Pathways to Electronic Gambling Machine

Venues in New South Wales

by

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The following is a list of publications resulting from the research conducted in this thesis. This includes journal articles, published conference abstracts, conference presentations and media articles from the research.

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Published conference abstracts


Oral conference presentations


Media associated with thesis


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Media release

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Table of contents

Acknowledgements ........................................................................................................ viii
Publications, conference abstracts and media outputs ............................................... ix
  Publications .............................................................................................................. ix
  Published conference abstracts ........................................................................... x
  Oral conference presentations ............................................................................ x
  Media associated with thesis ............................................................................. xi
  Media release ...................................................................................................... xii
Declaration of funding................................................................................................. xiii

List of tables ............................................................................................................ xvii
List of figures ............................................................................................................. xvii
List of abbreviations ................................................................................................ xviii

Chapter One: Introduction ....................................................................................... 1
  1.1 Chapter overview .......................................................................................... 1
  1.2 Background .................................................................................................. 1
  1.3 Aim and research questions ........................................................................ 5
  1.4 Conceptual framework ................................................................................ 6
  1.5 Theoretical approach .................................................................................... 8
  1.6 Thesis approach and structure ................................................................... 10
  1.7 Discussion and key recommendations ....................................................... 18
  1.8 Significance .................................................................................................. 21
  1.9 Chapter summary ......................................................................................... 22

Chapter Two: Literature review ............................................................................... 23
  2.1 Chapter overview .......................................................................................... 23
  2.2 Gambling ........................................................................................................ 23
  2.3 Gambling harm in Australia ......................................................................... 24
  2.4 Electronic gambling machines ..................................................................... 33
  2.5 Gambling venues in Australia ....................................................................... 35
  2.6 Factors that influence gambling behaviour in local settings ...................... 42

xiv
Chapter Three: Theoretical framework .................................................... 50

3.1 Chapter overview .............................................................................. 50
3.2 Social constructionism [Berger and Luckmann, 1966] ....................... 52
3.3 Behaviour modification perspective [Nord and Peter, 1980] .............. 55
3.4 Normalisation theory [Parker, 2005, Thomas et al., 2018a] .............. 58
3.5 Social learning theory [Bandura, 1971] ........................................... 64
3.7 Risk [Rhodes, 1995] .......................................................................... 68
3.8 Chapter summary ............................................................................. 70

Chapter Four: Methods ........................................................................... 72

4.1 Chapter overview ............................................................................. 72
4.2 Aim and research questions .............................................................. 72
4.3 Research methods ........................................................................... 74
4.4 Methodological paradigm ................................................................. 76
4.5 Rationale for study setting ................................................................. 77
4.6 Study One: Analysing the promotion of gambling and non-gambling
    activities in gambling venues .............................................................. 79
4.7 Study Two: Family experiences within community gambling venues ... 82
4.8 Study Three: Community attitudes towards gambling venues and pathways
    into gambling ................................................................................... 102
4.9 Chapter summary ............................................................................. 108

Chapter Five: Shaping pathways to gambling consumption? An analysis of the
promotion of gambling and non-gambling activities from gambling venues... 109

5.1 Chapter overview ............................................................................. 109
5.2 Authorship statement ...................................................................... 110
5.3 Publication One ................................................................................ 113
Chapter Six: Exploring children’s experiences in community gambling venues: A qualitative study with children aged 6-16 in regional New South Wales .......... 134

6.1 Chapter overview ................................................................. 134
6.2 Authorship statement ....................................................... 135
6.3 Publication Two ................................................................ 138

Chapter Seven: Children’s attitudes towards electronic gambling machines: An exploratory qualitative study of children who attend community clubs .......... 146

7.1 Chapter overview ................................................................. 146
7.2 Authorship statement ....................................................... 147
7.3 Publication Three ............................................................... 150

Chapter Eight: “Everyone knows grandma.” Pathways to community gambling venues for families living in regional Australia ..................................... 162

8.1 Chapter overview ................................................................. 162
8.2 Authorship statement ....................................................... 163
8.3 Publication Four ................................................................. 166

Chapter Nine: Attitudes towards community gambling venues and support for regulatory reform: An online panel study of residents in New South Wales, Australia ................................................................. 188

9.1 Chapter overview ................................................................. 188
9.2 Authorship statement ....................................................... 189
9.3 Publication Five ................................................................. 192

Chapter Ten: Discussion and conclusion ........................................ 203

10.1 Chapter overview ............................................................ 203
10.2 Key findings and implications of the research .................... 204
10.3 Limitations ..................................................................... 221
10.4 Conclusion ..................................................................... 224
10.5 Chapter summary ............................................................ 225
Chapter Eleven: References........................................................................................................ 226

Appendix One: Study Two interview schedule................................................................. 255
Appendix Two: Ethical approval ..................................................................................... 262
Appendix Three: Study Three Questionnaire................................................................. 263
Appendix Four: Permission to publish article in thesis (Publication One) .......... 268
Appendix Five: Acceptance letter (Publication Two)...................................................... 269
Appendix Six: Research translation ................................................................................ 270

List of tables

Table 1. Summary of EGM data for the period 2016/2017 ........................................... 37
Table 2. Theoretical concepts used in the thesis............................................................. 51
Table 3. Overview of methods for each study ................................................................. 75
Table 4. Summary of children’s data collection activities in Study Two ............. 87
Table 5. Examples of children’s drawings ...................................................................... 89
Table 6. Picture board activity ......................................................................................... 92
Table 7. Sample quotas for Study Three .............................................................. 104
Table 8: Socio-demographic questions in Study Three survey ......................... 263
Table 9. Gambling frequency questions in Study Three survey ....................... 264
Table 10. PGSI screen in Study Three survey ......................................................... 265
Table 11: Publication Impact* .................................................................................... 270

List of figures

Figure 1. Conceptual framework.................................................................................. 7
Figure 2. Shaping pathways to venue based gambling: A conceptual model .... 12
Figure 3. Proposed theoretical model of the pathways into gambling through community gambling venues................................................................. 20
Figure 4. Four steps of data analysis process employed in Publication Four .... 97
Figure 5. Proposed theoretical model of the pathways into gambling through community gambling venues................................................................. 205
List of abbreviations

EGM       Electronic Gambling Machine

HILDA     Household, Income and Labour Dynamics in Australia

MoU       Memorandum of Understanding

NSW       New South Wales

SEIFA     Socio-Economic Index for Areas

PGSI      Problem Gambling Severity Index
Chapter One: Introduction

1.1 Chapter overview

This chapter provides an overview of this thesis. It begins with a brief background (see section 1.2), the aim and research questions of the thesis (see section 1.3) and the conceptual framework of this research (see section 1.4). It then provides a brief description of the theory used throughout this research (section 1.5), a description of the three research studies within this thesis (see section 1.6) and the key recommendations of the research (see section 1.7). Finally, this chapter concludes with the significance of the research (see section 1.8).

1.2 Background

In 1956, electronic gambling machines (also known as EGMs, pokies, poker machines, or slots) were legalised within community settings in the state of New South Wales (NSW), Australia [Australian Institute for Gambling Research, 1999]. In most other countries in the world EGMs are restricted to casinos [Browne and Minshull, 2017]. However, in Australia, EGMs are prolific in community-based gambling venues (clubs and hotels) in community settings. EGMs were legalised in Australia primarily as a way of raising revenue to improve facilities for members of specific community clubs, and to fund community initiatives through hypothecated taxes for community infrastructure and services [Australian Institute for Gambling Research, 1999]. Researchers have described how, over time, the aggressive pursuit of EGM revenue by clubs\(^1\) has surmounted their original social agenda [Hing, 2006]. Not-for-profit clubs dominated the EGM market in NSW communities until 1984, when EGMs were also permitted in hotels (or pubs) [Australian Institute for Gambling Research, 1999]. Today, the majority of EGMs in Australia are still located in club (113, 506 EGMs), but an increasing number are also in hotels within communities (69, ........................

\(^1\) Clubs are not-for-profit organisations which provide infrastructure and services for local communities. Additional description of clubs in NSW can be found in Chapter Two.
088 EGMs) [Queensland Government Statistician's Office & Queensland Treasury, 2018].

While community gambling venues have increasingly sought to diversify both the non-gambling and gambling products that they provide, more money is lost on EGMs than on any other form of gambling in Australia [Queensland Government Statistician's Office & Queensland Treasury, 2018]. In 2016/17, over $12 billion was lost on EGMs in Australia [Queensland Government Statistician's Office & Queensland Treasury, 2018]. Research suggests that the availability and accessibility of EGMs is a key risk factor for EGM use in community settings [Young et al., 2012, Marshall et al., 2004]. Furthermore, EGMs may entrench social disadvantage and inequality. For example, Australian statistics from the Household Labour and Income Dynamics in Australia Survey (HILDA) show that EGM gamblers are overrepresented among older adults, individuals with low levels of education, live in inner regional areas, and have welfare as their main source of income [Armstrong and Carroll, 2017]. Research also confirms that EGMs are concentrated in areas of disadvantage [Rintoul et al., 2012], and are linked with a range of social harms, including family violence, relationship breakdowns, homelessness, and financial hardship [Bellringer et al., 2016, Holdsworth et al., 2012, Patford, 2009, Dickson-Swift et al., 2005]. Given that EGMs are overwhelmingly concentrated in community settings, community-based venues, they (and the policies associated with the provision of gambling products in these venues) have arguably played a significant role in the development of one of Australia’s most pressing public health problems gambling-related harm [Thomas and Thomas, 2015, Greenslade, 2013, Thomas et al., 2018a].

Despite the legalisation of EGMs in all states and territories in Australia (except Western Australia), over half of EGM losses occur in community gambling venues in the state of NSW (in 2016/17, over $6 billion was lost on the 94, 303 EGMs in NSW) [Queensland Government Statistician's Office & Queensland Treasury, 2018]. However, there has been surprisingly limited research to explore the impact of EGMs (and the venues that house them) in NSW, including the
range of pathways into gambling [Marshall, 2005], and how these may be influenced by factors within community gambling venues.

Fabiansson [2008] described that community-based gambling venues promote themselves as being “safe and family friendly venues that cater for the whole community” [Fabiansson, 2008, p. 164]. For example, ClubsNSW, the peak body for registered clubs in NSW, states that clubs are:

“…owned by the community for the community, their sole purpose being to deliver a wide range of benefits to their members and the wider community.” [ClubsNSW, 2018a]

Numerous groups, including public health researchers, practitioners, peak bodies, not-for-profit organisations, and politicians, have raised concerns about the presence of gambling activities within communities, and the inadequate policy framework to address the significant social harms that result from embedding gambling products within community settings [Adams, 2016, Greenslade, 2013, Tasmanian Labor, 2018, Alliance for Gambling Reform, 2018]. Researchers have argued that there is a clear ethical tension between the framing of community gambling venues as providing benefits for communities, and the provision of products that may cause significant harms for individuals, their families, and the communities these venues seek to serve [Greenslade, 2013]. Despite attitudinal surveys which show that communities are supportive of strategies to reduce the harms associated with EGMs [Thomas et al., 2017, Donaldson et al., 2016], venues also have strong ideological ties to, and support from, their local communities [Greenslade, 2013]. What is unclear from existing research is the range of determinants that may work to normalise and shape attitudes and perceptions towards community gambling venues, which may impact on behaviours within venues. Understanding these determinants and the influence they have is important in developing comprehensive public health strategies to respond to gambling-related harm.

In recognition of the range of social harms caused by EGMs to individuals, families and their communities, the Australian Productivity Commission [2010]
recommended that public health and consumer policy frameworks be the starting point for the development of comprehensive policies that address not only individual behaviours of gamblers, but the environments in which gambling occurs [Australian Productivity Commission, 2010, p. 3.1]. The Commission also discussed the role of community and social norms in developing regulations aimed at reducing gambling harm. It noted that while many people engage in gambling, they also “remain sceptical about the overall community benefits” of gambling, but that “it can be very difficult to substantiate that the apparent community norms associated with gambling have sufficiently widespread support to justify them” [Australian Productivity Commission, 2010, p. 3.6-3.7]. Thus, research which seeks to understand how norms, perceptions and behaviours are formed in relation to community-based gambling venues and their products may provide policy makers with important evidence to inform future public health reduction and prevention strategies.

Despite recommendations made by the Australian Productivity Commission [2010], existing gambling research and policy approaches towards EGM harm have focused on individual determinants of gambling-related harm [Miller and Thomas, 2017b, Miller et al., 2014, Banks, 2011]. These include harm minimisation strategies which seek to address individual gambling motivations and observable risk indicators of problem gambling [Mathieu et al., 2018, Delfabbro et al., 2018], and individualised strategies including responsible gambling messaging strategies and self-exclusion initiatives [Gainsbury, 2014]. There has been limited research to explore the broader range of socio-cultural, environmental, and commercial (or industry) factors that may shape or normalise pathways into gambling within community gambling venues [Thomas et al., 2018a]. This includes exploring the factors that may shape perceptions of the risks and benefits of venues, the factors that reinforce these perceptions, and whether these factors influence both gambling and non-gambling behaviours within these environments. The research in this thesis aims to address these gaps in knowledge.
1.3 Aim and research questions

1.3.1 Aim

The overall aim of this thesis was to explore the range of factors that may facilitate pathways to, attitudes towards, and social practices within community gambling venues in the state of NSW, Australia. The research in this thesis focused on NSW because of a) the historical role of EGMs within community-based gambling venues in NSW, b) the significant concentration of EGMs in community venues (and losses) in this state; and, c) the significant evidence gap related to the broader determinants of gambling harm in NSW. This thesis had four more specific aims:

1. To explore if and how socio-cultural, environmental and commercial factors facilitate pathways to gambling activities within community gambling venues containing EGMs.

2. To examine the range of activities that groups participate in within venues, and the extent to which non-gambling activities influence and normalise the social practices associated with community gambling venues containing EGMs.

3. To understand how different population subgroups conceptualise the risks and benefits of community gambling venues, and the activities and products within them (including their perceived risks and benefits associated with EGMs).

4. To use the information gathered in this thesis to provide recommendations for regulatory frameworks, policy and community action to reduce gambling risks towards specific groups in the community (such as children and lower socio-economic communities) and to reduce the associated harms caused by community gambling venues.
1.3.2 Research questions

The thesis was guided by four overarching research questions aligned with each of the four main aims:

1. What are the socio-cultural, environmental, and commercial factors that facilitate pathways into community gambling venues?

2. What is the role of social practices in shaping attitudes towards, and behaviours within, community gambling venues?

3. How do different population subgroups conceptualise the risks and benefits of community gambling venues containing EGMs, and the activities and products within them?

4. What are the lessons for public health in preventing and reducing the risks and harms associated with community gambling environments?

1.4 Conceptual framework

Figure 1 provides a conceptual map for the thesis, including the key aims and research questions associated with each study presented, the theoretical framework for each phase of the research, and the associated journal publication.
**Figure 1. Conceptual framework**

**Overall research aim:**
To explore the range of factors that may facilitate pathways to, attitudes towards, and social practices within, community gambling venues in the state of NSW, Australia.

**Overall research questions:**
1) What are the socio-cultural, environmental, and commercial factors that facilitate attendance at community gambling venues? 2) Do these factors play a role in normalising behaviours within community gambling venues containing EGMs? 3) How do different population subgroups conceptualise the risks and benefits of community gambling venues containing EGMs, and the activities and products within them? 4) What are the lessons for public health in preventing and reducing the risks and harms associated with community gambling environments, and how can the research in this thesis be used to engage communities in gambling harm prevention strategies to denormalise gambling?

**Theoretical approach:** Social constructionism

<table>
<thead>
<tr>
<th>Study One (RQ 1)</th>
<th>Study Two (RQ 1-4)</th>
<th>Study Three (RQ 1-4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Method:</strong> Online content analysis</td>
<td><strong>Method:</strong> Qualitative interviews with children and parents who attend venues.</td>
<td><strong>Method:</strong> Online survey of NSW residents.</td>
</tr>
<tr>
<td><strong>Research questions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. To what extent and nature are family-friendly activities and gambling activities promoted on registered clubs’ websites? 2. Does the promotion of these activities play a role in shaping community attitudes and behaviours within environments that contain family-friendly activities and gambling facilities?</td>
<td>1. What are children’s overall perceptions of community gambling venues, including their value within community settings? 2. What is the unprompted and prompted recall of gambling and non-gambling activities within the venue in children, and what are their attitudes towards these activities? 3. Is there evidence that positive perceptions towards venues may influence children’s intentions to visit venues as adults, and to use the gambling facilities within these venues?</td>
<td>1. Do clubs promote themselves as family and child appropriate spaces within regional communities? 2. What gambling industry tactics and strategies do venues use to shape community perceptions of clubs and gambling within clubs? 3. What strategies to venues employ to market themselves to the community? 4. What tactics do venues use to create social acceptability of gambling and the venue itself?</td>
</tr>
</tbody>
</table>

**Shaping theory**

**Publication One:** Shaping pathways to gambling consumption? An analysis of the promotion of gambling and non-gambling activities from gambling venues.

**Publication Two:** Children’s perceptions and experiences of community gambling venues: A qualitative study with 8-16yos in regional New South Wales.

**Publication Three:** Children’s attitudes towards Electronic Gambling Machines: an exploratory qualitative study of children who attend community clubs.

**Publication Four:** “Everyone knows grandma.” Pathways to community gambling venues for families living in regional Australia.

**Publication Five:** Attitudes towards community gambling venues and support for regulatory reform: An online panel study of residents in New South Wales, Australia.
1.5 Theoretical approach

The research in this thesis took a social constructionist approach, recognising that social and cultural contexts play an important role in how individuals and society construct meaning [Berger and Luckmann, 1966]. A social constructionist perspective assumes that social interactions shape and sustain social practices [Charmaz, 1990, Burr, 2006]. Therefore, processes do not happen by chance. Instead, practices and the meanings associated with them are created and constructed by the social and cultural processes that occur around the phenomena [Burr, 2006]. The social constructionist approach has been used to understand the factors that influence attendance at and behaviours within, community gambling venues. It has also been used to understand the factors that influence how meaning is constructed within community gambling venues. This includes understanding the role of rituals associated with venue attendance and subsequent gambling behaviours.

The research in this thesis aimed to be exploratory in nature, therefore a number of additional theories have guided the development of the three studies presented in the thesis and helped with the interpretation of the data collected. These theories, briefly described below, will be further explained in Chapter Three.

1.5.1 Behaviour modification perspective

The research in this thesis aimed to generate theory to explain the socio-cultural, environmental and commercial factors that influence pathways into community gambling venues, and subsequent pathways into EGM gambling. Study One was guided by marketing theory of the behaviour modification perspective, specifically the concept of shaping, to describe how certain behaviours are encouraged (for example going to a community venue for dinner) with the ultimate aim of having another, different behaviour occur (for example gambling in that venue) [Peter and Nord, 1982]. This theory has been used in this thesis to hypothesise how the presence of non-gambling activities within community
venues facilitate pathways to gambling while there and create perceptions of gambling as normal.

1.5.2 Normalisation

The use of normalisation theory extends the work of Thomas et al. [2018a], based on the work of Parker and colleagues [2013b]. Normalisation is a term used to describe how socio-cultural, environmental, commercial and political processes influence how certain products, in this case gambling, can become embedded and accepted into the everyday life of communities [Thomas et al., 2018a]. Normalisation theory was used to examine the factors that influence the acceptance and attendance at community gambling venues and gambling products. However, as the research progressed, and knowledge around the topic grew, additional concepts of habitus [Bourdieu, 1986] and risk [Rhodes, 1995] helped to interpret and explain the research findings.

1.5.3 Habitus

The concept of habitus [Bourdieu, 1986] describes how social structures can facilitate practices that become normalised and embedded into routine behaviours [Crawshaw and Bunton, 2009]. Habitus also considers how behaviours that bring pleasure, such as going to community gambling venues, are difficult to disrupt, particularly if social structures discourage alternative behaviours [Dixon and Banwell, 2009]. Consistent with the social constructionist approach [Burr, 2006], the concept of habitus has been used in this study to recognise that the experiences of participants shape how they construct meaning within community gambling venues. This includes examining the factors that facilitate attendance at community gambling venues and how social, cultural and economic factors shape individual experiences.
1.5.4 Risk

Rhodes’ [1995] concept of risk was used to explain how individuals who attend community gambling venues evaluate risk within these environments. Rhodes [1995] recognises the importance of social and cultural contexts in shaping individual risk perceptions. Therefore, specific activities associated with risk (for example attending venues containing gambling products) may become part of everyday life. This perspective also considers the role of the risk environment, the physical or social space, where risk “factors interact to increase the chances of harm occurring” [Rhodes, 2009, p. 193].

1.6 Thesis approach and structure

This thesis consists of three separate studies which explored the range of factors that may influence attendance of, attitudes towards, and social practices within, community gambling venues.

**Study One** consisted of an online content analysis of websites from clubs in the Illawarra and Shoalhaven region of NSW to identify the presence of 1) family and children activities and 2) gambling activities (Publication One).

**Study Two** consisted of qualitative interviews with family groups (at least one parent and one child aged 6-16 years) who attend community gambling venues containing EGMs (clubs) (Publications Two, Three and Four).

**Study Three** consisted of an online survey of NSW residents aged 16-85 years who attend community gambling venues containing EGMs (clubs and hotels) (Publication Five).
1.6.1 Study One: Analysing the promotion of gambling and non-gambling activities in gambling venues

Study One aimed to determine the extent and nature of non-gambling and gambling activities promoted by gambling venues using a specific sample of NSW registered clubs’ websites. This information was primarily used to hypothesise how the promotion of non-gambling activities may play a role in shaping community attitudes and behaviours within gambling environments for families who attend.

Study One was designed to provide preliminary evidence to answer research question one:

1. What are the socio-cultural, environmental, and commercial factors that facilitate pathways into community gambling venues?

1.6.1.1 Publication One (Chapter Five)


https://www.tandfonline.com/doi/abs/10.3109/16066359.2015.1093121

1.6.1.1.1 Summary of findings

Publication One [Bestman et al., 2016] identified that promotions for non-gambling activities specifically aimed at drawing in families were co-located on community gambling venue websites alongside promotions for gambling activities. The paper proposed that this clear juxtaposition (between the promotion and provision of family activities, and gambling activities within venues) may subsequently impact the attitudes of children and families towards these environments by creating the perception that venues containing gambling products
are appropriate settings for children. This may also play a role in shaping the short- and long-term gambling consumption intentions of individuals (including children) who attend venues. Based on these findings, a theoretical model was developed to hypothesise how the promotion of non-gambling activities may shape community attitudes and behaviours within environments that contain both family activities and gambling activities (Figure 2). The model was further explored in Study Two, with findings from this study guiding the development of the methods and research questions for Studies Two and Three.

Figure 2. Shaping pathways to venue based gambling: A conceptual model.

Step One
Extent and nature of marketing targeting children and families
- Children’s dining
- Children’s activities
- Holiday promotions
- Direct calls to bring the family to the club
- Child minding
- Family days
- Family major promotions

Step 2
Creating rituals and norms, familiarity and preference
- Family dinners
- Celebrations
- Loyalty programs
- Repeat behaviours
- Positive experiences

Step 3
Normalisation of the Club environment as cultural and social setting
- Club is accepted part of Australian life

Step 4
Normalisation of the Club’s gambling environment
- Increased likelihood of gambling as adults

Bestman et al. [2016, p. 159, Figure 1, Shaping pathways to venue based gambling: A conceptual model]

1.6.2 Study Two: Exploring family experiences within community gambling venues

Study Two examined family experiences within community gambling venues, including the factors that influence family attendance, family engagement with gambling and non-gambling activities within venues, and the factors that shaped family attitudes towards the venue and the activities within it.
Study Two contributed to answering research questions one, two, three and four:

1. What are the socio-cultural, environmental, and commercial factors that facilitate pathways into community gambling venues?

2. What is the role of social practices in shaping attitudes towards, and behaviours within, community gambling venues?

3. How do different population subgroups conceptualise the risks and benefits of community gambling venues containing EGMs, and the activities and products within them?

4. What are the lessons for public health in preventing and reducing the risks and harms associated with community gambling environments?

Study Two was, to my knowledge, the first of its kind to explore family experiences within community gambling venues. It was also methodologically innovative as it developed a range of tools to engage children in the research. This research identified that children are exposed to and can recall gambling products within community gambling venues. This exposure combined with their awareness of adult EGM behaviours played a role in shaping children’s attitudes towards, and future consumption intentions relating to EGMs. Study Two also provided qualitative insight into the factors that influence parents’ decisions to attend community gambling venues with their children.

1.6.2.1 Publication Two (Chapter Six)


1.6.2.1.1 Summary of findings

Publication Two [Bestman et al., 2018b] identified that children had positive attitudes towards the community gambling venues they had visited. These attitudes were shaped by their positive perceptions of the non-gambling activities they used, including playgrounds and restaurants. Children formed positive associations with venues, particularly when attendance related to family events and activities within the venue. Despite children not being legally allowed to use gambling products before the age of 18, half of children indicated that they currently used at least one gambling activity while in the venue. Half of children also indicated they intended to gamble when there were an adult and the majority of children indicated that they would attend the venue as an adult. This research suggests that the non-gambling activities within venues, particularly child and family activities may play a role in shaping future attendance and behaviours within community gambling venues.

1.6.2.2 Publication Three (Chapter Seven)

https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0148-z

1.6.2.2.1 Summary of findings

Publication Three [Bestman et al., 2017] found that all children in this study were exposed to EGMs within community gambling venues while they were engaging with non-gambling activities (such as having dinner). Despite regulations that focus on the prohibition of minors (individuals under 18) using EGMs, children were aware of EGMs, could recall the location of EGMs within venues, and the sounds made by EGMs and their visual appearance. Children also described how
and why they perceived adults used EGMs. For some children this included the perception that winning money on EGMs was easy. Some older children’s attitudes were positively reinforced by the perception that profits from the machines were returned to their local sporting teams. While some children expressed a desire to use EGMs when they were older, others were concerned about the negative consequences of engaging in EGM gambling. Given children’s exposure to EGMs in community gambling environments this research suggests that current regulations are not effective in creating environments which completely protect children from exposure to EGMs. Children’s positive perceptions of venues may suggest that the promotion of community initiatives as part of corporate social responsibility practices builds positive brand images of venues amongst community members, including children, which may ultimately reduce perceptions of the harms associated with EGMs.

1.6.2.3 Publication Four (Chapter Eight)


1.6.2.3.1 Summary of findings

Publication Four [Bestman et al, under review] draws on Bourdieu’s concepts of habitus and cultural capital [Bourdieu, 1986] to explore factors that influence parents’ decisions to attend community gambling venues with their children. This was the first study to examine family engagement with community gambling venues containing EGMs. This research identified that families attended venues for three key reasons; first because of the influence of others in their social networks, second for regular social activities, and third because of structural factors such as a lack of alternative, affordable, family-friendly environments in their local area. Despite recognising the harm associated with EGMs, parents distanced themselves from EGM harm with all parents perceiving venues to be an
appropriate space for families. Many parents told researchers they had not had detailed conversations with their children about the gambling products within the venue or their potential harm. This research in this study indicated that family social practices within venues affect perceptions of risk associated with community gambling venues. This has implications for long term health behaviours and highlights the need for alternative sources of support and/or social environments for families in regional communities that do not contain gambling products.

1.6.3 Study Three: Understanding community attitudes towards gambling venues and pathways into gambling

Following the examination of social rituals within community gambling venues among families with children, Study Three sought to examine whether these rituals were consistent in a population from across the state. This study examined whether non-gambling activities within venues may encourage a pathway to participation in gambling within venues. Study Three aimed to understand the range of factors that influence attendance at community gambling venues containing EGMs, attitudes towards EGMs (including perceived benefits and harms), using an online sample of individuals aged 16 and over in New South Wales. Study Three also aimed to identify community levels of support for measures that could reduce EGM harm.

Study Three contributed to answering research questions one, two, three and four:

1. What are the socio-cultural, environmental, and commercial factors that facilitate pathways into community gambling venues?

2. What is the role of social practices in shaping attitudes towards, and behaviours within, community gambling venues?
3. How do different population subgroups conceptualise the risks and benefits of community gambling venues containing EGMs, and the activities and products within them?

4. What are the lessons for public health in preventing and reducing the risks and harms associated with community gambling environments?

1.6.3.1 Publication Five (Chapter Nine)


1.6.3.1.1 Summary of findings

Publication Five [Bestman et al., 2018a] identified that individuals in the study primarily attended community gambling venues for the non-gambling activities, including restaurants, social events, and their accessibility. However, participants who attended venues more frequently were more likely to report using EGMs. This research suggests that although participation in gambling is not the primary reason for visiting, the presence of EGMs in these venues may encourage a pathway to participation in this form of gambling. Most participants in this study were supportive of measures aimed at reducing the harms associated with EGMs, including reducing children’s exposure to gambling products in community gambling venues. This may indicate that communities support further regulation of EGMs by the government. However, participants who attended community gambling venues frequently were less likely to agree with measures that reduce the harms associated with EGMs. Therefore, attempts to change EGM legislation may face some opposition from this group in the community. Public health advocates need to frame their messages carefully and also anticipate a response
from interests such as EGM venues, manufacturers and governments, all of whom benefit from EGM revenue.

1.7 Discussion and key recommendations

The first key finding relates to the factors that facilitate pathways into community gambling venues. The research in this thesis identified that attendance at community gambling venues was influenced by a broad range of individual, socio-cultural, environmental and commercial factors that interacted to encourage attendance at community gambling venues, and contribute to subsequent pathways into gambling (Figure 3). This pathway is associated with the provision of non-gambling activities within venues. Such activities include cheap meal options, entertainment for specific populations including children, and sporting facilities. The current research makes a unique contribution to knowledge by highlighting how commercial factors, largely driven by the gambling industry, provide an environment that facilitate social rituals within community gambling venues. Future research should aim to empirically test this model longitudinally to examine these pathways into gambling.

The second key finding relates to the social practices aligned with community gambling venues and the role of these practices in shaping attitudes and behaviours towards community gambling venues. The research presented in this thesis acts to fill an important theoretical gap in gambling research by using Bourdieu’s [1986] concept of habitus to explain the factors that influence social practices within community gambling venues, including how attendance at community gambling venues may be encouraged. The current research considered other areas of public health such as alcohol and tobacco [Lunnay et al., 2011, Dixon and Banwell, 2009] to explain the role of habitus and cultural capital in shaping pathways to gambling. The present research indicates that social structures and cultural norms for participants facilitate socialisation into venues. This was particularly evident in the cultural capital that participants built within venues while participating in other social rituals, such as engaging in celebratory events and regular family activities within venues. While this research has shown
that venues facilitate this cultural capital for adults who attend venues, more concerning was the way in which gambling venues, which perhaps in other contexts would not be viewed as appropriate spaces for children, encourage and facilitate habitus for children. The research in the current study indicated that for children who attend gambling venues, gambling may become part of their habitus as adults, increasing the likelihood that these individuals will participate in gambling (including use of EGMs) within venues as adults. This creates issues relating to the legacy of this habitus for children who attend community gambling venues in regional communities and the associated harm from gambling that may occur.

The third key finding relates to community perceptions of risk associated with both community gambling venues and the gambling products located within. The current research suggests that the provision of non-gambling activities within gambling venues can act to influence (and soften) perceptions of harm and risk associated with venues and the gambling products located within. This research highlights a lack of parental awareness of the potential risks to children associated with attending community gambling venues. While there is a need for education for parents and the general population of these risks, it is important to acknowledge that these perceptions of reduced risk are enhanced by environmental and commercial factors such as marketing and public relations strategies driven by the gambling industry. Therefore, a comprehensive public health approach is required to prevent and reduce gambling harm. This includes addressing the broad range of individual, socio-cultural, environmental and commercial factors that influence gambling attitudes and behaviours within community gambling venues.
Figure 3. Proposed theoretical model of the pathways into gambling through community gambling venues

Embedding venues into the community through:
- Marketing of venues - for example marketing as community-focused, safe spaces.
- The promotion and provision of non-gambling activities - for example trivia, live music.
- Positive public relations strategies through community funding (particularly the funding of children’s activities).

Encouraging attendance through:
- Lack of local alternatives.
- Convenience.
- Accessibility.
- Availability (particularly in areas with high levels of disadvantage).
- Affordability.

Creating environments of risk within venue through:
- Venue layout.
- Co-location of non-gambling activities in close proximity to gambling products.
- Audio and visual exposure to gambling products in non-gambling areas.

Factors that encourage venue attendance

Commercial factors

Individual factors

Environmental factors

Socio-cultural factors

Forming of individual behaviours through:
- Preference for venue.
- The need for a setting for social occasions that is affordable.
- Perception that venue is an appropriate environment for members of the community, including children.

Facilitating social practices associated with gambling venues through:
- Intergenerational attendance at venue.
- Social connections.
- Family rituals (including creating childhood memories).
- Familiarity.
- Positive interactions within venue.
- Cultural rhetoric’s around gambling as a fun and entertaining activity.

Engagement with venue and non-gambling products within

Reduced perceptions of risk towards venue and gambling products

Engagement with gambling products
1.8 Significance

This thesis contributes to the evidence base associated with the range of factors that facilitate pathways to, attitudes towards, and social practices within, community gambling venues in regional Australian communities. It also provides theoretical, methodological and practical contributions to knowledge.

1.8.1 Research findings

Prior to this study, there had been limited research that examined attitudes and behaviours associated with community gambling venues. The research presented in this thesis fills this important gap in understanding the role of gambling venues within regional communities, including recognising the role of venues in facilitating social rituals and the building of social and cultural capital aligned with these venues. This research also addresses an important theoretical gap in understanding how pathways into gambling may be created within community gambling venues (Figure 3).

The present study provides novel insight into the experiences of families who attend community gambling venues, including the gambling attitudes and behaviours of children who attend venues. Given the gaps in knowledge relating to community gambling venues, this research has employed several methodologies to develop a deeper understanding of the issue from multiple perspectives. For example, 1) analysis of online content of community gambling venues, 2) qualitative interviews with families, and, 3) online panel survey with community members. Further, Study Two developed innovative methodologies for conducting gambling research with children, including the use of visual sociology methods that explored children’s experiences within venues.
1.8.2 Research recommendations

The present study also provides recommendations for future research. This includes understanding how the pathways into gambling can be disrupted and how alternative, non-gambling environments can be created. This is vital in regional areas, such as the one studied in this thesis, where participants perceived that community gambling venues provided activities that could not be accessed elsewhere. Research should also examine how communities can be engaged in initiatives to prevent and reduce gambling harm in Australian communities.

1.8.3 Policy implications

Recommendations from this research highlight the need for a comprehensive public health approach to prevent pathways into community venues which contain harmful gambling products. This research has identified an urgent need for policy makers to address gaps in regulation that expose children to gambling products (including EGMs) within community venues. Additional research should also include examining how policymakers and governments can introduce, encourage and sustain non-gambling alternatives in communities (particularly in regional areas) and how public health messaging can be used to educate community members about the product harms relating to EGMs and the gambling venues where these are located.

1.9 Chapter summary

This chapter provided an overview of the research conducted as part of this thesis. It provided a background to the research, the theoretical frameworks that guided the research, the research aims and research questions, methods used, and the significance and contributions of the research. Chapter Two will provide a more comprehensive review of the literature that underpins this research.
Chapter Two: Literature review

2.1 Chapter overview

To provide context for the studies presented in this thesis, this chapter begins by defining the nature and extent of gambling harm in Australia, and explains a public health approach to reducing and preventing gambling harm (see section 2.2). As this thesis has a particular focus on environments containing EGMs, the chapter provides a brief history of the introduction of EGMs to Australia, and justifies why this research has chosen to focus on community-based EGM venues in the Australian state of NSW (see section 2.4). The chapter then critiques the existing research relating to community gambling venues (such as clubs and hotels) and the factors that may encourage engagement with these venues (see section 2.5). Finally, given that Study Two in this thesis specifically focuses on children visiting such venues, the chapter describes the risks of gambling for children, and their exposure to gambling in community settings (see section 2.5.2).

2.2 Gambling

Gambling or betting is defined as an activity where a player risks the loss of something of value (usually money), in order to have the chance to win something of higher value [Victorian Responsible Gambling Foundation, 2019]. Gambling activities are considered to be outcome based (sometimes referred to as chance based), when an individual wins based on an unpredictable outcome such a horse winning a race, or may be luck based [Victorian Responsible Gambling Foundation, 2019].

Gambling of different forms has been an activity of many cultures for many years, however prior to World War Two commercial gambling was often prohibited throughout many countries around the world [Sulkunen et al., 2018]. While gambling is not universally legal, commercial gambling has grown significantly
and has, in many parts of the world including Australia, become an accepted social activity that is often associated with the funding of “charitable, social, cultural and sports activities” [Sulkunen et al., 2018, pp. 1]. Some researchers have suggested that the acceptance of gambling is tied to the role of gambling in providing public funds through taxation [Egerer et al. 2018; Nikkinen et al., 2018], which has made it easier for government to accept gambling as an ordinary leisure activity” [Nikkinen et al., 2018, p. 2].

### 2.3 Gambling harm in Australia

#### 2.3.1 Gambling in Australia

In 2018, an article in the New York Times referred to Australia as the “world’s biggest gambling losers” [Baidawi, 2018]. With annual per capita losses of $1,251 for each adult [Queensland Government Statistician's Office & Queensland Treasury, 2018], Australia has the highest per capita gambling losses in the world and has been described as a “gambling hotbed” [The Economist, 2017]. Recent data shows that in 2016/17, Australia’s total gambling expenditure was $23.7 billion, with just over half ($12.1 billion) expended on EGMs [Queensland Government Statistician's Office & Queensland Treasury, 2018].

While Australian state governments have previously conducted state-based prevalence surveys that measure gambling participation and harm [Sproston et al., 2012, Hare, 2015], there has been limited nationally representative data that examines gambling behaviours [Armstrong and Carroll, 2017, Australian Productivity Commission, 1999b]. Internationally, there has also been a gap in understanding the extent of gambling related harm [Nikkinen et al., 2018]. Increased funding and improved research methodologies has enabled more recent research to better understand gambling harm [Nikkinen et al., 2018].

Since 2001, the HILDA Survey has been conducted with a nationally representative sample of Australians, to provide policy makers and researchers
with data relating to relationships, household, income, employment, health and education [Melbourne Institute, 2018]. In 2015 (Wave 15), the survey included questions about gambling participation, product engagement, and harm for the first time with a sample of 17,606 Australian adults [Armstrong and Carroll, 2017]. This study, arguably the most robust national survey to date of gambling participation and prevalence, found that in a typical month in 2015, 39 per cent of Australian adults (6.8 million people) gambled on range of products including lotteries (30%), instant lotteries (scratch tickets) (9%), electronic gambling machines (EGMs) (8%), race betting (6%), sports betting (3%) and other gambling products such as keno, casino games, bingo and poker (7%) [Armstrong and Carroll, 2017]. Regular participation in various gambling activities was associated with different socio-demographic factors. For example while regular lottery players were more likely to be older couples living without children, EGM users were more likely to have welfare sources form the main part of their income [Armstrong and Carroll, 2017]. However, while this prevalence data indicates that some population groups may be more likely to participate in certain gambling activities, it does not provide information about the factors that may influence these groups to gamble.

While studies have demonstrated a decline in overall participation in gambling over the last 20 years in Australia, research has found that the amount spent by gamblers has increased. For example, a recent study using data from two separate population-based gambling surveys from 1997-98 and 2010-11 along with Australian gambling expenditure data, found that overall gambling participation (with the exception of sports betting) and per capita gambling expenditure declined in Australia during the time period studied [Armstrong et al., 2017]. However, while overall participation rates declined 21% during this period, the amount spent by individuals who gambled increased by 22% [Armstrong et al., 2017]. This suggests that those who do gamble may be gambling (and therefore losing) more now than in previous years, and may be at increased risk of gambling-related harm. However, there has been limited research that has explored the range of socio-cultural, environmental, industry, and political
determinants that may contribute to participation in gambling in Australia, and any resulting harm [Thomas et al., 2018a, Thomas et al., 2018b].

In Australia, rates of pathological or problem gambling have traditionally acted as the main indicator of gambling harm [Sproston et al., 2012, Hare, 2015, Browne et al., 2016]. Problem gambling has been defined as “difficulties in limiting money and/or time spent on gambling that leads to adverse consequences for the gambler, others, or for the community” [Neal et al., 2005, p. i]. Research, and subsequent gambling policy, has predominantly focused on the individual drivers of pathological gambling, which occurs in 0.7-1.4% in the Australian community (approximately 200,000 Australian adults) [Armstrong and Carroll, 2017]. Problem gamblers are more likely to gamble regularly, and contribute to approximately 40 per cent of total gambling expenditure [Armstrong and Carroll, 2017, Australian Productivity Commission, 2010]. Further, some community groups are more vulnerable to problem gambling [Victorian Responsible Gambling Foundation, 2015b, Hing et al., 2016]. For example people who experience problem gambling are more likely to be male, aged 18-29, Indigenous, unemployed, single, renting, live in low socioeconomic areas and have low incomes [Armstrong and Carroll, 2017]. This research also indicates that problem gambling is associated with higher expenditure, with individuals experiencing the most harm spending over four times as much on gambling activities compared to individuals who were not problem gamblers [Armstrong and Carroll, 2017].

Problem gambling is associated with a range of health and social issues [Lorains et al., 2011]. Research has revealed links between gambling and mental health problems, substance use disorders and suicide [Dowling et al., 2015, Cowlishaw et al., 2014, Battersby et al., 2006]. For example, Australian researchers found high levels of problem gambling prevalence associated with other mental health comorbidities [Haydock et al., 2015, Manning et al., 2017]. Research has also demonstrated a clear link between harmful gambling and a range of other social issues that may impact on others. For example, a Danish cohort study found an
association between gambling and criminal charges, in particular economic crime charges, violence-related charges and drug-related charges [Laursen et al., 2016].

Research has begun to examine the negative impacts of gambling on others. Australian research has found an association between domestic violence and EGM accessibility, with geographical areas with no EGMs reporting fewer family violence incidents [Markham et al., 2016]. However, causal relationships between these variables remain to be established. Recent research from New Zealand suggests the relationship between gambling and intimate partner violence to be complex [Suomi et al., 2018]. Bidirectional violence was more common in participants compared to being solely a perpetrator or victim of violence. Further, for the majority of participants violence occurred following gambling initiation, however, for some participants violence occurred first and gambling behaviours occurred subsequently [Suomi et al., 2018].

2.3.2 A conceptual shift from addiction to public health frameworks: Understanding the determinants of gambling harm

Research investigating problem gambling has predominantly been driven by addiction-based frameworks that examine the impacts of gambling from an individualised perspective [Blaszczynski et al., 2004]. Most of these approaches have arguably been influenced by the Blaszczynski and Nower [2002] pathways model of problem and pathological gambling, which focuses on the biological, psychological and ecological variables contributing to pathological gambling, including examining three distinct groups of gamblers who indicate “impaired control over their behaviour” [Blaszczynski and Nower, 2002, p. 487]. While the model acknowledges external factors including increased access to, and availability of, gambling products, this pathway predominantly focuses on individual characteristics such as misunderstanding the probability of winning, emotional or biological vulnerabilities, and impulsive behaviours [Blaszczynski and Nower, 2002]. Numerous studies have explored this proposed pathway and classification of problem gambling, including 17 studies which have presented
‘subtypes’ of problem gamblers [Milosevic and Ledgerwood, 2010]. However, these studies have largely ignored the broader range of key determinants, including socio-cultural, environmental, industry, and political factors which may also contribute to gambling harm [Thomas et al., 2018a, Thomas et al., 2018b]. Thus current research places the emphasis on “faulty cognitions” [Milosevic and Ledgerwood, 2010, p. 995, Livingstone et al., 2018], rather than examining the context where gambling occurs. Researchers argue that these models promote gambling as an individualised activity associated with informed choice, create a range of negative impacts on individuals who are experiencing gambling-related harm (including stigma and a reluctance to seek help), require individuals to monitor their own behaviour, despite the rapid commercial expansion of gambling, and ultimately prevent meaningful harm prevention measures which address the range of factors that may contribute to gambling [Hancock and Smith, 2017, Miller and Thomas, 2017b, Reith, 2007]. As Reith [2013] argues, addiction based models that focus on individual level gambling harm “...in fact create the conditions for discourses of pathology in the first place” [p. 733].

In the last decade, there has been a conceptual shift in research relating to problem gambling, towards understanding the broad range of negative impacts and harms that may result from excessive gambling. Central to this shift is the acknowledgement that the harms associated with gambling may be broader than only those associated with ‘pathological’ indicators of gambling [Abbott et al., 2015]. Gambling harm has been defined as:

“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].

As an example of how this may reorient the way that gambling harm is conceptualised, it is useful to again consider the recent Australian HILDA study [Armstrong and Carroll, 2017]. In this study, approximately 1% of the population
(193,000) adults were considered to be experiencing pathological levels of gambling, with an additional 7.9 per cent of the population (1.39 million adults) identified as experiencing some level of gambling-related harm, either as low or moderate risk gamblers using the Problem Gambling Severity Index\(^2\) [Armstrong and Carroll, 2017]. Recent research has also identified that the vast majority of the burden from gambling-related harm is not from pathological gamblers, but from those who screen as low or moderate risk gamblers [Browne et al., 2017b]. While economic modelling relating to the negative social costs of gambling have been predominantly focused on problem gambling (estimating $4.7 billion in costs for the Australian community in 1999) [Australian Productivity Commission, 1999], recent modelling incorporating low and moderate risk gambling has estimated that the economic costs of gambling equate to about $7 billion for the state of Victoria (2017 Australian dollars) [Browne et al., 2017a]. Finally, research has demonstrated the negative consequences of gambling within an individual’s social network, with up to ten others in a person’s social network adversely impacted by an individual’s harmful gambling [Goodwin et al., 2017, Australian Productivity Commission, 1999a]. Recognising these broader harms, some researchers have advocated for a shift from addiction frameworks to a public health approach to gambling harm prevention and reduction.

2.3.3 A public health framework to address gambling harm

Until the late 1990s, a public health approach to preventing and reducing gambling-related harm was largely absent from academic and policy debate and discussion. In 1999, Korn and Shaffer [1999] noted that despite increased legalisation and harm from gambling products, a public health perspective was\(^2\) The Problem Gambling Severity Index (PGSI) is the most commonly used measure for gambling related harm in Australia. This measure is based on participant responses to a nine item scale [Ferris and Wynne, 2001].

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\(^2\) The Problem Gambling Severity Index (PGSI) is the most commonly used measure for gambling related harm in Australia. This measure is based on participant responses to a nine item scale [Ferris and Wynne, 2001].
research and policy discussions around gambling. Korn and Shaffer [1999] argued that rather than focus on individual behaviours, a public health approach would recognise that individuals live within a “social milieu” whereby cultural, environmental and social practices influence gambling attitudes and behaviours [p. 306]. Furthermore, a public health approach would lead to a critical examination of public policy to assess whether existing gambling policy “fosters or discourages health” [Korn and Shaffer, 1999, p. 306]. Korn and Shaffer’s [1999] framework was based on the five pillars of the Ottawa Charter - developing personal skills, strengthening community action, creating supportive environments, building healthy public policy, and reorienting health services towards prevention. However, within the framework, there was limited discussion about the specific role of the gambling industry as the key vector in gambling-related harm [Korn and Shaffer, 1999].

