This study was originally funded and managed by the Victorian Department of Justice. Management of the study was transferred to the Victorian Responsible Gambling Foundation on its establishment on 1 July 2012.

This report was substantially completed in October 2010 and since that time, a number of changes have occurred within the Victorian justice system in relation to correctional orders, legislation and the structure of some programs. For the most up-to-date information on the Victorian justice system please visit the justice website:

www.justice.vic.gov.au

Notwithstanding limitations regarding the currency of the research data, it is the authors' view that findings and recommendations based on analysis of the research data remain valid. The research data and analysis will be of value to those interested in improving our collective knowledge of gambling as an issue of significance for many individuals in contact with the criminal justice system.

Recommendations relating to the former Office of Gaming and Racing will now largely be the responsibility of the newly established Victorian Responsible Gambling Foundation. The Foundation delivers research, public health campaigns, problem gambling treatment services and information services about gambling regulation.

For information about the Foundation, please visit the following website:

www.responsiblegambling.vic.gov.au

For more information about problem gambling and available help services please visit the following website:

www.problemgambling.vic.gov.au
Authors and acknowledgements

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AOD</td>
<td>Alcohol and Other Drugs</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Orders</td>
</tr>
<tr>
<td>CBO/CW</td>
<td>Community Based Orders for Community Work only</td>
</tr>
<tr>
<td>CBO/FD</td>
<td>Community Based Orders in Default of Payment of a Fine</td>
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<tr>
<td>CBT</td>
<td>Cognitive-Behavioural Therapy</td>
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<tr>
<td>CCOs</td>
<td>Community Corrections Officers</td>
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<tr>
<td>CCS</td>
<td>Community Correctional Services</td>
</tr>
<tr>
<td>CCTO</td>
<td>Combined Custody and Treatment Orders</td>
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<tr>
<td>CISP</td>
<td>Courts Integrated Services Program</td>
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<tr>
<td>CJS</td>
<td>Criminal Justice System</td>
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<tr>
<td>CPGI</td>
<td>Canadian Problem Gambling Index</td>
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<tr>
<td>GRC</td>
<td>Gambling Related Crime</td>
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<tr>
<td>CSS</td>
<td>Correctional Services System</td>
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<td>CV</td>
<td>Corrections Victoria</td>
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<tr>
<td>CWP</td>
<td>Community Work Permits</td>
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<tr>
<td>DHS</td>
<td>Department of Human Services</td>
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<tr>
<td>DOJ</td>
<td>Department of Justice</td>
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<tr>
<td>DPFC</td>
<td>Dame Phyllis Frost Centre</td>
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<tr>
<td>DSM-IV</td>
<td>Diagnostic and Statistical Manual – Fourth Edition</td>
</tr>
<tr>
<td>DSM-IV-TR</td>
<td>Diagnostic and Statistical Manual – Fourth Edition (Text Revised)</td>
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<tr>
<td>EGM</td>
<td>Electronic Gaming Machine</td>
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<td>ESOs</td>
<td>Extended Supervision Orders</td>
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<td>G-MAP</td>
<td>Maroondah Assessment Profile For Problem Gambling</td>
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<td>GRA</td>
<td>Gambling Research Australia</td>
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<tr>
<td>ICMS</td>
<td>Integrated Courts Management System</td>
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<td>ICO</td>
<td>Intensive Correction Orders</td>
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<td>IDU</td>
<td>Identified Drug User</td>
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<td>LEAP</td>
<td>Law Enforcement Assistance Program</td>
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<td>M</td>
<td>Mean</td>
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<tr>
<td>NCIS</td>
<td>National Coroners Information System</td>
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<tr>
<td>NJC</td>
<td>Neighbourhood Justice Centre</td>
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<tr>
<td>NS</td>
<td>Not Stated</td>
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<tr>
<td>NSW</td>
<td>New South Wales</td>
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<td>OGR</td>
<td>Office of Gaming and Racing</td>
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<td>OR</td>
<td>Odds Ratio</td>
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<td>PG</td>
<td>Problem Gambling</td>
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<td>PGSI</td>
<td>Problem Gambling Severity Index</td>
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<td>SD</td>
<td>Standard Deviation</td>
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<tr>
<td>SOGS</td>
<td>South Oaks Gambling Screen</td>
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<tr>
<td>VISAT</td>
<td>Victorian Intervention Screening Assessment Tool</td>
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<tr>
<td>WSAS</td>
<td>Work and Social Adjustment Scale</td>
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In 2008, the Office of Gaming and Racing (OGR) funded an internal research project to investigate ‘good practice’ problem gambling treatment options for Victorian correctional clients and to further explore the relationship between problem gambling and crime.

The Problem Gambling and the Criminal Justice System project is the first of its kind in Victoria. It represents an important first step in better understanding the needs of problem gamblers in the state's criminal justice system.

Key objectives of the project were to improve the Department of Justice’s (DOJ’s) understanding of problem gamblers in the Victorian criminal justice population, to gather evidence to inform the development of better treatment options for these particular individuals and to strengthen linkages between the Gambler’s Help service system and the criminal justice system, and in particular the correctional services system.

