role (Sprague et al., 2012; Trevillion, Oram, et al., 2012). Service-level training for care providers, and protocols for screening and referral, can all help promote practice change and support improvements in self-efficacy for addressing IPV (O’Campo et al., 2011). At the organisational level, help providers interviewed in this study not only placed value on service-level initiatives and guidelines but also suggested that responses to IPV were strengthened when staff had prior experience or relationships with the family violence sector. The latter findings are consistent with service-level interventions that embed specialist IPV expertise in healthcare agencies; for example, via mentoring staff to become local IPV “champions” (Goicolea et al., 2015) or via “advocate educator” roles (Feder et al., 2011). The findings underscore the importance of cross-sector collaboration in addressing IPV including the need for adequate referral pathways to specialist IPV services and the value of working with teams including specialists in IPV and other areas (e.g. drug and alcohol).

4.1 | Strengths and limitations

This is the first qualitative study that has described the unique perspectives of specialised gambling help providers on the identification and responses to IPV. The participants included different types of gambling help providers, including financial and therapeutic counsellors, and programme managers. Notwithstanding these strengths, important limitations include a relatively small convenience sample from only two Australian states; heterogeneity in the professional roles of participants and a lack of culturally specific gambling services participating in the interviews. In addition, the project was focussed on IPV and did not consider broader dimensions of family violence, including child exposure to IPV or child maltreatment, which are all likely to intersect with experiences of co-occurring problem gambling and IPV (Suomi et al., 2022). Critically, this research was confined to help provider experiences only, thereby excluding the voices of service users, including cultural and sexual minorities, as well as clients with disabilities.

4.2 | Implications

The current study highlights key challenges that gambling help providers face in relation to the identification and responses to IPV and also suggests at least two main areas of priority focus for such initiatives. First, client tendencies to experience stigma, shame and secrecy relating to IPV highlight the need for strategies to support disclosure and identification of violence in gambling help services. These strategies may involve IPV screening tools and protocols which are embedded in physically and psychologically safe environments, along with resources to

ensure the availability of appropriate responses to disclosures, that could be aligned with principles of trauma-and-violence-informed care, as well as gender and cultural awareness (Browne et al., 2012). Second, the study identified perceptions of significant clinical complexity related to IPV and gambling problems, including the need for financial and legal advice and mental health support. They highlight the requirement for partnerships involving a range of internal or external services, as well as initiatives promoting cross-sector collaboration and information sharing. Importantly, services in rural areas may need alternative strategies to develop internal capacity and leveraging off technologies to facilitate care coordination or remote access to specialist services. Comprehensive training around any practice change is crucial to ensure buy-in from both the service providers and users.

The findings also signal a number of important directions for future research. Given the sparsity of evidence relating to IPV in gambling help services, there is a generalised need for research that can further inform the development and design of tailored IPV interventions. These may address identification strategies (e.g. screening tools and protocols) and responses to IPV (e.g. involving the provision of IPV advocacy support), which should focus on addressing violence exposure and use. Any such initiatives should be developed and evaluated in collaboration with service providers and those with lived experience of IPV and/or gambling problems (Suomi & Dowling, 2021). These evaluations may be based on trials of specific intervention strategies (e.g. IPV screening protocols), as well as relatively “complex” interventions at the service level that involve multiple components (e.g. screening protocols, training for service providers and enhanced referral pathways; O'Campo et al., 2011).

AUTHOR CONTRIBUTIONS

Aino Suomi: Conceptualization; funding acquisition; investigation; supervision; writing – original draft; writing – review and editing. **Carol O'Dwyer:** Conceptualization; data curation; formal analysis; methodology; writing – original draft; writing – review and editing. **Alyssa Sbisa:** Data curation; investigation; project administration; writing – review and editing. **Olivia Metcalf:** Conceptualization; funding acquisition; investigation; writing – review and editing. **Anne-Laure Couineau:** Conceptualization; funding acquisition; writing – review and editing. **Meaghan O'Donnell:** Conceptualization; resources; supervision; writing – review and editing. **Sean Cowlshaw:** Conceptualization; funding acquisition; investigation; resources; supervision; writing – original draft; writing – review and editing.

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APPENDIX 1: INTERVIEW GUIDE

Introductory comments

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

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

The interview will take about 1 h and will be recorded to ensure that we have a record of what you said. The information we gather is confidential, and the recording will be kept securely on servers at Phoenix Australia and will be destroyed once the study is complete. Your interview will also be transcribed verbatim, and these transcripts will be stored on the servers at Phoenix Australia indefinitely.

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

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

Part 1: Context

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

Potential prompts:

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

Part 2: IPV victimisation

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

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

a. As a counsellor/as a manager

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

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

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

Part 3: Use of violence in relationships

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

a. As a counsellor/as a manager

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

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

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

Part 4: Attributions for the use of IPV

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

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

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

Part 5: Support in identifying and responding to IPV

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

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

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

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