In Australia during the same time period, the first review into gambling was conducted by the Australian Productivity Commission [1999a]. The Commission acknowledged the need for a public health approach to gambling policy, and directly compared gambling to other complex public health issues such as tobacco and alcohol. The Productivity Commission specifically focused on the range of public health initiatives that were needed to address gambling harm across a continuum, and argued that further effort was needed to develop comprehensive regulations that responded to gambling products, and the industries that provided these products [Australian Productivity Commission, 1999b]. The Commission also recognised the conflicted role of government in developing weak policies to regulate the gambling industry stating:

“The current regulatory environment is deficient... This has arisen because of inadequate policymaking processes and strong incentives for governments to derive revenue from the gambling industries.” [Australian Productivity Commission, 1999a, p. 3].
In July 2008, the Council of Australian Governments requested the Australian Commonwealth Treasurer for an update to the Productivity Commission’s 1999 inquiry into problem gambling [Council of Australian Governments, 2008]. Following this review, the Australian Productivity Commission [2010] explicitly stated that the review would examine gambling issues through a “public health lens” [p. 22], this included investigating the role of the gambling environment in gambling harm and describing the social impacts of gambling [Australian Productivity Commission, 2010]. The review also acknowledged that instead of focusing on self-responsibility, future frameworks and government policy should ensure consumer protection [Australian Productivity Commission, 2010]. This review provided an important step in recognising the harms associated with gambling products and the need to protect consumers. The Australian Productivity Commission [2010] recommended a range of public health measures to address harm. These included strategies to minimise gambling behaviours, for example mandatory pre-commitment (setting pre-determined limits) and maximum $1 bets for EGMs (limiting EGMs to a maximum of $1 per button push). However, despite these recommendations gambling policy measures that have reduced gambling harm have been limited, with government policy continuing to be based around personal responsibility and addiction-based frameworks [Banks, 2011].

Since the work of Korn and Shaffer [1999], governments internationally have described using a public health approach to gambling policy. However, these approaches still predominantly look at the individual drivers of gambling harm, rather than the broader determinants of harm [Gillies, 2016, British Columbia Provincial Health Officer, 2013]. In 2015, the Victorian-based government body to address gambling harms, the Victorian Responsible Gambling Foundation, described its use of a public health approach to gambling harm prevention [Victorian Responsible Gambling Foundation, 2015a]. This approach included the adoption of a public health framework to prevent and reduce gambling-related harm by acknowledging the role of “the broad range of factors that influence individual gambling behaviour, including the range of social, cultural, political, institutional and environmental factors” [Victorian Responsible Gambling
Foundation, 2015a, p. 12]. However, while discussing a range of prevention initiatives more recently, harm reduction measures such as reducing the accessibility and availability of gambling in local communities still largely were missing from public health policies and strategies [Victorian Responsible Gambling Foundation, 2015a]. By failing to address these important drivers of gambling harm, programs have lacked meaningful changes to reduce gambling harm in the community. Further, while public health approaches to reducing harm in areas such as tobacco, obesity and alcohol have shown the importance of examining industry factors associated with harm [Moodie et al., 2013], these discussions have been largely missing from gambling public health policy.

Recognising the need to look more broadly at the range of factors contributing to gambling harm, an international team of interdisciplinary experts developed a framework to understand the factors that influence harmful gambling [Abbott et al., 2015]. What makes this framework different to other conceptualisations of gambling is its focus on both the gambling-specific and the general factors that contribute to harmful gambling (these include; cultural, social, psychological and biological factors) [Abbott et al., 2015]. For example, this framework acknowledges the role of the gambling environment, stating:

“The extent to which individuals are exposed to various forms of gambling within a community will dictate the proportion of the population at risk of, and manifesting, gambling-related harms.” [Abbott et al., 2015, p. 17].

The framework also focuses on the role of the social acceptability of gambling, and the range of socio-political factors that contribute to gambling becoming socially accepted in communities, including the level of exposure to gambling in community settings and the promotion of gambling as a positive activity [Abbott et al., 2015]. Finally there are the structural characteristics of gambling products, and individuals’ assessments of the risks associated with different products [Abbott et al., 2015]. This includes how attitudes towards gambling products may
be shaped, and the range of resources available to develop interventions to prevent and reduce gambling-related harm [Abbott et al., 2015].

As with harms caused by tobacco and other non-communicable diseases, it is important to acknowledge that the “vectors” that cause harm in relation to gambling are often commercial industries that “implement sophisticated campaigns to undermine public health interventions” [Moodie et al., 2013, p. 671]. Public health researchers have increasingly acknowledged the role of commercial determinants in the health of individuals [Kickbusch et al., 2016]. The aim of commercial companies is to maximise profits [West and Marteau, 2013], which creates tensions when the product is potentially harmful –including dangerous consumption products such as tobacco, alcohol, food and beverages which encourage excess consumption, for example fast food, soda and snack industries, and gambling). However, gambling research and policy often lacks a critical view in examining the tactics of the gambling industry, including how the industry promotes its products and minimises regulatory reform [Thomas et al., 2018b]. Research is particularly limited in relation to understanding the role of community-based gambling venues in Australia in shaping gambling attitudes and behaviours.

2.4 Electronic gambling machines

Some gambling products are more harmful than others. EGMs are associated with the highest rates of problem gambling in Australia [Australian Productivity Commission, 2010] and are considered to be one of the most harmful forms of gambling [Sulkunen et al., 2018]. In the Australian Productivity Commission [2010] inquiry, the Commission noted that individuals who used EGMs regularly were most likely to experience problem gambling. International research indicates that between 15-50% of EGM revenue is derived from problem gamblers (dependent on the jurisdiction and time period) [Williams & Wood, 2016]. However other researchers suggest that up to 60% of EGM revenue is derived from problem gamblers [Schüll, 2012].
Several terms are used to describe EGMs. In Australia, EGMs are referred to as poker machines, pokies, or electronic gaming machines (used by the gambling industry). Internationally, these machines are known as slots, slot machines or fruit machines. Some casinos also refer to these machines as video slots, or video lottery terminals (VLTs) with stimulated reels on a video scene that present like EGMs [Turner & Horbay, 2004]. EGMs have often been termed ‘gaming’ machines, however, researchers suggest that terminology such as gaming is intentional so that individuals view these products as a leisure activity rather than causing significant harm [Reith, 2007]. This thesis therefore uses terminology related to gambling rather than gaming, and uses the term ‘electronic gambling machines’, referred to as EGMs. While EGMs around the world operate in a similar way, EGMs in Australia are considered to be of particularly high intensity [Dowling et al., 2005, Livingstone, 2017]. Described as being ‘addictive by design’ [Schull, 2005], EGMs contribute to the most gambling-related harm in Australia compared to all other products [Storer et al., 2009]. In 2016/17 Australians lost just over $12.1 billion on EGMs in clubs and hotels [Queensland Government Statistician's Office & Queensland Treasury, 2018]. Recent data from the HILDA survey found that just over one fifth of Australians gambled on EGMs regularly (at least once per month), that regular participation in EGMs was higher for individuals who were experiencing problems with gambling, and that individuals from lower socio-economic groups spend more on these forms of gambling than those from higher socio-economic groups [Armstrong and Carroll, 2017].

What is less clear from existing research is the range of factors that contribute to EGM harm in Australia. The following section provides an overview of the EGM environment in Australia, the role of community gambling venues, and existing evidence relating to factors that may lead to the use of EGMs.
2.5 Gambling venues in Australia

Around the world, there are three main types of gambling venues; clubs, hotels and casinos. In Australia, these three types of venues have different business models and legislation requirements across each state (the state government is responsible for EGM legislation in its jurisdiction). While these venues are similar in the range of entertainment and gambling activities that could be found in casinos internationally, Australian venues are unique in the extent to which they are embedded within communities [Baidawi, 2018]. This thesis focuses on community-based EGM venues in the form of clubs and hotels.

2.5.1 Historical context

EGMs have operated in NSW since the early 1920s [Hing, 2006]. Prior to 1952, NSW law was interpreted as not explicitly prohibiting the operation of EGMs and so NSW police did not enforce restrictions on the operation of EGMs in venues [Hing, 2006]. In 1952, the NSW police declared that EGMs were illegal, prompting registered clubs to argue for the legalisation of machines, with EGMs officially legalised in 1956 [Australian Productivity Commission, 1999a]. Registered clubs have been described as unique, member owned, non-commercial (not-for-profit) organisations, with revenue generated from these venues directed towards improving venue facilities or, providing services that benefit members, activities that promote the purpose of the club (for example sport), and funding charities or community activities [Hing, 2006]. As such, original clubs documents stated that any profits made from EGMs were not to be distributed back to individual members, but were to be directed back to benefit members and local communities [Hing, 2006].

While the Australian Productivity Commission [1999b] describes the legalisation of EGMs as a result of “considerable community debate” [p. 21.7], Hing [2006] explains that the clubs lobbied government for legalisation, claiming they would financially suffer if they could not operate machines, and offered to pay annual
taxes on EGMs. The legalisation of EGMs was limited to registered clubs in order to generate income from gambling products to be used to improve venue facilities for members [Australian Institute for Gambling Research, 1999]. This legalisation was opposed by hotels who were not permitted to operate EGMs at this time [Hing, 2006].

Following legalisation, the revenue from EGMs increased rapidly and soon exceeded the revenue from other gambling activities [Australian Institute for Gambling Research, 1999]. Hing [2006], citing the NSW Department of Gaming and Racing, stated that between 1954 and 1962 there was a 223% increase in the number of clubs in NSW, with EGM numbers in these venues doubling to 10,814. While the expansion and concentration of EGMs continued through the 1970s, clubs continued to use their not-for-profit status to justify their monopoly on EGMs (hotels were still not permitted to operate EGMs) [Australian Institute for Gambling Research, 1999]. It was not until 1984, following “aggressive lobbying by the hotel sector” that hotels in NSW were also permitted to operate a restricted number of ‘gaming machines’ [Australian Institute for Gambling Research, 1999, p. 168]. However, these machines differed from EGMs in clubs and were amusement-style machines, as hotels were not permitted the same type of EGMs as clubs [Australian Productivity Commission, 1999b]. In 1997, hotels in NSW were allowed to operate up to 15 EGMs each, this was then increased in 1998 when the state government sold 2300 EGM permits to hotels which allowed the operation of more than 15 machines per venue [Australian Productivity Commission, 1999b].

By the 1990s, all Australian state governments, except in Western Australia, allowed EGMs to operate in clubs and hotels in community venues (in addition to casinos) [Australian Institute for Gambling Research, 1999]. Today, the majority of EGMs in Australia are still located in clubs (113, 506 EGMs), but an increasing number are also in hotels within communities (69, 088 EGMs) [Queensland

3 Western Australia is the only Australian state that has not legalised EGMs outside its single casino (Crown Perth) [Australian Productivity Commission, 2010].
Government Statistician's Office & Queensland Treasury, 2018]. However, NSW still dominates the EGM market, with 94, 303 EGMs operating in NSW (just under half of all 195, 177 EGMs in Australia) [Queensland Government Statistician's Office & Queensland Treasury, 2018] (Table 1). Although the number of EGMs in NSW has slightly declined since 2001 (when there were 102,958 EGMs) [Queensland Government Statistician's Office & Queensland Treasury, 2017], money spent per capita on EGMs in NSW, at $1,020 per capita per year, is significantly higher than for other states such as Queensland ($610 spent per capita annually) and Victoria ($534 spent per capita) [Queensland Government Statistician's Office & Queensland Treasury, 2018] (Table 1).

Table 1. Summary of EGM data for the period 2016/2017

<table>
<thead>
<tr>
<th>State</th>
<th>Total expenditure on EGMs ($ million)</th>
<th>Number of EGMs</th>
<th>Per capita spend on EGMs ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>6 188.420</td>
<td>94 303</td>
<td>1 020.06</td>
</tr>
<tr>
<td>Victoria</td>
<td>2 609.530</td>
<td>28 993</td>
<td>534.34</td>
</tr>
<tr>
<td>Queensland</td>
<td>2 286.277</td>
<td>46 911</td>
<td>610.79</td>
</tr>
<tr>
<td>South Australia</td>
<td>680.275</td>
<td>13 138</td>
<td>502.93</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>168.754</td>
<td>4 552</td>
<td>533.62</td>
</tr>
<tr>
<td>Tasmania</td>
<td>110.328</td>
<td>3 560</td>
<td>271.43</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>92.648</td>
<td>2 318</td>
<td>505.96</td>
</tr>
<tr>
<td>Western Australia</td>
<td>266.035*</td>
<td>2 402</td>
<td>Not available</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12 136.232</strong></td>
<td><strong>196 177</strong></td>
<td><strong>640.98</strong></td>
</tr>
</tbody>
</table>

Note: Data collected from Queensland Government Statistician's Office & Queensland Treasury [2018].
* Gross casino revenue by EGMs 2016-2017 from Gaming and Wagering Commission of Western Australia [2018]

While clubs and hotels are now permitted to operate EGMs, there are substantial differences between these venues in NSW.

2.5.2 Clubs

Clubs Australia, the peak body for clubs, are not-for-profit organisations with a stated aim of providing infrastructure and services for local communities:
“…through employment, cash and in-kind social contributions, and through the formation of social capital by mobilising volunteers and providing a diverse and affordable range of services, facilities and goods.” [Clubs Australia, 2015].

At June 30 2017, there were 1,109 clubs in NSW operating 69,885 EGMs [Queensland Government Statistician's Office & Queensland Treasury, 2018]. Clubs report that they provide services to 6.7 million members in NSW [KPMG, 2016], (note, the total population of NSW as of March 2018 was 7.9 million [Australian Bureau of Statistics, 2018]). While there is limited publicly available information about venue use, industry data from 2006 estimated 92 per cent of NSW adults had visited a club during the previous 12 months [Clubs NSW, 2007]. Clubs also offer a range of family focused activities including restaurants with kids’ meal deals, playgrounds and children’s activities.

Today a significant proportion of club revenue is generated from EGMs (just under two thirds of revenue) [KPMG, 2012]. Researchers have stated that the intended role of clubs, to provide social benefits, has become ‘increasingly blurred’ by objectives to increase membership numbers and facilities [Hing and McMillen, 2002]. For example, Hing [2006] argued that:

“While still existing to render a service to members and the broader community, the intensifying competitive environment for gambling has prompted greater adoption of commercial management practices, posing a contradiction between their official and actual agendas.” [p. 86].

Unlike hotels (explained below), clubs must contribute a certain proportion of their EGM revenue to the community. In 2008, it was estimated that between $59 million and $224 million a year was received by communities from club funded activities [IPART, 2008]. In NSW, community funding from clubs is managed through the ClubGrants program. The ClubGrants program is a tax rebate scheme
that requires 1.85 per cent of club EGM profits over $1 million to be returned to the community [New South Wales Government, 2017b]. An additional 0.4 per cent of EGM profits can also be allocated to a ClubGrants Fund which can be used for large scale projects [New South Wales Government, 2017b]. Although a proportion of EGM revenue is taken by state governments in the form of taxes, there is a significant lack of transparency relating to EGM community contributions in NSW [McKenny, 2018, Gladstone, 2018]. While the ClubGrants program has three categories of contributions, there is no data about how much EGM revenue in NSW is distributed across these categories and the extent to which this revenue is used to improve club venue facilities (for example through renovations to improve facilities and encourage increased patronage) [New South Wales Government, 2017a].

While the NSW government website states that community contributions were created “to ensure that the disadvantaged in the community are better positioned to benefit from the substantial contributions made by those clubs” [Liquor and Gaming NSW, 2017], researchers in other parts of Australia have suggested that the mechanisms by which venues ‘give back’ to the community are often inequitable and may actually reinforce inequalities within the community [Young et al. 2011]. Furthermore, there have been very few attempts to understand whether the ClubGrants scheme ultimately acts as a promotional tool which facilitates pathways to gambling by positively shaping community attitudes towards local clubs, and softens the perceptions of harm associated with these venues [Thomas et al., 2018b].

2.5.3 Hotels

Hotels (or pubs) are for-profit commercial businesses. The majority of income for hotels comes from alcoholic beverage sales [PricewaterhouseCoopers, 2009]. For

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4 Marginal tax rates start from $1 million dollars at 10.0% and increase to 28.4% for EGM venue revenue above $20 million (see Queensland Government Statistician's Office & Queensland Treasury [2018] for full tax rates)
hotels that operate gambling products (including EGMs), this typically generates 30 per cent of their total revenue [PricewaterhouseCoopers, 2009]. The hotel industry state that they provide “restaurant-style meals, gaming facilities, trivia nights and a range of community events” [PricewaterhouseCoopers, 2009, p. 5].

At June 30 2017, there were 1,484 hotels operating 22,920 EGMs in NSW [Queensland Government Statistician's Office & Queensland Treasury, 2018]. While hotels have fewer EGMs compared to clubs, EGMs in hotels generate almost twice the profits made by EGMs in clubs [O'Malley and Gladstone, 2018]. In a recent report, Livingstone [2018] suggested that hotels generate higher gambling revenues per machine because of the commercial objectives of hotels, their extended operating hours compared to clubs, and because EGM users do not need to sign into hotels and thus may perceive there to be more anonymity with these venues. While there has been no research specifically into hotels in NSW, these reasons may also explain why hotels generate more EGM revenue than clubs.

Hotels in NSW also operate under different EGM legislation to clubs, and can only operate a maximum number of 30 EGMs per venue [New South Wales Government, 2016]. While taxes for EGM in clubs start when revenue exceeds $1 million (at 10.0%), hotels are taxed at a rate of 33 per cent for revenue between $200,001 and $400,000. The highest tax rate for hotels (EGM revenue over $5 million) is taxed at 50 per cent, while clubs are taxed at 28.4 per cent for the same revenue [Queensland Government Statistician's Office & Queensland Treasury, 2018].

It is also important to note that in Australia, a substantial proportion of EGMs in hotels (12,000) are owned by Woolworths, one of Australia’s biggest supermarket companies [O'Malley and Gladstone, 2018]. EGMs in venues owned by Woolworths generate approximately $1.2 billion in net revenue annually [O'Malley and Gladstone, 2018]. While there has been some recent community debate around a supermarket company owning EGMs [Kinniburgh, 2017,
O'Malley, 2018a], the company has indicated a desire to expand this source of
revenue through applications for additional EGM licences in Victoria [Taylor,
2017].

2.5.4 The New South Wales regulatory environment: the complex relationship
between government and industry

Since the 1970s, the presence of EGMs in communities has generated substantial
revenue for the NSW government through gaming machine taxes [Australian
Institute for Gambling Research, 1999]. In 2015/16 the NSW government
received $2.1 billion in taxation from ‘gaming’ [Queensland Government
Statistician's Office & Queensland Treasury, 2018], creating a significant tension
between the role of government as a regulator of gambling and also a beneficiary
of gambling revenue. It is important to note that while taxation for sports betting
and racing is provided for each state, taxation specific to EGMs is not reported
and the term ‘gaming’ includes all other forms of legal gambling. Adams and
Livingstone [2015] describe that revenue or ‘surplus’ from addictive consumption
products such as gambling, acts to “entice individuals and companies as well as
governments and nations into engaging in a long-term reliance on their profits”
[p. 109].

Attitudinal surveys conducted in Australia reveal that community members are
supportive of changes to EGM legislation and the introduction of harm reduction
measures for EGMs [Thomas et al., 2017, McAllister, 2014]. However, there has
been consistent industry opposition from the peak bodies for clubs and hotels
towards any proposed changes that may impact on EGM profits. This opposition
has been a key barrier to reducing the harms caused by EGMs. For example, in
2011 when the Australian Federal government (held by the Labor party) discussed
the introduction of EGM reform relating to mandatory pre-commitment on
machines [Doughney, 2012], clubs and hotel industries spent an estimated $3.5
million on a campaign opposing the reforms. The ‘Un-Australian’ and ‘Won’t
Work Will Hurt’ campaigns concentrated in marginal Labor-held electorates (for
further information see Panichi [2013]), to successfully oppose the regulation [Doughney, 2012].

In NSW, there are also signed agreements between the EGM industry and the state government. In 2010, a Memorandum of Understanding (MoU) was signed between ClubsNSW and the NSW Liberal and National parties [ClubsNSW, 2010]. This MoU agreed to maintain state and venue caps on EGMs (therefore committing there would be no reduction in the number of EGMs) [ClubsNSW, 2010]. The MoU also stated that the parties would introduce a revised taxing structure, which would reduce EGM taxes for clubs that earn over $1 million annually, in their first state parliament budget if elected [ClubsNSW, 2010]. In 2014, the MoU was updated to report a commitment by the state government (the Liberal/National coalition) to maintain the existing tax rates [ClubsNSW, 2014]. The MoU also stated that the government would “retain existing gaming machine operating conditions, with proposed changes subject to a rigorous assessment including cost-benefit analysis and consultation” [ClubsNSW, 2014, p. 1]. This means that any proposed changes to EGM regulations made by government would require consultation with the industry. Again, this creates an ethical tension, particularly as industries aim to maximise profits, which may come at the cost of the public. More recently (March, 2018), the NSW Parliament passed EGM changes relating to the provision of new EGMs, stating these changes were designed to “better protect communities from problem gambling risks, and increase transparency around the application process for additional gaming machines” [New South Wales Government, 2018]. However, these reforms have been criticised for failing to reduce the harms caused by EGMs by not including legislation that will reduce the number of EGMs in the state [O'Malley, 2018b].

2.6 Factors that influence gambling behaviour in local settings

A significant, more recent development in the gambling environment relates to the range of gambling products that are provided within these environments. Alongside EGMs, clubs and hotels offer a range of gambling activities. This
means that a range of gambling activities, such as betting facilities, bingo, keno, raffles, and poker, are offered side by side with non-gambling and ‘family-friendly’ activities, particularly within clubs. Some argue that these venues have therefore in essence become ‘mini-casinos’ within community settings in NSW. For example, NSW Member of Parliament, Justin Field described the influence of amendments to ClubGrants that would allow venues to use part of their community contribution to build community infrastructure (including childcare and aged care facilities):

“[These contributions] would see some of the most vulnerable in our community co-located with neighbourhood club mini-casinos, turning pokies into a cradle-to-grave business of exploitation.” [Gladstone, 2018].

While the focus on gambling harm has begun to prompt discussions about the broader impacts of gambling, it is important to understand if and how community-based venues shape perceptions and facilitate gambling for communities. The following section describes the evidence base relating to community experiences within gambling venues, including how venues embed themselves into social and cultural practices and the knowledge base on children’s experiences with gambling and community gambling venues.

2.6.1 The role of gambling venues in communities

In order to understand the range of factors that may shape pathways to, attitudes towards, and social practices within community gambling venues, it is valuable to review the research on how communities conceptualise gambling venues and the role of venues within communities, particularly in regional Australia. Research shows that accessibility to gambling venues plays an important role in facilitating gambling participation. For example individuals who live closer to a venue containing EGMs (therefore travel less distance to the venue) are more likely to be gamblers [Young et al., 2012], and individuals who live closer to venues spend more money on EGMs [Marshall et al., 2004]. Research also indicates that where
individuals live plays a role in how communities use EGM venues, with researchers finding that EGMs in Australia are clustered in areas of socio-economic disadvantage, with higher annual losses in poorer areas [Doran et al., 2007, Robitaille and Herjean, 2008, Young et al., 2012, Rintoul et al., 2012], thus placing a disproportionate burden of harm on some of the most vulnerable communities.

Gambling venues in regional areas are an integral entertainment setting due to a lack of alternative options without EGMs [Fabiansson, 2008]. Non-metropolitan areas in Australia have higher numbers of EGMs, higher gambling expenditure on EGMs and a higher number of gambling venues [The South Australia Centre for Economic Studies, 2005, O'Neil and Whetton, 2002]. This raises questions around not only the accessibility of gambling venues (relating to the high density of EGMs in communities) but also the role of these venues in providing services in regional Australia where there may be limited options. For example, why do community members use community gambling venues (including gambling and non-gambling activities), and if and how do these activities shape attitudes towards gambling venues and the gambling products within?

In 2014, McDonald and colleagues [2014] examined community-level effects of EGMs in three areas in Victoria, Australia (an urban area with high EGMs and EGM losses, a rural area with EGMs, and a newly developed community which had been approved to operate one venue containing EGMs). They noted that EGMs within communities enabled venues to act “as a hub of community social and cultural life” [p 34]. While this finding is not surprising given the extent to which gambling venues promote themselves as valued parts of the community, this research does not provide a complete picture of the role of EGM venues and the extent to which use of these venues shapes perceptions of the risk associated with EGMs. For example, while the authors stated that community use of the venue “normalises gambling and legitimises their [the venue’s] presence” [McDonald et al., 2014, p. 40], there are gaps in our understanding of how these venues (containing gambling products) legitimise their presence within
communities and justify that the benefits provided to communities outweigh any harms caused from gambling.

Another study, which extended on the research by McDonald and colleagues [2014], examined the relationship between a rural community in Victoria and EGMs within club-based settings [Greenslade, 2013]. This research found that community-based gambling venues provided an environment for celebrations such as engagement parties, birthday and end of year functions, which were used by the whole community including individuals who did not participate in gambling activities at the venue. The authors described the role of EGMs in providing club facilities and community donations, in addition to dining options which act to “draw many community members to the club, and has worked to position the club as a focal point of community life” [p. 154]. However, despite finding some opposition to EGMs within the community, the research found that community gambling venues were “enmeshed within ideological constructions of community” [p. 189].

Marshall [2005] suggests that the extent to which EGMs in community gambling venues are located in close proximity to non-gambling activities (for example sporting facilities and restaurants) may lead to increased use of and engagement with EGMs. This is supported by research that found that increased gambling participation and spend may be linked to the perception that gambling venues are safe entertainment settings [Thomas et al., 2011, Moore et al., 2011]. However, limited research has explored how social meaning is created, particularly in regional Australia where there may be few alternative options for socio-cultural activities.

Community-based gambling venues have been identified as important social spaces for individuals across the community. Venues encourage visitation by providing incentives such as cheap meals [Thomas et al., 2012] and by creating safe spaces for people who may otherwise be marginalised within communities [Simpson-Young and Russell, 2009]. While the provision of these types of
activities has specific appeal for individuals who are marginalised and isolated within communities [Tse et al., 2012, Patford and Breen, 2009], there has been some research to suggest that venues may be appealing to families with children as a key demographic for non-gambling activities [Fabiansson, 2008]. Communities, particularly in rural and regional areas heavily rely on the services provided by venues, however within these venues gambling activities may be integrated alongside family activities. For example Fabiansson [2008] wrote: “Even if the club environment encourages socialising through sports activities, gambling activities are an integral, a customary, and acceptable family entertainment activity, especially in areas where there is a lack of alternative affordable entertainment venues.” [p. 165].

Community-based gambling venues in NSW provide a range of other activities for children and families. These include playgrounds and restaurant discounts to encourage family dining, including cheaper children’s meals. In addition to the provision of children’s facilities, clubs in NSW have indicated an intention to provide childcare services within club venues [The McKell Institute, 2014]. According to clubs, “not-for-profit clubs exist to help their communities, and the provision of childcare services is another way in which they could do just that” [Cowie and Needham, 2014]. However, the consequences of children’s frequent attendance at venues within close proximity to gambling facilities remain unexplored. What is unclear is if and how exposure to gambling environments influences children’s attitudes towards gambling and their longer-term gambling behaviours.

There has been some peripheral discussion about the tension between clubs as environments that provide both non-gambling, community facilities and gambling activities [Nowell, 2009, Needham, 2014], but to date there has been a lack of research that systematically documents the extent and nature of these activities and assesses the likely short- and long-term consequences of environments that are marketed as ‘family-friendly’ or ‘community hubs’ but may either intentionally or unintentionally normalise gambling within the community.
2.6.2 A focus on children’s experiences in community gambling venues

In Australia gambling is illegal for individuals under 18 years old [New South Wales Government, 2016]. However, there is a lack of effective policy measures related to children’s exposure to gambling products within community venues. The Victorian governments’ Venue Best Practice Guide specifically states that venues should, “make layout improvements that create barriers, including minimising visibility of the gaming room, to reduce the likelihood of young children viewing or entering the gaming room” and “cease promotions likely to encourage underage people into the venue, including ‘kids eat free’ and discounted children’s meal offerings” [Victorian Responsible Gambling Foundation, 2016, p. 4]. However, the NSW government has no equivalent policy and simply states in legislation that EGMs should be located in areas that will not “attract the attention of members of the public who are outside the hotel or club premises, and is contrary to the public interest” [New South Wales Government, 2016, Section 44A].

Despite the acknowledgement of the Australian Productivity Commission [1999a] of the gap in knowledge relating to the “‘conditioning’ of young people and its relationship to greater or lesser problem gambling” [p. 23.5], there has been limited research that examines if and how children’s attendance in gambling environments shapes their gambling attitudes and behaviours. Researchers have called for studies that explore the social, cultural and environmental factors that contribute to gambling problems and its impact on families [Kalischuk et al., 2006]. However, until now there has been no research that has specifically examined children’s experiences in community venues containing EGMs and their exposure to EGMs while in community gambling venues.

An Australian research study conducted in two rural communities examined the gambling attitudes of 751 children aged 14-21 years [Fabiansson, 2008]. Venues were found to provide a sense of community through a range of non-gambling
activities, and through promotions emphasising “safe and family friendly venues that cater for the whole community” [Fabiansson, 2008, p. 164]. While this study did not specifically examine children’s attitudes towards gambling venues, it did suggest that children are introduced to gambling within these community settings. For example children reported participating in gambling activities such as Keno (a bingo-style game of chance that involves drawing out numbers which are presented on a television), because they kept track of numbers even if they did not bet on the results [Fabiansson, 2008].

Research on factors that contribute to children’s gambling attitudes and intentions has primarily focused on three socialising agents: family, peers, and the media. Researchers have demonstrated that a child’s first experiences with gambling is often through their parents [Thomas and Lewis, 2012, Magoon and Ingersoll, 2006]. Similarly, adolescents who gamble are more likely to have a parent that gambles [Delfabbro and Thrupp, 2003]. Numerous studies have identified that children are able to recall marketing strategies used by the gambling industry, such as gambling sponsorship within sport [Thomas et al., 2016b] and the creative strategies within gambling advertisements [Pitt et al., 2016]. Other research has focused on how marketing strategies of the gambling industry contribute to children’s perceptions that gambling is ‘easy’, ‘entertaining’ and ‘fun’ [Thomas, 2014].

Research conducted in the United Kingdom has examined children’s behaviours and motivations for using ‘fruit machines’ [Huxley and Carroll, 1992, Fisher, 1991]. Fruit machines are games that resemble EGMs but are lower in intensity and were legal for children under 18 in the United Kingdom [Fisher, 1991]. However, it is difficult to make comparisons between the experiences reported by children in these ‘fruit machine’ studies and other studies on EGMs in Australia. There is a gap in knowledge regarding the extent to which children are exposed to gambling activities in community venues and whether such exposure affects attitudes towards gambling, including normalising gambling for children. Given that most recent prevalence data indicates that younger people (18-24 years) have
higher participation in gambling activities such as EGMs, sports betting and casino games, compared to older adults (45-54 years) [Hare, 2014], it is important that research examines (1) whether children are exposed to gambling activities in community venues, (2) the extent of any exposure, (3) whether exposure influences attitudes and future gambling behaviours, and, (4) what role public health initiatives can play in reducing gambling harm in the community.

2.7 Chapter summary

This chapter has summarised and critically examined literature relevant to the research presented in this thesis. First, it explained the health and social costs of gambling in Australia and the importance of a public health framework to address gambling harm. It then described the historical context of community gambling venues in Australia and how EGMs have been legitimised in community spaces, predominantly through the not-for-profit status of clubs. This chapter has also contextualised the current regulatory environment in NSW (the Australian state with the most EGMs and highest annual losses on EGMs) and the ability of peak industry bodies to lobby government. The chapter explained individual-based approaches to understanding pathways into gambling and the different factors that influence community engagement with EGMs, including how gambling venues have developed their role as important settings for social and cultural rituals. Finally, this literature review has highlighted gaps in current knowledge. These include limited evidence regarding why community members attend at community gambling venues and what factors influence this attendance, how individuals who attend community gambling venues engage with gambling and non-gambling activities inside the venue, and how communities conceptualise the risks and benefits of these venues, particularly their conceptualisation of EGMs within community spaces. The research in this thesis aims to address these gaps. The following chapter explains the theoretical framework for this research.
Chapter Three: Theoretical framework

3.1 Chapter overview

The research present in this thesis draws upon a number of sociological theories and concepts to guide, develop and interpret the data collected. Charmaz [1990] acknowledges that studies must have a “firm grounding in sociological concepts, without being wedded to them” [p. 1165]. The research was initially guided by the concepts of 1) shaping, derived from the behaviour modification perspective [Nord and Peter, 1980] (see section 3.3), and 2) normalisation [Thomas et al., 2018a] (see section 3.4). However, as the research progressed, particularly through the qualitative phase of the research, these concepts did not fully explain the themes that were emerging from the data. While this study aimed to be theory generating, a range of social theories, particularly from sociology, were used to help explain and interpret the study findings. This included the use of Bourdieu’s [1986] theory of *habitus* (see section 3.6) and Rhodes’ [1995] conceptualisation of the dimensions of risk (see section 3.7). These social theories were used to provide a structure for the thesis, including the aims, research questions, and in the sampling and analysis [Willis et al., 2007]. However, commensurate with the predominantly qualitative, inductive approach to this research, the study also aimed to generate new theoretical concepts emerging from the data. Due to the limited word length in the academic publications presented in this thesis, this chapter provides a more comprehensive explanation of the theories used to guide this thesis, and how they were used to guide the development of the studies presented in the thesis (Table 2).
## Table 2. Theoretical concepts used in the thesis

<table>
<thead>
<tr>
<th>Overarching theory</th>
<th>Study</th>
<th>Theory in publication</th>
<th>Application of the theory</th>
<th>Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social constructionism</td>
<td>One</td>
<td>Behaviour Modification Perspective [Nord and Peter, 1980]</td>
<td>This concept guided Study One to analyse online marketing for community gambling venues in NSW and propose a theoretical shaping pathway to normalisation of gambling products for children.</td>
<td>One</td>
</tr>
<tr>
<td></td>
<td>Two</td>
<td>Normalisation [Thomas et al., 2018a]</td>
<td>This concept was used to explore how gambling venues, and the gambling products within them, may be normalised for different community subgroups. Specifically, this includes the socio-cultural, environmental and commercial factors that influence and normalise the social practices associated with community gambling venues.</td>
<td>Two</td>
</tr>
<tr>
<td></td>
<td>Two</td>
<td>Social Learning [Bandura, 1971]</td>
<td>This concept was used in Study Two to explain the factors that contribute to shaping children’s attitudes towards gambling. Publication Three used this theory in analysing data to explore the factors that may shape children’s attitudes and consumption intentions specifically towards EGMs within these spaces.</td>
<td>Three</td>
</tr>
<tr>
<td></td>
<td>Four</td>
<td>Habitus [Bourdieu, 1990b]</td>
<td>This concept was used in Study Two to identify the social practices of families who attend community gambling venues, the range of factors that may shape attitudes towards and use of these venues and in understanding how parents conceptualise the risks and benefits of community gambling venues.</td>
<td>Four</td>
</tr>
<tr>
<td></td>
<td>Three</td>
<td>Risk [Rhodes, 2009]</td>
<td>This concept guided Study Three to better understand how different population subgroups conceptualise the risks and benefits of community gambling venues, and the activities and products within.</td>
<td>Five</td>
</tr>
</tbody>
</table>
3.2 Social constructionism [Berger and Luckmann, 1966]

The overarching theory used to guide the development of this thesis was social constructionism [Berger and Luckmann, 1966]. Berger and Luckmann [1966] describe that:

“The world of everyday life is not only taken for granted as reality by the ordinary members of society in the subjectively meaningful conduct of their lives. It is a world that originates in their thoughts and actions, and is maintained as real by these.” [p. 33]

While Berger and Luckmann [1966] did not specifically use the term social constructionism, describing “human reality as social constructed reality” [p. 210-211], other authors have referred to this work as part of “founding documents of contemporary social constructionism” [Lock and Strong, 2010, p. 29]. The concept of social constructionism originates from the theory of symbolic interactionism [Mead, 1934]. Symbolic interactionism assumes that individuals have the capacity to make choices despite the structural and cultural factors that influence them [Sobal, 2017], therefore individuals possess the power to create change [Herman and Reynolds, 1994]. Charmaz [1990] observed that symbolic interactionism relates to an individual’s actions following the interpretation of another individual’s intent and action. In symbolic interactionism, individuals ascribe meaning to a particular object or behaviour [Mead, 1934].

In contrast, social constructionism describes how the experiences of individuals are constructed by social contexts, and the interplay of social norms and rules that influence and dictate these experiences [Charmaz, 2006]. While individual questioning of discourses and change can occur, it may be difficult for individuals to recognise that the ‘reality’ they live has been constructed [Burr, 2006]. Burr [2006] states that “while reality does not determine knowledge, it lays down important restrictions on the variety of ways open to us to ‘construct’ the world” [p. 60].
Berger and Luckmann’s [1966] social constructionist perspective assumes that social interactions shape and sustain social practices [Charmaz, 1990, Burr, 2006]. Berger and Luckmann [1966] observe that social practices are influenced by three distinct processes: externalisation, objectivation and internalisation. The first process (externalisation) refers to how people behave in the world to create a practice [Berger and Luckmann, 1966]. This could be, for example, the creation of social rituals within clubs, which were developed when these venues began to promote themselves as all inclusive, child-friendly spaces (i.e. the provision of playgrounds within venues that also operate EGMs). Individuals engage with this ritual (families attend venues because they are perceived to be child-friendly spaces) and it becomes part of the “social realm” [Burr, 2006, p. 7]. The second process, objectivation, follows on from externalisation. The concept defined in step one becomes “an ‘object’ of consciousness for people in that society (‘objectivation’) and has developed a kind of factual existence or truth” [Burr, 2006 p. 7]. For example, as a result of the externalisation of gambling venues as child-friendly spaces (step one), parents associate these environments as an appropriate space for children. Therefore, parents do not question environments containing gambling products as potentially harmful for children. The final process (internalisation) refers to the continuation of this social practice because it becomes part of what is ‘known’ of the world. For example, children are born into a world where gambling venues are also known as child-friendly environments. Parents may continue to visit these venues because they also view attendance as a practice of the world they live in, and therefore may not question these rituals. This perspective has been criticised because it takes a top-down approach where individuals become a product of the society [Burr, 2006]. However, this perspective is relevant for this thesis because this research examines the role of commercial and environmental factors (dictated by the gambling industry and government policy) in shaping perceptions of and attendance at gambling venues, and in the facilitation of social practices within these environments.

The concept of social constructionism is based on the following assumptions. The first is a critical view of our understanding of the world, which encourages
reflection on the assumptions we make about how our world view is constructed. Burr [2006] suggests that researchers should question our knowledge of the world and that “what exists is what we perceive to exist” [p. 2]. For example, social structures and rituals do not occur through chance, but because of a wide range of factors that encourage specific behaviours. The second assumption is that knowledge is created through social processes and individuals construct meaning between them. This includes recognising that ‘reality’ is shaped by social and cultural contexts [Lock and Strong, 2010]. Although some current gambling discourses separate gambling harm as an issue that affects ‘irresponsible’ individuals, the approach taken in this thesis questions this assumption. This research examines how community gambling venues have become embedded into community spaces and whether venues play a role in shaping constructions of the perceived risk associated with gambling products and gambling environments.

Finally, a social constructionist approach recognises that social problems are influenced by historical and cultural perceptions of the problem. This therefore influences the actions that are taken in addressing the problem [Weinberg, 2014]. For example, current gambling narratives, perpetuated by dominant social agencies such as government, the media, and the gambling industry, describe that individuals should be able to take responsibility for how they engage with gambling. Thus harm prevention and ‘minimisation’ activities are targeted towards personal responsibility initiatives (for example, setting limits, taking control, and seeking help when needed) rather than addressing the broader drivers of gambling harm (for example, environmental and commercial factors) [Miller and Thomas, 2017b]. This approach has implications for understanding social behaviours in community gambling venues and the factors that facilitate constructions of meaning towards both the rituals associated with venue use and engagement in gambling.

3.2.1 Application of theory in thesis

Social constructionism acknowledges that “social interactions, negotiations and power” have an impact on the practices that occur in society [Charmaz, 1990, p.
The use of a social constructionist approach therefore “offers an open-ended and flexible means of studying both fluid interactive processes and more stable social structures” [Charmaz, 1990, p. 1161-1162]. The studies in this thesis have been guided by a social constructionist perspective through the examination of individual experiences. This approach involves considering the role of social interactions within community gambling venues and has focused on the influence of social structures and powers on the constructed reality of participants.

3.3 Behaviour modification perspective [Nord and Peter, 1980]

In order to understand the short- and long-term normalisation of gambling environments in local communities, it is important to recognise the role that marketing plays in conditioning consumer behaviours and how marketing may play a role in creating pathways to venues. Given that gambling is a consumption product, whereby gambling losses result in increased profits for commercial interests, this research was initially guided by marketing theory to explore factors that encourage attendance at community gambling venues and gambling behaviours.

Behavioural modification perspective theory acknowledges the role of internal psychological processes that influence behaviour while also focusing on the environmental and contextual factors that affect consumer behaviour [Nord and Peter, 1980, Peter and Nord, 1982]. Nord and Peter [1980] describe how marketing objectives (for example, product purchases) can be achieved by identifying important “environmental conditions and manipulating them to influence consumer behaviour” [p. 36]. A key type of behaviour modification is operant conditioning. This modification occurs “when the probability that an individual will emit one or more behaviours is altered by changing the events or consequences which follow the particular behaviour” [Nord and Peter, 1980, p. 38]. One way that this can occur is to provide customers who purchase a product with a cash rebate for a subsequent sale to encourage future purchases.
3.3.1 Shaping

One specific component of operant conditioning proposed by Nord and Peter [1980] is the concept of shaping. Peter and Nord [1982] describe shaping as:

“A process of arranging conditions that change the probabilities of certain behaviours, not as ends in themselves but to increase the probabilities of other behaviours.” [p. 104].

Shaping is used to encourage behavioural learning incrementally (in a series of intermediate steps) that progresses towards a desired behaviour [Rothschild and Gaidis, 1981, Peter and Nord, 1982]. Advertising (as one form of marketing) aims to influence the ritual behaviours that lead to the consumption of various goods and services [Halford et al., 2004, Smith and Foxcroft, 2009]. Shaping can be particularly effective when the desired behaviour is complex or represents a significant departure from existing behaviours [Rothschild and Gaidis, 1981]. Consumers are encouraged to perform one behaviour with the ultimate aim of having them perform another, different behaviour. In some respects this strategy may be viewed as covert because the ultimate behaviour may not be obvious to consumers as they are only explicitly encouraged to perform the first initial behaviour in the sequence, and the subsequent behaviours are only implicitly encouraged [Martin and Smith, 2008]. For example in NSW, venues are not permitted to promote EGMs [New South Wales Government, 2016], however venues (specifically clubs) receive a significant proportion of their revenue from these gambling products [KPMG, 2012]. One strategy to encourage both initial and repeat venue attendance may be through the promotion of non-gambling activities. Once inside the venue, a range of environmental prompts may be used to encourage an individual to gamble while they are there. Therefore, the initial marketing strategy encourage one behaviour (for example, visiting the venue for a cheap meal), which then leads to a subsequent desired behaviour (for example, gambling while in the venue).
In critiquing shaping theory, proposed by Nord and Peter [1980], Rothschild and Gaidis [1981] agree that complex behaviours rarely occur by chance and that simpler behaviours should be rewarded. However, the authors question the simplicity of the proposed shaping model as a one step process [Rothschild and Gaidis, 1981]. Peter and Nord [1982] responded to this critique by clarifying that the concept of shaping relates to the reinforcement of different behaviours rather than rewarding reoccurring behaviour’s. For example using the model proposed by Rothschild and Gaidis [1981], attendance would be encouraged through the promotion of the restaurant as a family space, subsequent attendance would then be encouraged through the provision of a future restaurant voucher (for example $10 off meal) to be used for future visits. In contrast, Nord and Peter’s [1980] concept of shaping relates to promoting attendance at the venue through the provision of children’s activities, followed by promotions inside the venue for other activities (for example, a free raffle ticket with meal purchase) with the ultimate aim to encourage participation in the desired activity (for example, gambling on other activities within the venue).

In the present study, the concept of shaping was used to explore the range of activities available within community gambling venues, and whether non-gambling activities create pathways towards engagement in gambling activities. Additionally, this research examined whether such pathways influence the extent to which gambling activities are perceived as a normal part of venue engagement for community members (particularly children who may be exposed to these environments from a young age). Additionally, it examines the role of this pathway in influencing how different population subgroups conceptualise the risks and benefits of community gambling venues, and the activities and products within them (aim three of the thesis).

3.3.2 Application of theory in this thesis

The concept of shaping was used in Publication One [Bestman et al., 2016] which mapped the online marketing strategies of clubs for both gambling and non-gambling activities, focusing specifically on the provision of non-gambling
activities that are designed to appeal to families. A theoretical pathway to normalisation was proposed, based on the concepts included in shaping theory [Nord and Peter, 1980]. The initial theoretical underpinning for Study Two was guided by the concept of shaping, including the development of the interview schedule to test the proposed pathways model (see Appendix One). However, based on the findings in the qualitative interviews, conceptual thinking shifted and the research looked to new theories to explain participants’ attitudes and behaviours within community gambling venues. While the research continued to be guided by the theoretical pathway model developed using the concept of shaping, this did not explain all the findings and so the thinking around this pathways model expanded.

3.4 Normalisation theory [Parker, 2005, Thomas et al., 2018a]

Normalisation theory [Parker, 2005] was the second theory used to examine the extent to which community gambling venues and the gambling products within them are becoming normal part of community life. In England during the 1990s, prevalence rates of recreational drug use were found to be increasing [Measham et al., 1994]. While conducting a longitudinal study into youth recreational drug use in North West England, Parker and colleagues [2002] examined the experiences of youths to explain these increases. The researchers identified that youths had increased knowledge of recreational drugs and reported trying drugs, and found that drug use was socially accommodated by individuals who did not use drugs [Parker et al., 2002]. Based on this research, the authors developed the theory of normalisation.

Parker and colleagues [2002] define normalisation as “a multi-dimensional tool, a barometer of changes in social behaviour and cultural perspectives” [p. 943]. Their continued work examining drug use led to the development of normalisation as the process where “stigmatised or deviant individuals or groups becom[e] included in many features of everyday life whereby their identities or behaviour become increasingly accommodated and perhaps eventually valued” [Parker,
Parker and colleagues [2005] identified five key dimensions of normalisation that can be used to assess these changes over time:

1. **Access and availability** is essential for normalisation to occur [Parker et al., 2002]. In recreational drug use, increased access and availability was linked to an increase in the ease of obtaining drugs through social networks. Therefore, youths were able to “**obtain drugs without venturing into the world of dodgy dealers**” [Parker et al., 2002, p. 944].

2. **Trying rates** refers to the measurement of individuals (typically youths) who report having tried drugs [Parker et al., 2002]. In addition to increased trying rates, individuals also reported earlier initiation into drug trying (age of first trying recreational drugs) [Aldridge et al., 2013a].

3. **Regular product use** refers to increasing prevalence trends to identify whether normalisation is occurring. It does not require the majority of a population to use the product [Parker, 2005].

4. **Social accommodation** is the acceptance of a behaviour by abstainers or ex-triers [Parker et al., 2002]. For example, those who do not use drugs perceive ‘sensible’ drug use to be socially acceptable [Parker et al., 2002]. In later publications on the normalisation thesis, authors also described abstainers as “**being drug-wise**” [Aldridge et al., 2013a, p. 205]. While this is a soft measure of normalisation, individuals who reported no use of recreational drugs had detailed knowledge of drugs through their unavoidable exposure to those who engaged in drug taking behaviours [Aldridge et al., 2013a].

5. **Cultural accommodation** relates to the acknowledgement of the social experiences of a behaviour by conservative groups in society [Parker et al., 2002], for example, media articles which frame celebrity drug taking in a neutral way rather than criticising the behaviour or government policy
which focuses on illicit drugs rather than recreational drugs [Parker et al., 2002].

Researchers have described normalisation theory as “one of the most significant recent theoretical developments to have emerged in the youth and drug studies literature” [Pennay and Measham, 2016, p. 187]. This is largely due to its examination of the broader factors that drive drug use, including how individuals experience life differently from previous generations, rather than limiting the examination to criminological or psychological factors that influence behaviours [Pennay and Measham, 2016]. Gambling differs from recreational drug use in several ways; it is a legal activity and is highly accessible within communities. However, gambling has progressed from being perceived as a deviant activity (in the 1970s), into an activity embedded into a range of social and cultural events [Australian Institute for Gambling Research, 1999]. For example, in Australia, the Melbourne Cup horse race is celebrated each year, with one state (Victoria) declaring this race day a public holiday. However, to date there is limited understanding of how many forms of gambling, including EGMs in community venues, have become an accepted environment for the whole community (including for families with children).

Parker’s concept of normalisation has been used to examine the normalisation of different gambling products and behaviours in Australia [Thomas et al., 2018a]. Consistent with Parker’s [2002] theory that describes normalisation as a multi-dimensional tool, Thomas and colleagues [2018a] describe the role of the five key dimensions in the normalisation of gambling. Using a public health approach, Thomas and colleagues [2018a], define the normalisation of gambling as:

“The interplay of socio-cultural, environmental, commercial, and political processes which influence how different gambling activities and products are made available and accessible, encourage recent and regular use, and become an accepted part of everyday life for individuals, their families, and communities.” [p. 53-54].
Parker et al. [2002] and Thomas et al. [2018a] both used the dimensions of normalisation to map and monitor the extent to which activities are becoming normalised. Building on the work of Thomas and colleagues [2018a], the present study accepts that gambling is normalised for specific groups in the community in Australia and examines how socio-cultural, environmental and commercial factors shape pathways to, attitudes towards, and social practices within, community gambling venues. This assumption was based on the following evidence of the five key dimensions of normalisation identified by Parker and colleagues [2002], also used by Thomas and colleagues [2018a].

1. **Access and availability.** Gambling venues are highly available in Australia, however this availability is increased in NSW as it has the highest number of EGMs and per capita gambling expenditure in the country [Queensland Government Statistician's Office & Queensland Treasury, 2018]. Also associated with this availability is the accessibility of venues. Community-based gambling venues encourage attendance by promoting themselves as safe spaces for sub-populations of the community such as the elderly [Moore et al., 2011]. Venues are also highly accessible for lower income community members through the provision of affordable meal options [Moore et al., 2011].

2. **Trying rates.** A 2003 Australian study of 754 high school children in rural Queensland found that 12.2% of participants reported using EGMs in the previous five years [Fabiansson, 2016]. Although this is lower than other forms of gambling, including lotteries (the most popular form of gambling with 50.6% reporting use in the previous five years) [Fabiansson, 2016], results from a related study found that introduction to gambling occurred through parents [Fabiansson, 2008]. This included in the local community gambling venues, through family social occasions at family dinners, or while adults were socialising [Fabiansson, 2008]. This may suggest that despite legislation that prevents gambling participation prior to 18, community gambling venues provide a setting that both exposes children
to gambling and (either intentionally or unintentionally) provides opportunities for gambling.

3. Regular product use. Parker et al. [2002] used prevalence data to examine this dimension of normalisation. In contrast, the present study examines whether EGM use is perceived to be an activity engaged in regularly. In a study conducted by Thomas and colleagues [2018a], 1000 participants were asked (1) what percentage of adults they thought used EGMs in the previous month and, (2) what percentage of adults they thought regularly used in EGMs (use every month). The mean scores for these questions (58.6% and 54.5% respectively) were significantly higher than prevalence data for actual participation. For example in the 2015 HILDA study, it was estimated that just under 40 per cent of Australian adults gamble regularly (at least once in a typical month) [Armstrong and Carroll, 2017]. One fifth (21%) of these regular gamblers gamble on EGMs, the third most common gambling product after lotteries (76%) and scratchies (22%) [Armstrong and Carroll, 2017]. These conflicting findings suggest a mismatch between perceptions of engagement with EGMs and actual EGM participation rates (measured through self-reported surveys).

4. Social accommodation. Community gambling venues in Australia offer a range of gambling and non-gambling activities. However, there is no research to indicate how many individuals gamble while at these venues (and therefore how many people abstain from gambling in these venues). There is a gap in understanding the extent to which gambling is ‘accommodated’ by individuals who attend community gambling venues and only use non-gambling activities. For example, do children who are not legally permitted to gambled see gambling as an accepted part of the adult experience within these venues?

5. Cultural accommodation. The revenue generated from EGMs in community venues has been legitimised in NSW by the emphasis on the benefits this funding provides to the community. This is seen through
narratives from government [Liquor and Gaming NSW, 2017], industry [ClubsNSW, 2018b], and community-based organisations [Youth Off the Streets, 2015]. Recently, there has been some media attention relating to this funding and its role in engaging community organisations to advocate for the gambling industry [Visentin, 2017]. However, there have been limited regulatory changes to reduce the number of EGMs in the state [New South Wales Government, 2018], highlighting the extent to which society accommodates EGMs and the revenue they provide. Parker and colleagues note that normalisation “is always a two-way street” [p. 943], relating this to society’s attitudes towards smoking [Parker et al., 2002]. Although in England there was only a small period where the majority of the population smoked, these behaviours were accepted and normalised for by the general community (non-smokers), until eventually smoking became de-normalised [Parker et al., 2002]. This concept may be utilised by gambling public health researchers to identify strategies to denormalise gambling and reduce gambling harm.

3.4.1 Application of theory in this thesis

The present research uses Thomas and colleagues’ [2018a] definition of normalisation to explore how gambling venues, and the gambling products within them, are being normalised for different community subgroups. Specifically, this includes the socio-cultural, environmental and commercial factors that influence and normalise the social practices associated with community gambling venues. This concept has guided the research presented in Publication Two.

It is important to note that the research in this thesis does not aim to examine political processes, a key component in the Thomas et al. [2018a] definition of normalisation. However, the thesis does include policy recommendations which are important in the development of harm reduction strategies to reduce the harms caused by gambling in both Australia and internationally.
3.5 Social learning theory [Bandura, 1971]

Previous research has identified children as important future customers for dangerous consumption industries [Ling and Glantz, 2002]. For example, one tobacco company stated, “today’s teenager is tomorrow’s potential regular customer” [Hammond and Rowell, 2001]. Remaining unclear is whether children may be ‘primed’ to engage in the consumption of risky products in the future when exposed to certain environmental settings. For example, can behavioural conditioning mechanisms (such as marketing techniques) create ‘environmental pathways’ that normalise gambling environments for children? Or are there a range (or combination of) of other social factors that may influence how children may form attitudes towards gambling? Although there is research examining parental gambling behaviours and children’s attitudes towards gambling, [Reith and Dobbie, 2011, Shead et al., 2011, Wood and Griffiths, 1998] there has been little investigation into children’s experiences within community gambling venues and whether children’s attendance at such venues plays a role in shaping their attitudes and future consumption intentions towards the venue and gambling products within.

A key component of the behaviour modification perspective is vicarious learning, or modelling [Nord and Peter, 1980]. This refers to the process by which marketers encourage specific behaviours through the observation of others performing the desired behaviour. Social learning is the process where:

“New patterns of behaviour can be acquired through direct experience or by observing the behaviour of others… [Where] simple processes can be altered to some degree through reinforcement without awareness of the relationship between ones actions and their outcomes.” [Bandura, 1971, p. 3].

A key component of social learning theory is observational learning, whereby individuals acquire symbolic representations of activities based on the modelled behaviour they are exposed to. According to Bandura [1971]:

64
“Behaviour is learned, at least in rough form, before it is performed. By observing a model of the desired behaviour, an individual forms an idea of how response components must be combined and temporally sequenced to produce new behavioural configurations.” [p. 8].

Social learning theory has been used in this research as it acknowledges the role of existing social activities, customs and practices that are taught to, and reinforced by, the behaviours of existing members of a social group. In gambling, social learning theory has been applied to understand how parent and peer behaviour influences gambling consumption intentions in children [Fisher, 1999, Hardoon and Derevensky, 2001, Blinn-Pike et al., 2010].

3.5.1 Application of theory in this thesis

In this research, social learning theory [Bandura, 1971] was used in Study Two to explain the factors that contribute to shaping children’s attitudes towards gambling. Publication Three comprehensively explored the factors that may shape children’s attitudes and consumption intentions specifically towards EGMs within these spaces. The analysis of data in this publication was guided by the four key processes of social learning theory, attention, retention, reinforcement and reproduction [Bandura, 1971].

3.6 Habitus [Bourdieu, 1986, Bourdieu, 1977]

Bourdieu’s concepts of habitus, which postulates that people’s actions and practices are based on the context of their social location, social structures, and social class [Bourdieu, 1986, Bourdieu, 1977], provide a useful framework for understanding social practices associated with community gambling venues. Bourdieu [1986] theorised that there are processes of socialisation, through socio-cultural, economic, and institutional power structures, which shape shared tastes, habits and dispositions, and are largely a product of our upbringing and class [Bourdieu, 1986]. Importantly, as described by Bourdieu [1990b] in his book ‘The Logic of Practice’:
“The habitus-embodied history, internalized as a second nature and so forgotten as history – is the practice presence of the whole past of which it is the product… the habitus is spontaneity without consciousness or will.” [p. 56].

Bourdieu’s theory of habitus links social and individual factors in understanding how practices can become part of routine behaviours and become normalized [Crawshaw and Bunton, 2009]. Although the experiences of individuals may be unique, habitus explains how these experiences are also shaped by the surrounding structures around them and are similar to the experiences of others with the same social class, region, gender and ethnicity [Grenfell, 2012]. Therefore, differences between individuals are often the result of differences in their unique position in society [Bourdieu, 1986]. For example, as explained by one research group:

“Theoretically, habitus can be as individual as we are, as we all have a unique set of early childhood experiences that are formative of the habitus. In practice, habitus is itself structured and collective, constituting a set of dispositions shared with others in social space.” [Brierley-Jones et al., 2014, p. 1055].

Bourdieu [1986, 1990b] describes that fields of practice, built partly through our economic, cultural, and social experiences, create a range of historical principles which an individual draws upon with limited conscious thought or questioning. However, these principles are flexible and may adapt according to the social arenas that an individual engages in, and cultural capital that is built over time, and which individuals draw upon with little conscious thought [Bourdieu, 1986]. Habitus is shaped by our “experience of the game” and how we interact with the game and its rules (the doxa) [Bourdieu, 1990b, p. 66]. These rules are the result of the relationship between the habitus and field [Bourdieu, 1990b]. The habitus and field interact to shape practices according to the formula \( (\text{habitus}) \cdot (\text{capital}) \) + field = practice [Bourdieu, 1986, p. 95].
Bourdieu [1986] also describes how different classes in society compete against each another, with varying outcomes dependent on the different economic, social and cultural capital available to the individual. These different resources play a role in shaping class-based evaluations of risk and can influence the extent to which individuals may engage in specific practices [Dixon and Banwell, 2009]. However, the field (and therefore practices) may be influenced by what Bourdieu terms *symbolic violence*, where dominant agents (for example the gambling industry) use their power for a vested interest, usually economic [Bourdieu, 1977]. Consistent with the social constructionist approach [Burr, 2006], the concept of habitus has been used in this study to recognise that the experiences of participants shape how they construct meaning within community gambling venues. This includes examining the factors that facilitate attendance at community gambling venues and how social, cultural and economic factors shape individual experiences. Dixon and Banwell [2009] describe that “*a multi-faceted understanding of the reasons behind the consumption choices*” made by community members can be used to “*provide a more sophisticated basis for designing strategies to reduce health inequalities*” [p. 2211]. This understanding is critical in identifying how meaning is constructed that is unique to the population studied and identifying how public health initiatives can be used to ‘disrupt’ the pathways into harmful gambling.

Some researchers have explored how *habitus* and *cultural capital* may reinforce risk behaviours and become part of everyday life [Dixon and Banwell, 2009], and may explain why some groups may not respond to information about risk or harm [Bourdieu, 1990a]. Bourdieu [1990a] argued that some groups do not act upon risk information, either because they were unaware of the information or did not think the behaviour that they were engaging in was inherently risky, or because, despite acknowledging that some behaviours or products were harmful, they did not have the resources to act upon that information [Bourdieu, 1990a]. This research has used the application of Bourdieu’s theory in alcohol research [MacArthur et al., 2017], to examine how agency and structure can influence micro and macro factors that shape behaviour. Importantly, Bourdieu argued that class played a key role in how individuals evaluated or engaged in risk [Bourdieu,
1990a], and in strategies to respond. For example, in investigating the
effectiveness of alcohol harm reduction strategies, Brierley-Jones et al. [2014]
identified significant differences in drinking practices according to class, and the
place in which drinking occurs. They conclude that key challenges facing alcohol
harm reduction strategies were that public health messages did not take into
account diversity of practices, with messages targeted at the ‘typical problem
drinker’, and, that some alcohol practices were strongly linked to cultural capital
and as such would be resistant to change. These findings have implications for a)
understanding how young people may be socialised to these practices from an
early age; and b) the development of harm reduction strategies in gambling, which
are largely focused on personal responsibility behaviours associated with ‘problem
gambling’ [Miller and Thomas, 2017b].

3.6.1 Application of theory in this thesis

In this thesis, Bourdieu’s concepts of habitus and cultural capital guide conceptual
thinking regarding how community gambling venues become embedded into the
social fabric of communities and understanding how cultural capital may be
constructed within venues. These concepts have been used in Study Two to
identify the social practices of families who attend community gambling venues,
the range of factors that may shape attitudes towards and use of these venues and
in understanding how parents conceptualise the risks and benefits of community
gambling venues, this has been presented in Publication Four. These concepts
have also been used more broadly in discussing the overall findings of the three
research studies in the thesis to explain what drives people to attend community
gambling venues and what factors influence social practices within community
gambling venues.

3.7 Risk [Rhodes, 1995]

In 1995, Rhodes stated that epidemiological understandings of risk and risk
factors provide a narrow perspective on the social influences of HIV risk [Rhodes,
1995]. Rhodes wrote that HIV is “a complex social problem in a complex social
world”, and that therefore researchers need to understand how individual actions “shape, mediate or influence perceptions of HIV risk” in order to explain how and why people behave as they do, and the factors that increase their risk [Rhodes, 1995, p. 124]. Rhodes [1995] also argued that risk and risk actions, are dependent on the social and cultural context where they occur: “Risks are not simply or only ‘calculated’ by individuals, and neither is risk-related action necessarily individually ‘chosen’ or ‘decided’ upon. The costs and benefits of actions are socially organised because individuals’ own thinking and behaviour is influenced by what is socially acceptable and legitimate... individual risk perceptions are mediated by social norms about what risk is.” [p. 126].

This perspective also encourages consideration of the risk environment in facilitating risky behaviours. Rhodes [2009] describes the risk environment as “the space – whether social or physical – in which a variety of factors interact to increase the chances of harm occurring” [p. 193]. This insight is valuable in understanding how individuals who attend community gambling venues conceptualise the risks and benefits associated with these behaviours (including gambling within these social settings). This approach is consistent with research from other areas of public health, such as investigating smoking behaviours, which has emphasised the importance of identifying the factors that influence individual consumption choices and the mechanisms that lead to risky behaviours [Dixon and Banwell, 2009].

Also relevant to this thesis is Rhodes [1997] explanation of how risk behaviours become part of “everyday lived experience” and therefore the risk associated with these behaviours is reduced and “may be seen to carry more chance of benefit than cost, particularly over time” [p. 222]. This could explain why individuals engage in gambling activities despite the risks associated. For example, individuals who attend gambling venues may perceive the benefits from attendance (for example being a safe and social place) outweigh the potential harms of using EGMs [Thomas and Lewis, 2012]. However, there has been limited research in gambling that explains the processes that contribute to shaping
perceptions of risk in community gambling venues and how this may normalise both the environment and the gambling products within them.

Limited research has explored the range of factors that may create pathways for individuals into community-based EGM venues. The presence of non-gambling activities in such venues, such as providing social spaces, may influence the extent to which they are seen as safe entertainment settings [Thomas et al., 2011, Moore et al., 2011]. However, the range of factors that contribute to these perceptions is unknown. Whether individuals choose to engage in gambling activities or not while in community gambling venues, environments that contain gambling products may be considered risk environments [Deans et al., 2016]. Therefore, attendance at venues that contain gambling products increases an individual’s exposure to gambling products and increases their risk of harm. However, there has been limited research to examine how individuals evaluate these risks and perceptions of community-based venues as risky spaces [Deans et al., 2016]. In order to understand how gambling attitudes are shaped and develop harm reduction strategies, it is important to consider the broader range of structural and environmental factors that may contribute to gambling risks in communities, including a) community perceptions of the risks and benefits of EGM venues [Greenslade, 2013, Thomas and Lewis, 2012], and b) community support for strategies that may reduce such risks [Thomas et al., 2017].

3.8 Chapter summary

This chapter provides an outline of the theoretical frameworks that have underpinned the present research. These include the social constructionist approach [Berger and Luckmann, 1966] which guided the overall research in the thesis. Other sociological theories guided the specific theoretical understanding in the three studies and associated publications. In Study One, the behaviour modification perspective (shaping) [Peter and Nord, 1982] guided Publication One. In Study Two, the concept of normalisation [Parker et al., 2002, Thomas et al., 2018a] guided the overall study and specifically Publication Two, social learning theory [Bandura, 1971] guided Publication Three. Habitus [Bourdieu,
1986] guided the discussion of this thesis and specifically Publication Four. Finally, in Study Three, the concept of risk [Rhodes, 1995, Rhodes, 2009] was used to guide Publication Five. Chapter Four explains the methodologies used in this thesis.
Chapter Four: Methods

4.1 Chapter overview

This chapter explains the methods utilised for the three separate studies conducted as part of the research presented in this thesis. First, it outlines the overall aims and research questions (see section 4.2). Next, the research approach and research settings are explained and justified (see section 4.4 and 4.5). Finally, this chapter outlines the specific methods utilised for each study (see section 4.6, 4.7 and 4.8).

4.1.1 Application of theory in this thesis

The theories outlined above have been used to better understand how different population subgroups conceptualise the risks and benefits of community gambling venues, and the activities and products within. This concept guided Study Three which examined community perceptions of community gambling venues and the range of activities that groups participate in within venues. Publication Five explored the broad range of factors that may shape pathways for individuals (adults) into community-based EGM venues (clubs and hotels) and the factors that influence behaviours within community gambling venues. This research was guided by the risk environment theory [Rhodes, 2009] and aimed to investigate the behaviours of individuals who attended EGM venues, and in particular how frequency of attendance at venues influenced attitudes and support for harm prevention measures associated with EGMs and venues, including measures to prevent children’s exposure to EGMs.

4.2 Aim and research questions

4.2.1 Research aim

The overall aim of this thesis was to explore the range of factors that may facilitate pathways to, attitudes towards, and social practices within, community gambling venues in the state of NSW, Australia. The thesis focused on NSW
because of a) the historical role of EGMs within community-based gambling venues in NSW, b) the significant concentration of EGMs in community venues (and losses) in this state; and, c) the significant evidence gap related to the broader determinants of gambling harm in NSW.

This thesis had four more specific aims:

1. To explore if and how socio-cultural, environmental and commercial factors facilitate pathways to gambling activities within community gambling venues containing EGMs.

2. To examine the range of activities that groups participate in within venues, and the extent to which non-gambling activities influence and normalise the social practices associated with community gambling venues containing EGMs.

3. To understand how different population subgroups conceptualise the risks and benefits of community gambling venues, and the activities and products within them (including their perceived risks and benefits associated with EGMs).

4. To use the information gathered in this thesis to provide recommendations for regulatory frameworks, policy and community action to reduce gambling risks towards specific groups in the community (such as children and lower socio-economic communities) and to reduce the associated harms caused by community gambling venues.

4.2.2 Research questions

The thesis was guided by four overarching research questions aligned with each of the four main aims:
1. What are the socio-cultural, environmental, and commercial factors that facilitate pathways into community gambling venues?

2. What is the role of social practices in shaping attitudes towards, and behaviours within, community gambling venues?

3. How do different population subgroups conceptualise the risks and benefits of community gambling venues containing EGMs, and the activities and products within them?

4. What are the lessons for public health in preventing and reducing the risks and harms associated with community gambling environments?

4.3 Research methods

**Study One** consisted of an online content analysis of websites from clubs in the Illawarra and Shoalhaven region of NSW to identify the presence of 1) family and children activities and 2) gambling activities (Publication One).

**Study Two**: Qualitative interviews with family groups (at least one parent and one child aged 6-16 years) who attended community gambling venues containing EGMs (clubs) (Publications Two, Three and Four).

**Study Three**: An online panel survey of NSW residents aged 16-85 years who attended community gambling venues containing EGMs (clubs and hotels) (Publication Five).

Each paper presented in this thesis includes a brief description of the methods used, and the following section provides more detail on the methodical rationale and processes used for each. Table 3 provides an overview of the methods used in each study.
Table 3. Overview of methods for each study

<table>
<thead>
<tr>
<th>Sample</th>
<th>Location</th>
<th>Thesis Research Questions</th>
<th>Method</th>
<th>Ethics Approval</th>
<th>Theory</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study One: Analysing the promotion of gambling and non-gambling activities in gambling venues.</td>
<td>65 websites of clubs containing EGMs. Illawarra and Shoalhaven NSW</td>
<td>RQ1: What are the socio-cultural, environmental, and commercial factors that facilitate pathways into community gambling venues?</td>
<td>Interpretative content analysis</td>
<td>Not required</td>
<td>Shaping</td>
<td>Publication One</td>
</tr>
<tr>
<td>Study Two: Exploring family experiences within community gambling venues.</td>
<td>27 family groups who attended clubs containing EGMs. Illawarra, NSW</td>
<td>RQ1: What are the socio-cultural, environmental, and commercial factors that facilitate pathways into community gambling venues? RQ2: What is the role of social practices in shaping attitudes towards, and behaviours within, community gambling venues? RQ3: How do different population subgroups conceptualise the risks and benefits of community gambling venues containing EGMs, and the activities and products within them?</td>
<td>Qualitative interviews</td>
<td>Deakin University Human Research Ethics Committee</td>
<td>Normalisation</td>
<td>Publication Two</td>
</tr>
<tr>
<td>Study Three: Understanding community attitudes towards gambling venues and pathways into gambling.</td>
<td>500 NSW community members aged 16-84 years. NSW</td>
<td>RQ3: How do different population subgroups conceptualise the risks and benefits of community gambling venues containing EGMs, and the activities and products within them? RQ4: What are the lessons for public health in preventing and reducing the risks and harms associated with community gambling environments?</td>
<td>Online survey</td>
<td>Deakin, Human Ethics Advisory Groups, Faculty of Health</td>
<td>Risk Environment</td>
<td>Publication Five</td>
</tr>
</tbody>
</table>
4.4 Methodological paradigm

The research presented in this thesis adopted a mixed methods pragmatic approach [Creswell and Plano Clark, 2018]. This approach used an action-knowledge structure, where research methods were selected based on their appropriateness to the context and research direction identified [Greene and Hall, 2010]. A combination of methods were used in the three research studies of the thesis to look broadly at the phenomena and provide practical solutions to address the problem studied [Greene and Hall, 2010]. This was particularly important in developing methods to ensure that the research collected in this thesis could be used to influence public health policy and practice. The methods used in the three studies in this thesis, were chosen specifically to examine experiences within community gambling venues from a range of community perspectives.

Charmaz [2006] describes methods as tools to make sense of data, and states that researchers should choose methods that are appropriate to explore the study area of interest. Each of the three studies in the thesis included qualitative methods, either as part of a mixed methods content analysis, as a core component of detailed interviews supported with visual sociology methods or embedded within a survey design. The qualitative methods used in this study were guided by a constructionist grounded theory approach [Charmaz, 1990] to develop a deep understanding of the experiences of the individuals who attended community gambling venues. Qualitative research examines phenomena by gaining an understanding of the meaning individuals attach to aspects of their life and explore how this meaning is shaped [Maxwell, 2012, Taylor et al., 2015]. Constructionist grounded theory is a method of “collecting and analysing qualitative data to construct theories ‘grounded’ in the data themselves... thus data forms the foundation of our theory and our analysis of these data generates the concepts we construct” [Charmaz, 2006, p. 2]. The methodologies used in the three studies were guided by the four steps defined by Charmaz [1990] for conducting constructionist grounded theory. This included; 1) developing and defining research questions, 2) developing concepts, 3) generating additional conceptual
questions and 4) further description of concepts and developing additional themes while writing and rewriting the study findings [Charmaz, 1990].

Charmaz [2006] also explains that “when grounded theory studies are extremely small, they risk being disconnected from their social contexts and situations” [p. 131]. In order to understand experiences and social practices in community gambling venues, this thesis used three separate studies across distinct subgroups within the community. The research in this thesis examined attitudes and behaviours of the following population subgroups: 1) children who attend community gambling venues, 2) parents who attend community gambling venues (including individuals who use EGMs and those who do not), NSW residents who attend community gambling venues and NSW residents who do not attend community gambling venues. Each study in this thesis was guided by the findings of the preceding study and collectively contributed to the theoretical understandings developed. Each paper in the thesis contributed to the evidence base around the facilitate pathways to, attitudes towards, and social practices within, community gambling venues in NSW, Australia.

4.5 Rationale for study setting

The present research focused on the Australian state of New South Wales (NSW). Given the exacerbated harm associated with EGM venues and gambling in regional communities [Greenslade, 2013], the first two studies in this thesis focus on experiences within community gambling venues in a non-metropolitan area in NSW. In regional areas in Australia, such as the setting in Study One and Study Two, community gambling venues are often the hub of the community [Greenslade, 2013]. Venues have strong ties to the community through the services they provide, including the funding venues provide (through EGM revenue) to local community organisations. However, there is limited understanding about the role of these venues for specific population subgroups (such as families) in regional communities.
Study One and Study Two were based in the Illawarra and Shoalhaven areas of NSW. This geographic area was selected because of the high concentration of EGMs, and high losses on machines [Langford, 2017]. For example in 2014, $143 million was lost on 2,614 EGMs in the Wollongong local government area of the Illawarra [Langford, 2017]. In the first three months of 2017, EGM losses in this area equated to $51.6 million [McIlwain, 2017]. In addition, the most recent prevalence study indicated that 28% of residents in the Illawarra area reported using EGMs in the previous 12 months [Sproston et al., 2012]. However, there is an evidence gap in relation to individuals who use venues containing EGMs for non-gambling activities, for example attendance of venue for cheap meals.

Study Three examined community perceptions of EGMs and use of community gambling venues containing EGMs using a sample of individuals from across NSW. In the period between 2016/17, NSW was the Australian state with the highest gambling turnover ($89.79 billion) and highest gambling expenditure ($9.53 billion) [Queensland Government Statistician's Office & Queensland Treasury, 2018]. When considering EGMs specifically, as highlighted in Chapter Two, in the period between 2016/17, NSW had the highest number of EGMs (94 303 EGMs), the highest overall expenditure on EGMs (losses) ($6.19 billion) and per capita losses on EGMs ($1020, compared to the Australian average of $641 per person) compared to other Australian states [Queensland Government Statistician's Office & Queensland Treasury, 2018]. Study Three explored how community members across the state used local gambling venues to determine whether these were consistent with the findings from Study One and Study Two. The inclusion of a sample containing participants from across the state was also chosen to provide evidence that addressed research aim four by examining community support for a range of reforms to reduce the harms associated with EGMs in community-based environments in NSW.
4.6 Study One: Analysing the promotion of gambling and non-gambling activities in gambling venues

Publication One


4.6.1 Overview of study

Study One used an interpretative content analysis to explore 65 club websites in the Illawarra and Shoalhaven area in NSW. Elo and Kyngäs [2008] describe a content analysis as “*a systematic and objective means of describing and quantifying phenomena*” [p. 108]. The use of an interpretive approach to the content analysis was selected as it involves a holistic approach to analysis that looks at the text as whole [Ahuvia, 2001]. This means that instead of examining and coding the explicit meaning stated within the text, this study examined the range of content within webpages including images, text and prominence of items within webpages to determine the extent to which venues marketed themselves as family-friendly environments. This method was chosen after initial qualitative webpage scans identified imagery containing children and families, in addition to explicit references to family and children’s activities.

Drawing from an inductive approach [Elo and Kyngäs, 2008], the initial protocol for this study was to examine the range of activities promoted on venue websites. However, following this initial scan, it was decided to focus specifically on activities for families and children due to their prominence. This then guided the design of the study, specifically an examination of the promotion of both adult (gambling) activities and children’s activities on club websites.
Study One aimed to determine the extent and nature of family-friendly activities and gambling activities promoted using a specific sample of NSW registered Clubs’ websites. This study was guided by four research questions:

1. Do clubs promote themselves as family and child appropriate spaces within regional communities?
2. What gambling industry tactics and strategies do venues use to shape community perceptions of clubs and gambling within clubs?
3. What strategies to venues employ to market themselves to the community?
4. What tactics do venues use to create social acceptability of gambling and the venue itself?

4.6.2 Sample

An initial sample of 78 clubs were identified in the Illawarra and Shoalhaven area using a list obtained from the ClubsNSW website in March 2014 which contained the names of all clubs in NSW (n=1204) split into 12 nine regional areas (Central Coast, Central West, Eastern Metro & CBD, Far North Coast, Illawarra & Shoalhaven, New England Tablelands & North West, Newcastle & Hunter Valley, North West Metro, Northern Metro, Riverina & South West, Southern Metro, Southern Tablelands & Far South Coast and Western Metro). For each club in the Illawarra & Shoalhaven area, an online search was conducted to assess whether the venue had an active website that included multiple webpages. Through this process ten clubs were excluded because they did not have a dedicated website. This included four clubs that were owned by a larger club but did not have their own website. A further three clubs were excluded as they did not operate EGMs, verified by checking the website and then calling the venue. This left a total sample of 65 club websites.

4.6.3 Data collection and coding

Initial coding involved preliminary scans of websites to identify 1) the extent of promotion of activities specific to children and families, and, 2) the extent of
promotions for gambling activities. Data was initially grouped using open coding [Elo and Kyngäs, 2008]. This involved making notes based on the data collected to inductively identify key themes. First order categories [Rossiter, 2010] were identified based on these initial scans. These were then grouped into second-order categories, higher groupings of first order categories [Rossiter, 2010]. Categories were then defined (see Table 1 in Chapter Six, Publication Two). The categories and their associated definitions were separated into content relating to families or children and gambling. Qualitative examples for each category were also collected.

Data were recorded as appearing on either the website home page – the primary page viewed when accessing the club website, or on secondary pages – additional webpages within the club website. In March 2014, two independent researchers identified and coded the data. The coded data were cross-checked by the two researchers, to ensure inter-rater reliability. Information was recorded for websites’ home pages and secondary pages. All of the website pages were printed as a permanent record of their content because the content of sites changes reasonably regularly. The print-outs were also used as a point of reference in case any discrepancies were identified between coder ratings; however, no significant discrepancies were identified.

4.6.4 Data analysis

Website data were entered into SPSS version 19. Frequency counts were used to assess the extent to which club websites contained marketing material directed towards children and families. To identify the percentage of clubs’ websites that included information related to families and children, frequency counts were calculated for the number of times they appeared on both the homepage and secondary pages. Similarly, frequency counts were also used to determine the extent of gambling marketing throughout clubs’ websites. Qualitative data collected were analysed using thematic techniques [Miles and Huberman, 1994].
4.6.5 Ethical considerations

Study One did not require approval from a Human Research Ethics Committee because it did not include human participants.

4.7 Study Two: Family experiences within community gambling venues

Publication Two


Publication Three

https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0148-z

Publication Four

4.7.1 Overview of study

Study Two formed the primary research phase of this thesis. It aimed to explore the factors that shape perceptions of community gambling venues, and whether these factors influence attitudes and behaviours towards gambling products in parents and children. This study was guided by the findings of Study One, and examined why families attended venues containing EGMs, behaviours within these venues and, children’s attitudes towards gambling products and the venue. It also explored the conceptual model developed in Study One that hypothesised a shaping pathway by which gambling becomes normalised for children who attend venues containing EGMs. Study Two included a number of research questions, which were split into three papers for publication.

Publication Two drew upon normalisation theory [Thomas et al., 2018a] and was guided by three research questions:

1. What are children’s overall perceptions of community gambling venues, including their value within community settings?
2. What is the unprompted and prompted recall of gambling and non-gambling activities within the venue in children, and what are their attitudes towards these activities?
3. Is there evidence that positive perceptions towards venues may influence children’s intentions to visit community gambling venues as adults, and to use the gambling facilities within these venues?

Publication Three utilised social learning theory [Bandura, 1971] and was guided by three research questions:

1. To what extent can children recall and describe EGMs and behaviours associated with EGM use in community venues?
2. What factors influence and reinforce children’s perceptions of EGMs in community venues?
3. Do children express current or future consumption intentions to use
EGMs?

Publication Four used Bourdieu’s concept of habitus [Bourdieu, 1990b] and was
guided by three research questions:

1. What are the social practices of families who attend community gambling
venues?
2. What are the range of factors that may shape attitudes towards and use of
these venues?
3. How do parents conceptualise the risks and benefits of community
gambling venues?

4.7.2 Sample

Twenty-seven families (at least one parent and one child aged 6-16 years) who
had visited a local club containing EGMs in the previous 12 months participated
in Study Two. Initial recruitment was targeted at families with children aged 8-16
as this is consistent with other gambling research projects [Pitt et al. 2016].
During the early stage of data collection, one family with an older sibling also had
a child aged six who wanted to be involved in the project. The data collected from
this child was included in the research findings as it was consistent with children
aged 8-9 in the study. From this point forward, families with children aged 6-18
were included in the research. Families were recruited from the Illawarra region in
NSW. Initial recruitment of families was through convenience sampling of
families in the networks of the research team, who were known to attend
community gambling venues, to pilot the study. This initial recruitment resulted in
snowball sampling where families told the researcher they knew other families
who attended venues. The researcher then contacted these families and provided
information about the study. If they were interested in participating, a time for an
interview was arranged.
During this time, information about the study was also posted on the Facebook pages of local parents groups, and study information was also distributed to local businesses. Data collection was timed to coincide with school holiday periods when families were more available. Following a period of slower recruitment, the research team chose to further encourage snowball sampling by offering families $10 vouchers for every additional family they referred. However, families that recruited other families into the study were not told which specific families had agreed to participate, so that the identity of participants remained confidential.

4.7.3 Data collection

Family groups were reimbursed with a $30 grocery voucher as thanks for their time. Parents provided written consent for their child to participate. Researchers also explained the study to children at the start of the interview and gained verbal consent from the child before the interview began. A number of methods were used to collect data in Study Two. Interviews were digitally recorded with the consent of participants and data were transcribed. The interview schedule was amended several times during the data collection process. The following describes the children and parent component of data collection. The final version of the interview schedule can be found in Appendix One.

4.7.3.1 Data collection with children

The research used a child-focused approach whereby the interview was designed to allow children to engage with the study and emphasised free narrative and reflection on their experiences [Cameron, 2005]. This approach was selected because it gives children control over their engagement in the research task, and allows children to convey their experiences through verbal and non-verbal methods [Einarsdottir et al., 2009]. These activities were used to explore the theory of shaping pathways developed in Study One. The methods also allowed children to convey any future gambling intentions. Children’s responses were then used to guide further discussion with the parent about the role of the venue within the family. Children’s participation in the activities informed parents of their
child’s exposure to and perceptions of gambling. Researchers also discussed gambling harms with both the parent and child.

Data collection methods with children consisted of three research activities (for a summary see Table 4). It is important to build rapport with children and researchers need to provide a research environment that is comfortable for the child [Irwin and Johnson, 2005]. Gambling is a topic that can be socially sensitive [Thomas et al., 2016a] and attract social desirability bias in research, so the activities chosen to collect data for this study were designed to make children feel comfortable and safe. Child-appropriate methodologies from other gambling research studies [Pitt et al., 2016, Pitt et al., 2017a] were utilised in combination with research methods from other public health research with children [Fargas-Malet et al., 2010]. For example, visual sociology techniques (such as engaging children in drawing pictures) were employed in the collection of the data [Klepsch and Logie, 1982]. This research sought to develop methods that allowed children to share their experiences in clubs as realistically as possible and with minimal prompting. During the initial planning of data collection, other methodologies such as photovoice and, pre and post venue visit interviews were considered alongside the visual sociology activities and qualitative interviews (described below). However it was decided that the inclusion of all of these activities would make interviews with children long in duration which may put strain on child participants. Piloting was used to determine the effectiveness of the visual sociology activities and qualitative interviews. These activities engaged children well and so the additional methodologies considered were not required.
Table 4. Summary of children’s data collection activities in Study Two

<table>
<thead>
<tr>
<th>Measure</th>
<th>Method</th>
<th>Instructions given to child</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unprompted recall of the club</td>
<td>Drawing activity</td>
<td>Children were asked to “draw what you remember seeing at the club.” Children could write if they felt more comfortable. Minimal prompting by the researcher.</td>
<td>Inductive interpretive analysis of visual data, descriptive statistics</td>
</tr>
<tr>
<td>environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prompted recall of the club</td>
<td>Picture board activity</td>
<td>Exposure to products in the club: Children were asked to “circle the items you have seen in the club before.” Current product use: Children were asked to “circle the items you’ve used at the club before, either with your family or by yourself.” Future consumption intentions: Children were asked to put a cross over the items “they think they would use as an adult”.</td>
<td>Descriptive statistics</td>
</tr>
<tr>
<td>environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceptions of the club</td>
<td>Qualitative open ended</td>
<td>Themes explored included: items children like or don’t like at the club, future product use at club, things they would like to use as an adult.</td>
<td>Thematic analysis</td>
</tr>
<tr>
<td></td>
<td>questions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.7.3.1.1 Unprompted recall of the club environment

**Activity 1: Drawing task.** A drawing task was selected due to its appropriateness and success as a data collection method in other areas of public health research [Johnson et al., 2012], particularly because it provides children with tools they are familiar with [Einarsdottir et al., 2009]. Children were given a range of drawing materials (pens, coloured pencils and marker pens) and paper, and asked to “draw what you remember seeing at the club”. Given the range of age groups in the study (6-16 years) and previous research suggesting that not all children are comfortable with drawing or able to draw [Fargas-Malet et al., 2010], children were also told that if they did not want to draw they could write about what they saw at the club. The children were given minimal instruction regarding how to complete the activity so that they were not unduly influenced in their responses. Children were told that there was no right or wrong way to complete the activity, and that they were completing the activity based on their own thoughts. Children
were left to complete the drawing activity away from parents so that their responses were not influenced by the presence of adults. In instances where the child indicated they wanted parents to be present while they completed the activity, the researcher took an approach consistent with Irwin and Johnson [2005] and ensured that parental presence did not interfere with the integrity of the research but acted as reassurance for the child.

Where there were multiple children from the one family, children were encouraged to think about their own experiences in the venue. When children described attending different venues from their siblings, they were encouraged to draw about the venue they remembered most clearly. Following completion of the drawing activity, children were asked to explain their drawing. Where more than one sibling was present, the younger sibling was invited to answer first, and notes were taken about the dynamics between siblings. Children were given as long as they wished to complete the activity. Some examples of children’s drawings are presented in Table 5.
Table 5. Examples of children’s drawings

<table>
<thead>
<tr>
<th>Example one</th>
<th>Example two</th>
<th>Example three</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Example one" /></td>
<td><img src="image2" alt="Example two" /></td>
<td><img src="image3" alt="Example three" /></td>
</tr>
<tr>
<td><strong>Girl, 8 years old</strong>&lt;br&gt; In this drawing the participant has included the children’s area in the venue. In the drawing (from left to right) she has drawn, the toilets, the playground (with slides and two children), a table and chairs with a window above, and finally three computers where children could play games.</td>
<td><strong>Girl, 12 years old</strong>&lt;br&gt; This participant chose to write about the venue. This participant later described that behind the privacy screen were EGMs.</td>
<td><strong>Girl, 16 years old</strong>&lt;br&gt; In this drawing the participant has included the main eating area/restaurant. This included people sitting at tables (in the middle), the bar with alcohol items (top left corner) and two EGMs (top right corner).</td>
</tr>
<tr>
<td><img src="image4" alt="Example four" /></td>
<td><img src="image5" alt="Example five" /></td>
<td><img src="image6" alt="Example six" /></td>
</tr>
<tr>
<td><strong>Girl, 12 years old</strong>&lt;br&gt; In this drawing the participant has included the main eating area/restaurant. She has also drawn the bar (top right corner) with brown (representing beer) and red (representing wine) glasses. In the top middle section of the drawing she has included the keno screen (red and blue TV screen).</td>
<td><strong>Boy, 12 years old</strong>&lt;br&gt; In this drawing the participant has included the restaurant area of the venue. He has drawn his family eating pizza at the venue (a meal he likes) while watching sport (the TV is drawn in the top right corner). This participant has drawn the pizza oven (the top left corner) and the venue’s logo (also top left corner), the horse. The child also played for this venue’s junior sporting team and so the logo appeared on their uniforms. One of the children in this family was wearing a jumper with this logo at the time of the interview.</td>
<td><strong>Boy, 12 years old</strong>&lt;br&gt; In this drawing the participant has included an overview of the entire venue. He has indicated the entrance by using the word ‘start’. To the left of the entrance is the ‘check in’ desk, with the ‘pokes’ room (EGM room) behind. Then he has drawn the kitchen, toilets, children’s area including ‘baby playroom’, ‘video games’ and ‘play area’ (play area). He has then labelled the eating room, the stage, the hall, the café, the ‘bar room’, the ‘Irish bar’ and the carpark.</td>
</tr>
</tbody>
</table>
4.7.3.1.2 Prompted recall of the club environment

Activity 2: Picture board task. Children were presented with a laminated A3 picture board containing 24 images of products and activities they might see at a club (Table 6). The images selected for inclusion were based on the activities identified in the website scan in Study One. These were grouped into:

a) Children or family-related activities (disco, family day, family meals, family prizes, games, kids’ area, kids eat free and playground), referred to as ‘children’s activities’.

b) Adult activities (the bar, bingo, gaming area, Keno, sports betting and raffles), referred to as ‘adult activities’.

c) Other (control) activities (bowling green, cheap meals, golf course, live music, meeting friends, restaurant, special occasions, sports facilities, TV and watching sport), referred to as ‘control activities’.

To assess the prompted recall of activities and products, three measures were collected. First, children were presented with a picture board and a black whiteboard marker. Children were asked to “circle the items you have seen in the club before”. Children were told that they could circle as many or as few items as they wished, and that they did not have to have used the products before. Second, children were given a coloured whiteboard marker and asked to “circle the items you’ve used at the club before, either with your family or by yourself”. During children’s completion of the activity, researchers found that children were hesitant to draw over the top of items they had previously circled. Researchers told children “you can circle over the top of items you circled previously”, however researchers made sure that any original black circle was still visible under the coloured circle when the board was photographed. Finally, children were again given the black whiteboard marker and asked to put a cross over the items “they think they would use as an adult”, to measure future consumption intentions. A
photograph of each picture board was taken before progressing to the qualitative section of the interview.

This task was initially piloted using whiteboards with magnets that children could move around, consistent with methodologies used by Bestman and colleagues [2015]. Following piloting, this activity was amended to a picture board activity, where children were presented the A3 laminated sheet consisting of 24 images of activities they may see within a venue. These methods were modified because, (1) the extended length of time it took children to complete the task and (2) the feasibility of transporting whiteboards to interviews.
Table 6. Picture board activity

<table>
<thead>
<tr>
<th>Restaurant</th>
<th>Playground</th>
<th>Kids area</th>
<th>Kids eat free</th>
<th>Special occasions</th>
<th>Family days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Games</td>
<td>Live music</td>
<td>Bowling green</td>
<td>Gaming area</td>
<td>Disco</td>
<td>TV</td>
</tr>
<tr>
<td>Sports facilities</td>
<td>Raffles</td>
<td>Bar</td>
<td>Family prizes</td>
<td>Keno</td>
<td>Golf course</td>
</tr>
<tr>
<td>Sports betting</td>
<td>Family meals</td>
<td>Cheap meals</td>
<td>Bingo</td>
<td>Watching sport</td>
<td>Meeting friends</td>
</tr>
</tbody>
</table>
4.7.3.1.3 Perceptions of the club

**Activity 3: Open-ended questions.** These questions explored children’s perceptions and preferences regarding venues and products. First, these questions related to children’s experiences within venues to examine steps two and step three of the shaping pathway theory developed in Study One (creating rituals and norms, familiarity and preference, and normalisation of the club environment, see Figure 1 in Chapter Five (Publication One)). For example, following their completion of the drawing activity children were asked: “**What do you like most about the club?**” following their completion of the prompted picture board activity they were asked this question again and: “**Are there any parts of the club that you don’t like?**” Children were also asked about their drawing and items they said they currently used or intend to use as an adult, for example: “**Why do you think you would use these things if you were an adult?**” Second, children were asked about their intended use of the venues as adults, for example: “**Would you go the club when you are an adult?**”, “**If you were an adult, what would you like about the club?**”, and “**Who would you go with?**”

The next sections related to step four in the theoretical shaping pathway developed in Study One (normalisation of the club’s gambling environment). Following the initial interviews, it emerged that children had high recall of EGMs (including through unprompted inclusion of EGMs in drawings). Consequently, the interview schedule was modified to include specific questions about awareness and exposure to EGMs in the club they attended. Some of these included using the picture of the gaming room on the picture board and asking, “**Have you seen these products in the club?**” To encourage children to think broadly about their attitudes towards gambling, researchers asked questions such as “**If I were an alien and had never seen or heard about a poker machine, could you describe it for me?**”, with the following prompting questions asked after if needed “**What does it look like?**”; “**What does it sound like?**” and “**How do you know if someone has won?**” To explore children’s perceptions of gambling harm, children were asked “**Why do you think children aren’t allowed to play them?**”; “**Why do you think people might use these machines?**” and “**Why do you think the clubs have the machines?**”
Children were also asked “What are some good or bad things about gambling?” and “What do you think may happen if you lose money gambling?”

Consistent with a qualitative approach [Charmaz, 1990], these questions were modified as data were collected to reflect the themes that emerged from children’s narratives. Questions were also modified into language that was familiar to children. For example, this research aimed to understand children’s perceptions of EGMs. Initial phrasing of questions relating to this were not providing a platform for children to speak. This question was then modified to “If I were an alien and had never seen or heard about a poker machine, could you describe it for me?” This was successful in encouraging discussion around EGMs.

4.7.3.2 Data collection with parents

While children were completing the drawing task, parents were asked to provide the researcher with demographic data for themselves, their child(ren) and their family behaviours. This included age, sex, postcode, and frequency of attendance at clubs. Postcodes were used to determine whether each family resided in the geographical area studied. Parents were also asked a range of open ended questions in an interview format to qualitatively explore family experiences with community venues in regional communities. The first set of questions, examined how families built social capital within community gambling venues. This included examining the range of activities and facilities used within venues, reasons families attended venues and barriers to attending alternative venues instead. The second related to the factors that facilitated the use of community gambling venues as settings for social rituals. Finally, questions examined whether parents viewed venues as gambling environments. This included asking parents whether they thought their children were exposed to gambling products within community venues, whether their children had talked about gambling products within the venue and whether they were concerned about their children’s exposure to gambling products while in the venue. Data collection continued until no new themes emerged from the data.
4.7.4 Data analysis

Interviews were transcribed from the audio recordings with the permission of participants. Demographic data from participants were analysed using SPSS statistical software. Interview transcripts were uploaded into QSR NVivo 10 and interpreted using a constant comparative method [Miles and Huberman, 1994]. This was an ongoing process that occurred throughout data collection.

Demographic data were analysed using frequency counts. Postcodes were used to identify socioeconomic status of participating families (using Socio-Economic Index for Areas (SEIFA) status through the Index of Relative Socio-Economic Advantage and Disadvantage). Each postcode was given a score between 1-10 where 1 represented the lowest 10% of areas for socioeconomic status and 10 represented the highest 10% of areas [Australian Bureau of Statistics, 2013b, Australian Bureau of Statistics, 2013c]. Socioeconomic scores were grouped into low (1-3), middle (4-7) and high (8-10) categories.

To analyse the drawings, an analysis method similar to Horstman and colleagues [2008] was employed, whereby each drawing was analysed as a whole and analysis included any visual aspects, written text within the drawing and verbal explanations provided by children. Drawings were initially coded based on the categories presented to children in the picture board activity (children’s activities, adult activities and control activities). Data were then further coded based on the specific items children presented in their drawing. These were then quantified and analysed using basic descriptive statistics. Data from the picture board activity were entered into SPSS version 19. Descriptive statistics including frequency counts were performed to determine the activities children had identified in the three components of the picture board activity.

Consistent with the methods described by Green and colleagues [2007], analysis of the qualitative data in this research was a systematic process. The first step, termed “immersion in the data” [Green et al., 2007, p. 544], involved reading through field notes written during data collection. Part of the immersion process
also involved transcribing the data by hand for a third of the interviews (the remaining two thirds were professionally transcribed). During this time initial concepts were constructed [Corbin and Strauss, 2008] which were discussed within the research team. As this was a relatively new area of research, additional themes and questions were added to the interview schedule as data collection progressed. The second stage of data analysis included the coding of interviews [Green et al., 2007]. Due to the volume of qualitative data, a process of data reduction was employed to develop clearly defined analysis parameters [Namey et al., 2008]. These focused on specific themes within the data: for example, Publication Three specifically examined children’s recall and description of EGMs within venues. Data were grouped into categories through the linking of codes in the third phase of data analysis [Green et al., 2007]. The fourth phase of analysis was the construction of higher order themes. This phase involves “moving beyond a description of a range of categories” into advanced thinking around the interpretation or explanation of the data [Green et al., 2007, p. 549]. A visual representation of the analysis process undertaken in Publication Four is shown in Figure 4. During the data analysis process (which also occurred concurrently with data collection), the research team met regularly to discuss the emerging themes and how they fitted with the broader conceptual framework of the research.
Figure 4. Four steps of data analysis process employed in Publication Four

Step 1: Data immersion

Step 2: Coding

Step 3: Creating categories

Step 4: Identifying themes

The creation of cultural capital
Factors influencing the social practices associated with community gambling venues
Perceptions of the risk associated with gambling venues

Model adapted from Green et al. [2007, p. 547]

4.7.5 Ethical considerations

Study Two was approved by the Deakin University Human Research Ethics Committee in March 2016. The following sections summarise three key ethical considerations for Study Two and explains how ethical risks were minimised.

4.7.5.1 Sensitive nature of gambling research

As noted previously, gambling can be a sensitive topic for some participants and faces community stigma [Miller and Thomas, 2017a]. Although the study did not specifically aim to explore family experiences of gambling harm, there were some families that described their own negative experiences from gambling. However, these were not related to the participants in the study and were not current; for example, one family described their negative experiences with gambling relating to the grandfather’s previous harmful gambling. The researcher endeavoured to ensure that participants did not feel distressed while talking about these issues and understood that they could discontinue participation at any time. The other key
issue that emerged related to children’s experiences within the venues. While children attended venues for meals, some children described gamblers while in the venue (for examples see Publication Three). Parents were often unaware that children had noticed these behaviours in the venue. The researcher, and broader research team decided that there was an ethical obligation to inform parents of this potential harm to children. The researcher referred to these harms in a general conversation about the gambling venues to educate both parents and children on the harms associated with gambling at the conclusion of the interview to ensure it did not interfere with the research validity.

4.7.5.2 Informed consent

An important ethical consideration when conducting research with children is consent. Research suggests that children are capable of providing consent or assent for themselves and that researchers should ensure they are provided with full information about the project in plain language [Huang et al., 2016]. Children in this study were explained the requirements of their participation and they were asked if they understood the Plain Language Statement. If required, researchers read the Plain Language Statement to the child. Children gave verbal consent for their participation. Written consent was gained from the parent or legal guardian for the child’s participation. Both the child and parent or legal guardian were told that the study was voluntary, and they could withdraw at any time. Researchers explained the study clearly and asked children if they had any questions prior to participating. The interview schedule also included prompts throughout the interview to ensure consent, for example “are you still happy to continue?”

4.7.5.3 Gambling is an illegal activity for children to participate in

In Australia, it is illegal for minors under the age of 18 to participate in gambling. This study did not specifically aim to examine children’s gambling behaviours; instead it sought to examine the range of non-gambling activities children participated in within community gambling venues. The picture board activity in Study Two asked children to circle the activities they had used within the
community gambling venue. While a range of gambling activities were available to circle (including gaming room, sports betting and keno), no children indicated use of the gaming area. Half of children (n=23, 52.3%) in the study indicated current use of gambling products. The majority of these were children participating in raffles (n=18, 40.9%). While the interviewer did not specifically prompt around children’s specific behaviours in these activities, children in their discussion of these activities indicated that they perceived they participated, although it seemed that parents or other adults (such as grandparents) had purchased the tickets. Children engaged in the gambling activities by keeping track of the numbers called, or in some instances followed the numbers on Keno screens while eating dinner (without financially contributing to the gambling activity). During the interview, the interviewer emphasised that gambling was an activity for adults and engaged in discussions about the harms associated with gambling for both children and adults to safeguard that children would be aware of the risks of gambling and not consider gambling to be an acceptable activity following the lengthy discussion around this topic.

4.7.6 Methodological notes

This research has developed novel methodologies for conducting gambling-related research with children that examines behaviours in community-based venues. Previously studies have examined gambling recall among children in sports-based gambling environments, however, the present study was the first study to specifically explore children’s experiences in relation to community gambling venues. A range of child-appropriate, visual sociology data collection methods were used to encourage children to think about and communicate their views on gambling.

The research in this thesis was the first to use drawing and written methods to explore children’s experiences and perceptions of gambling environments. These methods were selected because they have been proven effective in engaging children in other areas of health research [Horstman et al., 2008, Klepsch and Logie, 1982, Johnson et al., 2012, Mitchell, 2006]. These methods were effective
for the present study because of the flexibility children were offered in terms of interpreting and completing the task. The researcher gave minimal prompts to children and found that most did not require extended explanation of the task. While the majority of children drew an image of the venue, some children chose to write or make a list of the items they had seen in the club before. Among those children who drew an image of the venue, there was variance in how children completed the task. Some drew a specific area of the venue (for example the restaurant, the outside of the venue or the entrance to the venue), some children chose to draw a floorplan of the venue, and others chose to include specific items in the venue. For example, one girl aged 14 years drew and labelled a jumping castle, playground, ‘mechine’ (sic) things, people eating, bar, family and friends and TV.

Research indicates that the use of visual methods with children can play a role in enabling children to become active participants in the research process [Johnson et al., 2012]. The drawing activity and picture board activity, which has been previously used in gambling research with children (see Pitt et al. [2017b] and Pitt et al. [2016]), was valuable in making children feel comfortable with the research. Consistent with other research studies [Johnson et al., 2012, Horstman et al., 2008], the use of the drawing provided a tool to facilitate discussion with participants which made it easier for communication to occur between the researcher and the child and encouraged children to engage with the research. For example, researchers used pictures that children had drawn to create discussion about specific areas of the club such as the EGM area or bar area. This was important in gaining deeper insights into children’s experiences within community gambling venues.

4.7.6.1 Gambling research with children

When conducting research, it is important to consider the potentially sensitive nature of the topic of gambling. The location where data was collected (primarily in family homes) was deliberately chosen to make children feel comfortable and fully engaged in the research. Colloquial language was also used when interacting
with children, including referring to EGMs as the more commonly known ‘pokies’.

While the research employed methods similar to other public health research conducted with children [Kirk, 2007], it is important to note that despite the researcher’s best efforts, some children did not wish to fully engage in the data collection tasks. While there were no specific demographic characteristics that defined this group, these children appeared more reserved and these interviews were shorter and did not provide the same level of insight as those with other children. This variation in children’s involvement highlights that not all children are the same and that researchers need to be flexible with their methods. While the researcher tried to offer alternatives for children, such as ‘perhaps you would like to write a list of what you remember in the venue’ and re-phrased questions for children, researchers should be aware that not all children may necessarily engage with the research. Researchers should be prepared to move on with the interview schedule if the child does not want to engage. Researchers may return to these activities later in the interview if they feel the child may be more receptive.

4.7.6.2 Parent involvement

Researchers should try to engage children in the research without parents if possible, to allow children to share their experiences without parental influence. However, researchers should recognise that children may be more comfortable having an adult they know around them.

In the current study, children and parents were given the opportunity to have an adult present during the child’s interview. While some parents chose to stay, which was helpful when interviewing younger children in reassuring the child, others left the room out of earshot. The dynamics differed for each family, however when attending family homes in the afternoon or at dinner time, the interviews went smoothly because the parent was sometimes occupied with other tasks (for example cooking dinner). This meant that while they were not present for the interview (and children often spoke freely without a filter), they were
available if the child requested and/or needed information from their parents to guide their explanation of the venue. While this information did not necessarily add to the data (and therefore the adult conversation did not impact on the data), they helped the child to verbalise their experiences in the venue. For example one child asked their mother to confirm that the occasion they were describing at the venue was for a specific person’s birthday, the child felt that this level of detail was important in their sharing the story.

It is also important to acknowledge that in addition to the value of visual methods for the researcher to understand children’s experiences within clubs, these also played a role for parents. Children’s responses to the drawing and picture board task, along with their qualitative responses, showed parents what children were exposed to within venues and, as one parent said “absorb”, within the venue. Many parents had not previously discussed gambling with their children, however their participation in the project acted as an education session, and they subsequently told the researcher they would speak with their children following the interview.

4.8 Study Three: Community attitudes towards gambling venues and pathways into gambling

Publication Five

4.8.1 Overview of study

Study Three aimed to understand the attitudes of the general population in NSW, including behaviours of individuals who attended community gambling venues, and in particular how frequency of attendance at venues influenced attitudes towards harm prevention measures. This study was guided by five research questions:

1. What are the range of factors that influence attendance at EGM venues?
2. Is there evidence that individuals who attend clubs and hotels are more likely to use EGMs than those who do not?
3. How do community members perceive EGMs in their community?
4. Do community members support increased regulations to reduce the harms associated with EGM environments?
5. Is there a difference in attitudes towards EGMs and EGM reform of people who visit venues compared to those who do not?

Study Three examined the extent to which individuals attended community gambling venues containing EGMs, their perceptions of EGMs in their local community and the range of non-gambling and gambling activities available at the venues. This research was embedded within a larger project, funded by the Victorian Responsible Gambling Foundation, which explored community perceptions of the normalisation of gambling.

4.8.2 Sample

Study Three involved an online panel survey with 500 NSW residents aged 16-82 years. The panel company used to recruit participants includes individuals aged 16 and over, in the present sample, we did not recruit anyone older than 82. The inclusion of individuals aged 16 and 17 was due to a gap in research that looks at the gambling attitudes and (future) gambling behaviours of this cohort, and an interest by the research team to capture this perspective.
Members of the panel agree to participate in research projects like this one and are contacted when a survey is available that they qualify to complete. By completing surveys panel members accrue points, which can be redeemed for products and services. Using Australian Bureau of Statistics census data [Australian Bureau of Statistics, 2017] quotas were set such that the sample was representative of the NSW population for age and sex (see Table 7). Eligible participants were sent a link to the survey by the panel company. Data were monitored as participants completed the survey to ensure quotas were being met. Where quotas were not initially met (for example 25-35 males) reminder emails and new invitations were distributed until all quotas were met.

**Table 7.** Sample quotas for Study Three

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male n (%)</th>
<th>Female n (%)</th>
<th>Total n (%)</th>
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<tbody>
<tr>
<td>16-24 years</td>
<td>41 (51.3%)</td>
<td>39 (48.8%)</td>
<td>80 (16.6%)*</td>
</tr>
<tr>
<td>25-34 years</td>
<td>45 (50.0%)</td>
<td>45 (50.0%)</td>
<td>90 (18.0%)*</td>
</tr>
<tr>
<td>35-44 years</td>
<td>41 (49.4%)</td>
<td>42 (50.6%)</td>
<td>83 (16.6%)*</td>
</tr>
<tr>
<td>45-54 years</td>
<td>39 (49.4%)</td>
<td>40 (50.6%)</td>
<td>79 (15.8%)*</td>
</tr>
<tr>
<td>55-64 years</td>
<td>35 (49.3%)</td>
<td>36 (50.7%)</td>
<td>71 (14.2%)*</td>
</tr>
<tr>
<td>65+ years</td>
<td>45 (46.4%)</td>
<td>52 (53.6%)</td>
<td>97 (19.4%)*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>246 (49.2%)</td>
<td>254 (50.8%)</td>
<td>500 (100.0%)</td>
</tr>
</tbody>
</table>

*Column percentages, all other figures in parentheses reflect row percentages.

4.8.3 *Data collection*

The online questionnaire was administered in May 2017. Data collection occurred over a three week period (11th May 2017 - 1st June 2017). Individuals were excluded from the survey for five key reasons:

1. They indicated they did not live in NSW (n=8).
2. They chose ‘I do not wish to participate’ after being provided information about the study, at the initial consent stage (n=168).
3. They left the survey before completing the final question (n= 549).
4. The quota was full for their age and gender (n=1770).
In addition, following data collection researchers reviewed responses and excluded individuals who did not appropriately complete the survey or provided nonsensical answers (n=49). This included, for example, participants whose responses were clearly contradictory, who provided illegible qualitative responses and those who took less than three minutes to complete the 15 minute survey.

The survey contained the following measures (for more detail see Appendix Two):

1. **Socio-demographic factors**: Participants were asked a range of socio-demographic questions including age, gender, postcode, education, employment and whether they had any children.

2. **Gambling characteristics**: Participants were required to provide information about their gambling characteristics, including frequency and use of gambling products.

3. **Problem Gambling Severity Index (PGSI) [Ferris and Wynne, 2001]**: Participants were required to complete the nine point PGSI screen. In contrast to other gambling studies where only individuals who indicate gambling complete this screen, all participants were asked to complete the PGSI. The decision to remove a potential ‘screener’ question such as ‘have you gambled in the past year’, and only conducting the screen on participants who select ‘yes’, was made based on the work by Harrison and colleagues [2018]. Authors suggest that these ‘screener’ questions may introduce sample selection bias in problem gambling prevalence data by screening out participants based on their response to participation (initial question) rather than asking all screening questions about their gambling behaviours [Harrison et al., 2018].

4. **EGM venue use**: Participants were asked if they had attended a pub or club containing EGMs for non-gambling reasons in the previous 12 months. If they responded yes, they were asked to provide information on the
frequency of venue use. Participants who indicated attending venues were also asked to qualitatively describe why they chose to go to the pub or club compared to going somewhere else.

5. **Attitudes towards EGMs:** All participants were asked to qualitatively describe the positives and/or negatives of having EGMs in their local area. This question appeared as, ‘*thinking about your local area, do you have anything you would like to say about poker machines?*,’ with an open qualitative box for responses.

6. **Community support for policy measures to reduce EGM harm in the community.** Questions were also asked about their support to reduce children’s exposure to EGMs. Participants were given a 4-point Likert scale with the options ‘strongly disagree’, ‘disagree’, ‘agree’ and ‘strongly agree’ and asked to indicate their level of agreement with the following statements:

**Attitudes towards EGMs**
- It would be better if clubs and pubs were not so reliant on money from EGMs.
- I would prefer to attend a club or pub that did not have EGMs.

**Attitudes towards EGM harm minimisation measures**
- The NSW government should increase regulation of EGMs.
- The number of EGMs in NSW should be reduced.
- I would support the removal of EGMs from my local community.

**Attitudes towards measures that reduce children’s exposure to EGMs in community venues**
- Children should not be able to see or hear EGMs in clubs and pubs.
- There should be greater separation between gambling products and family areas in clubs and pubs.
- Clubs and pubs can be ‘family-friendly’ and also contain EGMs.
4.8.4 Data analysis

Postcodes were used to determine socioeconomic status of the area of residence (using the Socio-Economic Indexes for Areas, Index of Relative Socio-economic Disadvantage) [Australian Bureau of Statistics, 2013a]. Socio-economic scores were categorised based on area level measures of disadvantage where postcodes were ranked between 1 and 10, where 1 reflects the lowest decile and 10 represents the highest decile [Australian Bureau of Statistics, 2013b]. Descriptive analyses of demographic variables were produced for the purposes of describing the sample. Responses for the PGSI were calculated to classify participants as non-problem gambling (score 0), low risk gambling (scores 1-3), moderate risk gambling (scores 4-7) and problem gambling (scores of 8 or above). Individuals who reported not gambling in the previous 12 months were classified as ‘non-gambling’. Ten self-reported non-gamblers received scores above zero (indicating some level of gambling behaviour and risk), so these individuals were reclassified from the ‘non-gambling’ group into the appropriate category given their score for the PGSI.

To test for differences in the frequency with which individuals attend clubs or hotels containing EGMs, the sample was split into three groups: (1) never attended EGM venues, (2) attended infrequently (less than once a month) and (3) attended frequently (at least once a month). Chi-square ($\chi^2$) tests of association were used to test for significant differences between groups at the 95% level.

Qualitative data were analysed using a constant comparative method [Glaser, 1965]. Responses were read and re-read to develop preliminary themes, which were compared according to socio-demographic factors, venue use, and gambling behaviours. Themes were first discussed with author two to develop key themes. They were then discussed with the broader research team to determine how themes fit with the data as a whole.
4.8.5 Ethical considerations

Study Three was approved by the Deakin University Human Ethics Advisory Group Health in November 2016.

4.9 Chapter summary

This chapter has provided an overview of the methods for each of the three studies presented in this thesis. Chapters Five to Nine present each of the publications resulting from these studies.
Chapter Five: Shaping pathways to gambling consumption? An analysis of the promotion of gambling and non-gambling activities from gambling venues

5.1 Chapter overview

This chapter contains the first publication in this thesis titled ‘Shaping pathways to gambling consumption? An analysis of the promotion of gambling and non-gambling activities from gambling venues’. This paper was accepted on the 7th September 2015 and was published online on the 15th October 2015.

Chapter Five has been published in Addiction Research and Theory as:

https://www.tandfonline.com/doi/abs/10.3109/16066359.2015.1093121
## 5.2 Authorship statement

### 1. Details of publication and executive author

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<tr>
<th>Name of executive author</th>
<th>School/Institute/Division if based at Deakin; Organisation and address if non-Deakin</th>
<th>Email or phone</th>
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<tbody>
<tr>
<td>Amy Bestman</td>
<td>School of Health and Social Development</td>
<td><a href="mailto:abestman@deakin.edu.au">abestman@deakin.edu.au</a></td>
</tr>
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### 2. Inclusion of publication in a thesis

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<td>If No, go straight to Section 4.</td>
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### 3. HDR thesis author’s declaration

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<th>Thesis title</th>
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If there are multiple authors, give a full description of HDR thesis author’s contribution to the publication (for example, how much did you contribute to the conception of the project, the design of methodology or experimental protocol, data collection, analysis, drafting the manuscript, revising it critically for important intellectual content, etc.)

Amy was the lead researcher for the publication. She was involved in the conception of the project and the design of the methodology. She led the data collection and analysis, assisted in drafting the manuscript and led critical revisions of the manuscript.

I declare that the above is an accurate description of my contribution to this thesis. Signature and date

Signature Redacted by Library

28/08/18
4. **Description of all author contributions**

<table>
<thead>
<tr>
<th>Name and affiliation of author</th>
<th>Contribution(s) (for example, conception of the project, design of methodology or experimental protocol, data collection, analysis, drafting the manuscript, revising it critically for important intellectual content, etc.)</th>
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<tbody>
<tr>
<td>A/Prof Samantha Thomas, School of Health and Social Development, Deakin University.</td>
<td>ST was the principle investigator who conceptualised the study, contributed to data analysis and interpretation, and prepared the first draft and critical revision of the study.</td>
</tr>
<tr>
<td>A/Prof Melanie Randle, School of Management, Operations and Marketing, University of Wollongong.</td>
<td>MR was the study investigator who contributed to data interpretation, writing and critical revision of the manuscript.</td>
</tr>
<tr>
<td>Ms Hannah Pitt, School of Health and Social Development, Deakin University.</td>
<td>HP was the researcher who contributed to data collection and interpretation, writing and critical revision of the manuscript.</td>
</tr>
<tr>
<td>Emeritus Professor Mike Daube, Faculty of Health Sciences, Curtin University</td>
<td>MD was involved in the critical revision of the manuscript for important intellectual content.</td>
</tr>
<tr>
<td>Prof Simone Pettigrew, School of Psychology, Curtin University</td>
<td>SP was involved in the critical revision of the manuscript for important intellectual content.</td>
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5. **Author Declarations**

I agree to be named as one of the authors of this work, and confirm:

i. that I have met the authorship criteria set out in the Deakin University Research Conduct Policy,

ii. that there are no other authors according to these criteria,

iii. that the description in Section 4 of my contribution(s) to this publication is accurate,

iv. that the data on which these findings are based are stored as set out in Section 7 below.

If this work is to form part of an HDR thesis as described in Sections 2 and 3, I further

v. consent to the incorporation of the publication into the candidate’s HDR thesis submitted to Deakin University and, if the higher degree is awarded, the subsequent publication of the thesis by the university (subject to relevant Copyright provisions).

<table>
<thead>
<tr>
<th>Name of author</th>
<th>Signature*</th>
<th>Date</th>
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<tr>
<td>A/Prof Samantha Thomas</td>
<td><strong>Signature Redacted by Library</strong></td>
<td>28/08/18</td>
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6. Other contributor declarations
I agree to be named as a non-author contributor to this work.

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* If an author or contributor is unavailable or otherwise unable to sign the statement of authorship, the Head of Academic Unit may sign on their behalf, noting the reason for their unavailability, provided there is no evidence to suggest that the person would object to being named as author.

7. Data storage
The original data for this project are stored in the following locations. (The locations must be within an appropriate institutional setting. If the executive author is a Deakin staff member and data are stored outside Deakin University, permission for this must be given by the Head of Academic Unit within which the executive author is based.)

<table>
<thead>
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<th>Data format</th>
<th>Storage Location</th>
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<td>Deakin University</td>
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This form must be retained by the executive author, within the school or institute in which they are based.

If the publication is to be included as part of an HDR thesis, a copy of this form must be included in the thesis with the publication.
5.3 Publication One
Shaping pathways to gambling consumption? An analysis of the promotion of gambling and non-gambling activities from gambling venues

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ABSTRACT

Background: In Australia, venues which provide gambling activities also provide activities that are utilised by families and children. However, there has been limited theoretical or empirical discussion about whether engagement with non-gambling activities may play a role in shaping pathways to current or future engagement in gambling within these environments. We examined marketing tactics for non-gambling and gambling activities in Clubs. Using this data, we propose a conceptual model to test the role of non-gambling activities within gambling environments in shaping gambling attitudes and consumption intentions.

Methods: This study used a mixed method interpretive content analysis to review the marketing activities on the websites of a sample of 65 registered Clubs in New South Wales, Australia. We identified the extent and nature of techniques used to market gambling and non-gambling activities, particularly non-gambling activities directed towards families and children.

Results: Clubs use various marketing tactics to appeal to families and encourage parents to bring their children into venues. We hypothesise that marketing aimed at bringing children and families into gambling environments may play a role in shaping children's and adults perceptions of these environments and may be influential in the development of a pathway that increases the likelihood that children will continue to visit these environments as adults, and subsequently the extent to which they engage in gambling later in life.

Conclusions: Future research should explore how the presence of family-friendly activities in Clubs and other venues with gambling activities may play a role in shaping future gambling attitudes and behaviours.

Introduction

Problem gambling in Australia

Australia is reported to be the gambling capital of the world (The Economist, 2014). According to the Australian Productivity Commission Report, around $19 billion dollars was spent on gambling in Australia in 2008/2009 (Australian Productivity Commission, 2010). Defined as “difficulties in limiting money and/or time spent on gambling that leads to adverse consequences for the gambler, others, or for the community” (Neal, Delfabbro, & O'Neil, 2005), problem gambling is experienced by approximately 80,000 to 160,000 Australians (about 1.4% of the community) every year (Australian Productivity Commission, 1999, 2010). Research shows that the individual and social harms associated with problem gambling are significant and include criminality (Walters, 1997), relationship problems and family violence (Kalischuk, 2010; Kalischuk, Nowatzki, Cardwell, Klein, & Solowoniuk, 2009; Suomi et al., 2013; Salonen, Castrén, Alho, & Lahti, 2014; Svensson, Romild, & Shepherdson, 2013; Wenzel, Oren, & Bakken, 2008) and psychological harms (e.g. mental health problems, substance use disorders and suicide) (deCastella, Bolding, Lee, Cosic, & Kulkarni, 2011; Holdsworth, Haw, & Hing, 2012; Lorains, Cowlishaw, & Thomas, 2011). It is estimated that for every person who develops a problem with gambling, approximately 5–10 other individuals are impacted.
including family members, friends and employers (Australian Productivity Commission, 2010). While significant research has focused on the role of individual pathology in the manifestation of problem gambling (Blaszczynski, Ladouceur, & Shaffer, 2004), much less has focused on industry tactics (Thomas, Lewis, McLeod, & Haycock, 2012), product designs (Dow-Schüll, 2012) and gambling environments (e.g. the clustering of gambling products and marketing for these products in specific environments) (Lindsay et al., 2013; Young, Markham, & Doran, 2012a). We know of no research to date that comprehensively considers how these factors work both independently and together to create and perpetuate problem gambling in communities.

**Electronic gaming machines**

While Australian adults (aged 18 years and over) are able to gamble using a range of different goods and services (such as lotteries, wagering services and casino games), it has been suggested that Australia’s gambling problems thus far have been primarily linked to industry and government reliance on the revenue from a specific gambling product – electronic gaming machines (EGMs) (Australian Productivity Commission, 2010). These devices are more commonly known as “pokies”, “poker machines” and “slots”. In 2014, Australians spent $9.8 billion on EGMs, representing 60% of total gambling expenditure (Roy Morgan, 2014). EGMs are designed to make profits for organisations, which by definition means that the people who play them must lose more money than they win. This is explicitly acknowledged in documentation from the Gaming Technology Association, the peak body for EGMs in Australia:

> It is important to understand that these machines are NOT designed to make you money on any regular or long-term basis. Winning sessions may occur but you should expect that the long term outcome will be to lose money – otherwise, the venue that provides you the opportunity to play could not afford to keep the machines! (Gaming Technologies Australia, 2015)

EGMs are also the product most commonly associated with problem gambling (Storer, Abbott, & Stubbs, 2009), reflecting both their design and accessibility (Australian Productivity Commission, 2010). EGMs are clustered in areas of socio-economic disadvantage, with higher annual expenditure in poorer areas (Doran, McMillen, & Marshall, 2007; Robitaille & Herjean, 2008; Young, Markham, & Doran, 2012b), thus placing a disproportionate burden of harm on some of the most vulnerable communities.

**Electronic gaming machine environments: the role of Clubs**

In Australia, most EGMs are located in registered Clubs (61%), with smaller proportions located in hotels (pubs) and casinos (Australian Productivity Commission, 1999). In New South Wales (NSW), up to three quarters of EGMs are located in Clubs (Hing, 2006). Clubs are defined as “not-for-profit community-based organisations whose purpose is to provide infrastructure and services for the community” (Clubs Australia, 2015a). There are several types of registered Clubs, including Sports Clubs (such as tennis, bowling, fisherman’s or leagues Clubs) and Returned Servicemen’s League (RSL) Clubs. Clubs Australia state that they contribute to their local communities “through employment, cash and in-kind social contributions, and through the formation of social capital by mobilising volunteers and providing a diverse and affordable range of services, facilities and goods” (Clubs Australia, 2015b). Despite these stated social and community objectives, researchers have highlighted that Clubs have become particularly dependent on the “aggressive pursuit” of revenue from EGMs for their financial survival (Hing, 2006). It is therefore unsurprising that Clubs in Australia actively opposed some reform proposals aimed at preventing the harm associated with EGMs that may impact on the profits they make from these machines (Miller, Thomas, Robinson, & Daube, 2014).

In NSW, it is legal for individuals aged younger than 18 years to attend Clubs. However, the areas where minors are allowed to be present are restricted, for example minors are prohibited from entering gaming machine areas and operating gaming machines (NSW Government, 2001). Clubs provide services not solely used by adults – they also offer a range of activities and product offerings for families and children. These include children’s holiday programmes, playgrounds, babysitting services, games rooms and restaurant incentives to encourage family dining, including cheaper children’s meals. Most recently, it has been suggested that “Clubs, as NFP (Not for Profit) member-based community organisations with significant revenue from hospitality and gaming, already work with governments at all levels and community groups to identify, fund and deliver affordable social services” (McKell Institute, 2014). While there has been some peripheral discussion about the tension between Clubs as environments that provide both family activities and gambling activities (Needham, 2014; Nowell, 2009), there appears to be a lack of research that systematically documents the extent and nature of these promotional activities.
Previous research has clearly identified that children are important future customers for dangerous consumption industries (Hammond & Rowell, 2001; Ling & Glantz, 2002), as exemplified by tobacco company statements such as “today’s teenager is tomorrow’s potential regular customer” (Hammond & Rowell, 2001). What is less clear is whether there are behavioural conditioning mechanisms (such as marketing techniques) that soften community attitudes towards venues that provide a range of products and services, including gambling, thereby potentially influencing the consumption of gambling products and services.

**How can marketing shape unhealthy product consumption?**

In order to understand the short- and long-term influences of commercial environments on children, it is important to understand the role that marketing plays in conditioning consumer behaviours. Nord and Peter (1980) and Peter & Nord (1982) developed the behaviour modification perspective (BMP), which acknowledges the role of internal psychological processes that influence behaviour while also focusing on the environmental and contextual factors that affect consumer behaviour. Shaping is one marketing technique that encourages behavioural learning incrementally in a series of sequential and intermediate steps that progress towards a desired behaviour. Consumers are encouraged to perform one behaviour with the ultimate aim of having them perform another different behaviour – for example, gambling venues offer free children’s activities to attract families to the venue, and subsequently, parents may participate in gambling activities. The strategy encourages one behaviour (a: bringing children along to participate in the free activities), which then leads to a subsequent behaviour (b: parents entering the venue) and may ultimately lead to another different behaviour (c: parents gambling in the venue). In some respects, this strategy may be viewed as covert because the ultimate behaviour may not be obvious to consumers as they are only explicitly encouraged to perform the first initial behaviour in the sequence, and the subsequent behaviours are only implicitly encouraged (Martin & Smith, 2008).

Shaping can be particularly effective when the desired behaviour is complex or represents a significant departure from existing behaviours (Rothschild & Gaidis, 1981). This is often the case in social marketing where the objective of marketers is to positively influence consumers’ attitudes and behaviours to improve their personal welfare or that of society as a whole (Webster, Carter, D’Alessandro, & Gray, 2013). While this strategy has been used effectively for public health campaigns like those to improve eating and exercise habits, decrease road trauma or encourage individuals to quit smoking, there is also evidence that commercial organisations have used shaping techniques to indirectly encourage harmful behaviours amongst vulnerable populations. For example, it has been suggested that producers of adult-only products (alcohol and tobacco) may indirectly target children through a range of strategies that include alignment with sports stars and celebrities, promotion within specific environments such as sporting games and the sponsorship of activities with which children are associated (ANPHA, 2014; Lindsay et al., 2013; Ling & Glantz, 2002).

Marketing plays an important role in shaping new cultural rituals and patterns of consumption. While it is generally thought that advertising (as one form of marketing) influences the ritual behaviours that lead to the consumption of various goods and services (Halford, Gillespie, Brown, Pontin, & Dovey, 2004; Smith & Foxcroft, 2009), there is some discordance in the literature about how this occurs. For example, McCracken (1986) suggests that advertising has a direct one-way influence on patterns of possession, exchange, grooming and divestment, while others argue that there is a mutual two-way process in which marketers use advertising to link their products with existing cultural rituals and practices by investing them with the meanings associated with those practices (Otnes & Scott, 1996; Sherry, 1987).

To our knowledge, researchers have not examined how marketing is used to actively attach cultural meanings and rituals to activities that are valued by families and children within environments that contain gambling activities, or how this in turn may shape their long-term engagement in the gambling activities that coexist within these environments.

This exploratory study sought to determine the extent and nature of family-friendly activities and gambling activities promoted using a specific sample of NSW registered Clubs’ websites. We used this information to hypothesise how the promotion of these activities may play a role in shaping community attitudes and behaviours within environments that contain family-friendly activities and gambling facilities. We propose a conceptual model that may be used to guide future research in this area.

**Methods**

**Approach and sampling strategy**

We conducted an interpretive web-based content analysis of a sample of Clubs in a specific area of regional
NSW, Australia. The regional area analysed was located outside of Sydney with a population of approximately 200,000 residents. Two researchers reviewed each Club to ensure that they had a dedicated website with multiple pages. Ten Clubs did not meet this criterion and were excluded from the sample, leaving a usable sample size of 68 Club websites. For each Club website used in the analysis, we confirmed whether the venue contained electronic gaming machines, either through reviewing annual reports, available on website or calling the Club directly. From this, we ascertained that three Clubs did not have EGMs, leaving a total sample of 65.

**Data collection**

The suburb in which the Club was located (as stated on the Clubs NSW website) was mapped to socio-economic indicators for areas index of relative social advantage and disadvantage (SEIFA) classifications (a suburb-level measure of socio-economic advantage and disadvantage from 1, the most disadvantaged, to 10, the most advantaged) (ABS, 2013). Where available, data relating to the size and EGM revenue of Clubs were collected from information contained in the Clubs’ annual reports as published on their websites.

The constant comparative method was used to analyse the data (Glaser & Strauss, 1967), and a coding list was subsequently developed to categorise the information contained on the Clubs’ websites. Initially, we looked for marketing information relating to activities for families, children or gambling. This involved reviewing all pages on the websites and developing first-order categories (grouping data based on individual types of marketing content, for example offering children’s play equipment) which, through an iterative process, were then grouped into second-order categories (grouping the data into broader categories, for example categories relating to children’s activities more generally) (Rossiter, 2011). Data were recorded as appearing on either the website home page – the primary page viewed when accessing the Club website, or on secondary pages – additional webpages within the Club website. The categories and their associated definitions (Table 1) were separated into content relating to families or children and gambling-related content. These were then used by two independent researchers to identify and code data during March 2014. The coded data were cross-checked by the two

<table>
<thead>
<tr>
<th>Website marketing content</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Families and children</td>
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<tr>
<td>Children's dining</td>
<td>• Meals specifically designed and priced for children.</td>
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<tr>
<td>Direct calls to bring the family to the Club</td>
<td>• Promotions in which children eat free.</td>
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<tr>
<td>Children's activities</td>
<td>• Encouragement to visit the Club with the family.</td>
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<tr>
<td>Holiday promotions</td>
<td>• Events for under 18-year olds (e.g. Kids' Discos).</td>
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<tr>
<td>Family major promotion</td>
<td>• Play equipment for children.</td>
</tr>
<tr>
<td>Child minding</td>
<td>• Supervised or organised activities or spaces for children, for example, colouring in or craft sessions, or games rooms.</td>
</tr>
<tr>
<td>Family days</td>
<td>• Seasonal promotions associated with ritualistic and cultural celebrations, for example, Christmas, Easter and Mother's Day.</td>
</tr>
<tr>
<td>Family major promotion</td>
<td>• Programme of activities promoted as school holiday fun for children.</td>
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<tr>
<td>Other</td>
<td>• Facilities for the supervision of children under the age of 18.</td>
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<td></td>
<td>• Specific days labelled as “family days” with activities for families, e.g. BBQs, face painting and jumping castles.</td>
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<td></td>
<td>• Major competitions or prizes designed for the family, e.g. family holiday prize draws for two adults and two children.</td>
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<td></td>
<td>• Any activities that did not fit into the above, such as computer equipment for hire, promotion of extended children's hours and mini golf.</td>
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<th>Gambling</th>
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<td>Raffles</td>
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<td>Cash poker</td>
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<td>Dedicated gaming area</td>
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<td>Electronic gaming machines</td>
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<td>Other forms of gambling</td>
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researchers, thus ensuring inter-rater reliability (Armstrong, Gosling, Weinman, & Marteau, 1997).

Information was recorded for websites’ home pages and secondary pages. All of the website pages were printed by the researchers as a permanent record of their content because sites are updated regularly and the information changes. The printed pages were also used as a point of reference in case any discrepancies were identified between coder ratings; however, no significant discrepancies were found.

**Data analysis**

Website data were entered into SPSS version 19. In order to assess the extent to which Clubs’ websites were targeting children and families, frequency counts were performed for the home page and secondary pages to identify the percentage of Clubs’ websites that included information that could be classified into the family and children categories listed in Table 1. Frequency counts were also used to determine the extent of gambling marketing throughout Clubs’ websites and were classified into the gambling categories listed in Table 1. Qualitative data were analysed using thematic techniques (Miles & Huberman, 1994).

**Results**

**Sample characteristics**

Table 2 provides information about the characteristics of the (census) sample of Clubs with EGMs in the specific regional area studied. Of the 65 Clubs in the sample, the largest proportion were bowling Clubs ($n = 25$, 39%), followed by RSL Clubs ($n = 11$, 17%), and football Clubs (12%). Golf Clubs and generic sports Clubs made up small proportions of the sample ($n = 5$, 8% and $n = 4$, 6% respectively). The remaining 12 Clubs (19% of the sample) were grouped into an “other” category and included a tennis Club, a workers’ Club, culture-specific Clubs, a fishermen’s Club and a boating Club.

Nearly, two-thirds of the Clubs ($n = 39$, 60%) were geographically located in the bottom three socio-economic deciles (SEIFA scores 1–3), 17 Clubs (26%) were located in the mid-range deciles (SEIFA scores 4–7) and 9 Clubs (14%) were located in the top three deciles (SEIFA scores 8–10). No Clubs were located in geographic areas ranked in the top decile (SEIFA score 10).

Of the 49 Clubs that provided an annual report on their website, one-third reported having between 1001–5000 members ($n = 17$, 35%), 10% ($n = 5$) had between 5001–10000 members and 14% had 10,001 members or more ($n = 7$). Only 6% of the sample ($n = 3$) reported having fewer than 1000 members; however, over one-third of Clubs for which annual reports were available ($n = 17$, 35%) did not report membership numbers.

Finally, in terms of the gross revenue obtained through EGMs, almost one-third of Clubs with annual reports ($n = 16$, 33%) reported revenue of $1 million or less from EGMs, 15 Clubs (31%) reported revenue of between $100,001–5 million, nine Clubs (18%) obtained between $500,001–10 million from EGMs, while a further six Clubs (12%) reported revenue from EGMs of more than $10 million. Three Clubs did not disclose the gross revenue from EGMs in their annual report.

**Extent and type of marketing activities**

Table 3 summarises the range of marketing strategies used by Clubs to attract families and children, as well as the total percentage of Clubs that promote such activities on their home and secondary pages (percentage values are indicated in parentheses). One in five websites ($n = 13$, 20%) included family-related information on their home page. However, when secondary webpage were also considered, the majority of Clubs ($n = 56$, 86%) promoted goods or services that specifically appealed to families with children.

Of the Clubs that promoted activities or products for children and families on their home page, the most
commonly used strategy was text that explicitly invited parents to bring their family to the Club \((n = 6, 9\%)\). This was followed by dining promotions tailored for children, such as receiving free meals when accompanying a paying adult or offering customised menu items for children \((n = 4, 6\%)\). A broader range of promotional strategies targeting families and children appeared on secondary webpages, including dining promotions aimed at children \((n = 45, 69\%)\); activities to entertain children while at the Club, for example under 18s’ discos, Kids’ Clubs or play equipment \((n = 14, 22\%)\); supervised child-minding services \((n = 6, 9\%)\); promotions associated with seasonal events or school holidays \((n = 9, 14\%)\); family days \((n = 6, 9\%)\); holiday promotions \((n = 9, 14\%)\); family major promotion \((n = 3, 5\%)\); and competitions with family-based prizes (e.g. a holiday for two adults and two children to Disneyland) \((n = 3, 5\%)\). Finally, a number of Clubs promoted miscellaneous services aimed at children \((n = 11, 17\%)\), which included sports and games (e.g. mini-golf or lawn bowls), children’s priced tickets for live entertainment, that is Kids’ Clubs and magic shows.

Qualitative analysis of material presented on the websites clustered into three distinct themes. The first theme to emerge related to the Club being a “friendly”, “safe” and “fun” environment for children and families. This was represented through a variety of activities directly targeting children. For example, Kids’ Club promotions offered “free monthly kids’ activities and a fun welcome pack when you join”. Many Clubs also offered regular weekly meal specials, including a “Sunday family feast $49”. The second theme related to how the Clubs help families celebrate holidays and valued social rituals. For example, promoting children’s parties such as “Kids Junior Groovers Disco – book your next kids disco party with us for only $12 per child”. The third theme related to the Club having an important broader role in the community, with taglines such as “supporting our local community” appearing on a number of websites. Other examples included “supporting local sport” via raffles on regular weeknights where “all proceeds go back to the community”.

### Extent and type of gambling promotions

Table 3 illustrates the frequency and types of gambling-related promotions on Clubs’ websites. Forty Clubs (62%) included gambling information on their home page, which most commonly included promotions for raffles \((n = 30, 46\%)\), TAB facilities \((n = 17, 26\%)\) and Keno \((n = 16, 25\%)\). A similar pattern was found when secondary pages were examined, although the percentage of Clubs that included the information was greater, with 61 of the 65 Clubs (94%) promoting gambling on their secondary pages. About three-quarters of Clubs promoted raffles on their secondary pages \((n = 51, 79\%)\), about two-thirds promoted TAB facilities \((n = 44, 68\%)\), over half promoted Keno \((n = 36, 55\%)\), 26 \((n = 40\%)\) promoted cash poker and nine Clubs (14%) provided information about dedicated gaming areas. “Other” gambling promotions included a losing TAB ticket draw and Joker board (a lottery style game involving a deck of playing cards). Five Clubs (8%) communicated the presence of EGMs at the Club by including photographs on their websites in which EGMs were clearly visible or by referring to EGMs at the venue through text or by offering to send individuals

<table>
<thead>
<tr>
<th>Table 3. Club webpage marketing directed at families and children colocated on webpages containing gambling marketing.</th>
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<tr>
<td><strong>Home page</strong></td>
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<tr>
<td><strong>N (%)</strong></td>
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<td>Other</td>
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<td>Other forms of gambling</td>
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<td><strong>Total</strong></td>
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*Values do not add to 100% because some Clubs may include more than one type of marketing strategy on their website.*
information about EGMs directly if an email address was provided.

Qualitative interpretation of marketing relating to gambling products and services presented on the websites resulted in three themes. The first theme to emerge was the emphasis on better value and increased chances associated with gambling activities, for example: a “lucky winner” in gambling. Taglines included “there’s more choice, chance and value”, “want a chance to win some extra cash?” and “every spinner is guaranteed to walk away with at least $50 in prizes”. The second theme related to the way in which gambling activities could be utilised to ease financial strains through cash prizes. This was represented using a variety of activities where members were given the “chance to cover the cost of their household expenses” and promotions such as “billbusters” and “burn the bill”. The third theme related to the facilities of the Club and how these created a positive and comfortable experience for gamblers. For example, “a comfortable sports bar with all the facilities for the punter”, “quality furnishings for your comfort” and “state of the art TAB facilities”.

Discussion

This study aimed to investigate the nature and extent to which family-friendly activities are promoted for venues that also offer gambling activities. We did this by examining the information provided relating to family activities within Clubs websites that also promote gambling activities. While this study is relatively small and looks at these forms of promotions only in the context of website marketing, it provides important information to guide future studies exploring how non-gambling activities may impact on the attitudes of children and families towards environments that also contain gambling activities and promotions, as well as short- and long-term gambling consumption intentions. Findings from this study show that child- and family-based activities are being offered and promoted within venues that also offer a range of gambling activities available exclusively to adults.

Three key points emerged for discussion. First, gambling venues in this study were predominantly located in low socio-economic areas, a finding that is consistent with trends reported in both the Australian (Young et al., 2012a; McMillen & Doran, 2006) and international literature (Pearce, Mason, Hiscock, & Day, 2008; Wheeler, Rigby, & Huriwai, 2006). This poses a significant challenge for public health authorities given the harms associated with gambling for vulnerable populations, including those from low socio-economic backgrounds (Welte, Wieczorek, Barnes, & Tidwell, 2006). Researchers have proposed that the cluster of EGM venues in low socio-economic areas is due to industry’s pursuit to increase profits (EGM expenditure) (Livingstone, 2001; Marshall & Baker, 2001), future research is required to explore this further. As seen in other areas of health, for example, the normalisation of drug use (Parker, Williams, & Aldridge, 2002), increased availability and accessibility constitutes an important dimension of normalisation. In this context, high availability and accessibility of gambling venues in vulnerable areas may act to normalise both the venue and gambling for the communities in which they are located. We hypothesise that normalisation of gambling and the promotion of such venues as “family friendly” places may increase the risk of gambling harm within these communities, particularly among adults who are exposed to gambling venues as children. This is an important area for future research. The density of Clubs in areas of low socio-economic status also suggests that policy consideration should be given to regulating the number of Clubs permitted to operate in specific geographical areas. We agree with other authors that the absence of such comprehensive reform may inevitably lead to the perpetuation of gambling harm in our poorest communities (Markham & Young, 2015; Rintoul, Livingstone, Mellor, & Jolley, 2012).

Second, there is a clear juxtaposition between the provision of, and reliance on, adults-only gambling products and services and the provision and promotion of family-friendly and children-focused activities within the same environments. There is no doubt that Clubs provide services, particularly in regional areas, that fill a gap in activities and services for children and their families. However, we hypothesise that problems may arise when these activities are either co-located in venues which also offer gambling activities or are subsidised by gambling activities. Public health frameworks recognise the role of the (immediate) environment in stimulating the short- and long-term behaviours related to the consumption of products that may be harmful for individuals and communities (Frieden, 2010). For example, significant research has explored how marketing and environmental factors may work together to stimulate the consumption of alcohol and tobacco (ANPHA, 2014; Collins, Ellickson, McCaffrey, & Hambarsoomians, 2007; Difranza et al., 1991). Recent research also suggests that marketing is used effectively to normalise gambling through the alignment of sports betting with sport (Thomas, 2014; Lindsay et al., 2013; Thomas, Lewis, McLeod, & Haycock, 2012).
Gambling research has highlighted the influential role of gambling marketing on children’s perceptions of gambling and future intentions to engage in gambling activities (McMullan, Miller, & Perrier, 2012; Thomas, 2014). Researchers have argued that marketing initiatives that shape environments to cue certain behaviours are extremely effective, often to the detriment of health (Sepe, Ling, & Glantz, 2002). This suggests that the recent proposal by Clubs NSW to provide childcare services (McKell Institute, 2014) may have an undesirable impact on young children if the services are provided in environments that also contain activities such as gambling. Clubs state that they are at the “heart of every community” (Clubs NSW, 2015) and are “local community organisations, (that) are highly responsive in addressing the needs of their members, guests and the broader community” (Clubs Australia, 2015b). We hypothesise that children’s exposure to venues that also contain gambling activities many result in their future engagement in gambling as adults, even if children are not directly exposed to the gambling product (e.g. do not directly come into contact with EGMs). Further research should include a public health-based approach that examines a range of social and environmental factors (Messerlian & Derevensky, 2005) to explore whether marketing that promotes family attendance at venues, which also contain gambling products and services, has a short- or long-term effect on children’s future attitudes towards these venues and subsequent consumption of gambling products.

Finally, based on the study results, we propose a model of shaping strategies as one way of understanding how the marketing strategies that venues use may be intentionally or unintentionally normalising gambling environments for children and families (Figure 1). The present study has shown that a range of promotional strategies are used to attract families and children into venues. The prominent presence of child- and family-related promotions on home pages is indicative of the importance of this target group for these venues. The frequent use of images of children suggests that these are places where children ‘belong’ and are welcome. While there are regulations that aim to prevent children from coming into direct contact with more harmful forms of gambling (such as EGMs) (NSW Government, 2001), the marketing strategies identified here may increase the likelihood that the venues will be normalised among children as positive environments, resulting in higher rates of patronage in adulthood. If this is the case, it also seems likely that children who regularly attend these venues may transition more seamlessly into the range of gambling activities that are offered within that environment. This may be particularly so in areas where there is an absence of other forms of activity or entertainment. Many ‘family friendly’ activities seemingly embed the Clubs as a part of regular family rituals, for example birthdays, Mother’s day, school holiday programmes and weekly meals. This may reinforce the community perception that Clubs are a suitable environment for children (cheap meals, local, family friendly). Figure 1 proposes a conceptual model using the concept of “shaping”, which may partly explain how exposure to gambling venues may ultimately lead to engagement in gambling. Future research should aim to test this model using a range of social and environmental factors (Messerlian & Derevensky, 2005) to identify whether these strategies are intentional or unintentional.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
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<td>Extent and nature of marketing targeting children and families</td>
<td>Creating rituals and norms, familiarity and preference</td>
<td>Normalisation of the Club environment as cultural and social setting</td>
<td>Normalisation of the Club’s gambling environment</td>
</tr>
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<td>• Children’s dining</td>
<td>• Family dinners</td>
<td>• Club is accepted as positive part of Australian life</td>
<td>• Increased likelihood of gambling as adults</td>
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<td>• Children’s activities</td>
<td>• Celebrations</td>
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<td>• Holiday promotions</td>
<td>• Loyalty programs</td>
<td></td>
<td></td>
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<tr>
<td>• Direct calls to bring the family to the club</td>
<td>• Repeat behaviours</td>
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<td>• Child minding</td>
<td>• Positive experiences</td>
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<td>• Family major promotions</td>
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Figure 1. Shaping pathways to venue based gambling: A conceptual model.
and investigate the attitudes, consumption patterns and future consumption intentions of both children and parents who attend Club venues to understand how children perceive gambling and gambling venues.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

ST provides leadership and culture consultancy services to a sporting organisation that owns EGMs and receives sponsorship from the wagering industry.

References


Transactions in GIS, 11, 575–595. doi: 10.1111/j.1467-9671.2007.01061.x


Chapter Six: Exploring children’s experiences in community gambling venues: A qualitative study with children aged 6-16 in regional New South Wales

6.1 Chapter overview

This chapter contains the second publication in this thesis titled ‘Exploring children’s experiences in community gambling venues: A qualitative study with children aged 6-16 in regional New South Wales’. This paper was accepted on the 27th September, 2018 and was published online on the 31st October, 2018.

Chapter Six has been published in Health Promotion Journal of Australia as:

6.2 Authorship statement

1. Details of publication and executive author

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<th>Publication details</th>
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<tr>
<th>Name of executive author</th>
<th>School/Institute/Division if based at Deakin; Organisation and address if non-Deakin</th>
<th>Email or phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Bestman</td>
<td>School of Health and Social Development</td>
<td><a href="mailto:abestman@deakin.edu.au">abestman@deakin.edu.au</a></td>
</tr>
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2. Inclusion of publication in a thesis

<table>
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<th>If Yes, please complete Section 3 If No, go straight to Section 4.</th>
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3. HDR thesis author’s declaration

<table>
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<th>Name of HDR thesis author if different from above. (If the same, write “as above”)</th>
<th>School/Institute/Division if based at Deakin</th>
<th>Thesis title</th>
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</table>

If there are multiple authors, give a full description of HDR thesis author’s contribution to the publication (for example, how much did you contribute to the conception of the project, the design of methodology or experimental protocol, data collection, analysis, drafting the manuscript, revising it critically for important intellectual content, etc.)

AB was the lead researcher in the study who conducted qualitative interviews, led the development of the analytical framework for the study, contributed to data analysis, and prepared the first draft and critical revision of the manuscript.

I declare that the above is an accurate description of my contribution to this paper, and the contributions of other authors are as described below. [Signature] [Date]

Signature Redacted by Library

28/08/18
4. Description of all author contributions

<table>
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<tr>
<th>Name and affiliation of author</th>
<th>Contribution(s) (for example, conception of the project, design of methodology or experimental protocol, data collection, analysis, drafting the manuscript, revising it critically for important intellectual content, etc.)</th>
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<tbody>
<tr>
<td>A/Prof Samantha Thomas, School of Health and Social Development, Deakin University.</td>
<td>ST was the principle investigator who conceptualised the study, contributed to data analysis and interpretation, and prepared the first draft and critical revision of the manuscript.</td>
</tr>
<tr>
<td>A/Prof Melanie Randle, School of Management, Operations and Marketing, University of Wollongong.</td>
<td>MR was the study investigator who contributed to data interpretation, writing and critical revision of the manuscript.</td>
</tr>
<tr>
<td>Ms Hannah Pitt, School of Health and Social Development, Deakin University.</td>
<td>HP was the researcher who contributed to data interpretation, writing and critical revision of the manuscript.</td>
</tr>
<tr>
<td>Emeritus Professor Mike Daube, Faculty of Health Sciences, Curtin University.</td>
<td>MD was involved in the critical revision of the manuscript for important intellectual content.</td>
</tr>
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</table>

5. Author Declarations

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i. that I have met the authorship criteria set out in the Deakin University Research Conduct Policy,

ii. that there are no other authors according to these criteria,

iii. that the description in Section 4 of my contribution(s) to this publication is accurate,

iv. that the data on which these findings are based are stored as set out in Section 7 below.

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v. consent to the incorporation of the publication into the candidate’s HDR thesis submitted to Deakin University and, if the higher degree is awarded, the subsequent publication of the thesis by the university (subject to relevant Copyright provisions).

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<tr>
<td>Ms Hannah Pitt</td>
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<tr>
<td>Emeritus Professor Mike Daube</td>
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<td>28/08/18</td>
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6. Other contributor declarations
I agree to be named as a non-author contributor to this work.

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<th>Contribution</th>
<th>Signature* and date</th>
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* If an author or contributor is unavailable or otherwise unable to sign the statement of authorship, the Head of Academic Unit may sign on their behalf, noting the reason for their unavailability, provided there is no evidence to suggest that the person would object to being named as author.

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<td>Executive author</td>
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<tr>
<td>Documents on secure Deakin server</td>
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<td>Executive author</td>
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If the publication is to be included as part of an HDR thesis, a copy of this form must be included in the thesis with the publication.
6.3 Publication Two
LONG RESEARCH ARTICLE

Exploring children’s experiences in community gambling venues: A qualitative study with children aged 6-16 in regional New South Wales

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Abstract

Issue addressed: Community-based gambling venues provide a range of activities for children alongside adult products, such as gambling. However, there has been little examination of children’s experiences with, and exposure to, a range of gambling and non-gambling activities within venues.

Methods: Visual sociology methods were used to measure unprompted recall, prompted recall, current use and intended adult use of activities in community gambling venues in 44 children who attended venues. Qualitative data were also collected to gain further insight into children’s perceptions of the venue and the activities within.

Results: Children displayed high unprompted and prompted recall of gambling and nongambling activities within the venue. Children indicated positive perceptions of the venue overall. Just over half of the children (52.3%) reported current use of gambling activities in the venue. The large majority of the children indicated that they would attend community gambling venues as an adult (90.9%).

Conclusion: This research provides a starting point in understanding the extent to which children are exposed to gambling products in community gambling venues.

So what? This research will be important for researchers, policy makers and practitioners in developing health promotion initiatives to prevent children from being exposed to gambling products in community settings.

Summary

This qualitative study aimed to examine children’s experiences within community gambling venues. The study found that children displayed high recall of gambling and non-gambling activities within venues and indicated positive perceptions of the venue overall. Comprehensive approaches are needed to prevent children from being exposed to gambling products in community settings.

KEYWORDS
children, community-based gambling venues, electronic gambling machines, evidence-based practice, gambling, health advocacy, rural and regional health
1 | INTRODUCTION

Harmful gambling has been identified as an important public health problem,\(^1\) with gambling losses estimated at about $23.6 billion annually in Australia.\(^2\) While previous gambling research has been criticised for focusing on responsible gambling behaviours,\(^3\) more recent research has explored the range of socio-cultural, environmental, industry and political factors that may normalise the use of gambling products and venues.\(^4,5\) Thomas et al,\(^6\) adapted by the work of Parker and colleagues,\(^6\) define the normalisation of gambling as:

The interplay of socio-cultural, environmental, commercial and political processes which influence how different gambling activities and products are made available and accessible, encourage recent and regular use, and become an accepted part of everyday life for individuals, their families, and communities.\(^6(p53-54)\)

While this definition provides an important step forward in conceptually understanding the factors that may contribute to the normalisation of gambling activities and products, there has been very limited research investigating how factors within gambling venues may shape or normalise (i) gambling attitudes and behaviours and (ii) the socio-cultural acceptance of harmful gambling products within community settings.\(^7,8\) For example, research with adults has identified that increased access to, and availability of, gambling venues within local communities influences gambling behaviours,\(^9\) and that non-gambling activities may soften the perceptions of risk associated with gambling products within these venues.\(^10,11\) Other recent research indicates that while adults who attend community gambling venues primarily attended for non-gambling reasons (eg cheap meals), many of these individuals also reported using gambling products located in the venue, including electronic gambling machines (EGMs),\(^12\) which is associated with increased gambling harm.\(^13\) However, there is much less information about the range of factors that may contribute to shaping children's attitudes and behaviours towards gambling products located within community settings.\(^14\) Given that young people may regularly frequent community gambling venues, understanding their perceptions of these venues and their attitudes towards the activities within venues is important in developing comprehensive health-promotion driven responses to gambling harm prevention.

Research has demonstrated that children are regularly exposed to gambling products and the marketing for these products within everyday community settings.\(^15-17\) While research has predominantly focused on children's exposure to promotions for sports betting products,\(^15,17,18\) environmental cues, marketing messages and perceptions of adults' engagement with these products can also have a significant impact on positively shaping young people's gambling attitudes and future consumption intentions.\(^19\) While some community gambling venues specifically provide a range of non-gambling activities specifically for children (eg, playgrounds),\(^7\) there is much less understanding about how non-gambling and gambling cues may influence children's attitudes within these venues. For example, do young people perceive community gambling venues as positive for the community because of the range of child-friendly activities, and is there any evidence that children who hold positive perceptions towards these venues are also likely to say that they will attend the venue and use gambling products within the venues when they are older?

Furthermore, researchers have suggested that community gambling venues may be influential in building positive perceptions for children because of the role of these venues in the social and cultural capital of communities.\(^20\) This includes facilitating a sense of community belonging through a range of non-gambling activities and through the promotion of venues as ‘safe and family-friendly venues that cater for the whole community.’\(^20(p164)\) Researchers note that:

Even if the club environment encourages socialising through sports activities, gambling activities are an integral, a customary, and acceptable family entertainment activity, especially in areas where there is a lack of alternative affordable entertainment venues.\(^20(p165)\)

While we do not argue that venues aim to directly encourage children's consumption of gambling products, research indicates that children are exposed to gambling products within these community settings,\(^14\) and as such it is important to examine the factors that may shape children's attitudes and behaviours towards both gambling products and the settings where these are located. Focusing on children who attend community gambling venues, the research aimed to explore three research questions:

1. What is the unprompted and prompted recall of gambling and non-gambling activities within the venue by children, and what are their attitudes towards these activities?
2. What are children's overall perceptions of community gambling venues, including their value within community settings?
3. Is there evidence that positive perceptions towards venues may influence children's intentions to visit community gambling venues as adults, and to use the gambling facilities within these venues?

2 | METHODS

The data used for this investigation were part of a larger project which explored the factors that shape children's attitudes towards gambling in community gambling venues.\(^14\) Data collection methods were deliberately designed to be child-friendly with the interview procedure designed to allow the child to engage with the researcher and prioritised free narrative and reflection on their experiences.\(^21\) This research used data collection methods that have been shown to be effective with children in other gambling research studies,\(^15,19\) as well as research methodologies drawn from other public health studies involving children.\(^22,23\)
Approval was obtained from the Deakin University Human Research Ethics Committee prior to commencing the study.

### 2.1 | Setting

This study specifically focused on children who attended community-based clubs with EGMs in regional New South Wales (NSW). In regional NSW, clubs provide community sporting, recreation and cultural facilities to the communities in which they are located. While the online marketing for these venues promotes venues as family-friendly and child-appropriate locations, these venues also derive an estimated two-thirds of overall venue revenue from EGMs. EGMs are the gambling product linked with the most economic and social harm, with NSW residents losing $6.1 billion per year on this form of gambling. This study chose to focus on a specific regional area due to the limited research conducted on gambling in regional areas, the high concentration of EGM venues and high EGM losses in this particular area and research with rural communities which suggests that venues are part of the socio-cultural capital of the community. While the majority of revenue for clubs comes from EGMs, these venues also contain a range of other gambling products including bingo, Keno, raffles and sports betting (for further description see Bestman et al), and are licensed to sell alcohol products.

### 2.2 | Recruitment

The sample included families who had visited a local club in the area studied that contained EGMs in the previous 12 months. Participants were recruited through convenience sampling, local businesses and snowball sampling techniques. The study was explained to parents and children and verbal assent was gained from children before the interview began. Parents provided written consent for their child’s participation in the project. Family groups were reimbursed with a $20 grocery voucher for the time taken to participate in the study.

### 2.3 | Data collection

Face-to-face qualitative interviews were conducted with 27 family groups between April and October 2016. Each took between 45 and 80 min and with the consent of participants, interviews were digitally recorded and transcribed. Data presented in this paper relate specifically to the data collected for children in the study. Demographic data were collected from parents about each child’s age, gender, postcode and frequency of attendance at venues.

Data were collected from children using three specific methods. First, children were asked to draw the venue they attended. The researchers provided minimal instruction regarding how this should be done so that children were not unduly influenced in their responses. However, given previous research that suggests not all children are comfortable drawing, participants were also told that if they did not want to draw, they could write about what they saw at the venue instead. It was explained to participants that there was no right or wrong way to complete the activity, but that they should complete the task based on their own experiences. Where there were multiple children from one family, the researchers encouraged children to think about their own experiences in the venues. Children completed this activity away from parents and researchers and were given as long as they wished to complete their drawing. Following the drawing activity, children were asked to explain their drawing to the researcher. This activity was used to assess unprompted recall of the venue.

Second, children were presented with a laminated picture board containing 24 images of products and activities they might see at a community gambling venue, referred henceforth as activities. The images selected for inclusion were based on those found in a previous scan of venue websites in the local area and were grouped into:

1. Children or family-related activities, including children’s areas, children's discos, children's meal promotions, family days, family meals, family prizes, games and a playground.
2. Gambling or alcohol activities including bingo, EGM area, Keno, sports betting, raffles and the bar.
3. Other recreational activities including a bowling green, cheap meals promotions, golf course, live music, meeting friends, restaurant, special occasions, sports facilities, television and watching sport.

To assess the prompted recall of activities, researchers asked children to indicate using the picture board, the activities they had seen before in the venue. Children were also asked to identify the activities they had used before in the venue (measuring current use), and were asked which activities children intended to use in the venue when they were adults (measuring intended use as an adult). The children were told that they could select as many or as few items on the picture board as they wished. A photograph of each picture board and drawing was taken before progressing to the qualitative section of the interview.

Finally, qualitative open-ended questions were used to explore children’s perceptions of the venue. These included what children liked or did not like at the venue, their perceptions of the role of the venue in the community, whether children thought they would attend the venue as adults and what activities they would participate in. If there were more than one child present in the interview, the researcher ensured that each child had the opportunity to answer each question separately.

### 2.4 | Data analysis

Demographic data were analysed using descriptive statistics. Postcodes were used to calculate Socio-Economic Indexes for Areas (SEIFA) status through the Index of Relative Socio-Economic Disadvantage for each family. Each postcode was given a score between 1 and 10, where one represents the lowest 10% of socio-demographic areas and 10 represents the highest 10% of socio-demographic areas.
TABLE 1 Unprompted and prompted recall of activities within the venue

<table>
<thead>
<tr>
<th>Measure</th>
<th>Unprompted recall</th>
<th>Prompted recall</th>
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<tr>
<td><strong>Child or family activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any children’s activity</td>
<td>25 (56.8%)</td>
<td>44 (100.0%)</td>
</tr>
<tr>
<td>Playground</td>
<td>15 (34.1%)</td>
<td>35 (79.5%)</td>
</tr>
<tr>
<td>Children’s area</td>
<td>7 (15.9%)</td>
<td>30 (68.2%)</td>
</tr>
<tr>
<td>Games</td>
<td>5 (11.4%)</td>
<td>28 (63.6%)</td>
</tr>
<tr>
<td>Family meals</td>
<td>0</td>
<td>34 (77.3%)</td>
</tr>
<tr>
<td>Children’s meal deals</td>
<td>0</td>
<td>28 (63.6%)</td>
</tr>
<tr>
<td>Disco</td>
<td>0</td>
<td>18 (40.9%)</td>
</tr>
<tr>
<td>Family prizes</td>
<td>0</td>
<td>12 (27.3%)</td>
</tr>
<tr>
<td>Family days</td>
<td>0</td>
<td>9 (20.5%)</td>
</tr>
<tr>
<td>Othera</td>
<td>9 (20.5%)</td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol or gambling activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any gambling or alcohol activity</td>
<td>17 (38.6%)</td>
<td>41 (93.2%)</td>
</tr>
<tr>
<td>Keno</td>
<td>6 (13.6%)</td>
<td>35 (79.5%)</td>
</tr>
<tr>
<td>EGM area</td>
<td>6 (13.6%)b</td>
<td>32 (72.7%)</td>
</tr>
<tr>
<td>Raffles</td>
<td>3 (6.8%)</td>
<td>31 (70.5%)</td>
</tr>
<tr>
<td>Sports betting</td>
<td>1 (2.3%)</td>
<td>25 (56.8%)</td>
</tr>
<tr>
<td>Racinga</td>
<td>1 (2.3%)</td>
<td></td>
</tr>
<tr>
<td>Bingo</td>
<td>0</td>
<td>7 (15.9%)</td>
</tr>
<tr>
<td>Any gambling activity</td>
<td>13 (29.5%)</td>
<td>39 (88.6%)</td>
</tr>
<tr>
<td>Bar</td>
<td>14 (31.8%)</td>
<td>38 (86.4%)</td>
</tr>
<tr>
<td>Alcoholb</td>
<td>5 (11.4%)</td>
<td></td>
</tr>
<tr>
<td><strong>Other activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other activity</td>
<td>39 (88.6%)</td>
<td>44 (100.0%)</td>
</tr>
<tr>
<td>Restaurant</td>
<td>34 (77.3%)</td>
<td>40 (90.9%)</td>
</tr>
<tr>
<td>TV</td>
<td>11 (25.0%)</td>
<td>36 (81.8%)</td>
</tr>
<tr>
<td>Watching sport</td>
<td>4 (9.1%)</td>
<td>35 (79.5%)</td>
</tr>
<tr>
<td>Live music</td>
<td>1 (2.3%)</td>
<td>22 (50.0%)</td>
</tr>
<tr>
<td>Bowling green</td>
<td>1 (2.3%)</td>
<td>20 (45.5%)</td>
</tr>
<tr>
<td>Cheap meals</td>
<td>0</td>
<td>31 (70.5%)</td>
</tr>
<tr>
<td>Special occasions</td>
<td>0</td>
<td>26 (59.1%)</td>
</tr>
<tr>
<td>Meeting friends</td>
<td>0</td>
<td>22 (50.0%)</td>
</tr>
<tr>
<td>Sports facilities</td>
<td>0</td>
<td>13 (29.5%)</td>
</tr>
<tr>
<td>Golf course</td>
<td>0</td>
<td>1 (2.3%)</td>
</tr>
<tr>
<td>Otherb</td>
<td>9 (20.5%)</td>
<td></td>
</tr>
</tbody>
</table>

Number provided reflects the number of children who selected item. Percentages represent the number of children that selected item, proportional to the total sample (N = 44).

aItems emerged from analysis of children’s drawings. This was not measured in picture board activity.

bThis measure reflects both drawing of the EGM area and EGMs.

Drawings were initially coded based on the categories identified by a previous study of venue websites. Data were then further coded inductively based on the specific items children had presented in their drawings. Qualitative data based on children’s discussions of the content of the drawings were used to guide the researcher’s interpretation to identify children’s own meanings in their drawings. The research team met and discussed the coding framework. Codes were then quantified and analysed using descriptive statistics. Data from the picture board activity were quantified and entered into SPSS version 19. Descriptive statistics including frequency counts were performed to determine the activities children had identified in the three components of the picture board activity. Qualitative data were also used to provide additional insights regarding children’s experiences within venues. Transcripts were read and themes were developed and compared across children’s responses, using a thematic approach to analyse the data to identify children’s perceptions towards the venue, activities within the venue and future use of venue.

3 | RESULTS

3.1 | Sample characteristics

A total of 44 children from 27 families participated in the study, ranging in age from 6 to 16 years with an average age of 11.93 years (SD = 2.6). Most children were aged 11 years or older (n = 32, 72.7%) and just under two-thirds of children were male (n = 28, 63.6%). Families resided in a range of SEIFA areas, with six children (22.2%) in the lowest three deciles, 19 (70.4%) in the middle four deciles and two (7.4%) in the top three deciles. All children had visited a community gambling venue at least once in the year prior to the study, with 25 (56.8%) attending less than once a month, 10 (22.7%) attending once a month and 9 (20.5%) attending more than once a month with their family.

3.2 | Recall of activities within community gambling venues

Table 1 presents data relating to children’s unprompted and prompted recall of activities in the venue. Just over half of the children displayed unprompted recall of at least one children’s activity in their drawing (n = 25, 56.8%). The most common activity included was the playground, drawn by a third of children (n = 15, 34.1%). Over one-third of children (n = 17, 38.6%) included at least one gambling or alcohol activity in the unprompted recall activity, with the bar (14, 31.8%) being the most recalled activity, followed by Keno (n = 6, 13.6%) and the EGM area (n = 6, 13.6%). Some children included specific detail in their drawings, for example one boy aged 12 labelled an “Irish bar” in his drawing. Five children (11.4%) drew beer and wine on the bar in their drawings. Eight children (61.5%) of children who referred to a gambling activity included multiple gambling activities in their drawing.

In the prompted recall activity, children selected between 2 and 23 items on the picture board, with an average of 13.8 items per child (SD = 4.9). Over 90% of children (n = 41, 93.2%) recalled at least
one gambling or alcohol activity (bar) when prompted, with over half of the children (n = 26, 59.1%) recalling having seen more than three adult activities in the venue when prompted. Children also had high recall of other activities in the venue with the restaurant being the most recalled activity for both unprompted (n = 34, 77.3%) and prompted (n = 40, 90.9%) recall.

3.3 | Children’s attitudes towards the non-gambling activities within community gambling venues

Figure 1 contains children’s current use of child and family activities within the venue and their intended future use of these activities as an adult. While almost all children indicated current use of at least one child or family activity at the venue (n = 42, 95.5%), children’s intended the future use of these activities decreased for all activities except for family days and family prizes. Just over half of the children (n = 25, 56.8%) indicated an intention to use the children or family activities in the venue as an adult. While the most commonly mentioned activity was attending family meals (n = 21, 47.7%), a small number of children indicated they would use children’s activities such as the playground (n = 5, 11.4%), children’s area (n = 3, 6.8%) or children’s meal deals (n = 5, 11.4%) as an adult with their own children. There were no differences seen across age, gender or frequency of attendance.

3.4 | Children’s attitudes towards the gambling activities within community gambling venues

Figure 2 contains children’s current use of gambling activities within the venue and intended future use of these activities as an adult. Half of the children (n = 23, 52.3%) indicated that they currently used at least one gambling activity while in the venue, with raffles being the most common gambling activity used (n = 18, 40.9%). Several children described participating in gambling activities with family members while in the venue:

I do play Keno but I never hand it in. I get my pop to hand it in.
(Boy, 10 years, attended less than once a month)

I like the raffles because it’s fun to watch it.
(Girl, 11 years, attended less than once a month)

In contrast to their intended future adult consumption of children and family activities, children’s intended future adult consumption of gambling activities increased for all activities, with the biggest increase seen for intended use of the gaming area (EGMs). While no differences were seen across age, gender or frequency of attendance, children who indicated current consumption of gambling were more likely to indicate intended adult use of these activities.

Many children who indicated the current use of gambling activities, for example raffles, referred to their previous experience with these gambling activities as their rationale for gambling as adults. For example, one boy aged 16 said he would participate in gambling activities as an adult because “they are enjoyable,” while another boy, aged 8 years said he would use the raffles because “I like to win stuff.” Some children said they were interested in trying adult gambling products because these were activities they were not allowed to participate in as children.
to currently use. For example, one girl aged 12 who did not choose
any gambling activities said she would attend the venue for special
occasions because “that’s what we do with Mum and Dad”; however,
her brother aged 14 said he would use raffles and Keno gambling
activities “because they’re what I’ve seen other adults do.” A small
number of children indicated some knowledge of how they would
gamble as adults. For example, one boy aged 15 said he would gam-
ble on raffles because he perceived he would be given free raffle
tickets with food receipts. Another child aged 14 said he would try
EGMs as an adult also commented on wanting to use the adults-only
areas in the venue:

So if I didn’t have kids I’d go to like the areas
where only adults can go where you watch sport
and then I think there’s sports betting in there,
I’m not sure… I know that it’s sport everywhere
around there so they’ve got little TVs everywhere
and it’s just sport, different sort of sports on.
(Boy, 14 years, attended at least once a month)

3.5 | Perceptions and future use of community
gambling venues

Children had positive attitudes towards the venues they had visited,
including that the venue was a “nice environment,” or “fun.” When
describing their attitudes, most described the playground, and the
restaurant or food items as their main reasons for liking the venue.
One 10-year old boy said that he liked that “you can just play around
wherever you want really,” while others commented that the venues
were “family-friendly.” Children had a range of positive associations
with venues, particularly when they related to family events and
activities. Some stated they attended the venue as part of family
rituals such as raffle night every Friday, or special celebratory events
such as birthdays. Some children specifically noted the role of the
venue in facilitating these activities:

I think that it’s a nice thing to learn to get out and
celebrate something or even just have a set idea of
gathering with family… When someone mentions
that we’re going to the club it’s often a real sense
of—it’s very good to think about. Like it’s just some-
thing we all look forward to and we see it as a spe-
cial occasion even though we do go quite frequently.
(Girl, 14 years, attended more than once a month)

Some children described the broader positive community im-
 pact of venues for local communities. For example, children de-
scribed the contributions that venues made to the sponsoring of
sport (and particularly junior sport). This included one 10-year old
boy who referred to his local venue’s ownership of sporting fields.
Other children listed specific sporting teams sponsored by the
venue, including football, soccer and netball teams. One boy aged
12 years referred to school-based football teams that were spon-
sored by venues:

I know they support tons of schools because when
we verse them in the gala days…they had their
school jerseys on and it’s like “Sponsored by [venue].”
(Boy, 12 years, attended once a month)

FIGURE 2 Current use and future consumption intentions of gambling activities within the venue
Note: The numbers above each column represent the number of children who selected each activity.
A small number of children described broader community contributions from venues. For example, one boy aged 16 years stated that venues “bring everyone together and raise money for local causes.” While children were also asked about things that they did not like at the venue, few children were able to provide a response. Those who did often focused on the noise or crowds at the venue. For example, one adolescent boy stated that the activities for smaller children should be separated from eating areas so as not to disturb other diners, and an adolescent girl stated that she did not like that sport was constantly shown in the bistro. Only a small number of children stated that provision of gambling or alcohol in the venue could be negative. For example, one girl aged 9 years said she did not like gambling and betting because “some people go over the top with it,” while another boy aged 16 said he did not like that Keno was shown on televisions “right next to where all the kids are” because “it should be in a separate area.”

The majority of children indicated that they would attend the venue as an adult (n = 40, 90.9%). Most children said without prompting that they would attend with family or friends. When prompted, some children said they would go with their families for events such as special occasions or with their family if they “had to.” One boy aged 11 said he would go to the venue for dinner if he had a girlfriend. Other children said they would attend the venue as adults with their own families. For example, one boy said he would take his children to the venue for their birthday while another explained:

> It would be fun to take your kids there so you could have a little meetup with friends, and have their kids to play around in the play area.

(Boy 10 years, attended less than once a month)

4 | DISCUSSION

This study aimed to explore the factors that influence children’s perceptions of community gambling venues and the gambling products within. The study raises three points for discussion.

First, while it is no surprise that children recall children’s activities and other aspects of the venues that they attend, one-third of children showed unprompted recall of gambling activities, with half indicating that they currently engage in some gambling activities within the venue. Although it is illegal for children to participate in gambling and for adults to facilitate gambling for children under 18,18 the reported use of products such as Keno within dining areas may be important to consider when exploring the factors that contribute to shaping children’s attitudes and behaviours towards gambling products and environments. Although, as with other research,29 children may not be physically placing bets within venues, children perceive that they are participating in gambling activities. While research shows that children’s initiation into gambling may often be through their family,34 we know much less about the social and cultural contexts behind children’s introduction to gambling.35 Further settings-based investigations are required that examine the role of the venue in facilitating gambling behaviours through the presence of gambling in locations which are also considered to be family-friendly. This could also include the potential for health promotion measures, such as eliminating the co-location of gambling in all areas that are accessible to children. We would caution that the current use of gambling products such as Keno, raffles and bingo by children and their families may play a role in normalising gambling for children by becoming part of their everyday experience within venues that are perceived to be positive locations. While EGMs are considered to be the most harmful gambling product,1 the emphasis on EGM product harms may create the perception that it is acceptable to expose children to other forms of gambling, such as raffles and Keno which are in areas where children attend. Further research should also specifically examine whether perceptions of lower intensity gambling products contribute to children’s perceptions of risk associated with higher intensity gambling products.

Second, children in this study had positive perceptions of the venues they attended primarily due to the non-gambling activities within venues and the social rituals associated with these activities. While research has often focused on the role of advertising,7,15 the current research indicates that family behaviours and social rituals within venues may also contribute to shaping children’s gambling attitudes and behaviours. Further research is needed to explore the long-term effects of positive perceptions of gambling venues for children, and particularly whether children’s perceptions of venues as family-friendly and social rituals within venues may also contribute to shaping children’s gambling attitudes and behaviours. Further research should also observe whether there are differences in attitudes towards gambling in children who attend, compared to children who do not attend community gambling venues.

Finally, the majority of children in this study said they would continue attending venues as adults, with half of the children indicating they would use gambling activities in the venue as an adult. Recent research has found that adults primarily attended community gambling venues for non-gambling activities, such as use of the restaurant; however, adults who attended venues regularly were more likely to report that they also gambled on EGMs.12 Other data also indicates that half of the EGM users have dinner at venues while gambling.37 While children who indicated intended use of gambling products may be at increased risk of gambling harm, children who do not specifically indicate future participation in gambling activities may still be at risk through their exposure to gambling products within community venues. Given that exposure to advertising can increase product initiation and reduce perceptions of harm,38,39 this research provides a starting point into the investigation of children’s exposure and perceptions of harm towards gambling products in community gambling venues. It is also useful to consider the role of children’s non-gambling activities in encouraging parents to view community gambling venues as child-appropriate spaces. Given that children are not responsible for the decision to attend community gambling venues, researchers should examine how the interplay of commercial, socio-cultural and...
environmental factors may shape parental attitudes and encourage attendance at community gambling venues. This will be important in disrupting the pathway to normalisation and ensuring that both parents and children understand the risks associated with gambling products in environments that may traditionally be perceived as less harmful.

This study has several limitations that should be acknowledged. First, the study was conducted using a small study sample in one specific geographical area of Australia. It should also be noted that this sample contained children who currently attend community gambling venues, with a high proportion of children who indicated current consumption of gambling products, with no comparison group who do not attend venues. While the methodologies employed may be time and resource intensive, further research should seek to expand this study and explore children’s recall across different geographical areas. Further, research should seek to compare children’s perceptions of gambling spaces in a sample of children who attend the same venue to determine additional factors that may contribute to children’s understanding of adult gambling products and behaviours. Finally, this preliminary research suggests that children may be aware of adult products in a setting they perceive to be positive; however, further research should investigate children’s behaviour longitudinally to determine whether there is a relationship between children’s attendance at venues containing gambling products and adult gambling behaviours.

5 | CONCLUSION

This research has found that children who attend community gambling venues had high recall of a range of activities within the environment, including gambling and non-gambling activities. Findings support the hypothesis that non-gambling activities in community gambling venues play a role in shaping children’s perceptions of venues and the gambling activities within. This research provides a starting point for further examination into how gambling may become normalised for children who attend community gambling venues. This will be important in developing comprehensive health promotion strategies to prevent children who are exposed to gambling environments from experiencing gambling-related harm as adults.

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We would like to acknowledge the members of the community who had participated in this study.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in connection with this article.

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REFERENCES


Chapter Seven: Children’s attitudes towards electronic gambling machines: An exploratory qualitative study of children who attend community clubs

7.1 Chapter overview

This chapter contains the third publication in this thesis titled ‘Children’s attitudes towards Electronic Gambling Machines: an exploratory qualitative study of children who attend community clubs’. This paper was accepted on the 18th April 2017 and was published online on the 8th May 2017. Chapter Seven has been published in Harm Reduction Journal as:

https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0148-z
### 7.2 Authorship statement

#### 1. Details of publication and executive author

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If there are multiple authors, give a full description of HDR thesis author’s contribution to the publication (for example, how much did you contribute to the conception of the project, the design of methodology or experimental protocol, data collection, analysis, drafting the manuscript, revising it critically for important intellectual content, etc.)

AB was the lead researcher in the study who conducted qualitative interviews, led the development of the analytical framework for the study, contributed to data analysis, and prepared the first draft and critical revision of the paper.

I declare that the above is an accurate description of my contribution to this paper, and the contributions of other authors are as described below.

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<tr>
<td>A/Prof Samantha Thomas</td>
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148
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7.3 Publication Three
Children’s attitudes towards Electronic Gambling Machines: an exploratory qualitative study of children who attend community clubs

Amy Bestman, Samantha Thomas, Melanie Randle and Hannah Pitt

Abstract

Background: This research sought to explore whether children’s visual and auditory exposure to Electronic Gambling Machines (EGMs) in community clubs contributed to shaping their attitudes towards these types of potentially harmful gambling products. This research also examined children’s knowledge of EGM behaviours in adults within their social networks.

Methods: Qualitative interviews were conducted with a convenience sample of 45 children in a regional area of New South Wales, Australia. All children had attended a club that contained gambling products in the previous 12 months. Face to face, semi-structured interviews explored a range of themes including recall of and attitudes towards EGMs. Data were analysed using thematic techniques. Four social learning theory concepts—attentional, retention, reinforcement and reproduction—were used to explore the range of processes that influenced children’s attitudes towards EGMs.

Results: In relation to attentional factors, children recalled having seen EGMs in clubs, including where they were located, auditory stimuli and the physical appearance of EGMs. Children also retained information about the behaviours associated with gambling on EGMs, most prominently why adults gamble on these machines. Attitudes towards EGMs were reinforced by the child’s knowledge of adults EGM behaviours. Some older children’s attitudes were positively reinforced by the perception that profits from the machines would go back to their local sporting teams. Finally, while some children expressed a desire to reproduce EGM behaviours when they were older, others were concerned about the negative consequences of engaging in this type of gambling.

Conclusions: Despite policies that try to prevent children’s exposure to EGMs in community venues, children have peripheral exposure to EGMs within these environments. This exposure and children’s awareness of gambling behaviours of adults appear to play a role in shaping their attitudes towards EGMs. While further research should explore the range of other ancillary factors that contribute to children’s knowledge about these machines, policy makers should consider more effective strategies to prevent children from being exposed to EGMs in community venues.

Keywords: Gambling, Gambling venue, Children, Electronic gambling machine, Qualitative research, Social learning theory
Background

Children and gambling: attitudes and consumption behaviours

Youth gambling is a health issue that has gained increasing attention in recent years, particularly given the ubiquitous nature of new gambling technologies and children’s exposure to marketing for gambling products in environments not specifically designed for gambling [1, 2]. Traditionally, research in the area of youth gambling has focused on prevalence [3]. Researchers have demonstrated that children have higher rates of problems with gambling compared to adults [4]. The harms associated with problem gambling for children included mental health issues such as depression, anxiety and low self-esteem, increased engagement with other risky activities and lower educational outcomes [4, 5]. While some research has indicated that some children have a strong intention to gamble both prior to, and when they reach, the legal age [4, 6], there is currently limited qualitative research that examines the factors that influence children’s attitudes and consumption intentions in relation to gambling.

Research that has sought to understand the factors that contribute to children’s gambling attitudes and consumption intentions has primarily focused on the role of three socialising agents: family, peers and the media. For example, researchers have demonstrated that children’s first experiences with gambling are often via their parents [7, 8] and that adolescents who gamble are more likely to have a parent that gambles [4]. However as children get older, peers are more influential when gambling becomes a social activity within friendship groups [4]. Research on the influence of the media has particularly focused around how marketing may shape the perception that gambling is “easy”, “exciting” and “fun” [9]. Studies have identified high recall of marketing strategies amongst children, including gambling sponsorship within sport [2] and the creative strategies and messages within gambling advertisements [10]. What remains unclear is if and how exposure to gambling environments influences children’s attitudes towards gambling.

Combining family friendly activities and EGMs in community venues

Electronic Gambling Machines (EGMs) (also known as pokies, fruit machines or slots) are recognised as one of the most harmful gambling products in Australia [11], with Australians losing more money on EGMs than any form of gambling [12]. In 2014–2015, over $11 billion was spent on EGMs in hotels and clubs in Australia [12], with problem gamblers accounting for approximately 40% of total EGM losses [13]. There are well-recognised health and social harms associated with EGM use [13], including that the presence of EGMs in communities may increase the prevalence of problem gambling [14]. The majority of EGMs in Australia are located in registered community clubs, with fewer in pubs (hotels) and casinos (the state of Western Australia restricts EGMs from being available outside of the casino) [15].

There has been significant debate about the extent to which clubs, which define themselves as “not-for-profit community-based organisations whose central activity is to provide infrastructure and services for the community” (pg. 3) [16], have become increasingly reliant on EGMs (and problem gamblers) for revenue. Adams (2017) describes the changing nature of the gambling industry, from small cottage industries to a “high-volume consumer enterprise” (pg. 2) [17]. Data suggests that licenced clubs in New South Wales (NSW) derive just under two thirds of their revenue from EGMs [18]. Some argue that EGMs have become “ubiquitous” in clubs and pubs [19] with clubs moving away from the social and community benefits that they once provided [20]. Adams explains the shift from the traditional ‘virtues’ associated with local community venues (as spaces encouraging social activity, moderate levels of gambling and community-based fund-raising) towards products such as EGMs which are “devoid of social engagement or meaning” (pg. 2) and are highly individualised [17]. However, clubs highlight their social benefit for communities [21], including that they play an important role in providing leisure facilities and support for community activities, particularly in regional areas of Australia [22]. For example, community venues have argued successfully for increased numbers of EGMs in their venues, in part based on their commitment to use some EGM funds to provide children’s facilities, such as playgrounds [23, 24]. Furthermore, we have argued in a previous study that the co-location of gambling products within venues that contain family-friendly activities is an ethical issue for policy makers because of the potential for children to be exposed to gambling products, including the role venues may have in normalising gambling for children [25].

Children’s exposure to EGMs

Concerns have been raised about the potential impact of the co-location of family-friendly and gambling activities on children’s gambling attitudes and consumption intentions [25]. We have argued that the targeting of families with family friendly marketing and activities may encourage families to attend venues that also contain gambling activities and may ultimately expose children to these products [25]. This may arguably contrast with regulations which try to prevent the public (including children) from being unduly exposed to EGMs [26]. While the explicit advertising of EGMs is prohibited in some Australian states [27, 28], the state of
NSW requires that the location of EGMs should not “attract the attention of members of the public who are outside the hotel or club premises” (Section 44A) [29]. Furthermore, children are banned from the gaming floor area where EGMs are located and are prohibited from using EGMs until they are 18 years old [29]. However, there is limited research about the extent to which these regulations actually “protect” children from exposure to EGMs. While there have been a small number of studies examining how children interact with low-intensity fruit machines in the UK (which children under 18 are legally allowed to play) [30, 31], they are not of the same intensity as EGMs in Australia, [32] and so, the applicability of findings in an EGM context is questionable. In 2016, we hypothesised that gambling products may become normalised for children in community venues, particularly if these venues also offer family-friendly products which encourage venue attendance [25]. However, to our knowledge no previous research has comprehensively explored the factors that may shape children’s attitudes and consumption intentions specifically towards EGMs within these spaces.

The aim of the present study was to explore three research questions:

1. To what extent can children recall and describe EGMs and behaviours associated with EGM use in community venues?
2. What factors influence and reinforce children’s perceptions of EGMs in community venues?
3. Do children express current or future consumption intentions to use EGMs?

Methods
Methodological and theoretical approach
The research presented in this paper was part of a broader study that qualitatively explored the experiences of families who attended clubs in a regional area of NSW, Australia. We utilised a constructive grounded theoretical approach, as it acknowledges that both researchers and participants create meaning based on past experiences, attitudes and the social constructs with which they live [33]. This approach allows children to describe how they see different phenomena within their environments and has been successfully utilised in other qualitative gambling studies with children [1]. We utilised social learning theory [34] to help to explain the factors that contribute to shaping children’s attitudes towards gambling. This theory outlines how a range of existing social activities, customs and practices are taught to and reinforced by the behaviours of existing members of a social group. A key component of social learning theory is observational learning, whereby individuals acquire symbolic representations of activities based on the modelled behaviour they are exposed to through four sub-processes: (1) attentional, whereby individuals recognise features of the behaviour; (2) retention, the ability to describe the behaviour following exposure; (3) reinforcement, the positive and negative processes that contribute to the behaviour being adopted; and (4) reproduction, the ability to replicate the behaviour [34]. The fourth sub-process is difficult to measure in the context of gambling because it is illegal for children to use EGMs. However Bandura (1971) describes that observational learning can occur without specific behaviour replication. To identify this aspect of social learning theory, we explored whether children intended to gamble on EGMs in the future [34]. In gambling, social learning theory has been applied in previous studies to understand how parent and peer behaviour influences gambling consumption intentions in children [4, 35, 36]. However, it has not been used to help to understand if and how different types of community venues (such as clubs) shape gambling attitudes and intentions in children.

Setting
The study was based in the Illawarra, a regional area of NSW. EGMs have operated in NSW since 1956 [20] and currently have the second highest number of EGMs in the world after Nevada, USA [37]. The Illawarra was selected because of the high concentration of EGMs and high losses on machines in this area [38]. For example in 2014, $143 million was lost on 2614 EGMs in the Wollongong local government area of the Illawarra [38].

Sampling and recruitment
The sample for the study was family groups comprised of at least one parent and one child (aged 6–16 years old) who had visited a club that contained EGMs, in the past 12 months. We chose a family group model for data collection whereby some interviews included multiple children from the same family [39]. Families were recruited using a range of strategies, starting with convenience and snowball sampling, and then targeted sampling to recruit a range of families with children of different ages, genders and exposure to the club venue. We also utilised social media pages such as local Facebook groups and pages to recruit families into the study. Data collection ceased when we determined that no new data or concepts were emerging from the interviews.

Family groups were reimbursed with a $30 grocery voucher. Participants were contacted through email or by phone and were sent a Participant Information Sheet before agreeing to take part. Parents provided written consent for their child’s participation, and researchers also explained the study to children at the start of the interview and gained verbal consent before the interview.
began. Ethics approval was obtained from the University Human Research Ethics Committee.

Data collection
Semi-structured (45–80 min) interviews were conducted between April and October 2016. Interviews took place either in the family’s home or in a public space, such as a cafe or park, and were separated into two parts. First, the parent interview was conducted. While this was being completed, children drew a picture of what they recalled seeing at the club (completed out of hearing distance of the parent). Second, children participated in an interview. Some children were interviewed separately from their parents; however, the parent could sit in on the interview if they or the child preferred. Mindful that the presence of their parent could have potentially influenced children’s answers, we examined the data but identified no clear difference between the responses of children interviewed with their parent and those interviewed on their own. Children were asked a range of questions relating to how often they visited the club, reasons for visiting, activities engaged in while at the club and attitudes towards the club and the gambling products within.

Data presented in this paper is based on a number of tasks performed by child participants. Children often find gambling a difficult concept to talk about, which could partly be due to the fact that it is discussed in schools and family groups less frequently than other public health issues. Consequently, a number of novel data collection techniques (for example, drawing pictures, selecting options from picture boards) were used to enable children to effectively engage with the research. Children contributed to all parts of the interview where they felt comfortable and researchers emphasised there were no right or wrong answers. This was particularly important when multiple children were participating from the one family and they described different aspects of the club. Where there were multiple children from the one family, they could choose whether they completed the interview separately or together. If participating together, the researchers ensured that all children were given each question and the opportunity to respond based on their own experiences. Where possible younger siblings were invited to answer first and notes were taken about the dynamics between siblings.

Data analysis
Interviews were transcribed from the audio recordings with the permission of participants. Demographic data from participants were analysed using SPSS statistical software. Interview transcripts were uploaded into QSR NVivo 10 and were interpreted using a constant comparative method [40]. This was an ongoing process that occurred during data collection. The data were interpreted using open coding techniques, which involved reading through data and constructing initial concepts as they related to the theory [41]. These were discussed within the research team, and notes were taken regarding the common themes that emerged. As this was a relatively new area of research, additional themes and questions were added to the interview schedule as data collection progressed. The data analysis process was led by the first two authors who met regularly to discuss the study findings. These findings were also discussed with the other co-authors, and feedback was obtained throughout the data collection process. Due to the volume of qualitative data collected, a process of data reduction was employed to develop clearly defined analysis parameters [42]. For this study, this included children’s responses regarding EGMs. Data were categorised into themes based on similar concepts emerging from the data [43]. The data were theoretically grouped based on the four sub-processes in social learning theory [34]. Transcripts were re-read to ensure that theoretical coding was consistent with participant responses.

Results
Sample characteristics
The characteristics of the sample are presented in Table 1. Forty-five children from 27 families were interviewed. About two thirds of children were male (n = 28, 62.2%), with an average age of 11.8 years (SD = 2.7). All children had visited a club in the year prior to the study, with almost half reporting they had visited clubs at least once a month (n = 19, 42.2%). One in five children attended clubs at least once a fortnight (n = 9, 20.0%). Just under half reported knowing an adult who gambled on EGMs (n = 21, 46.7%) and just over half indicated they would like to try gambling on EGMs when they were older (n = 23, 51.1%).

<table>
<thead>
<tr>
<th>Table 1 Sample characteristics</th>
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**Attentional: recognition of EGMs in the venue and knowledge regarding product use**

The first organising theme related to the attentional factors that created awareness of EGMs within clubs. This included children's recall of EGMs in the venue, and the ability to describe EGMs, including their appearance and auditory stimuli (for example, hearing the sounds from machines). When prompted, all children had an awareness of EGMs, with the majority able to specifically recall seeing EGMs in a venue \((n=44, 97.8\%)\). Some described the location of EGMs in the venue, for example, that EGMs were located close to the entrance of the club, and they had seen EGMs "as soon as you walk in". Others described seeing EGMs as they moved through the club to the restaurant; "you can walk through and you can see them", with one 12-year-old boy stating that he would "get a little glimpse" of the machines.

Some children were aware that EGMs were in spaces where children were not allowed to go, with one 13 year old describing a barrier with "little lines" through which he could "hear and see the pokies". Several children described that while they could not see EGMs due to screens or frosted glass doors, they knew they were there. Children's exposure to EGMs was not confined to inside venues, with two boys from the same family describing that they saw EGMs through club windows as they drove past on their way to the supermarket.

The majority of children could provide descriptions of EGMs. While most related to how the machines worked or why adults use them, some children provided detailed descriptions of their physical appearance. Children described "bright lights" or "colourful colours", while a 14-year-old boy recalled that EGMs "have money signs". Older children provided more detailed descriptions, describing buttons and symbols on the machines and the patterns they thought were needed to win:

"It's like just a rectangle box and then you've got like probably a button and then the only one I can think of now is where three things rotate. And you've got different numbers; I think seven's the best. And they've got different pictures and they've all got to line up."—Male, 14 years, attended club monthly.

Children very rarely used gambling terms to describe machines. Rather, they used softer terms such as "play" or referred to EGMs as a "game". Many children perceived that EGMs were games whereby adults could "win" money. One 12-year-old boy referred to an EGM as an "arcade game", while an 8-year-old boy explained that the machine contained money that you could win:

"They've got money in them. So you can win money from them."—Male, 8 years, attended club weekly.

Several boys and children over 12 were able to provide specific descriptions of how to use EGMs. For example, they explained the process of "putting money in" to the machines, described the spinning reels or numbers lining up. A 12-year-old boy explained that you could win "free things" and win the "jackpot". Children also made physical gestures such as pulling down a lever on the side of the machine, or "pressing a button" to make the reels spin.

"You put money into them and pull a lever and get money if you get lucky"—Female, 12 years, attended club every 2–3 months.

Some children reported seeing EGMs in environments other than clubs, including in movies or on television, and recognised the EGMs in the club based on their prior knowledge.

Some children, predominantly boys, described the sounds made by EGMs. Many reported hearing the sounds of EGMs in the club while eating dinner or walking through the club to get to the restaurant. They had heard the machines play music and described other sounds such as "balls rattling around", "coins dropping" or "banging and clanging". During the interviews, many children replicated the sounds of EGMs, such as "bing" or "ti-ting". This use of onomatopoeic language was particularly prominent when children were describing the positive sounds EGMs made when someone won. For example, one boy aged 12 said a winning EGM made a "bing, bing, bing, bing!" sound. He went on to describe what happened when he had heard people winning on EGMs in the club:

"You hear the money hitting the metal and then you hear, 'Ding, ding, ding, ding'. Then the big winner sign lights up on the top of the pokie machine and everybody screams, 'GET THE MONEY!'"—Male, 12 years, attended club less than three times per year.

Some children described how the sounds from the EGMs were the loudest sound that they could hear when in the restaurant, with one girl stating:

"I don't take much notice of them, they're just there - I block it out."—Female, 16 years, attended club weekly.

**Retention: recognising and describing adult behaviours associated with EGM use**

The second organising theme related to children's ability to describe adult behaviours associated with EGM use (retention). This included gambling on EGMs, most prominently relating to why adults gamble on these machines and the benefits and harms associated with EGM use. The primary reason for EGM gambling was the perceived chance of winning money. Children had an inflated perception of the ease...
of winning money from EGMs. For some children (even those who went on to describe harms), winning was described as a certainty. For example, a 14-year-old boy described EGMs as being used by adults as a way to “earn money”, while a 10 year old stated that EGMs were used to “give the family money”. The same boy described how wanting to provide money and to give a good news story to your family could be one reason why individuals become addicted to EGMs. Talking to his older brothers, who were also involved in the interview, he stated:

“You’re trying to win. You never know if you could win or not. And you want to win! If you win you can go home to your children and say, ‘Oh, look what I won on the pokies. You might be able to do this when you’re older’. ”—Male, 10 years, attended club less than three times per year.

Concepts associated with luck and fun were also used to describe why adults used EGMs. Some children referred to EGM returns as prizes that adults wanted to win. Several children perceived that adults used EGMs because they “might get lucky” or were “hopeful that they will get lucky”. Other positive reasons included adults thinking EGMs were fun, for entertainment, for social reasons or to relax:

“It’s a form of entertainment, it’s sort of a little bit of pleasure and a bit of adrenaline that sort of ‘what’s it going to be?’ ”—Female, 14 years, attended club fortnightly.

Some children over 12 years old, believed adults used EGMs to escape, if they were not happy or “if they have nothing to do”, while others stated that people might gamble on EGMs if they were “stressed out with life”.

However, along with the positive aspects of machines, children also described the negative consequences of gambling on EGMs. For example, the words “addicted” or “addiction” were used by older children to describe consequences. Other children, including young children, were able to articulate (without prompting) the broader social harms associated with financial losses. Some discussed financial implications of EGM gambling, such as not being able to afford rent or finding it “hard to buy food and keep your kids not hungry”. Some also identified emotional responses that individuals might have if they had developed a problem with EGMs, including that people would get angry or “rage”.

Some children had strong negative reactions to EGMs, even if they did not personally know someone who gambled. One 12 year old girl, who did not know an adult who gambled described that she “hated” gambling. However, her anger was directed to the irresponsibility of people who spent money that they were unable to afford on gambling:

“People go broke and then ask for money and then as soon as they get money they just go and spend it on the pokies. I think it’s stupid.”—Female, 12 years, attended club fortnightly.

A few children were able to clearly articulate where they had learnt about the harms associated with EGMs. A small number recalled seeing media stories about professional sports people (predominantly from the National Rugby League) who had experienced problems with gambling and who had “lost all their money from it”. One 12-year-old girl drew on her personal experiences of seeing adults who gambled on EGMs at her local club, who she described as “zombies” with “red eyes”.

**Reinforcement: factors that influence children’s perceptions of EGMs**

The third organising theme related to factors that reinforced children’s perceptions of EGMs. This included the role of adults around them who used EGMs and the benefits associated with EGMs. Just over one third of children reported knowing adults (predominantly family members and family friends who they visited the club with) who used EGMs. Some children described their parents’ use of EGMs, with one child stating that her parent did not use the machines when the child was with them at the club, but that she knew about EGMs through her mother’s discussions with others. Many descriptions related to parent’s financial wins and losses, with children commonly describing only small losses but big wins.

“[Mum] put $50 in and she came home with no money and the next day she came here and put $25 in and bang, smack, came home with $1,000”—Male, 10 years, attended club less than three times per year.

Children were often careful to point out that the adults they knew were responsible with their gambling. For example, they described that adults they knew were “not gambling a lot” or “setting limits”. Several children described individuals they knew as only using EGMs on “special occasions”. One boy aged 16 years said he had “heard stories of [individuals] winning money and stuff” from his older sisters’ friends. This boy also worked at a local fast food restaurant and had recently attended a work meeting at the local club where some individuals used EGMs.

“Everyone that I know, doesn’t put that much in, and they don’t do it very often. It’s kind of just like a one-
Finally, the majority of children referred to the club’s role in the provision of EGMs. Some children had formed a positive attitude towards EGMs based on perceptions that the club gave money from EGMs back to the community. Some children, particularly those who played for a club-sponsored sporting team, recalled examples of receiving benefits from the club such as uniforms, discounted sporting memberships and food vouchers. Others attended events such as dance concerts or sporting presentations within the club venue. Some children expressed a view that in order for the club to support the community, people had to lose money. They not only believed that the presence of EGMs was a good thing for the club “because they’re getting money” but also acknowledged “for people who are using them and losing their money, that’s not good.” A few children were conflicted by the perceived benefit the club would receive from individuals who lost money on EGMs.

“No it’s not harming, it’s just mean because it takes your money and it’s not fair for you. But it is a bit fair because they buy equipment for you to keep you safe and to keep you comfortable and to keep you entertained in the clubs.”—Male, 10 years, attended club less than three times per year.

Reproduction: factors that influence children’s desire to use EGMs
The final theme related to children’s desire to replicate or reproduce behaviours relating to EGMs. This included a desire to use EGMs now if they were allowed, the influence of gaming products within the venue and their future consumption intentions. While most children stated they would not gamble on EGMs while under 18 years old, many found it difficult to conceptualise what ‘legal’ gambling was or what they would do when they were older. Children often said that allowing children to gamble would be “irresponsible” and that “they might get addicted at a small age”. Some children stated that they would not gamble because they were fearful of EGMs and, in particular, losing money. For example “I don’t want to be one of those poor people” or “I don’t want to waste my money”.

A few children reported a current intention to use EGMs before they turned 18 because they had “games on them” or because they enjoyed playing the non-gambling arcade games at the club. Children who played arcade games at the club also more commonly described wanting to try EGMs when they were older. For example, an 8-year-old boy said he would use EGMs now because he perceived he always won at the “claw” arcade game (whereby a claw is used to pick up chocolates inside a glass box).

The majority of children who said they would use EGMs as adults also knew an adult, usually a parent or grandparent, who used EGMs at the club. These children often gave examples of adults winning money on EGMs. A few children described that they would try EGMs because they perceived they were fun. For example, a 16-year-old stated that he would use EGMs when he turned 18 because “they seem pretty fun”. However, narratives of responsibility also were evident in children’s responses. For example, some children described placing limits on their gambling behaviours, stating that they would use EGMs as adults, but “not excessively”. Other children stated an intention to try EGMs either as children or adults but said that they would not gamble regularly. For example, one child stated that he would “give it a go” but would not “waste my life on it”, while a 12-year-old stated he would be interested in trying EGMs “just once” but that his father would have to operate the machine to “press the button to see what I get”.

Discussion
This study aimed to explore the extent to which children can recall and describe EGMs and behaviours associated with EGM use in community venues; the factors that may influence and reinforce children’s perceptions of EGMs in community venues; and finally, whether children indicate current or future consumption intentions towards EGMs. Findings present three key areas for discussion relating to the factors that influence children’s attitudes and future consumption intentions of EGMs.

The first is the attentional factors identified in this study. The descriptions children provided about EGMs, including their recall of the machines within venues, and specific factors associated with the machines such as winning sounds, highlight children’s peripheral exposure to EGMs within the club environment. While we acknowledge that there may be factors outside of the venue that influence children’s knowledge about EGMs, children were able to describe exposure specific to club environments. As such, we would argue that current regulations are not effective in creating environments which completely protect children from being exposed to EGMs. This study raises questions about how policy makers define exposure, and that we cannot assume that just because children are not physically entering the gaming room or sitting at a machine pushing buttons, they will not be exposed in some way to these products. Despite state regulations designed to prevent the promotion of EGMs and prohibit young people from using EGMs [29], this
study shows that children recall the visual (flashing lights) and auditory (winning sounds) aspects of EGMs in the venues. These visual and auditory stimuli may contribute to positive perceptions amongst some children about EGMs which are associated with winning money. Research has previously described how the audio cues associated with EGMs promote gambling as a fun activity, suggest the likelihood of big wins, and promote winning as significantly more likely than losing [44], and that audio cues specifically related to winning have a significant impact on reinforcing adult gambling behaviours [45–47]. We would recommend that policy level consideration should be given to measures that ensure children are not exposed to such auditory stimuli. Some regulatory considerations associated with auditory stimuli could include reducing the volume of sounds on EGMs, making them 'sound free' or ensuring that they play negative sounds when people lose on a spin. Losing sounds may also have a benefit for adults by making it clearer to determine losses which are arguably disguised as wins [48]. Other regulatory considerations could include ensuring that EGM rooms are located away from dining areas or venue entrances. While ultimately it is important to prevent children's exposure, it is also important to recognise any potential unintended consequences associated with the annexing of EGM rooms including that hidden spaces may increase the risks associated with harmful gambling for adults [49].

Second is factors relating to how children retain knowledge about EGMs and those that work to reinforce positive perceptions. Children’s knowledge about EGMs were reinforced by the perceived behaviours of adults and the outcomes of these behaviours, and the perception that losses on EGMs enabled venues to give money to the community. Based on the behaviours of adults in their social networks, some children perceived that gambling on EGMs was a fun form of entertainment, that people win more than they lose, and that personal responsibility can protect people from harm. Messages about EGM use from government and industry focus heavily on personal responsibility [50, 51], and this study provides some indication that these messages may be reaching children. This is potentially problematic given that personal responsibility approaches appear to have had little impact on the prevention of harm from EGMs and may in fact lead to negative outcomes such as the stigmatisation of problem gamblers [52]. Further, it may contribute to misconceptions within the community about the structural factors that contribute to gambling harm, including the design features of EGMs [53]. Even though some children clearly held negative attitudes towards EGMs and understood that there were harms associated with these machines for individuals and families, these attitudes were softened for some children by a perception that people's losses on EGMs resulted in community benefits via funding for community sports and other initiatives. While only a small percentage of losses from EGMs may be returned to the community via grants schemes in NSW (a minimum of 0.4% of anything over $1 million) [54], some children have a perception that ultimately losses will lead to good outcomes for them. We would not anticipate that children would be able to fully understand that the limited funding that goes back to the community is unlikely to outweigh the overall harms to the community. However, children who have positive experiences in venues, whose community activities benefit from venues or who hear positive stories about gambling from parents, also have little reason to believe that EGMs can cause significant harm for individuals and the community. They have no reason to think that EGMs may be addictive or that they may have a negative impact on individuals, their families and communities. This suggests that the promotion of community initiatives as part of corporate social responsibility initiatives may be successfully building positive brand images of clubs amongst community members, including children, which may ultimately soften perceptions of the harms associated with EGMs.

Third are factors that contribute to children reproducing behaviours associated with EGMs. A positive finding was that the vast majority of children perceived that allowing children to gamble would be irresponsible. This shows that there is an acknowledgement that these products are harmful for children. However, there were factors which influenced some children wanting to gamble on EGMs when they were older. Given that some children perceived that EGMs were fun 'games' which could be 'played', it is perhaps unsurprising that a few children perceived that because they won on the arcade games within the club, they would also have a positive and fun experience with EGMs. This calls into question the mixed messages that children may receive about gaming and gambling. While this is clearly an area for further research, we would recommend that there should be school-based education about EGMs, particularly in communities where there are high concentrations of gambling venues. While the Productivity Commission noted that there should be caution associated with education programmes about gambling [13], we would argue that education initiatives may be best modelled on successful programmes in alcohol and tobacco control which address information about the product, children's product expectancies and the realities of product consumption [55, 56] rather than messages about individual responsibility. It is important that these programmes are developed independent of the gambling industry given that industry provision of education programmes to reduce gambling harm may come into conflict with their desire to maximise gambling revenue [57] and are carefully evaluated.
Finally associated with reproducing behaviour is the issue associated with the role modelling of behaviour by significant adults. Children who knew adults who gambled on EGMs more commonly said that they would gamble on EGMs when they were older. Further research should explore whether parents understand the potential impact of their own EGM behaviours and how they talk about gambling may create positive perceptions of EGM use for children. This is particularly important when these behaviours occur within environments which are perceived to be family friendly, culturally valued and contain multiple fun activities for children.

Several limitations of this study should be noted. First, the study was exploratory with a small number of children and does not provide a comprehensive picture of all children’s perceptions and consumption intentions of EGMs. The study involved a small sample of families that attend local clubs in one geographical area. Given the limited prior research on this topic, future research should explore children’s perceptions of EGMs using larger and more diverse samples. This is important in identifying children’s relationships with EGMs in various geographic areas and whether children who are exposed to gambling venues have different knowledge and perceptions to children who do not visit such venues. The present study provides a starting point for further investigations into the impact of venues that promote themselves as family friendly but that also contain gambling products. Finally, this study specifically explored in-venue factors that influence children’s perception of EGMs. Future research should explore these factors in more detail in addition to investigating the role of other ancillary factors, including the influence of adult gambling behaviours.

Conclusions
This study has shown that children are exposed to EGMs in venues through both visual and audio cues. This exposure and children’s awareness of adults EGM behaviours appeared to play a role in shaping children’s attitudes towards EGMs and future consumption intentions. Given the harm known to be associated with EGM use, this research provides a starting point for more comprehensive examinations of children’s exposure to gambling products within community venues, including the investigation of ancillary factors, which may influence children’s attitudes and future consumption intentions towards EGMs. We recommend that governments fund research into the attitudinal and behavioural impact of gambling venue layouts and product design to ensure public health policy is effective in preventing children’s exposure to adult gambling products within family-friendly venues.

Acknowledgements
We would like to acknowledge the members of the community who participated in this study.

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Availability of data and materials
The datasets generated and/or analysed during the current study are not publicly available to ensure the privacy and confidentiality of the participants.

Authors’ contributions
AB was the lead researcher in the study who conducted qualitative interviews, led the development of the analytical framework for the study, contributed to data analysis, and prepared the first draft and critical revision of the paper. ST was the principle investigator who conceptualised the study, contributed to data analysis and interpretation, and prepared the first draft and critical revision of the study. MR was the study investigator who contributed to data interpretation, writing and critical revision of the study. HP was the researcher who contributed to data interpretation, writing and critical revision of the study. All authors have read and approve the final manuscript.

Competing interests
The authors declare that they have no competing interests.

Consent for publication
Participants consented to the data being used for publications.

Ethics approval and consent to participate
Ethical approval was obtained from the Deakin University Human Research Ethics Committee. Parents provided written consent for their participation in the study in addition to their child’s participation in the study. Verbal consent was obtained from children.

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References

Abbreviations
EGMs: Electronic Gambling Machines; NSW: New South Wales


Chapter Eight: “Everyone knows grandma.” Pathways to community gambling venues for families living in regional Australia

8.1 Chapter overview

This chapter contains the fourth publication in this thesis titled ‘“Everyone knows grandma.” Pathways to community gambling venues for families living in regional Australia’. This paper was submitted to Addiction Research and Theory on the 24th August, 2018 and is currently under review.

Chapter Eight is the submitted version of this publication.

8.2 Authorship statement

1. Details of publication and executive author

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2. Inclusion of publication in a thesis

Is it intended to include this publication in a higher degree by research (HDR) thesis? | Yes | If Yes, please complete Section 3 If No, go straight to Section 4. |

3. HDR thesis author’s declaration

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If there are multiple authors, give a full description of HDR thesis author’s contribution to the publication (for example, how much did you contribute to the conception of the project, the design of methodology or experimental protocol, data collection, analysis, drafting the manuscript, revising it critically for important intellectual content, etc.)

AB was the lead researcher in the study who conducted qualitative interviews, led the development of the analytical framework for the study, contributed to data analysis, and prepared the first draft and critical revision of the manuscript.

*I declare that the above is an accurate description of my contribution to this paper, and the contributions of other authors are as described below.*

Signature and date: 28/08/18

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4. Description of all author contributions

<table>
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<th>Name and affiliation of author</th>
<th>Contribution(s) (for example, conception of the project, design of methodology or experimental protocol, data collection, analysis, drafting the manuscript, revising it critically for important intellectual content, etc.)</th>
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<tr>
<td>A/Prof Samantha Thomas, School of Health and Social Development, Deakin University.</td>
<td>ST was the principle investigator who conceptualised the study, contributed to data analysis and interpretation, and prepared the first draft and critical revision of the manuscript.</td>
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<tr>
<td>A/Prof Melanie Randle, School of Management, Operations and Marketing, University of Wollongong.</td>
<td>MR was the study investigator who contributed to data interpretation, writing and critical revision of the manuscript.</td>
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<tr>
<td>Ms Hannah Pitt, School of Health and Social Development, Deakin University.</td>
<td>HP was the researcher who contributed to data interpretation, writing and critical revision of the manuscript.</td>
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<tr>
<td>Prof Rebecca Cassidy, Department of Anthropology, Goldsmiths, University of London.</td>
<td>RC was involved in the critical revision of the manuscript for important intellectual content.</td>
</tr>
<tr>
<td>Emeritus Professor Mike Daube, Faculty of Health Sciences, Curtin University</td>
<td>MD was involved in the critical revision of the manuscript for important intellectual content.</td>
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5. Author Declarations

I agree to be named as one of the authors of this work, and confirm:

xi. that I have met the authorship criteria set out in the Deakin University Research Conduct Policy,

xii. that there are no other authors according to these criteria,

xiii. that the description in Section 4 of my contribution(s) to this publication is accurate,

xiv. that the data on which these findings are based are stored as set out in Section 7 below.

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xv. consent to the incorporation of the publication into the candidate’s HDR thesis submitted to Deakin University and, if the higher degree is awarded, the subsequent publication of the thesis by the university (subject to relevant Copyright provisions).

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* If an author or contributor is unavailable or otherwise unable to sign the statement of authorship, the Head of Academic Unit may sign on their behalf, noting the reason for their unavailability, provided there is no evidence to suggest that the person would object to being named as author.

7. Data storage
The original data for this project are stored in the following locations. (The locations must be within an appropriate institutional setting. If the executive author is a Deakin staff member and data are stored outside Deakin University, permission for this must be given by the Head of Academic Unit within which the executive author is based.)

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If the publication is to be included as part of an HDR thesis, a copy of this form must be included in the thesis with the publication.
8.3 Publication Four
“Everyone knows grandma.” Pathways to community gambling venues for families living in regional Australia.

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**Keywords:** Parents, children, families, gambling, EGMs, venues
“Everyone knows grandma.” Pathways to community gambling venues for families living in regional Australia.

Abstract

Background: In Australia, community gambling venues provide a range of non-gambling family activities including cheap children’s meals. They also provide community funding for activities such as junior sport through revenue generated from electronic gambling machines (EGMs). Drawing on Bourdieu’s concepts of habitus and cultural capital, this paper aimed to explore the factors that influence parents’ decisions to attend community gambling venues with their children.

Method: Face-to-face qualitative interviews were conducted with 31 parents who attended community gambling venues with their children, in New South Wales, Australia.

Results: Families attended venues for three key reasons, first because of the influence of others in their social networks, second for regular social activities, and third because of structural factors such as a lack of alternative, affordable, family friendly environments in their local area. Despite recognising the harm associated with EGMs, parents distanced themselves from EGM harm with all parents perceiving venues to be an appropriate space for families. Many parents told researchers they had not had detailed conversations with their children about the gambling products within the venue or their potential harm.

Conclusions: Research in this study indicates that family social practices within venues affect perceptions of risk associated with community gambling venues. The impact of these practices on longer term health requires more investigation by public health researchers and practitioners. Local organisers should consider identifying alternative sources of support and/or developing alternative social spaces for families in regional communities that do not contain gambling products.
Introduction

Australia has been described as a “gambling hotbed” (The Economist, 2017). In 2015/16, Australia’s total gambling expenditure was $23.6 billion, with approximately half ($12.1 billion) coming from one gambling product: electronic gambling machines (EGMs) (Queensland Government Statistician's Office & Queensland Treasury, 2017). Also known as pokies, poker machines or slots, EGMs are associated with a range of health and social harms, including family violence, relationship breakdowns, homelessness, and financial hardship (Bellringer et al., 2016; Dickson-Swift, James, & Kippen, 2005; Holdsworth, Tiyce, & Hing, 2012; Patford, 2009). Despite the legalisation and availability of EGMs in communities in all states and territories in Australia (except Western Australia, in its single casino), over half of EGM losses occur on the 94,408 EGMs within community gambling venues (clubs or hotels) in the Australian state of New South Wales (Queensland Government Statistician's Office & Queensland Treasury, 2017).

Survey data reveals important information about the types of people who may be particularly vulnerable to the harms associated with EGMs. For example, the most recent Australian data from the Household, Income and Labour Dynamics in Australia Survey found that just over one fifth of Australians gambled on EGMs regularly (at least once per month), that regular participation in EGMs was higher for individuals who were experiencing problems with gambling, and that individuals from lower socio-economic groups spent more on these forms of gambling than those from higher socio-economic groups (Armstrong & Carroll, 2017). The study also found that EGM gambling may be linked to socio-geographic factors, with EGM gamblers over-represented amongst those who live in inner regional areas (Armstrong & Carroll, 2017). However, there has been limited research to explore the range of factors that may contribute to this overrepresentation of EGM gambling in specific regions, including information about the social practices and pathways to EGM gambling in these communities.
Community gambling venues provide “more than just gaming opportunities” (Thomas, Sullivan, & Allen, 2009, p. 101), with research indicating venues are often viewed as safe and comfortable environments for people who may otherwise be marginalised within communities (Fabiansson, 2016; Thomas & Lewis, 2012). They are also important sources of social activity for people in areas which lack alternative affordable entertainment options in different areas; however these factors may also contribute to increased or excessive gambling (Thomas et al., 2009). Community gambling venues are embedded into the socio-cultural fabric of rural and regional communities (McDonald et al., 2014), and provide a focal point for celebrations and social occasions (Greenslade, 2013). Venues also fund local community activities and infrastructure, including junior sport and sporting areas, and the provision of comfortable social facilities such as restaurants (Greenslade, 2013). These activities may act to increase acceptance of gambling activities also available within these venues, in the absence of alternative environments. Fabiansson (2008) explains that in rural and regional communities “gambling pursuits were an integrated part of the social entertainment” within gambling venues, and introduced children to gambling from a young age “in a protective and family friendly environment” (Fabiansson, 2008, p. 165). This raises a number of questions about how social practices may normalise gambling for children from a young age and whether or not this plays a role in shaping their perceptions of gambling harm and future gambling behaviours. With pathway models of gambling drawing largely upon the individual determinants of problem gambling (Hancock & Smith, 2017), there is much less information about the range of key determinants (socio-cultural, environmental, commercial, and policy) that may shape and normalise the social practices associated with gambling venues (Thomas et al., 2018).

Bourdieu’s concepts of *habitus* and *cultural capital* explain people’s actions in the context of their social location, social structures, and social class (Bourdieu, 1977, 1986). These concepts provide a useful framework for understanding social practices associated with community gambling venues. Bourdieu (1986) theorised that processes of socialisation, which occur through socio-cultural, economic, and institutional power structures, shape shared tastes, habits and dispositions. Habitus
is largely a product of our upbringing and class, and is developed as a result of early childhood experiences (Brierley-Jones et al., 2014). Bourdieu (1986) argues that individuals demonstrate their relationships to the dominant culture through a range of social activities, such as eating and drinking, which are embodied and enacted in everyday life. Another key aspect of this theory describes the fields of practice, that are built partly through our economic, cultural, and social experiences, and create a range of historical principles which an individual draws upon with limited conscious thought or questioning (Bourdieu, 1986, 1990). For example, if young people have grown up with community gambling venues being central to social activities, there may be less reason for them to think about the potential harms associated with these venues (Bestman, Thomas, Randle, & Pitt, 2017). While these principles are flexible and may adapt or change according to an individual’s social experiences, and the volume of cultural capital that is built over time (Bourdieu, 1986), they also create a range of restrictions and expectations, according to which individuals are expected to behave in much the same way as other similar individuals. These expectations are often reinforced by power structures, although they need not be, as they are maintained by everyday practices that are often taken for granted. As Reay (2004) explains, this creates a tension specifically related to the choices individuals make:

“Choice is at the heart of habitus…. but at the same time the choices inscribed in the habitus are limited. I envisage habitus as a deep, interior, epicentre containing many matrices. These matrices demarcate the extent of choices available to any one individual. Choices are bounded by the framework of opportunities and constraints the person finds himself/herself in, her external circumstances.” (Reay, 2004, p. 435).

The concept of (bound) choice is important in understanding pathways to community gambling venues, particularly as there are few alternative choices for individuals within regional communities. These choices are compounded if dominant social agencies within these communities, such as sporting clubs, actively use and promote venues as positive and valued social spaces. Importantly, habitus and cultural capital may also reinforce risk behaviours and become part of
everyday life (Dixon & Banwell, 2009). This is important in understanding how individuals conceptualise the risks associated with community gambling venues, particularly given dominant narratives associated with gambling as a ‘choice’ which is largely linked with personal responsibility (Miller & Thomas, 2017). Understanding perceptions of risk is important given that community gambling venues provide a range of gambling activities that co-exist with other activities specifically designed to appeal to families, including playgrounds, children’s entertainment, school holiday activities, family days and children’s meal deals. Often, these activities are not accessible elsewhere in the community (Bestman et al., 2016), therefore individuals may not have the cultural or financial resources to act upon information relating to the risks associated with harmful products (Dixon & Banwell, 2009).

Drawing on Bourdieu’s concept of habitus, cultural capital, fields of practice, and risk, this paper aimed to explore the factors that influence parents’ decisions to attend community gambling venues with their children in a regional area of New South Wales, Australia. The study was guided by three research questions:

1. What are the social practices of families who attend community gambling venues?
2. What are the range of factors that may shape attitudes towards and use of these venues?
3. How do parents conceptualise the risks and benefits of community gambling venues?

Methods

This paper was part of a broader study that used qualitative methods to explore the experiences of 27 families (parents and children aged 6-16 years) who attended community gambling venues in the Illawarra region of New South Wales, Australia. This area includes the two local government areas of Wollongong, and Shellharbour, with 44 clubs containing 3,291 EGMs, as of 4 December 2017, and net EGM profits of over $163 million between December 2016 and November
2017 (Liquor and Gaming New South Wales, 2018). While the study interviewed both parents and children, this paper reports only data relating to parents. Ethics approval was received from the [blinded] University Human Research Ethics Committee.

**Sampling and recruitment**

Inclusion criteria included families with at least one child under 18 years old who attended a community gambling venue in the previous 12 months and were currently living in the Illawarra region. Family groups were recruited initially through convenience sampling and through personal networks, local businesses, and Facebook pages for local community groups. Snowball sampling was also used, which involved participating families passing on details of the study team to other families they thought might also be interesting in participating. Finally, theoretical sampling techniques (Charmaz, 1990) were also used to ensure that a diverse range of families with different attitudes towards, and engagement with, community gambling venues were included. For example, we were interested in parents who gambled when at the venue, as well as those who went to the venue for non-gambling activities only. Given Bourdieu’s emphasis on class, we also tried to identify families from a diverse range of socio-economic backgrounds by recruiting participants from different local suburbs with varying socio-economic profiles. To be included in the study families must have attended a local community gambling venue containing EGMs in the previous 12 months in the Illawarra region, but did not need to have gambled on EGMs at these venues. Parents were provided with a plain language statement that explained the study, and they provided written consent to participate in the project. Each family was given a $30 grocery voucher as thanks for their participation.

**Data collection**

Face-to-face qualitative interviews were conducted with families between April and October 2016. For three families, two parents were involved in the research. Each interview took between 45-80 minutes, was digitally recorded with consent,
and transcribed. For the purposes of describing the sample, demographic data were collected including age, gender, postcode, frequency of attendance at venues and gambling participation. The interview schedule was designed to qualitatively explore family experiences with community venues in regional communities. First, we examined how families built social capital within community gambling venues. This included examining the range of activities and facilities used within venues, reasons families attended venues and barriers to attending alternative venues instead. Second, we examined factors that facilitated the use of community gambling venues as settings for social rituals. Finally, we examined how parents conceptualised gambling harm within family settings to determine how families interpret the ‘rules of the game’. This included asking parents whether they thought their children were exposed to gambling products within community venues, whether their children had talked about gambling products within the venue and whether they were concerned about their children’s exposure to gambling products while in the venue. Data collection continued until no new themes emerged from the data.

Data analysis

Demographic data were analysed using descriptive statistics. Postcodes were used to calculate Socio-Economic Indicators for Areas (SEIFA) status through the Index of Relative Socio-Economic Disadvantage for each family (Australian Bureau of Statistics, 2013a, 2013b). SEIFA scores (ranked from 1-10) were grouped into low (1-3), middle (4-7) and high (8-10). The qualitative methods used in this study were guided by a constructionist grounded theory approach (Charmaz, 1990) to develop a deep understanding of the experiences of parents who attended community gambling venues. Codes and categories were developed based on parents social experiences within venues and the meaning ascribed to them. We then compared these across parents to identify common themes. The research team met regularly to discuss the emerging themes and how they fit with the broader concept of habitus. These concepts were further refined during writing, until key themes and theoretical constructs were constructed from the data (Charmaz, 1990).
Results

Sample description

A total of 31 parents were included in the study from 27 family groups. The majority of parents were mothers (n=26, 83.9%), with only five fathers included (16.1%). Parents were aged between 30 and 54 years, with a mean age of 42.38 years (SD 6.6). The majority of parents reported not using EGMs in the past year (n=19, 61.3%), with 12 parents (38.7%) stating they had used EGMs within a venue in the previous 12 months. One fifth of families lived in low socioeconomic areas (n=6, 22.2%), the majority of families lived in middle socioeconomic areas (n=19, 70.4%) and two families lived in high socioeconomic areas (7.4%). Just under half of families reported attending venues that contained EGMs at least once a month (n=11, 40.7%), with four families attending at least weekly (14.8%). Seven families attended venues once every two or three months (25.9%), and nine families attended less than three times per year (33.3%).

Habitus: Factors influencing the social practices associated with community gambling venues.

There were a number of factors that influenced the social practices within venues and the choices that parents made about attending community gambling venues. Some of these choices were personal, some were the result of structural factors that limited parents’ ability to seek alternatives for their families, and some were choices made by others.

Some families attended venues because of the influence of others in their social networks. These participants were invited to attend the venue by others. For example, one mother said, “my friends quite often ask us to go there, but you know, I’m not interested in [the venue] at all” later saying while at the venue “we made excuses and left early”. For some of these families, attendance at venues was aligned with wider practices of sport participation and the use of clubs by
sporting groups. This included when “all the teams go over [to the venue after sport], all the families go over and have a meal”. It is important to note that many of these junior sporting teams were sponsored by the venue and incentives for attending venues, such as restaurant vouchers were given to children as a reward for playing well. Second were families who attended venues regularly for social activities. While for many in this group initial attendance at venues was the result of being encouraged to attend by others in their social group, this group made active choices to attend the venue. For example, one mother said that she initially started attending the venue when her son “joined up for footy”, but now goes to the venue once every three months with her family for dinner and special occasions such as birthday because “I just think the food is better, the staff, it’s convenient and the price” compared to going to other venues.

For many of these families, continued attendance had become part of regular social rituals, predominantly due to a preference for the range of activities that were provided by the venue. These parents reported attending venues for a range of social activities with their children. Families who attended more frequently (for example weekly), were often encouraged to attend by promotions within the venue, and in particular meal promotions. For example, one family reported going to the venue every Thursday because it was “$6 burger night”, while others (who attended different venues) described attending weekly on “family night” with meal deal options and children’s entertainment. Families who attended venues less frequently were more likely to describe attending for special occasions such as birthdays, Christmas functions or sporting presentation nights. One mother described attending venues for “celebrations” such as Mother’s Day or for her 40th birthday. For others, the venue provided an experience of luxury that they were otherwise unable to afford. For example, one mother said:

“It’s beautiful. They’ve spent a lot of money on it all. Re-doing all the club and yeah, it looks lovely.” (Participant 27)

Despite the different range of reasons given for attending community gambling venues, parents often described that their initial visits were linked to structural
factors within the regional community in which they lived. These included a lack of alternative, affordable, family friendly environments in their local area, for recreation, and/or meals. Attendance was reinforced through the provision of high quality family specific facilities (such as playgrounds and children’s areas), which in turn shaped individual preferences towards these venues. For some parents, taking children to clubs was part of a tradition:

“Probably the cost of the meals are cheaper so it’s subsidised in that way. It’s just something that we’ve always felt comfortable having kids in a club environment. It seems to be more accepting of kids as opposed to sometimes nice restaurants that aren’t, necessarily.” Father, 48 years old, attends venue once a fortnight.

The creation of cultural capital: The club as a place of inclusion and belonging

While not all families attended them regularly, it is noteworthy that all parents perceived the venues to be an appropriate space for families, with several parents describing the venue as “family orientated”. Parents referred to venues as environments that many families with children visited, often justifying the choice to take children to these venues on this basis. For example, one mother stated that “we’re definitely not the only family... there’s always been big groups of people”, and another said, “there’s a lot of families there so there’s a lot of children”.

Parents also described that the venue was an easy and convenient place to take a family to dinner because it was friendly and inclusive for children - “it’s a super easy place to eat because its kid friendly”. Some parents also described the structural characteristics of venues that they felt made gambling venues appropriate spaces for families to attend. For example, some parents said that venue renovations and the provision of children activities (such as playgrounds and children rooms) helped to transform gambling venues into spaces where parents felt comfortable spending time with their children:

“I feel that society would have looked upon you like you were a bad parent [for taking children to some gambling venues]...But now the [venue] has
got so open, I find it’s great because I’m 30 and my friends are 30 and we all have children. We can all do that, go out for pub lunch or go out and have dinner and have a few drinks and still be able to take the kids. So for me, that’s what I like about it.” Mother, 30 years old, attends venue once a month.

Parents also commented about the role of the venue in the community. For example, some talked about the inclusive, welcoming nature of the venue, that it was “pretty safe”, and played a role in creating a sense of community for their local area. For example, one mother commented that events held by the venue “bring a sense of community”.

**Fields of practice: reinforcing intergenerational attendance**

For some participants there were clear intergenerational pathways for visiting the venue. For example, one mother recounted that “we weren’t allowed in there [the venue] as young kids, but dad worked there so we went to all their Christmas parties”. She then described attending the venue as a young adult, now attending every week with her children, meeting up with her siblings and mother. She described enjoying the familiarity with the venue and that “everyone knows grandma so we’ve always got people coming up and talking to us”. Another mother who attended the club every week with her family for ‘raffle night’ and to meet up with extended family, said:

“I’ve got heaps of memories there... like we had dad’s wake there from his funeral and stuff like that. So there’s nothing I don’t like there.” Mother, 48 years old, attends venue once a week.

While the specific activities used by parents changed over the course of their lifetime, their current need for family specific activities and their familiarity with the venue contributed to their continued attendance. For example, some parents described attending venues as young adults due to the accessibility and affordability of alcohol, but now attended for the family friendly activities. One
mother, who did not attend venues regularly, reflected that she grew up attending venues with her family and would probably continue to go, if she had not moved to an area with limited venues containing EGMs:

“I think moving out of the area. Like if I still lived in [suburb], I’d probably go…more often than I go now. Because it’s there and a lot of people I grew up with probably still go down there.” Mother, 32 years old, attends venue less than four times per year.

Perceptions of the risk associated with community gambling venues

When prompted, all parents acknowledged that EGMs could be harmful for those who used them. Some parents who played EGMs within venues indicated they would not use them while they were in the venue with their children. For example one mother described using EGMs if she was at the venue for lunch with a friend but would not use them if she was having dinner with her family.

“We’ll go there for dinner, if its family. Which then I don’t play the poker machines because we’re there as family we go for dinner and then we leave. If, as I said during the day I go with a friend… for lunch or something like that and then I would go [use EGMs]”. Mother, 53 years old, attends venue four or more times per year.

A small number of parents spoke about family members who used EGMs, including when they were visiting venues with their family. However, many perceived that while children were aware of gambling within the venue, they did not consider that they had been exposed to gambling products:

“I guess it’s not something that I think they’re exposed to. ....Most of the clubs we go to, they are sectioned off as such. But yeah they know Nan and Pop play the pokies and stuff like that. It’s obviously, it’s not the time that we’re there. If we’re there we’re all sitting down having dinner. (Nan and Pop) don’t then go over to the poker machines or that area, or anything
like that until we’ve gone home. When we go, they get up and go do whatever they want to do. They know Nana plays the pokies ‘cos Nana wins quite a bit and she’s quite happy to tell everybody!’” Mother, 42 years old, attends venue once per week.

All parents acknowledged the presence of EGMs in their descriptions of the venues. Despite recognising the harm associated with EGMs, parents used various techniques to distance themselves from EGM harm. In particular, many parents who did not gamble while they were at the venue considered that their children were not therefore, being put at risk:

“I guess if you went like even weekly or twice a week and spent a couple of hours there and say if we went as a family and dad went and played the pokies for 15 or 20 minutes while I sat in the park with the kids then I guess that would be different. But we don’t do that. So I guess they don’t see that side of it really. It’s just like it’s there but they don’t really know .... I mean you can see the TAB, you can see the betting area, but the pokies are actually behind a closed door.” Mother, 37 years old, attends venue once a fortnight.

Some parents acknowledged that the provision of family products within venues that also contain gambling activities could play a role in normalising gambling for families. However, despite this recognition narratives from parents suggested that they perceived the benefits of attending the venue (such as cheap meals and social activities with the family) outweighed any potential harms. This view was particularly strong among parents who did not use the gambling products in venues, and who perceived that money from EGMs ultimately was returned for the benefit of those who used the venue. Describing the money that clubs made from gambling venues, one mother stated:

“They’re not just keeping it for themselves, they’re actually giving it back...Look, the gambling money has to go somewhere. I know not everybody wins... I don’t have a gambling issue. I don’t have that
addictive personality that I feel drawn to that. So I can walk past it and feel quite comfortable knowing where that money goes. I mean, look, if they don’t do it there they’re going to be doing it somewhere. So if they can put that back into the community and just try and level out what’s happening negatively, with what is going on with gambling, maybe that’s a good thing.” Mother, 35 years old, attends venue once a month.

While all parents in this study had taken their children to gambling venues, few parents had had conversations with their children about the risks associated with gambling products. Some parents described indirect forms of education about gambling products. For example, one mother stated that she had “drummed” into her children “you’ve got to work hard for that money in the first place”. Other parents said that if children asked about products they had a brief conversation, with one mother telling her sons “they’re the devil. They lose all your money”. Others thought it better not to discuss it with their children:

“Sometimes you’re better off not putting into their head, I think, until they’re really old enough to know what’s going on.” Father, 43 years old, attends venue once a week by himself and once a month with family.

Interestingly, during the interviews several parents realised that they had not discussed gambling products or gambling harm with their children, and indicated that they thought it was important to now have these discussions.

**Discussion**

This research aimed to explore the social practices of families that attend community gambling venues, the range of factors that shape these practices and how families conceptualise the risks and benefits of venues, and the range of activities within them. This research raises three points for discussion.

First, the study found that a range of factors influence attendance at community gambling venues. It supports other studies (Bestman, Thomas, Randle, Pitt, &
Daube, 2018), which show that community members perceive venues as accessible and available. However, this research also shows the extent to which parents see community venues containing EGMs as affordable, family friendly environments. The study also showed that the lack of alternatives also played a role in decisions to attend venues. The narratives in the study provided more detail about how promotions, including special events and refurbishments, encourage family attendance at venues, including through the associations that are built within sporting clubs at the junior level. They also showed how uptake of special offers, and the use of venues to host special occasions including birthday parties and other rituals, play an important role in the continued and intergenerational patterns of attendance reflected in this sample.

While research has previously documented the range of marketing strategies that appeal to families within venues (Bestman et al., 2016), the current research has shown that the provision of children’s activities and the facilitation of family social events also play a key role in encouraging family attendance at venues. Further, parents indicated that the presence of other families also contributed to the appeal and normalisation of gambling venues for families. Parents’ recall and use of ‘deals’ particularly those relating to creating affordable food options and references to the welcoming environment also highlight the inclusive nature of community gambling venues. It is the interplay of these factors that reinforces the perception that community based gambling venues can be appropriate settings for children. These factors play a role in creating environments that individuals from lower socio-economic groups with less resources may not otherwise have access to. This study showed that venues are embedded in communities and their use is habitual. For example, in New South Wales community gambling venues have had long ties to communities since they first legally operated in 1956 (Australian Institute for Gambling Research, 1999). The interplay of these factors could have implications for children who are exposed to gambling environments, particularly given research that suggests that children who attend community gambling venues are exposed to EGMs and indicate future intentions to use gambling products (Bestman et al., 2017). The impact of exposure and the intention to use gambling products among children is not yet known. Future research should aim to explore
such impacts, including following children who attend community venues through adulthood to examine their gambling behaviours. Other research should also aim to examine the gambling attitudes and behaviours of 18-24 year olds and the factors that may influence early gambling behaviours.

The second point relates to the extent to which parents perceived community gambling venues as risky environments. Some parents in this study indicated they did not perceive that children were at risk within gambling environments. The findings of this study suggest that this perception is enhanced by the non-gambling, family activities provided and the extent to which these activities are utilised by other families. Consistent with Bourdieu’s (1986) concept, this study also found that social and cultural structures prevent some parents from acting on their knowledge due to a lack of resources. While parents viewed gambling products as potentially harmful for those who used them, the ‘doxa’ (the rules of the ‘game’) (Bourdieu, 1990) within these environments mean that decisions to attend venues as a family are made within societal constraints and social norms, such as attending as part of a social sporting team. This trade-off also occurs at a broader level that influences the building of social capital for example through the subsiding of junior sport. This supports other research that suggests that community gambling venues provide a range of family activities and subsidise sporting activities to encourage future attendance, particularly in areas that lack affordable alternatives (Fabiansson, 2016).

Finally, this research raises important areas for future research and policy interventions. A key factor that facilitated social engagement of families in venues that contain gambling products was the lack of alternative settings where families can build social capital. It is important that future research examines the barriers to accessing environments that do not contain gambling products, particularly EGMs. This includes examining physical accessibility, financial accessibility and social accessibility of venues. Government, including at the local level, should seek to examine how policy can facilitate non-gambling environments for families. Further, the research indicates that the relationship between venues and sporting groups requires further investigation. While there is no doubt that some
gambling venues provide valued resources to junior sporting groups, the effect of this sponsorship on perceptions of gambling venues should be investigated. While sponsorship by venues differs from that by tobacco companies (as venues are not normally directly promoting gambling products) this promotion may act to normalise gambling products co-located within environments perceived as positive family settings. Further research should aim to investigate alternative sources of funding for community venues and young people’s activities.

Limitations of this study should be noted. The study included a small sample of individuals from one geographic area in NSW, and did not examine the experiences of individuals who did not attend community gambling venues. Therefore, the findings of this study may not be generalisable to the broader population.

**Conclusion**

This research has shown that the interplay of individual, social and structural factors influence parents’ decisions to attend community gambling venues with their children. For some, activities that take place in venues including birthday parties and other celebrations form part of family life which is transmitted through generations. Despite recognising the harm associated with EGMs, many parents distinguished venue attendance from exposure to EGMs and said that they had not discussed gambling harm with their children. The narratives reported in this paper, provide an insight into the mundane ways in which gambling has become embedded in everyday life, not necessarily through advertising, but through social practices that are naturalised and therefore rarely submitted to critical attention. Future research should examine the long term impacts of children’s attendance at community gambling venues. However, research in this study indicates that social practices within venues may influence perceptions of risk associated with community gambling venues containing activities for children. Local organisers should look for and cultivate alternative sources of funding for activities involving young people, and communities may wish to promote or create alternative social spaces for families that do not contain gambling products.
References


doi: [http://dx.doi.org/10.1080/16066359.2017.1332182](http://dx.doi.org/10.1080/16066359.2017.1332182)


Chapter Nine: Attitudes towards community gambling venues and support for regulatory reform: An online panel study of residents in New South Wales, Australia

9.1 Chapter overview

This chapter contains the fifth publication in this thesis titled ‘Attitudes towards community gambling venues and support for regulatory reform: an online panel study of residents in New South Wales, Australia’. This paper was accepted on the 2nd of February, 2018 and was published online on the 2nd April 2018.

Chapter Nine has been published in Harm Reduction Journal as:

## 9.2 Authorship statement

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### 3. HDR thesis author’s declaration

<table>
<thead>
<tr>
<th>Name of HDR thesis author (if different from above, write “as above”)</th>
<th>School/Institute/Division if based at Deakin</th>
<th>Thesis title</th>
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If there are multiple authors, give a full description of HDR thesis author’s contribution to the publication (for example, how much did you contribute to the conception of the project, the design of methodology or experimental protocol, data collection, analysis, drafting the manuscript, revising it critically for important intellectual content, etc.)

Amy was the lead researcher in the study who led the data collection of the study, contributed to data analysis, and prepared the first draft and critical revision of the manuscript.

*I declare that the above is an accurate description of my contribution to this paper, and the contributions of other authors are as described below.*

<table>
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<th>Signature and date</th>
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4. Description of all author contributions

<table>
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<tr>
<th>Name and affiliation of author</th>
<th>Contribution(s) (for example, conception of the project, design of methodology or experimental protocol, data collection, analysis, drafting the manuscript, revising it critically for important intellectual content, etc.)</th>
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<tbody>
<tr>
<td>A/Prof Samantha Thomas, School of Health and Social Development, Deakin University.</td>
<td>ST was the principle investigator who conceptualised the study, contributed to data analysis and interpretation, and prepared the first draft and critical revision of the manuscript.</td>
</tr>
<tr>
<td>A/Prof Melanie Randle, School of Management, Operations and Marketing, University of Wollongong.</td>
<td>MR was the study investigator who contributed to data interpretation, writing and critical revision of the manuscript.</td>
</tr>
<tr>
<td>Ms Hannah Pitt, School of Health and Social Development, Deakin University.</td>
<td>HP was the researcher who contributed to data interpretation, writing and critical revision of the manuscript.</td>
</tr>
<tr>
<td>Emeritus Professor Mike Daube, Faculty of Health Sciences, Curtin University</td>
<td>MD was involved in the critical revision of the manuscript for important intellectual content.</td>
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5. Author Declarations

I agree to be named as one of the authors of this work, and confirm:

xvi. that I have met the authorship criteria set out in the Deakin University Research Conduct Policy,

xvii. that there are no other authors according to these criteria,

xviii. that the description in Section 4 of my contribution(s) to this publication is accurate,

xix. that the data on which these findings are based are stored as set out in Section 7 below.

If this work is to form part of an HDR thesis as described in Sections 2 and 3, I further

xx. consent to the incorporation of the publication into the candidate’s HDR thesis submitted to Deakin University and, if the higher degree is awarded, the subsequent publication of the thesis by the university (subject to relevant Copyright provisions).

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Ms Hannah Pitt | | 28/08/18 |
Emeritus Professor Mike Daube | | 28/08/18 |
6. Other contributor declarations
I agree to be named as a non-author contributor to this work.

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<thead>
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* If an author or contributor is unavailable or otherwise unable to sign the statement of authorship, the Head of Academic Unit may sign on their behalf, noting the reason for their unavailability, provided there is no evidence to suggest that the person would object to being named as author.

7. Data storage
The original data for this project are stored in the following locations. (The locations must be within an appropriate institutional setting. If the executive author is a Deakin staff member and data are stored outside Deakin University, permission for this must be given by the Head of Academic Unit within which the executive author is based.)

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<td>Executive author</td>
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If the publication is to be included as part of an HDR thesis, a copy of this form must be included in the thesis with the publication.
9.3 Publication Five
Attitudes towards community gambling venues and support for regulatory reform: an online panel study of residents in New South Wales, Australia

Amy Bestman 1*, Samantha L. Thomas 1, Melanie Randle 2, Hannah Pitt 1 and Mike Daube 3

Abstract

Background: Harmful gambling has been identified as an important public health issue that affects individuals, families and the broader community. One gambling product, electronic gambling machines (EGMs), has been associated with significant gambling harm in Australia. There has been limited research that has explored community perceptions of EGMs and attitudes towards reform. This study, conducted in NSW, Australia, aimed to explore community use of EGM venues (clubs and hotels containing EGMs), attitudes towards EGMs and whether the use of these venues influenced attitudes towards EGM reform.

Methods: An online survey was conducted with 500 adults aged 16 years and over, representative of the population for age and gender. Discrete choice and open-ended questions were used to gather data on gambling behaviours, use of and attitudes towards EGMs and EGM venues and support for gambling harm reduction measures.

Results: Three quarters of participants had visited an EGM venue in the previous year. Participants who had attended such venues were significantly more likely to use EGMs at least once per month. Participants attended EGM venues for a range of reasons including use of non-gambling facilities such as restaurants, the social aspects of the venue and ease of access to the venue. Some participants also attended EGM venues specifically for the gambling facilities. Most participants identified some negative impacts of EGMs for local communities and were supportive of measures to reduce the number of EGMs and prevent children’s exposure to EGMs in such venues.

Conclusions: This study shows a high level of support for EGM reform amongst both individuals who attend EGM venues and also those who do not. There is potential for government to further regulate EGMs and the environments where they are located.

Keywords: Gambling, Public health, Electronic gambling machine, Venue, Community survey

Background

Electronic gambling machines (EGMs, also known as “pokies” or poker machines) have been identified as the gambling product that causes the most harm to individuals and communities in Australia [1]. While the number of people using EGMs has decreased [2], the amount of money lost on EGMs has stayed largely the same over the last 10 years [3]. Over $12 billion was lost on EGMs in 2015/2016, a significant proportion of the $23.6 billion lost on all forms of gambling during the same time period [3]. The Australian Productivity Commission [2010] stated that (a) an estimated 40% of the total share of Australian gaming machine losses come from problem gamblers, (b) the majority of EGM revenue was from individuals who used EGMs weekly or more and (c) the increased use of EGMs was associated with increased risk of gambling harm [4].

In Australia, most EGMs are based in community clubs and hotels, with EGMs in these venues generating the majority of gambling revenue (55%) in Australia [4]. In 2016, there were 195,631 EGMs in Australia, with just...
under half of these (94,408 machines) in New South Wales (NSW) [3]. Research shows that per capita expenditure on EGMs in NSW is much higher ($1022) than in other Australian states such as Queensland ($616) and Victoria ($558) [3], although figures do not include EGM expenditure from casinos and are not able to be compared to Western Australia where there are no EGMs outside its sole casino.

Researchers have identified a range of specific risk factors associated with the presence of EGMs in communities. The first is that EGM’s, and higher EGM losses, were concentrated in areas with higher levels of disadvantage [5]. For example, data suggests that in 2016, $800 million was lost on EGMs in the NSW suburb of Fairfield, an area with a very high level of social disadvantage and deprivation [6]. This raises significant concerns about the impacts of EGMs on social and health inequity. For example, EGMs have been linked to a number of health and social issues, with recent research suggesting that areas with higher numbers of EGMs also reported high rates of family violence [7]. Second are risk factors associated with accessibility of EGMs in community settings [8]. Studies have demonstrated that proximity to gambling venues is linked to individual gambling behaviours [9] and that those who live closer to venues spend more money annually on EGMs [10]. Third is the co-location of gambling with the consumption of other risky activities in these venues, such as alcohol. In a study by Deans and colleagues, young men stated that local hotels were “a hub for different forms of gambling” (p. 115), whereby multiple gambling options, peer influences and alcohol consumption contributed to risky gambling behaviours [11]. The final factor is the exposure of children to EGMs in community settings. Research has demonstrated that while children are not legally allowed onto gaming room floors, those who attended venues had visible and audible exposure to EGMs, and were able to describe the characteristics of EGMs [12]. Some had positive perceptions of EGMs, with children who regularly attended venues saying that they wanted to gamble on EGMs when they were older [12]

What is less clear is the range of socio-cultural and industry-related factors that influence attendance at venues and, subsequently, shape community perceptions of the risks and benefits associated with gambling venues. To date, there has been limited research exploring the broad range of factors that may encourage or create pathways for individuals into community-based EGM venues. A small amount of research suggests that increased gambling participation and expenditure may be linked to the extent to which gambling venues are seen as safe entertainment settings [13, 14]. Researchers have also identified the range of promotional factors that may shape attitudes towards gambling venues, indicating that in the absence of an ability to directly promote EGMs, venues focus on the promotion of family-friendly activities, cheap meals and other forms of entertainment to encourage individuals into venues [15].

Research from other areas of public health, such as drug-related harm, suggests that harms are a product of the environments of individuals [16]. Environments are influenced by a range of micro and macro risks that extend beyond the individual and encompass physical, social, economic and policy environments [17]. In order to develop harm reduction strategies in gambling, it is important to understand the broader range of structural and environmental factors that may contribute to gambling risks in communities, including (a) community perceptions of the risks and benefits of EGM venues [18, 19] and (b) their support for strategies that may reduce the risks associated with these venues [20]. The current study aimed to understand the attitudes of a sample of community members in NSW, Australia, including the behaviours of individuals who attended EGM venues (clubs and hotels), and in particular how frequency of attendance at venues influenced attitudes and support for harm prevention measures associated with EGMs and venues. The research was guided by five questions:

1. What factors influence attendance at EGM venues?
2. Are individuals who attend EGM venues more likely to use EGMs than those who do not?
3. How do community members perceive EGMs in their community?
4. Does the community support increased regulations to reduce the harms associated with EGM venues?
5. Are there differences in attitudes towards EGMs and EGM reform between people who visit EGM venues and those who do not?

Methods

Approach

The study used data from an online survey of 500 individuals aged 16–82 years who were residents of NSW, Australia. This research received ethics approval from the Deakin University Human Research Ethics Committee.

Setting

We chose to focus this study on NSW for four reasons. First, NSW was the first state in Australia to introduce EGMs into community clubs, with clubs becoming increasingly reliant on the revenue from EGMs [21]. Second, NSW has the highest number of EGMs in Australia and the highest per capita losses on EGMs [2]. Third, there has been limited transparency around losses on EGMs in NSW [22], despite this being the practice of governments in other states such as Victoria [23]. Finally, while research since the 1990s has demonstrated significant community
support for gambling reform (for a discussion, see Thomas and colleagues [20]), no research has specifically looked at the relationship between use of EGM venues and attitudes towards community-based reform in NSW.

Recruitment and sampling
Data were collected in May 2017 using an online panel company. Quotas were set to ensure the sample was representative of the NSW population for age and gender [24]. Participants aged 16 and 17 years were included because individuals younger than 18 may attend community gambling venues that contain EGMs, and research suggests that children begin to think about gambling on EGMs prior to turning 18 years old [12]. Panel members who were eligible for the study were sent an invitation to complete the survey. On completion of the survey, participants were reimbursed with points that could then be redeemed for gift vouchers online. Participants were excluded if they were younger than 16 years, if they did not give consent, if the age and gender quota was full or if they did not complete the full survey. Participants were also excluded if answers were nonsensical or contradictory.

Data collection
The survey was hosted through Qualtrics survey software. First, data were collected on a range of socio-demographic factors that included age, gender, postcode, education level, employment and whether they had children. Second, we collected information about gambling behaviour, including frequency and use of gambling products (casino gambling, EGMs, horse betting, sports betting and other), and gambling status (the Problem Gambling Severity Index (PGSI) was used as a measure of problem gambling status [25]). Third, we asked participants about their attendance at clubs or hotels that contained EGMs, referred to in this paper as EGM venues. Participants were asked to qualitatively describe the reasons they attended these venues. Open-ended questions were used to explore perceptions of the risks and benefits of EGMs for their local community. Finally, participants were asked to indicate on a 4-point scale the extent to which they agreed or disagreed with a range of statements relating to EGM reform. Given research which suggests that children are exposed to EGMs in community venues [12], we were particularly interested in exploring whether there was community support for the separation of EGMs and children’s areas in EGM venues. We were also interested in the extent to which the community supported broad harm prevention strategies relating to EGMs in EGM venues.

Data analysis
Data were downloaded to SPSS 22.0 for checking and cleaning. Postcodes were used to determine socio-economic status of the area of residence (using the Socio-Economic Indexes for Areas, Index of Relative Socio-economic Disadvantage) [26], and descriptive analysis on demographic variables produced the sample description.

Responses from PGSI questions were calculated to categorise participants’ gambling status as non-problem gambling (score 0), low-risk gambling (scores 1–3), moderate risk gambling (scores 4–7) and problem gambling (scores of 8 or above). Individuals who reported not gambling in the previous 12 months were “non-gamblers”. Ten self-reported non-gamblers received PGSI scores above zero (indicating some level of gambling behaviour and risk); these individuals were re-classified from the “non-gambling” group into the appropriate category given their PGSI score.

To test for differences between individuals according to the frequency of attendance at EGM venues, the sample was split into three groups: did not attend EGM venues, attended infrequently (less than once a month) and attended frequently (at least once a month). Chi-squared ($\chi^2$) tests of association were used to test for significant differences between groups at the 95% level.

Qualitative data were analysed using a constant comparative method [27]. The first two authors read and reread responses to develop preliminary themes, which were compared according to socio-demographic factors, venue use and gambling behaviours. These were then discussed with the broader team to determine how they fit with the data as a whole. In presenting the data, minor typographical errors in the qualitative responses provided by the participants were corrected. Any capitalisation or emphasis by participants was not changed.

Results
Sample description
Table 1 provides the socio-demographic and gambling characteristics of the sample. Participants ranged from 16 to 82 years, with a mean age of 45.15 years (SD 17.6). The sample contained 20 individuals aged 16 and 17 years old, the majority ($n = 13$) of whom were male. Most participants ($n = 384$, 76.8%) were from middle or high socio-economic areas, had an education level above year 12 ($n = 364$, 72.8%), and were employed in full-time, part-time or casual work ($n = 295$, 59.0%). Just under one third of the sample ($n = 151$, 30.2%) had a child under 18 years at the time of data collection. Just under 40% ($n = 199$, 39.8%) had experienced some level of gambling-related harm (PGSI score of 1 or more), with 84 participants (16.8%) reporting problem gambling behaviours (PGSI score of 8 or more). Six participants under 18 years old reported some level of gambling-related harm (PGSI score of 1 or more); of which three were moderate risk gamblers and another three were problem gamblers.
Table 1: Socio-demographic and gambling characteristics of the sample

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number</th>
<th>Percent</th>
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</tr>
<tr>
<td>16–17</td>
<td>20</td>
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</tr>
<tr>
<td>18–24</td>
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<td>45–54</td>
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<tr>
<td>55–64</td>
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</tr>
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<td>65 or older</td>
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<tr>
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<tr>
<td>Female</td>
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<tr>
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<td>23.2</td>
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<tr>
<td>Middle (4–7)</td>
<td>194</td>
<td>38.8</td>
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<tr>
<td>High (8–10)</td>
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<td>38.0</td>
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<td>Education</td>
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<td>Year 12 or less</td>
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<td>Cert I, II, III, IV</td>
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<tr>
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<tr>
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<tr>
<td>At least one child under 18 years</td>
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<tr>
<td>Low-risk gambling</td>
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<tr>
<td>Moderate-risk gambling</td>
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<td>9.6</td>
</tr>
<tr>
<td>Problem gambling</td>
<td>84</td>
<td>16.8</td>
</tr>
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Table 2 presents the frequency of participation in gambling. Just over three quarters of the sample (n = 388, 77.6%) reported having participated in some form of gambling in the previous 12 months. This included one third of participants aged under 18 years (n = 7, 35.0%). Over half of participants had gambled on EGMs in the previous year (n = 260, 52.0%), with fewer participants gambling on horse betting (n = 228, 45.6%), casino gambling (n = 177, 35.4%) and sports betting (n = 171, 34.2%). Two thirds (n = 330, 66.0%) of participants reported that they gambled on other forms of gambling at least once a month, including lotteries, buying scratch tickets (scratchies), Keno, raffles, bingo or dog racing. There was an association between frequent EGM use and experience of gambling-related harm. Participants who gambled on EGMs at least monthly were more likely to score as moderate risk gamblers or problem gamblers on the PGSI [χ² = 6.01, p = 0.014].

Over three quarters of participants reported attending an EGM venue in the previous 12 months (n = 395, 79.0%), with over one third of participants attending at least monthly (n = 181, 36.2%). Over half (n = 232, 58.7%) of the participants who attended EGM venues had gambled on EGMs in the previous 12 months. Participants who attended an EGM venue at least once a month were significantly more likely to report EGM use in the previous year (n = 123, 68.0% of those who attended at least monthly), compared to those who went to an EGM venue less frequently [χ² = 28.94, p < 0.001]. Participants who visited EGM venues in the previous 12 months were also more likely to bet on horses at least once a month (n = 86, 91.5% of those who bet on horses monthly or more) [χ² = 10.88, p = 0.001].

Participation in activities at EGM venues

Qualitative responses were used to document the reasons why participants visited EGM venues. It is important to note that of the 17 participants in the survey who gave no response to this question, 11 were categorised as problem gamblers.

The vast majority of participants who attended EGM venues stated that they attended for non-gambling activities (n = 390, 98.7%). These activities were grouped into four categories. First was the use of the restaurant or bar (n = 154, 39.0%). Many participants referred to the value for money or affordability of the restaurants. References to the consumption of alcohol at the venue were often combined with descriptions of activities such as socialising with friends or with a meal. Second were social reasons, such as meeting up with friends or family or to socialise (n = 100, 25.3%). For example, one male aged 41 who was a non-gambler said he attended to “socialise with friends over a couple of drinks”. Some (n = 63, 15.9%) also described the “good atmosphere”, including that it was “fun”, “relaxing” or “comfortable”. Third were
those who visited the venue because it was accessible, local and easy to get to \((n = 74, 18.7\%)\). Fourth were non-gambling entertainment activities including seeing live bands, shows, watching sport, regular club member events such as trivia nights or members’ draws or to use the sporting facilities \((n = 39, 9.9\%)\).

Some participants stated that while they attended EGM venues, it was not their choice to do so \((n = 29, 7.3\%)\). For these participants, the decision to attend had been made by others, including family and friends, or the venue had been chosen for sporting team events or functions. Some stated that while they would prefer not to attend these venues, there were no other alternatives in their local area. For example, one male commented on the lack of options in his area:

That’s where we meet. Besides where else is there to go?—Male, 64 years, attended frequently, non-problem gambler.

A minority of participants stated that their reason for attending the venue was for gambling \((n = 16, 4.1\%)\). These people were often at high risk of gambling-related harm according to their PGSI score. For example, one female aged 38 years who was classified as a problem gambler said her attendance at the venue was because “they have a lot of machines”.

**Community attitudes towards EGMs**

When asked to describe positive and negative aspects of EGMs for their local community, just over one fifth of participants \((n = 109, 21.8\%)\) provided both negative and positive responses towards EGMs, just under half of participants \((n = 214, 42.8\%)\) provided a negative response only and one in ten \((n = 52, 10.4\%)\) provided a positive response. A quarter of participants \((n = 125, 25.0\%)\) provided neither a negative or positive response to this question, for example “I don’t know” or provided a response that could not be categorised as either positive or negative. The following provides results for the participants who provided a distinct negative or positive response towards EGMs.

Just under two thirds of participants qualitatively described at least one negative impact of having EGMs in their local community \((n = 323, 64.6\%)\). For example, participants described negative financial consequences \((n = 105, 32.3\%)\), the role of EGMs in gambling addiction \((n = 107, 33.1\%)\) and negative social impacts on communities \((n = 65, 20.1\%)\). While there were a range of specific negative social impacts identified, such as crime and mental health issues, just under half of participants who identified these impacts described the negative impact of EGMs on families and children \((n = 29)\). Participants described families being impacted as a result of another individual’s gambling, for example, family stress, family financial problems and divorce or family conflict. For example, one female stated that EGMs led to the:

Destruction of families due to addictive behaviour.—Female, 74 years, does not attend venues, non-gambler.

A small number of participants \((n = 5)\), all under 40 years old, described the effect of EGMs on children, including its effect on children’s future gambling behaviours. For example, one 18-year-old female described the impact of increased accessibility on exposing children to EGMs:

Proximity to home means younger people are more likely to be exposed to it.—Female, 18 years, attended venues infrequently, non-gambler.

Others commented on the extent to which EGMs were available and accessible in the community \((n = 29, 9.0\%)\). For example, one participant stated EGMs were “dangerously accessible”, while another said, “they are everywhere, WHY?”. Others stated that accessibility had a direct link with increased harm from EGMs, “it makes it easier to gamble if they are within reach”.

Around one third of participants described that there were some benefits associated with EGMs \((n = 161, 32.2\%)\). This included 78 participants who attended EGM venues at least once a month who provided a positive response. Some participants \((n = 38)\) described the positive benefits of employment and that profits were used to fund community projects, charities and activities, taxes and community-based sports:

Positive side profits, particularly from local service and community clubs, help many junior sports, charities and local community institutions (hospitals, schools, age care, etc.) who without the funds would not provide many of the services in their local community.—Male, 65 years, attended venues frequently, low-risk gambler.

Others \((n = 65)\) viewed EGMs as a positive form of entertainment in the community that created social connections. For example, one young woman stated that EGMs contributed to positive social interactions, but also that the winnings from EGMs would help hotels make money:

[EGMs] bring people together by cheering and excitable moments of winning. Buying more drinks from the pubs and them making more money.—Female, 22 years, attended venues infrequently, moderate-risk gambler.
Some of those who believed that EGMs were positive for communities had caveats on this, for example, that EGMs were only fun for people who were responsible or in control.

It’s not good for the weak people who don’t know when to stop but for others it’s a lot of fun.—Male, 24 years, attended venues frequently, problem gambler.

**Support for EGM harm reduction and prevention measures**

Table 3 provides information about perceptions of the reliance of venues on EGM revenue, by their frequency of attendance at these venues. Over 90% of participants agreed or strongly agreed (n = 454, 90.8%) that clubs and hotels should be less reliant on money from EGMs. However, individuals who attended EGM venues more frequently were significantly less likely to strongly agree with this statement compared to other groups [χ² = 15.81, p = 0.015].

While around two thirds of participants agreed or strongly agreed that they would rather attend a venue that did not have EGMs (n = 337, 67.4%), there were significant differences according to the level of attendance [χ² = 24.87, p < 0.001]. Those who attended EGM venues frequently were more likely to disagree with this statement, with just under half (n = 79, 43.6%) disagreeing or strongly disagreeing.

Support for other harm reduction measures can be found in Table 4. Most people agreed or strongly agreed that the NSW government should increase the regulation of EGMs (n = 407, 81.4%), including reducing the number of EGMs in NSW (n = 384, 76.8%). Although two thirds of the sample supported the removal of EGMs from local communities (n = 330, 66.0%), participants who attended EGM venues frequently were more likely to disagree with this statement (44.2% compared to 23.8% of people who do not attend venues).

Almost 90% of participants agreed that children should not be able to see or hear EGMs in venues (n = 444, 88.8%) and that there should be greater separation between gambling products and family areas in venues (n = 441, 88.2%). Just over two thirds agreed that venues could be family friendly and also contain EGMs (n = 342, 68.4%). Again, participants who attended venues frequently were more likely to agree with this statement [χ² = 27.67, p < 0.001].

**Discussion**

This study aimed to explore community attitudes and behaviours in relation to EGM venues, the factors that influence attendance, and levels of support for increased regulation to reduce the harms associated with EGM venues. The results raise three key areas for discussion.

First, many people in this sample attended EGM venues primarily for non-gambling activities, such as affordable meals and the accessibility of the venue. However, participants who visited more frequently also gambled on EGMs more often. This suggests that although participation in gambling is not the primary reason for visiting, the presence of EGMs in these venues may encourage a pathway to participation in this form of gambling. Further research is required to explore the pathways by which individuals may transition from being non-gamblers to gambling frequently within venues and which strategies may disrupt pathways to EGM use. While EGM venues provide some beneficial services through community funding, evidence shows that these benefits are outweighed by the harms associated with gambling [28]. Researchers should also explore whether non-gambling activities within venues create perceptions of lesser risks associated with the gambling products there.

Second, participants identified a range of positive and negative factors associated with EGMs being located within their communities. While the majority of participants recognised that EGMs had at least some negative consequences for communities, one fifth of participants said they used EGMs at least once a month. This is consistent with a similar study conducted in Victoria by the

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**Table 3** Attitudes towards EGMs by the frequency of attendance at venues

<table>
<thead>
<tr>
<th>Venue attendance</th>
<th>Did not attend</th>
<th>Attended infrequently</th>
<th>Attended frequently</th>
<th>Total</th>
<th>Sig</th>
<th>χ²</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>It would be better if clubs and hotels were not so reliant on money from EGMs</td>
<td>Strongly agree</td>
<td>47 (44.8%)</td>
<td>89 (41.6%)</td>
<td>59 (32.6%)</td>
<td>195 (39.0%)</td>
<td>15.81</td>
<td>.015*</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>49 (46.7%)</td>
<td>115 (53.7%)</td>
<td>95 (52.5%)</td>
<td>259 (51.8%)</td>
<td>24.87</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>8 (7.6%)</td>
<td>10 (4.7%)</td>
<td>25 (13.8%)</td>
<td>43 (8.6%)</td>
<td>3.06</td>
<td>.051</td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td>1 (1.0%)</td>
<td>0</td>
<td>2 (1.1%)</td>
<td>3 (0.6%)</td>
<td>0.00</td>
<td>1.00</td>
</tr>
<tr>
<td>I would prefer to attend a club or hotel that did not have EGMs</td>
<td>Strongly agree</td>
<td>39 (37.1%)</td>
<td>54 (25.2%)</td>
<td>34 (18.8%)</td>
<td>127 (25.4%)</td>
<td>24.87</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>43 (41.0%)</td>
<td>99 (46.3%)</td>
<td>68 (37.6%)</td>
<td>210 (42.0%)</td>
<td>14.64</td>
<td>.001*</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>17 (16.2%)</td>
<td>54 (25.2%)</td>
<td>70 (38.7%)</td>
<td>141 (28.2%)</td>
<td>15.81</td>
<td>.015*</td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td>6 (5.7%)</td>
<td>7 (3.3%)</td>
<td>9 (5.0%)</td>
<td>22 (4.4%)</td>
<td>11.87</td>
<td>.001*</td>
</tr>
</tbody>
</table>

*Indicates values significant at the 95% level
research team, which found that although participants perceived EGMs as harmful, just over half reported using EGMs in the previous 12 months [20]. This may suggest that there are broader socio-cultural and environmental factors that influence individual participation in EGMs at community venues. This study has also found that for some individuals who perceived there were positive associations with EGMs, these were focused on the community benefits of EGMs. Public health programs should seek to educate communities about any discrepancy between community contributions and harms to ensure that individuals have an informed perception of EGMs.

Finally, the majority of participants were supportive of EGM harm reduction and prevention measures. Strong support was evident for any changes that restricted children’s exposure to EGMs, including amongst individuals who frequently attended EGM venues. The community

### Table 4: Attitudes towards EGM harm reduction and prevention measures by the frequency of attendance at venues

<table>
<thead>
<tr>
<th>EGM harm reduction and prevention measures</th>
<th>Venue attendance</th>
<th>Sig</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NSW government should increase regulation of EGMs</td>
<td>Did not attend 105 (21.0%)</td>
<td>Attended infrequently 214 (42.8%)</td>
<td>Attended frequently 181 (36.2%)</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>45 (42.9%)</td>
<td>84 (39.3%)</td>
<td>59 (32.6%)</td>
</tr>
<tr>
<td>Agree</td>
<td>42 (40.0%)</td>
<td>99 (46.3%)</td>
<td>78 (43.1%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>14 (13.3%)</td>
<td>27 (12.6%)</td>
<td>40 (22.1%)</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4 (3.8%)</td>
<td>4 (1.9%)</td>
<td>4 (2.2%)</td>
</tr>
<tr>
<td>The number of EGMs in NSW should be reduced</td>
<td>Did not attend 105 (21.0%)</td>
<td>Attended infrequently 214 (42.8%)</td>
<td>Attended frequently 181 (36.2%)</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>44 (41.9%)</td>
<td>67 (31.3%)</td>
<td>50 (27.6%)</td>
</tr>
<tr>
<td>Agree</td>
<td>39 (37.1%)</td>
<td>107 (50.0%)</td>
<td>77 (42.5%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>17 (16.2%)</td>
<td>38 (17.8%)</td>
<td>49 (27.1%)</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5 (4.8%)</td>
<td>2 (0.9%)</td>
<td>5 (2.8%)</td>
</tr>
<tr>
<td>I would support the removal of EGMs from my local community</td>
<td>Did not attend 105 (21.0%)</td>
<td>Attended infrequently 214 (42.8%)</td>
<td>Attended frequently 181 (36.2%)</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>36 (34.3%)</td>
<td>57 (26.6%)</td>
<td>45 (24.9%)</td>
</tr>
<tr>
<td>Agree</td>
<td>44 (41.9%)</td>
<td>92 (43.0%)</td>
<td>56 (30.9%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>20 (19.0%)</td>
<td>54 (25.2%)</td>
<td>63 (34.8%)</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5 (4.8%)</td>
<td>11 (5.1%)</td>
<td>17 (9.4%)</td>
</tr>
<tr>
<td>Measures that reduce children’s exposure to EGMs</td>
<td>Did not attend 105 (21.0%)</td>
<td>Attended infrequently 214 (42.8%)</td>
<td>Attended frequently 181 (36.2%)</td>
</tr>
<tr>
<td>Children should not be able to see or hear EGMs in clubs and hotels</td>
<td>Strongly agree</td>
<td>50 (47.6%)</td>
<td>100 (46.7%)</td>
</tr>
<tr>
<td>Agree</td>
<td>40 (38.1%)</td>
<td>92 (43.0%)</td>
<td>80 (44.2%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>14 (13.3%)</td>
<td>20 (9.3%)</td>
<td>15 (8.3%)</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1 (1.0%)</td>
<td>2 (0.9%)</td>
<td>4 (2.2%)</td>
</tr>
<tr>
<td>There should be greater separation between gambling products and family areas in clubs and hotels</td>
<td>Strongly agree</td>
<td>50 (47.6%)</td>
<td>87 (40.7%)</td>
</tr>
<tr>
<td>Agree</td>
<td>41 (39.0%)</td>
<td>110 (51.4%)</td>
<td>80 (44.2%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>12 (11.4%)</td>
<td>15 (7.0%)</td>
<td>25 (13.8%)</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2 (1.9%)</td>
<td>2 (0.9%)</td>
<td>3 (1.7%)</td>
</tr>
<tr>
<td>Clubs and hotels can be “family friendly” and also contain EGMs</td>
<td>Strongly agree</td>
<td>10 (9.5%)</td>
<td>24 (11.2%)</td>
</tr>
<tr>
<td>Agree</td>
<td>48 (45.7%)</td>
<td>124 (57.9%)</td>
<td>101 (55.8%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>29 (27.6%)</td>
<td>57 (26.6%)</td>
<td>32 (17.7%)</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>18 (17.1%)</td>
<td>9 (4.2%)</td>
<td>13 (7.2%)</td>
</tr>
</tbody>
</table>

*Indicates values significant at the 95% level
attitudes revealed in this study suggest that the community may also be supportive of a reduction in the number of EGMs in NSW. This finding is consistent with other Australian gambling surveys that have shown support for gambling policy change [20, 29–31]. However, despite this, there has been limited reduction in numbers of EGMs in Australia. For example, in 2017, the Victorian government announced it would keep the numbers of EGMs at the same level for the next 25 years [32], while NSW has seen a decrease of less than 4500 EGMs in the past 10 years [2]. While community support for EGM reform is a potentially important voice in public debate, those concerned with reducing harms from gambling need to frame their messages carefully and anticipate a response from interests such as EGM venues, manufacturers and governments, all of whom reap benefits from EGM revenue. Based on prior experience [33], it is likely that any attempt to change EGM legislation will face significant opposition from the gambling industry, including sophisticated campaigns to shift community attitudes. Building coalitions, raising the public profile of key issues, educating the community about the imbalance between harms and benefits [34] and arguing for product regulation [34, 35] are likely to assist those concerned with reducing gambling harms to respond to such resistance. These strategies have been effective in the Australian state of Tasmania, with some recent policy commitments from political parties supporting the removal of EGMs from the community back to casino-based settings [36, 37]. Although effective harm reduction measures may result in a reduction of EGM revenue [3], governments should view this in the context of the social and economic benefits resulting from regulatory changes, in line with the attitudes of communities that support EGM reform.

This study has several limitations. Although the study sampled for age and gender according to the NSW population, participants reported higher levels of gambling and had higher risk gambling status (PGSI scores) compared to those in the previous telephone-based prevalence surveys [4, 38]; however, this finding is consistent with other online gambling studies [39]. While it is important to explore the perspectives of people who have experienced gambling harm, the views of participants in this study, with high rates of gambling harm, may not be generalisable to the general population. This study aimed to provide an overview of community attitudes towards EGMs and EGM reform, and although we have not tested strategies that may enable venues to transition away from their reliance on EGM revenue, further research should explore this avenue in more detail. It is essential that such research be conducted independent of any interests that may be conflicted due to any reliance on EGM revenue. Finally, while findings of this study suggest strong community support for regulation of EGMs, it should also be noted that the study was conducted in the absence of any industry lobbying to counter such measures, and so the extent to which levels of community support might be eroded by effective industry campaigning cannot be known. It is therefore important to regularly monitor public opinion towards EGM reform, as well as the public relations and lobbying activities of the gambling industry, and any publicity surrounding this issue.

Conclusion
The findings of this study highlight that the majority of a sample of community members in NSW, including those who attend EGM venues, recognise that EGMs have at least some negative consequences for communities and support measures to reduce EGM harm. There is potential for governments to further regulate EGMs and the venues where they are located, to significantly prevent and reduce gambling harm in Australian communities.

Abbreviations
EGM: Electronic gambling machine; NSW: New South Wales; PGSI: Problem Gambling Severity Index

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Availability of data and materials
The datasets generated and/or analysed during the current study are not publicly available to ensure the privacy and confidentiality of the participants.

Authors’ contributions
AB was the lead researcher in this study, was involved in the design of the study, data collection process and the analysis and interpretation of the results and contributed to the drafting and the critical revision of the manuscript. ST was the principal investigator, was involved in the design and conceptualisation of the study and contributed to the data analysis and interpretation and contributed to the drafting and the critical revision of the manuscript. MR was the study investigator, was involved in the design and conceptualisation of the study and interpretation of results and contributed to the drafting and the critical revision of the manuscript. HP was the researcher who contributed to the data interpretation, writing and critical revision of the study. MD contributed to the interpretation of data and critical revision of the manuscript. All authors have read and approved the final manuscript.

Ethics approval and consent to participate
Ethical approval was obtained from the Deakin University Human Research Ethics Committee. Consent was obtained from all participants at the beginning of the survey.

Consent for publication
Participants consented to the data being used for publications.

Competing interests
All authors receive funding for gambling research from the Victorian Responsible Gambling Foundation. The Victorian Responsible Gambling Foundation is funded...
via hypothesised taxes from gambling. ST, HP and MD also receive funding for gambling research from the Australian Research Council.

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References

Chapter Ten: Discussion and conclusion

10.1 Chapter overview

The overall aim of the present research was to explore the range of factors that may facilitate pathways to, attitudes towards, and social practices within, community gambling venues in the state of NSW, Australia. This research was guided by the following four research questions:

1. What are the socio-cultural, environmental, and commercial factors that facilitate pathways into community gambling venues?

2. What is the role of social practices in shaping attitudes towards, and behaviours within, community gambling venues?

3. How do different population subgroups conceptualise the risks and benefits of community gambling venues containing EGMs, and the activities and products within them?

4. What are the lessons for public health in preventing and reducing the risks and harms associated with community gambling environments?

This thesis has considered the findings of the following three research studies conducted:

**Study One:** The promotion of gambling and non-gambling activities in gambling venues (Publication One).

**Study Two:** Family experiences within community gambling venues (Publications Two, Three and Four).

**Study Three:** Community attitudes towards gambling venues and pathways into gambling (Publication Five).
As each publication has provided a discussion of the key findings, this chapter discusses the overall findings of the research as a whole. The chapter begins by describing the key findings of the research and the lessons for public health (see section 10.2). These key findings include the theoretical and practical contributions of the thesis, and future research priorities. The chapter makes specific recommendations for research, policy and practice, and has highlighted additional areas for further research. Finally, this chapter discusses the limitations of the research (see section 10.3) and offers some conclusions (see section 10.4).

10.2 Key findings and implications of the research

The following section describes the key findings of this thesis with respect to the four research questions. This includes an explanation of the pathways into community gambling venues, the social practices aligned with community gambling venues, how attendance at such venues influences perceptions of risk, and the lessons for public health.

10.2.1 Research question one: What are the socio-cultural, environmental, and commercial factors that facilitate pathways into community gambling venues?

The first finding from the present study relates to the factors that facilitate pathways into gambling through community gambling venues. The present research examined the role of individual, socio-cultural, environmental and commercial factors in encouraging attendance at community gambling venues, and the creation of subsequent pathways into gambling. The proposed pathways model is presented in Figure 5.
Figure 5. Proposed theoretical model of the pathways into gambling through community gambling venues

Embedding venues into the community through:
- Marketing of venues - for example marketing as community-focused, safe spaces.
- The promotion and provision of non-gambling activities - for example trivia, live music.
- Positive public relations strategies through community funding (particularly the funding of children’s activities).

Encouraging attendance through:
- Lack of local alternatives.
- Convenience.
- Accessibility.
- Availability (particularly in areas with high levels of disadvantage).
- Affordability.

Creating environments of risk within venue through:
- Venue layout.
- Co-location of non-gambling activities in close proximity to gambling products.
- Audio and visual exposure to gambling products in non-gambling areas.

Factors that encourage venue attendance
- Commercial factors
- Individual factors
- Environmental factors
- Socio-cultural factors

Forming of individual behaviours through:
- Preference for venue
- The need for a setting for social occasions that is affordable.
- Perception that venue is an appropriate environment for members of the community, including children.

Facilitating social practices associated with gambling venues through:
- Intergenerational attendance at venue.
- Social connections.
- Family rituals (including creating childhood memories).
- Familiarity.
- Positive interactions within venue.
- Cultural rhetoric around gambling as a fun and entertaining activity.

Increasing acceptance of venue and activities within

Engagement with venue and non-gambling products within

Reduced perceptions of risk towards venue and gambling products

Engagement with gambling products
The proposed pathways model (Figure 5) was developed as the three research studies in this thesis were conducted. Preliminary conceptualisations of the model hypothesised a sequential pathway, whereby marketing and promotions encourage people’s attendance at community venues that offer EGMs, which then leads to increased attendance and engagement with such venues, and finally normalisation of the venue and the gambling activities within them (as shown in Figure One in Publication One). However, findings of the subsequent qualitative studies (Studies Two and Three) found that the pathway was more complex. In fact, it is the interplay between a range of individual, socio-cultural, environmental and commercial factors that encourages attendance at such venues and creates a pathway into gambling (shown in Figure 5). Future, longitudinal research should empirically test the proposed model to examine the interplay between aspects of the pathway model into gambling.

A key aspect of the proposed pathway model is the role of non-gambling activities within venues that effectively encourage attendance at venues that contain EGMs. These non-gambling activities include; the provision of affordable meal options, entertainment targeting specific populations (including children) and sporting facilities. Prior to the present research, few studies have examined the role of non-gambling activities in eventually leading to gambling activities [Thomas et al., 2009, McCormick et al., 2012, Holdsworth et al., 2015]. For example, research investigating the range of factors that facilitate problem gambling, specific to EGM users, identified that community gambling venues provided “more than just gaming opportunities”, and that a range of socio-environmental factors offered indirectly encourages engagement with EGMs [Thomas et al., 2009, p. 101]. However, the research in this thesis extends these findings by identifying how the range of socio-cultural, environmental, and commercial factors encourage engagement with EGMs for individuals such as children, who cannot currently use EGMs but are exposed to them by attending venues containing EGMs. This research makes a unique contribution to knowledge by highlighting how commercial factors, largely driven by the gambling industry, provide an environment that facilitate social rituals within community gambling venues.
Evidence of this was initially found in the online marketing content of venues, which specifically promote the attendance of families at venues for celebratory events (for example Mother’s Day activities). Consistent with the theoretical notion of shaping [Peter and Nord, 1982], the provision of non-gambling activities provides entry points for families into gambling venues. This, in turn, may encourage repeated attendance at venues for valued socio-cultural activities, potentially reinforcing community gambling venues as positive environments for those who attend, including children. Within the venue, both non-gambling and gambling activities often sit side by side and may become normalised, reducing the perceived risk associated with gambling activities. The hypothesised pathway model proposes that this may increase the likelihood that an individual will participate in gambling activities within the venue in future.

Given the exploratory nature of this research, findings suggest that researchers and practitioners should pose the following question: What can be done to counter community perceptions that gambling environments are family-friendly entertainment options? Future research should aim to understand how pathways into gambling can be disrupted and how alternative, non-gambling community-based environments can be created. This is vital in regional areas where community members may perceive that community gambling venues offer leisure activities that cannot be accessed elsewhere. Given that current gambling harm prevention and minimisation strategies predominantly focus on individual gambling behaviours [New South Wales Government, 2017c, Victorian Responsible Gambling Foundation, 2018], findings of the present research also highlight a gap in the recognition of the range of determinants that influence gambling behaviours. This includes the role of non-gambling activities which provide much needed services in regional communities, but may act to facilitate pathways into gambling longer-term.
10.2.2 Research question two: What is the role of social practices in shaping attitudes towards, and behaviours within, community gambling venues?

The second finding of the research relates to the social practices aligned with community gambling venues and the role of these practices in shaping attitudes and behaviours towards community gambling venues. In light of the proposed theory of shaping pathways, this thesis sought to specifically examine factors that facilitate and prevent the disruption of these pathways. The research presented in this thesis acts to fill a theoretical gap in gambling research by using Bourdieu’s [1984] concept of habitus to explain how attendance at venues is encouraged and the factors that influence social practices within community gambling venues. The present research considered other areas of public health, such as tobacco and alcohol, to explain the role of habitus and social and cultural capital in shaping pathways to gambling. Consistent with other public health studies guided by Bourdieu’s [1984] habitus concept [Dixon and Banwell, 2009, Lunnay et al., 2011], this thesis identified that both individual agency and social and cultural structures affected perceptions of the harm and risk associated with gambling.

The research presented in this thesis shows that social location and social structures are key factors that reinforce the proposed pathways into gambling. Importantly, these factors do not create pathways but instead work to perpetuate them, which makes the pathways particularly difficult to break. This raises the question: What influences the socialisation of venues that, in turn, encourages attendance at community gambling venues?

The present research indicates that social structures and cultural norms for participants facilitate socialisation into venues. This was particularly evident through the capital that participants built within venues while engaging in social rituals. The research in this thesis revealed how venues facilitate the development of capital for adults who attend community gambling venues. These venues, which perhaps in other contexts would be viewed as inappropriate spaces for children, effectively encourage and facilitate this habitus for children. This finding
supports other gambling research which suggests that cultural capital may be formed among children who gamble from a young age [Reith and Dobbie, 2011].

Also contributing to pathways into gambling is the reinforcement that venues are safe and appropriate environments for a range of community members, including families and children. While it was beyond the scope of this study to test actual future gambling behaviours of individuals who attend community gambling venues as children, findings suggest that children who create social capital and participate in key family milestones within community gambling venues are more likely to develop emotional connections with that venue. The present research suggests that for these children, gambling is likely to become part of their habitus as adults and increase the likelihood of them participate in gambling as adults (including using EGMs). Examples of this were evident in the intergenerational attendance patterns of families in Study Two. This effect may be exacerbated in areas already vulnerable to socio-economic stress, such as regional communities that lack alternative non-gambling entertainment options [Fabiansson, 2016]. This predicted future behaviour and its potential harm is also supported by the findings of Study Three, which indicated that community members who attend venues are more likely to use EGMs, and are also more likely to experience gambling-related harm. This finding raises concerns regarding the legacy of this habitus for children who attend community gambling venues in regional communities, and the role of harm reduction strategies in preventing or disrupting pathways into gambling.

It is important to recognise the role of the cultural rhetoric around gambling which supports recreational gambling, and the accessibility of gambling products within community spaces, in facilitating social practices aligned with gambling.

Consistent with the work of MacArthur and colleagues [2017], that examined the role of peers in young people's alcohol use, the present study revealed that cultural norms play an important role in shaping gambling attitudes and behaviours. However, it also highlights the nuanced complexity of gambling behaviours which relate to the role of the gambling environment becoming embedded within the habitus of community members, and subsequently how this incorporates gambling
products into the ‘typical club experience’. As with the habitus of alcohol [MacArthur et al., 2017], the research in this thesis shows that gambling venues and engagement with a range of gambling and non-gambling activities within them may become ‘rooted in the social world’ [p. 41].

Despite NSW legislation to prevent children from using EGMs [New South Wales Government, 2016], the present research identified that children are exposed to EGMs within community gambling venues. This should concern policy makers and advocates for two key reasons. First, children who are exposed to visual and auditory stimuli for EGMs (potentially from a very young age) may view these products through a lens of reduced perceived harm. For example, Publication Three revealed that children are exposed to the winning sounds of EGMs which may positively shape attitudes towards them. Second, such exposure occurs in an environment that (1) is associated with positive social rituals, (2) may be considered safe by those who attend, (3) is the setting where social and cultural capital is built, and (4) provides direct benefits to children (such as subsidies for junior sporting memberships). Why then, would children question EGMs or their presence in community environments? Findings of this research highlight the importance of further regulation to prevent children being exposed to gambling products within community gambling venues. In this context, and considering that EGMs are known to be the most harmful form of gambling addressing this policy gap is now a matter of urgency. However, policymakers should also consider children’s exposure to the range of other gambling products within community gambling venues (including keno and sports betting facilities), and the action required to eliminate such exposure.

Importantly, the research in this thesis identified that community venues themselves are not particularly harmful. As revealed in participant narratives, they provide a range of activities and opportunities for social practices that may not be available elsewhere in the community (largely due to barriers such as access and affordability). However, the gambling products located within venues that are often relied on for the financial viability of the venue [KPMG, 2016], are directly
responsible for significant community harm [Australian Productivity Commission, 2010]. Therefore, researchers, policy makers and the general population should consider the ‘social licence’ afforded to venues that allows them to be promoted as positive settings, with limited focus on the harms they cause.

10.2.3 Research question three: How do different population subgroups conceptualise the risks and benefits of community gambling venues containing EGMs, and the activities and products within them?

The third key finding of this thesis relates to community perceptions of risk associated with community gambling venues and the gambling activities within them. The provision of non-gambling activities within gambling venues can reduce perceptions of harm and risk associated with venues and the gambling activities within them. For community members who attend gambling venues, patronage of venues with gambling activities were viewed as an ‘easy choice’. This was evident particularly for families who perceive gambling venues as a valued social setting. Addressing these perceptions is especially important when venues containing gambling activities are presented as family-friendly spaces, and children’s attendance in these environments exposes them to gambling products (including EGMs).

Tension between the risks and benefits of gambling is perhaps not surprising, particularly for children who may not fully understand the risks associated with gambling. Findings of this thesis are consistent with previous studies that show community members recognise the harms associated with gambling [Donaldson et al., 2016], but view gambling as affecting a ‘problem few’. While community members are supportive of partial regulation of EGMs, individuals who attend venues more frequently are less likely to support EGM reform. This finding has implications for public health advocates who aim to reduce gambling harm, by identifying specific community groups that may resist reform. It also raises an important point about how community members conceptualise the risks associated with community gambling venues. If community members do not perceive venues
to be risky or potentially harmful environments, it may be difficult to introduce regulatory changes that impact individuals’ engagement with such venues. As highlighted in the proposed model of shaping pathways (Figure 5), the normalisation of venues may soften perceptions of harm associated with both the venue and the gambling activities within them, which in turn may increase the risk of gambling-related harm. It is therefore important to understand how perceptions of risk influence decision making and risk evaluation in relation to community gambling venues.

An integral component of Bourdieu’s concept of habitus is the recognition that the development of cultural capital is not solely developed through the attainment of resources [Bourdieu, 1986]. The development of capital is also related to the capacity of an individual to make decisions about their behaviour, and is linked to their degree of power (or the power that is afforded to them) by the structures around them [Collyer et al., 2015]. While attendance at community gambling venues is related to individual agency and the choice to attend such venues due to preferences for specific settings, power structures facilitate these attendance behaviour by presenting it as a ‘safe’ activity. At the core of habitus is the recognition that individual actions are based on previous experiences and attitudes that have been shaped by the conditions of how that individual has lived their life. For example, the resources (capital) and position of an individual in society will either facilitate or impede specific behaviours related to the situations they encounter [Couldry, 2005]. This may explain why individuals (and specifically families) choose to attend community gambling venues. For example, the positioning of gambling venues as inclusive, and the embedding of venues into community activities (such as sport), and the reliance of community organisations on funding from gambling venues which is framed as benefiting the community [Livingstone et al., 2017].

It is therefore perhaps not surprising that parents and community members do not view venues as potentially harmful spaces, despite recognising the harms associated with EGMs. This includes individuals who use gambling products,
such as EGMs, but do not perceive themselves as at risk due to their recreational
use of such products. Parents who attended venues with their children recognise
the harms associated with EGMs, however perceived that children are not exposed
to EGMs and do not see their family’s presence at such venues as risky. Parents
therefore do not act upon the potential risk and continue their engagement with
venues. However, the present research revealed that children have high levels of
exposure to, and recall of, gambling products in community venues, and have
positive perceptions of EGMs. This can have significant implications in terms of
children’s attitudes towards gambling products and future gambling behaviours.

Similar to alcohol research, which shows that family context and lack of education
around the risks of consumption shape drinking cultures and behaviours
[MacArthur et al., 2017], family influence also play a key role in introducing
children to gambling [Reith and Dobbie, 2011]. This includes bringing children to
environments containing gambling activities and engagement with seemingly
innocent gambling activities, such as playing keno or buying raffle tickets.

However, despite the significant harms associated with gambling products,
community members (including families) continue to attend venues. The research
presented in this thesis raises questions relating to the actual role of gambling
venues in communities and the impact they have on communities, particularly in
regional areas. While venues promote themselves as important, community-driven
organisations, prior research reveals a lack of transparency in community
contributions and benefits from EGM revenues [Livingstone et al., 2017]. Further
research should examine individual justifications of the trade-off between the
benefits received (for example, by those who use facilities within venues but do
not use EGMs), and the community harms caused by the gambling activities in
such venues.

While perceptions of reduced risk are enhanced by environmental and commercial
factors, such as marketing and public relations strategies, education about these
risks is needed for parents and the general population. Given that many children
lack the ability to understand the risks associated with gambling activities
[Messerlian et al., 2004] and do not have the agency to choose whether they attend venues or not, parents need to understand how children’s attendance at venues containing gambling activities may develop or reinforce pathways into gambling. However, while this education is important, it will not address the structural barriers that prevent behaviour change. Given the social and cultural structures that facilitate venue attendance for community members, educational campaigns that address gaps in knowledge (particularly if they are too modest, occasional or run in isolation) may not affect behavioural change. This notion supports the work of Rhodes [1995] who described the influence of social and cultural context in shaping perceptions of risk. Individuals will often behave according to what they perceive is socially acceptable [Rhodes, 1995] and over time specific risk behaviours may become part of the “everyday lived experience” [Rhodes, 1997, p. 222].

The present research revealed that, despite acknowledging the harm of gambling products for some individuals, parents accept that in order to use the non-gambling activities of venues and continue to receive benefit from these, they must accept EGMs within these environments. This relates to Bourdieu’s [1990a] concept of the ‘rules of the game’ or what Dixon and Banwell [2009] describe as “the acceptance of harmful interpretations to the rules of the game” [p. 2209]. These ‘rules’ guide everyday practices which are perceived as appropriate by specific sub-populations [Dixon and Banwell, 2009]. Rules can be influenced by groups with power (for example, the gambling industry) who frame specific behaviours as normal or desirable [Bourdieu, 1990a]. This research identified that the behaviours of individuals who attend community gambling venues is highly nuanced and that some individuals show ‘passive or reluctant acceptance’ of gambling products in social settings.

Similar to other forms of harmful consumption [Adams, 2016], gambling consumption is driven by a powerful industry. While individual agency plays a role in attendance at venues, broader socio-cultural, environmental and commercial factors also influence attendance. Researchers, policy makers and
public health advocates should seek to rewrite the ‘rules of the game’ through a comprehensive public health approach. This approach must address the interplay of factors that influence attendance at gambling venues and subsequent gambling behaviours to disrupt pathways into gambling.

10.2.4 Research question four: What are the lessons for public health in preventing and reducing the risks and harms associated with community gambling environments?

The present research provides insight into pathways into community gambling venues, which is likely to be useful for practitioners, policymakers and community members. However, the “passive dissemination” of this evidence through traditional research outputs alone will not be effective in creating actual behavioural or policy change [Armstrong and Kendall, 2010, p. 11]. Researchers must make a conscious effort to bridge the gap between the creation of knowledge and translation of this knowledge into practice, to ensure that research findings are used by those who need them most (described as knowledge to action) [Graham et al., 2006, p. 14]. The following provides future actions for gambling research, practice and policy.

Knowledge translation is defined as the process by which knowledge created through research is applied and used in practice [Straus et al., 2011]. The National Institute on Disability, Independent Living, and Rehabilitation Research defines knowledge translation as:

"the multidimensional, active process of ensuring that new knowledge gained through the course of research ultimately improves the lives of people with disabilities, and furthers their participation in society” [U.S. Department of Education cited in National Center for the Dissemination of Disability Research, 2006].
Drawing upon this working definition in a gambling context, and based on findings from the present study, this thesis identified lessons for public health and aims to identify how findings can be used to prevent and reduce gambling harm. Borrowing from the conceptual model ‘Promoting Action on Research Implementation in Health Services Framework’, the following paragraphs have been structured into three core elements: (1) evidence, (2) context and (3) facilitation [Rycroft-Malone, 2004] to inform lessons for public health, knowledge translation and policy reform.

The first core element relates to the creation of evidence [Rycroft-Malone, 2004]. Findings from the research in this thesis provide preliminary insights into the range of factors that influence attitudes and behaviours associated with community gambling venues. However, there are still gaps in evidence that examines pathways into gambling venues. Such research will be an important part of efforts to prevent and reduce gambling harm within the community. Future research should aim to build the evidence base in four key areas.

- First, future research should empirically test the proposed theoretical model of pathways into gambling, particularly for families who attend community gambling venues. While the present research has provided an overview of the behaviours of a small sample of families who attend community gambling venues with their children, there is still much to learn about broader and intergenerational behaviours within venues and how these shape attitudes towards gambling and subsequent gambling behaviour.

- Second, future research should examine whether there is evidence of such pathways in other sub-populations who attend community gambling venues, for example, older adults who have been identified as at high risk of EGM harm [Tse et al., 2012, Thomas and Lewis, 2012]. Research should also examine pathways in other geographic areas of Australia, including regional and rural communities in other Australian states that
have different regulatory structures to NSW [Victorian Government, 2015, Queensland Government, 2017].

- Third, research should examine how policy makers and governments, including local governments which have shown interest in playing a role in reducing gambling harm [Brimbank City Council, 2018, City of Ballarat, 2011], can introduce and sustain non-gambling alternatives in communities (particularly in regional areas). This includes examining barriers to accessing such services and identifying how existing social structures can be utilised to provide alternative entertainment options and reduce community reliance on EGM revenues.

- Fourth, the present research identified community misconceptions about the harms associated with gambling venues and EGMs. Many parents believed that their children were not exposed to gambling activities in community venues and did not discuss the risk of gambling harm with their children (Study Two). Further, when examining positive perceptions of EGMs among some members of the community, these focused on perceived benefits to the community of EGMs (Study Three). Future research should test how independently developed and tested public health messages can be used to educate community members about the harms related to EGMs and the gambling venues that house them. Public health programs should seek to educate communities about the discrepancy between community benefits and harms caused by EGMs to ensure that individuals are fully informed. Gambling harm prevention has been criticised for focusing on the education of consumers through the encouragement of ‘responsible gambling’ narratives that place the focus on individual responsibility for gambling behaviour [Australian Productivity Commission, 2010], however the present research highlights a clear and more fundamental gap in community knowledge of EGMs and EGM venues. Gambling education initiatives should be modelled on successful programs from the areas of tobacco and alcohol control which
have been effective in addressing community misconceptions [Pinkleton et al., 2007, Eintraub et al., 1997].

The second core element relates to **context**, the research environment or setting where individuals either receive health care services or the setting where change is to be implemented [Sudsawad, 2007]. It is important that the context of research, practice and policy changes should specifically address factors relating to pathways into gambling venues. Gambling harm prevention and reduction strategies in the future should seek to change community attitudes towards gambling products within venues. At a minimum, they should seek to change attitudes towards the perceived acceptability of community venues that contain gambling products. While this is perhaps an ambitious proposal, efforts should be made to denormalise perceptions of gambling venues as safe, family-friendly environments. This is particularly important, given the extent to which gambling has become embedded in everyday life, not necessarily solely through marketing and promotions, but also through social practices that are normalised and therefore rarely subject to criticism. Efforts should also be made to create alternative environments for community members, including children, which are accessible, affordable and available. In NSW, there are currently grassroots organisations that promote venues that do not contain EGMs [Proudly Pokies Free, 2018]. However, efforts should also be made to examine how gambling venues can transition to be ‘pokie free’ alternatives that do not rely on gambling revenue.

In line with the creation of alternative community recreational environments is the facilitation of activities that break social practices that occur in, or are associated with, community gambling venues. One such strategy could be to promote junior sport alternatives that are not aligned with community gambling venues. In Victoria Australia, some local councils have introduced policies that discourage community organisations from accepting gambling revenue. For example Darebin council states in their draft Electronic Gambling Machine Policy 2018–2022, “Council staff will not run Council and community events, activities, programs and social outings in venues that have EGMs” [City of Darebin, 2018]. Councils
in NSW should examine the practicality of similar measures. It is important to note, however, that the current administration of ClubGrants (the community-based grants system based on EGM revenue), is through local government [ClubGrants, 2018] which may be conflicted by the source of income for this grant scheme. Any regulatory measures should consider the tensions within the current regulatory structure, with a view to reduce such conflicts.

The third element relates to **facilitation**. This is the process of enabling and supporting the use of evidence in practice settings [Rycroft-Malone, 2004, p. 300]. For knowledge translation, it is important to examine the role of policy in preventing and reducing gambling harm in community-based settings. Before providing recommendations for the translation of research findings into policy action, it is important to acknowledge the conflict faced by governments by the tax revenue generated by EGMs and the impact this may have on decision making [Steketee, 2015]. Governments could consider the creation of independent bodies responsible for overseeing the distribution of gambling funding for gambling harm prevention and reduction initiatives. This would ensure that prevention of harm is at the centre of decisions relating to gambling-funded initiatives, rather than introducing measures that aim to maintain a balance between maximising tax revenue and reducing harm.

Another strategy could be to use the tax revenue from EGMs to create alternative social venues and activities that effectively ‘drive down demand’ for EGMs. By investing in such venues and activities, governments could create alternative revenue streams that support non-gambling community-based activities. As part of this strategy, governments should seek to implement a ‘sinking lid’ policy on EGMs, whereby no new EGM licences are granted and any existing licences that are not renewed are surrendered [Auckland City Council, 2018] (currently in NSW, licences that are not renewed can be transferred to other venues [Liquor and Gaming New South Wales, 2018]).
The present research has identified that children are exposed to gambling activities within community gambling venues that are marketed as family-friendly. Of particular concern is the extent to which children are exposed to, and can recall seeing and hearing EGMs. As stated above, this research suggests that NSW legislation is insufficient to prevent individuals who attend community gambling venues (including children) from being exposed to gambling products and activities. Policy measures should prioritise the provision of appropriate environments that ensure children are not exposed to gambling products. This may involve physical changes to gambling venues to ensure gambling activities are completely separate from other areas. While this is important for ensuring individuals who have no desire for, or who need protection from, gambling are not exposed to gambling activities, it may also have the negative impact of further isolating gambler experiencing gambling harm [Adams and Wiles, 2017]. The separation of gambling activities from family areas may also isolate children who are left in these areas while parents gamble, and not allow children to contact parents if and when they need to. Therefore, any action should consider these potential impacts when implementing harm prevention measures. Throughout this thesis, it has been argued that community gambling venues should not be framed as family-friendly environments and venues should therefore not be promoted this way. This recommendation could be implemented at a policy level by not allowing venues containing EGMs to promote family-friendly activities. Other measures could include ensuring that gambling and non-gambling areas are fully separate, for example by requiring multiple external entrances to venues, thereby ensuring children cannot be exposed to gambling areas.

Finally, the present study aimed to identify how to engage communities in gambling harm prevention strategies in an effort to denormalise gambling. This research grew from the tension between community gambling venues also providing non-gambling activities that encourage community members, including families and children, to visit them. The present research revealed that the embedded nature of community gambling venues, as part of the habitus and lived experiences of community members, will be difficult to change. Community
members do not view such venues as harmful environments and find it difficult to separate out the gambling activities from the community venues that operate them. The first step in engaging communities will be to identify how to effectively communicate the harm caused by the gambling activities within such venues, and that the venues themselves perpetrate this harm (rather than gambling harm being viewed as the individual’s responsibility). Community attitudes suggest support for a reduction in the number of EGMs in NSW. Organisations working in this area may consider the development of coalitions that bring together individuals (including community members) and groups. However, public health advocates need to carefully consider how community members should be engaged to facilitate this. This is an important consideration given the very influential and public response of the gambling industry to previous proposed EGM change to legislation in NSW [Panichi, 2013].

10.3 Limitations

This section first refers to the limitations for each of the three research studies. The chapter then outlines the limitations of this research as a whole.

10.3.1 Study One limitations

Study One has three key limitations. First, it examined club websites from one geographical area only. Second, it only looked at publicly available website promotions, but there may be a wide range of other marketing strategies targeting club members (for example, through direct marketing sent through via email). Third, analysis was limited to promotions relating to children and families and gambling – it did not examine other types of venue promotions.

10.3.2 Study Two limitations

Study Two had four limitations. First, the study was exploratory, conducted using a small study sample in one specific geographic area of Australia. Second, this
study had no comparison group with children who do not attend venues. Third, this study specifically explored in-venue factors that influence children’s perception of EGMs. Fourth, this preliminary research suggested that children may be aware of adult products in a setting they perceive to be positive, however, it was beyond the scope of the study to investigate children’s behaviour longitudinally to determine whether there is a relationship between children’s attendance at a venue containing gambling products as children, and their gambling behaviours as adults. Future research should aim to explore this in more detail.

10.3.3 Study Three limitations

Study Three had four limitations. The first relates to the sample composition. Although the sample was representative of the NSW population for age and gender, representation of participants who scored on the Problem Gambling Severity Index as low, medium or problem gambling (n=199, 39.8%) and engagement with gambling products, particularly EGM use in the previous 12 months (n=260, 52.0%), in this sample was higher than reported in a previous NSW prevalence survey [Sproston et al., 2012]. Second, while findings suggest strong community support for regulation of EGMs it should also be noted that the study was conducted in the absence of any industry lobbying to counter such measures, and so the extent to which levels of community support might be eroded by effective industry campaigning in a real world setting are unknown. Third, this study did not explore strategies that may enable venues to transition away from reliance on EGM revenue, for example, whether community members would be prepared to pay more (for example, for meals and drinks) to take their children to venues that do not contain EGMs. Finally, although the study provided the option for participants to provide responses, some participants may not have provided in depth qualitative responses and so there may be additional details in participants’ conceptualisation of EGMs which were not captured through the online survey method.
10.3.4 Limitations of the research overall

First, it is important to consider that this research was exploratory in nature and was the first of its kind to theoretically examine the complex factors that influence pathways into community gambling venues. As such, it contained a relatively small number of participants. This research provides a starting point for further in-depth investigations across Australian communities that examines the range and depth of individual experiences with gambling venues. Future research should also examine the pathways into community venues that contain gambling activities for a range of other vulnerable populations that are at increased risk of gambling harm. This includes the pathways for children and families who attend venues, in addition to pathways for older adults, people from low socio-economic backgrounds and regional and rural communities. Such insights will be valuable in identifying and addressing factors that increase the risk of gambling harm within community settings.

Second, this research focused on individuals who attend community gambling venues in NSW. This study, which predominantly focused on the experiences of families who attend community gambling venues, proposes a theoretical framework for pathways to gambling. However, the present study has not examined the experiences of the wider NSW or Australian community who may or may not attend gambling venues. The inclusion of people who do not attend gambling venues would enable comparisons between groups in terms of gambling knowledge, attitudes, intentions and behaviour of people who do and do not attend community gambling venues. This would provide useful insights regarding the role such venues play in developing gambling attitudes and behaviours. Additionally, further research should seek to examine the gambling experiences of other population groups including, but not limited to, variations across different ethnicity or socio-economic status.

Finally, while the studies conducted here provide insight into current attitudes towards, and use of, non-gambling and gambling activities in community
gambling venues, it provides only a point-in-time snapshot of attitudes and behaviours rather than an understanding of how they develop over time. Future research should investigate the long-term effects of venue attendance by longitudinally tracking children who do and do not attend venues to determine the impact of attendance on the normalisation of gambling for individuals and how this affects future gambling behaviour. Researchers should monitor community attitudes prior to and following any interventions that aim to reduce or eliminate gambling harm. This includes examining the government and industry responses to such measures and whether these affect community attitudes.

10.4 Conclusion

Despite high gambling losses and rates of gambling harm in Australia, few studies have sought to examine the range of individual, socio-cultural, environmental, and commercial factors that shape gambling behaviours in community gambling venues. The present study aimed to address this gap. The research conducted and the theoretical model developed provides a starting point for understanding the range of factors that shape attitudes and social practices associated with community gambling venues in NSW, Australia. The present research identified that non-gambling activities within community gambling venues play an important role in encouraging attendance and normalising venues in regional communities. The co-location of non-gambling activities within environments containing gambling products (particularly EGMs) may impact perceptions of harm associated with, and the normalisation of, gambling. This impact may be heightened for individuals (including children) who participate in valued social rituals within community venues. The pathways approach may be a useful based from which future research can examine the normalisation of gambling and a comprehensive public health approach can be developed in order to reduce gambling harm in community-based settings.
10.5 Chapter summary

Chapter Ten summarised the key findings of the research in this thesis and discussed the implications for developing a public health approach to reducing gambling harm. It concluded with an explanation of the significance of the research, the limitations of the study and avenues for future research.
Chapter Eleven: References

In addition to the following list of references, further references can be found at the end of each publication.


Ahuvia, A. 2001. Traditional, interpretive, and reception based content analyses: Improving the ability of content analysis to address issues of pragmatic and theoretical concern. Social Indicators Research, 54, 139-172.


226


Australian Productivity Commission 1999a Australia's Gambling Industries, Canberra (AUST), Australian Productivity Commission, Available: 


Banks, G. 2011 Evidence and social policy: the case of gambling, SOUTH AUSTRALIAN CENTRE FOR ECONOMIC STUDIES, South Australia, Australia, South Australian Centre for Economic Studies, Available:


Council of Australian Governments 2008, Council of Australian Governments’ Meeting
3 July 2008, Available:


*Comprehensive Psychiatry*, 58, 122-129.


*Nursing Ethics*, 23, 339-356.


Livingstone, C. 2018. *Estimating the revenue share of the Farrell Group and other gambling industry participants from gambling operations in Tasmania.*


patients attending community mental health services. *Journal of Behavioral Addictions*, 6, 678-688.


http://ktldrr.org/ktlibrary/articles_pubs/ncddrwork/focus/focus13/Focus13.pdf

[Accessed 20 August, 2018].


O'Malley, N. 2018a. 'Do whatever you have to': Woolworths staff rewarded for spying on pokie players. The Sydney Morning Herald, 27 February 2018.


Patford, J. 2009. For worse, for poorer and in ill health: how women experience, understand and respond to a partner’s gambling problems. *International Journal of Mental Health & Addiction*, 7, 177-189.


Queensland Government Statistician's Office & Queensland Treasury 2017


248


251


Victorian Responsible Gambling Foundation 2015. *A Background paper: Using a public health approach in the prevention of gambling-related harm*, VICTORIAN RESPONSIBLE GAMBLING FOUNDATION, [Online], Victorian Responsible Gambling Foundation, Available:


252


Williams, R., & Wood. R. 2016. What Proportion of Gambling Revenue is Derived from Problem Gamblers? [Online]. Available:


Young, M., Markham, F. & Doran, B. 2012. Too close to home? The relationships between residential distance to venue and gambling outcomes. *International Gambling Studies*, 12, 257-273.

Appendix One: Study Two interview schedule

Firstly, I’ll just go over the consent process for this study. If you have any questions or want to stop the interview at any time, just let me know.

Can I confirm that you have both read the information sheet and that you are happy to participate in this interview? Yes/NO______________

Consent:

I have read, or have had read to me and I understand the attached Plain Language Statement.

Child Parent

I freely agree to participate in this project according to the conditions in the Plain Language Statement and I understand that my participation is voluntary, and I can stop the interview at any time.

Child Parent

I have been given a copy of the Plain Language Statement and Consent Form to keep.

Child Parent

The researcher has agreed not to reveal my identity and personal details, including where information about this project is published, or presented in any public form.

Child Parent

I give permission for my interview to be audio recorded and understand that the research team will have access to these recordings.

Child Parent

I understand that the data collected from my participation will be used in Amy Bestman’s PhD thesis and may be used in several academic journal publications, and conference presentations. I consent for it to be used in that manner.

Child Parent

I would like to receive a copy of my transcript.

Child Parent

To child: Using these pencils, could you draw a picture of what you see when you go to a pub/Club with your family? (Child will complete the activity away from parent and interviewer)

To parent: The aim of this study is to look at how different types of individuals engage with Clubs in different ways in regional areas. We are particularly interested in the gambling activities that are provided by Clubs.
PARENT QUESTIONS

Demographics

So, let’s begin. First, can I just collect some data about you and your child:

**Parent:**
1. Male/Female
2. Postcode
3. Age

**Child 1:**
1. Male/Female
2. Age

**Child 2:**
1. Male/Female
2. Age

Now just a short screen about your gambling behaviours.

1. How often did you gamble in the past 12 months?
   - a) I have NEVER gambled OR I have not gambled at all in the past 12 months *(IF PARTICIPANT HAS STATED THEY HAVE NEVER GAMBLED OR NOT GAMBLED IN THE PREVIOUS 12 MONTHS, CONTINUE TO NEXT SECTION)*
   - b) Monthly or less
   - c) 2 to 4 times a month
   - d) 2 to 3 times a week
   - e) 4 to 5 times a week
   - f) 6 or more times a week

2. How much time did you spend gambling on a typical day in which you gambled in the past months?
   - a) Less than 30 minutes
   - b) More than 30 minutes but less than 1 hour
   - c) More than 1 hour but less than 2 hours
   - d) More than 2 hours but less than 3 hours
   - e) More than 3 hours

3. How often did you spend more than 2 hours gambling (on a single occasion) in the past 12 months?
   - a) Never
   - b) Less than monthly
   - c) Monthly
   - d) Weekly
   - e) Daily or almost daily
3. What types of gambling would you participate in at least once a year?

<table>
<thead>
<tr>
<th>Type</th>
<th>How often?</th>
<th>How much would you spend?</th>
<th>Who with? (Friends, teammates, family, alone)</th>
<th>Where? (Club, Pub, TAB, home, mates houses)</th>
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<td>Lotteries</td>
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<td>Horse racing</td>
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<td>Greyhound racing</td>
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<td>Casino (Roulette/ Black Jack)</td>
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<td>Poker night</td>
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<td>Sports Betting</td>
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Notes:

**Socio-cultural (Step 2 of Shaping Pathway: Creating rituals and norms, familiarity and preference)**

*Firstly, I’d like to talk with you a little bit about your local club that you visit the most often. If you would like to take a break at any time, please let me know.*

1. What club do you go to most often?
2. How often would you go to the club?
3. What do you do when you are there? (Prompts if needed: go for meals, go for gambling, go for social reasons, special occasions)
4. Who do you normally go to the club with? (Prompt, if go alone, as why? And if with family/friends – do they do different types of activities within the club)
5. Why do you choose to go to the club as compared to other venues?
6. So that I can get a good idea of the local club that you visit the most, can you describe it for me – What does it look like? What is it like inside? What sorts of things does it provide?
7. What do you like about the venue? Are there any parts of the venue that you don’t like? (Why)
8. Did you ever go to the local club when you were younger? (If no, prompt for when started going to the club and why)

*Prompt: Who did you go with? What do you remember doing there? Did your parents gamble when they went there?*
Marketing (Step 1 of Shaping Pathway: Marketing targeting children and families)

1. Have you heard of any promotions that appeal to families and/or children at the venue or advertising for the club?
   Promotions within venue ______________________
   Promotions advertising venue ______________________

2. Here are some examples of things the club’s provide. Have you seen promotions for any of these? (Show sheet with pictures-general marketing question).
   a. Which promotions? ______________________
   b. Where have you seen them? ______________________
   c. Can you think of any others? ______________________

3. Have you gone to the club because of these promotions?
   a. Which promotions? ______________________
   b. Why did this influence whether you went to club or not?

4. Which promotions do you think would be most influential on families using the club?

5. What role do you think the club plays in your community?

6. What are some positive things about the club?

7. Do you think that club’s contribute or ‘give back’ to the community? How so?

8. Can you think of any specific community activities the club sponsors in your area?

9. What are some negative things about the club?

Gambling environment (Step 4 of Shaping Pathway: Normalisation of the club’s gambling environment)

1. Some people have referred to club’s as mini casinos because of the gambling facilities they provide, what are your thoughts on this?

2. Do you have any concerns about taking your children to these venues?

3. Do your children say anything about the gambling activities at the venue?

4. Do you talk to your children about the gambling activities in the club?

5. Do you think your children may be influenced by the gambling facilities within the club?
CHILDREN QUESTIONS

Perceptions of club environment (Step 2, 3 and 4 of Shaping Pathway: Creating rituals and norms, familiarity and preference
Normalisation of club environment
Normalisation of the club’s gambling environment)

How did you go with your drawing of the club? Are you happy to answer a few questions about your drawing?

1. What have you drawn in in your picture?

2. What do you like most about the club?

This sheet contains images of some of the things you may see at the club [refer to attached page containing images]. For this activity, we would like you to circle the things you see at the club up with the black marker.

Could you please circle the things you use when you go to the club with your family? [COLOURED WHITEBOARD MARKER]

Now which three things do you like the most at the club? You can choose any of the images on the sheet—they don’t have to be the ones you’ve already circled.

3. Why did you pick these as the things you like the most?

Now using the black marker, could you please put a cross over the things you might use at the club if you were an adult? You can pick any of the images on the sheet—they don’t have to be the ones you’ve already selected. [BLACK MARKER]

[TAKE PHOTO OF PAGE]

4. What do you like about the venue? Are there any parts of the venue that you don’t like? (Why)

5. What do you think the club does for the community?

6. Why do you think you would use these things if you were an adult? (Why did you circle those things?)

7. If you were an adult, what would you like about the venue?

8. Would you go the venue when you are an adult? Who would you go with?
Gambling environment (Step 4 of Shaping Pathway: Normalisation of the club’s gambling environment)

[Refer back to gambling products on sheet]

1. Have you seen these products in club’s?
2. What do you think they do?
3. Do you know anyone who uses these products?
4. [Refer specifically to EGMs if they haven’t mentioned them]
   a. Have you seen these products in club’s?
   b. What do you think they do?
   c. Do you know anyone who uses these machines?
5. Why do you think they use these machines?
6. Why do you think the clubs have the machines?
7. Do you think that’s a good thing or a bad thing?
8. If you were allowed to use these machines, would you want to use them?
   a. If they say they can’t because they’re too young prompt with, would you want to use these machines if you were an adult?
   b. Why or why not?

[Discussion about what child has said in relation to EGMs and the harms associated with EGMs. Explain children’s perceptions of risks and benefits with regard to gambling and how this contributes to gambling harm]

PARENT QUESTIONS

ADDITIONAL QUESTIONS (to parent):
1. Were you expecting these responses to this activity?
2. Do you think you will discuss with them more about gambling products?

PARENTS AND CHILDREN BOTH PRESENT FOR QUESTIONS

Poker machines

Okay now just a final few questions specifically about poker machines. This is an issue that prompts a lot of debate and discussion in Australia. Are you happy to continue?

1. There has been some discussion that club’s actually take more from communities because of poker machines than they contribute back to the community. Do you agree? Why or why not?

   In your local venue $________ was lost on poker machines. Did you know this?

   What do you think about this?

   Does this change the way you think about the club?
2. Do you think the harm caused by gambling venues is balanced by the amount they give back to the community?

3. Of this amount, how much of this money do you think goes back to the community?

4. Research has found that on average clubs only contribute back 2% of poker machine revenue to the community? What do you think about that?

5. So what if I told you that 60% of poker machine money comes from people who have a problem with the product. That means that problem gamblers essentially are funding community services.

6. Poker machines are addictive and harmful for those who use them and has effects on their family, friends, employers and the community. Would you support initiatives that would make poker machines safer for people to use if that meant that the money made would decrease?

*Do you have any questions about what we have discussed today?*

Thank you
Appendix Two: Ethical approval

Memorandum

To: AProf Samantha Thomas
   School of Health & Social Development

From: Deakin University Human Research Ethics Committee (DUHREC)

Date: 08 March, 2016

Subject: 2016-017
   Pathways Into Gambling in Regional Australia: Sociocultural and Industry Determinants

Please quote this project number in all future communications.

The application for this project was considered at the DUHREC meeting held on 15/02/2016.

Approval has been given for AProf Samantha Thomas, School of Health & Social Development, to undertake this project from 08/03/2016 to 08/03/2020.

The approval given by the Deakin University Human Research Ethics Committee is given only for the project and for the period as stated in the approval. It is your responsibility to contact the Human Research Ethics Unit immediately should any of the following occur:

- Serious or unexpected adverse effects on the participants
- Any proposed changes in the protocol, including extensions of time.
- Any events which might affect the continuing ethical acceptability of the project.
- The project is discontinued before the expected date of completion.
- Modifications are requested by other HRECs.

In addition you will be required to report on the progress of your project at least once every year and at the conclusion of the project. Failure to report as required will result in suspension of your approval to proceed with the project.

DUHREC may need to audit this project as part of the requirements for monitoring set out in the National Statement on Ethical Conduct in Human Research (2007).

Human Research Ethics Unit
research-ethics@deakin.edu.au
Telephone: 03 9221 7123
Appendix Three: Study Three Questionnaire

1. **Socio-demographic factors:** Participants were asked the following socio-demographic questions:

Table 8: Socio-demographic questions in Study Three survey

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer options</th>
</tr>
</thead>
</table>
| Please select your age group | ☑ Under 16*  
☑ 16-24  
☑ 25-34  
☑ 35-44  
☑ 45-54  
☑ 55-64  
☑ 65 or older  
* Participants were excluded if they selected ‘under 16 years’ |

| Are you male or female? | ☑ Male  
☑ Female |

| Are you a resident of the state of NSW? | ☑ Yes  
☑ No*  
* Participants were excluded if they selected ‘No’ |

| What is the postcode of where you live? | Participants needed to provide a four digit number |

| Which of the following best describes (or is most equivalent to) the highest level of education you have completed? | ☑ Below Year 10  
☑ Year 10  
☑ Year 12  
☑ Certificate I, II, III, IV  
☑ Diploma / Advanced Diploma  
☑ Bachelors Degree  
☑ Graduate Diploma / Graduate Certificate  
☑ Postgraduate Degree |

| Which of the following best describes your current employment status? | ☑ Working full-time  
☑ Working part-time or casually  
☑ Unemployed but looking for work  
☑ Homemaker  
☑ Retired  
☑ Full-time student  
☑ Other |

| How many children do you have under the age of 18? | ☑ I don’t have any children under 18 (1)  
☑ 1  
☑ 2  
☑ 3 (up to 8)  
If participants selected they had one or more children under 18 years they were asked to provide the age for each child. |
2. **Gambling characteristics:** Participants were required to provide information about their gambling characteristics, including frequency and use of gambling products. Participants were required to select one answer from each row in the table below:

<table>
<thead>
<tr>
<th><strong>We would now like to ask you some questions about gambling. In the past 12 months, how often have you...</strong></th>
<th><strong>Never</strong></th>
<th><strong>Less than once a month</strong></th>
<th><strong>1-3 times per month</strong></th>
<th><strong>Weekly</strong></th>
<th><strong>More than once a week</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gambled on the pokies? (Pokies are also known as poker machines, electronic gaming machines or slots).</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bet on sports?</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Bet on horses?</td>
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<tr>
<td>Gambled at a casino? (Casino refers to a land-based casino and not an online casino).</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Gambled on any other gambling products? This includes lotteries, buying scratch tickets (scratchies), Keno, raffles, bingo or dog racing.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Problem Gambling Severity Index (PGSI) [Ferris and Wynne, 2001]:** Participants were also required to complete the nine point PGSI screen. In contrast to other gambling studies where only individuals who indicate gambling complete this screen, all participants were asked to complete the PGSI. The decision to remove a potential ‘screener’ question such as ‘have you gambled in the past year’, and only conducting the screen on participants who select ‘yes’, was made based off the work by Harrison and colleagues [2018]. Authors suggest that these ‘screener’ questions may introduce sample selection bias in problem gambling prevalence data by screening out participants based on their response to participation (initial question) rather than asking all screening questions about their gambling behaviours [Harrison et al., 2018].
### Table 10. PGSI screen in Study Three survey

<table>
<thead>
<tr>
<th>Thinking about the last 12 months,</th>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often have you bet more than you could really afford to lose?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How often have you needed to gamble with larger amounts of money to get the same feeling of excitement?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When you gambled, how often did you go back another day to try to win back the money you lost?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often have you borrowed money or sold anything to get money to gamble?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often have you felt that you might have a problem with gambling?</td>
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<td></td>
</tr>
<tr>
<td>How often has gambling caused you any health problems, including stress or anxiety?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often has your gambling caused any financial problems for you or your household?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often have you felt guilty about the way you gamble or what happens when you gamble?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **EGM venue use:** Participants were asked if they had attended a pub or club containing EGMs for non-gambling reasons in the previous 12 months. If they responded yes, they were asked to provide information on the frequency of venue use. Participants who indicated attending venues were also asked to qualitatively describe why they chose to go to the pub or club compared to going somewhere else. These questions appeared as:

> **Have you visited a pub or club that contains gambling products (e.g. pokies, keno, betting etc) in the past 12 months for reasons other than gambling? For example, going for dinner, to a show or function etc?**

- Yes* [If ‘yes’ was selected in previous question they were then asked the next question]
- No
How often have you visited a pub or club that contains gambling products (e.g. pokies, Keno, betting etc) for reasons other than gambling?

- Less than once every 3 months
- Every 2-3 months
- Once a month
- More than once a month

Why do you choose to go to the pub or club compared to going somewhere else? Open qualitative response.

5. Attitudes toward EGMs: All participants were asked to qualitatively describe the positives and/or negatives of having EGMs in their local area. This question appeared as, ‘Thinking about your local area, do you have anything you would like to say about poker machines?’, with an open qualitative box for responses. Participants were also given the following statements and were required to select an option on the 4-point Likert scale:

**Attitudes towards EGMs**

It would be better if clubs and pubs were not so reliant on money from EGMs.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

I would prefer to attend a club or pub that did not have EGMs.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

**Attitudes towards EGM harm minimisation measures.**

The NSW government should increase regulation of EGMs.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

The number of EGMs in NSW should be reduced.

- Strongly disagree
- Disagree
- Agree
- Strongly agree
I would support the removal of EGMs from my local community.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

**Attitudes towards measures that reduce children’s exposure to EGMs in community venues.**

Children should not be able to see or hear EGMs in clubs and pubs.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

There should be greater separation between gambling products and family areas in clubs and pubs.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

Clubs and pubs can be ‘family-friendly’ and also contain EGMs.

- Strongly disagree
- Disagree
- Agree
- Strongly agree
Appendix Four: Permission to publish article in thesis (Publication One)

22nd August 2017

Dear Amy Bestman,

Thank you for your correspondence requesting permission to reproduce the following article published in our journal in your printed thesis and to be posted in your university’s repository at Deakin University.

MATERIAL REQUESTED: 'Shaping pathways to gambling consumption? An analysis of the promotion of gambling and nongambling activities from gambling venues' by Amy Bestman, Samantha Thomas, Melanie Randle, Hannah Pitt, Mike Doole & Simona Pattigrew, Addiction Research & Theory, Vol 24:1, pp. 152-162 (2016).

We will be pleased to grant permission on the sole condition that you acknowledge the original source of publication and insert a reference to the article on the Journals website.

This is the authors accepted manuscript of an article published as the version of record in Addiction Research & Theory on 15th October 2015, http://www.tandfonline.com/doi/full/10.1080/1606637X.2013.1053121

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Thank you for your interest in our Journal.

Yours sincerely,

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Fax: +44 (0)20 7017 6336
Web: www.tandfonline.com
E-mail: Joanne.bateman@tandf.co.uk
Appendix Five: Acceptance letter (Publication Two)

27-Sep-2018

Dear Ms Bestman

Thank you for responding to the additional comments and suggestions arising from the revision of your manuscript entitled ‘Exploring children’s experiences in community gambling venues: A qualitative study with 8-16yos in regional New South Wales’. It is a pleasure to now accept this manuscript for publication in the Health Promotion Journal of Australia.

First Look NEW: Please note although the manuscript is accepted the files will now be checked to ensure that everything is ready for publication, and you may be contacted if final versions of files for publication are required.

Your article cannot be published until the publisher has received the appropriate signed license agreement. Within the next few days the corresponding author will receive an email from Wiley’s Author Services system which will ask them to log in and will present them with the appropriate license for completion.

We look forward to publishing your paper in the Health Promotion Journal of Australia, and to your continued contributions to the Journal.

Sincerely,

Ms Heather D’Antoine
Associate Editor
Health Promotion Journal of Australia
Appendix Six: Research translation

Publication impact

An alternative measure of the impact of this research is through the metrics from the publications (Table 11). All three of the published papers in this thesis have associated Altmetrics. Publication One, published in Addiction Research and Theory in October 2015, has an Altmetrics score of 12 and has been viewed over 300 times. Publication Three, published in Harm Reduction Journal in May 2017, has an Altmetrics score of 22 and has been viewed over 2000 times. Publication Five, published in Harm Reduction Journal in April 2018, has an Altmetrics score of 30 and has been viewed over 700 times. According to Google scholar, these publications have been cited a total of eight times.

Table 11: Publication Impact*

<table>
<thead>
<tr>
<th>Publication</th>
<th>Citations</th>
<th>Altmetrics Score</th>
<th>Article access no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Published 6</td>
<td>12</td>
<td>322</td>
</tr>
<tr>
<td>Two</td>
<td>Accepted   -</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Three</td>
<td>Published 1</td>
<td>22</td>
<td>2267</td>
</tr>
<tr>
<td>Four</td>
<td>Under review -</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Five</td>
<td>Published 0</td>
<td>30</td>
<td>748</td>
</tr>
</tbody>
</table>

*Figures as of 25th September, 2018

Impact on practice and policy

The research findings in this thesis have been used in a range of print, radio and online media articles. This was facilitated through the publication of a media release for Publication Three:

This led to a newspaper article by the local newspaper where Study Two was conducted (the Illawarra Mercury):

The research was also discussed in two online articles:


The findings of Publications have also been used to create a plain language summary, or “Research Snapshot”, by the Gambling Research Exchange Ontario (an independent knowledge translation and exchange organisation that aims to eliminate harm from gambling). These can be found at:

**Publication Three:**

**Publication Five:**

Finally, findings from this thesis have been used, in conjunction with additional research from my supervisor Samantha Thomas, as evidence in the Tasmanian Parliament Joint Select Committee on Future Gaming Markets. This included findings from Study Two on children’s exposure to EGMs in community gambling venues.

Translation of research at conferences

During my candidature I have presented these research findings at a range of national and international conferences. These conferences included:

- International Gambling Conference, Auckland New Zealand 2018
- International Congress of Behavioural Medicine, Melbourne Australia 2016.

The following presents the references for the oral presentations I have given throughout my candidature.


5. Bestman, A., Thomas, S., Randle, M., Pitt, H., Daube, M., & Pettigrew, S. Can the promotion of child-focused activities influence gambling perceptions and behaviours in gambling venues? International Congress of Behavioural Medicine, Melbourne, Australia. 2016. The International Congress of Behavioural Medicine conference also published all abstracts that were included in the conference in a special addition.


Each year in my candidature I have also presented at the Deakin University, School of Health and Social Development HDR conference, Melbourne Australia (2015-2017). In 2016, I was awarded best student presentation at this conference. During my candidate I have also competed in the Three Minute Thesis competition. In 2016, I competed at the school level, and in 2018, I represented the school competing at the faculty level.