Major components of the research project included:

- a review of existing research investigating ‘good practice’ treatment interventions for correctional populations and the relationship between gambling and criminal offending
- a review of data collection processes and holdings across Victoria's criminal justice system to determine the extent to which information on problem gambling is routinely collected
- an analysis of problem gamblers within Victoria’s correctional services system to identify treatment needs and improve understanding of the extent of, nature of and relationship between problem gambling and offending behaviour
- identifying perceptions of problem gambling in Victoria’s Supreme and County courts
- mapping and profiling DOJ-funded Gambler’s Help treatment services to determine the extent to which they are currently servicing Victorian correctional clients.

Broadly speaking, the research methodology involved a combination of a literature review, surveys and interviews with prisoners, interviews with key justice stakeholders including Victoria Police and Corrections Victoria staff, consultations with Gambler’s Help counsellors and staff, and a detailed analysis of official criminal justice records and data sources.

The research primarily focussed on issues around access to, and the provision of, effective treatment services within custodial settings. Findings relating to the relationship between gambling and gambling-related offending and the incidence of problem gambling and gambling-related offending within the correctional population, should be interpreted as indicative, rather than absolute.

Key findings

The research yielded significant additional insight about:

- the range and efficacy of problem gambling treatment services offered to correctional clients
- judicial perceptions of problem gambling as a mitigating factor in sentencing
- issues associated with identifying and recording problem gambling across the criminal justice system
- the antecedence to, and relationship between, problem gambling and crime
- the overall magnitude of the problem.

Key specific findings of the research include:

- There is a lack of awareness across the criminal justice system of problem gambling as an issue of significance, along with little or inadequate screening for problem gamblers across offending populations. This has led to correspondingly low referrals to problem gambling treatment services by criminal justice personnel.
Executive summary

- Data currently collected and held within Victoria’s criminal justice system cannot be relied upon to produce an accurate indicator of the volume and nature of problem gambling-related crime in Victoria.

- Analysis of data held by Victoria Police, the Victorian Supreme and County courts and the National Coroners Information System suggests levels of gambling-related offending ranging from 1.2 to 4.3 per cent.

- Methodologies involving direct screening of offenders for gambling issues by Corrections Victoria and the Neighbourhood Justice Centre resulted in the detection of a slightly higher proportion of offenders with gambling issues (from 3.9 to 7.5%).

- The rates of gambling-related offending cited above are much lower than findings that emerged from an analysis of prisoner survey data. This most likely reflects the present lack of systematic and reliable processes for the screening and recording of problem gambling across the justice system.

- Almost half of surveyed prisoners were at some risk of developing a gambling problem according to the Problem Gambling Severity Index (PGSI), with 1 in 3 classified as problem gamblers. The rate of problem gamblers identified within Victorian prisons appears to be substantially higher than prevalence rates observed among the general Victorian population (0.7%), but is well within the range of prevalence rates recorded for prisoner populations by researchers in other Australian jurisdictions (from 19% to 44%).

- Over a third of prisoners surveyed (37%) reported having committed a gambling-related offence at some point in their lifetime. Of these, 54 per cent were under sentence for a gambling-related offence at the time of this research. The probability of committing a problem gambling-related crime appeared to be positively associated with an offender’s PGSI score, with 88 per cent of problem gamblers having committed a gambling-related offence.

- The majority of offenders sampled had long histories of offending – both problem gambling and non-problem gambling-related. Just under three quarters of problem and moderate risk gamblers (combined) were recidivist offenders, with 71 per cent having committed a previous gambling-related crime – as well as experiencing significant levels of co-morbid mental health and drug and alcohol issues.

- There are low levels of uptake of problem gambling treatment services in prisons (23%), despite most offenders having extensive prior contact with the criminal justice system and the presence of Gambler’s Help services in 79 per cent of Victorian prisons. This rate compares unfavourably with the uptake of other treatment services (90%) offered in prisons such as drug and alcohol services.

- Face-to-face interviews with 22 prisoners across Victoria identified a high degree of consistency in the profile of problem gambling-related offenders, including:
  - a high degree of involvement in offending prior to initiation into gambling
  - a lack of awareness about the availability of Gambler’s Help services in prisons
  - stigma surrounding the identification of gambling issues within a corrections context
  - perceptions that counsellor credibility and demeanour are key to an individual attending and engaging in counselling treatment after the first session
  - a belief that individual willingness and commitment is the key to treatment success.

- Gambling-related offenders appearing before the Victorian Supreme Court of Appeal, Supreme or County courts for the calendar years 2007 and 2008 most commonly committed crimes to fund their gambling (74%) and/or to repay gambling-related debt (38%).

- While the judiciary accept the existence of problem gambling as an issue in the lives of offenders, problem or pathological gambling issues rarely appear to mitigate sentences.

- Research into ‘good practice’ problem gambling treatments for correctional clients remains in its infancy. While researchers tend to promote multi-modal approaches to treating problem gambling among correctional populations, in practice, existing gambling services provided to correctional clients are adaptations of mainstream community-based approaches.

- The delivery of problem gambling treatment services to Victorian prisoners is ad hoc and inconsistent. Gambler’s Help services have evolved in parallel to rather than being formally integrated with Corrections Victoria offender management practices.
Recommendations

In light of these findings, this report makes recommendations aimed at improving the justice system’s awareness of problem gambling issues and their links to criminal behaviour. It also suggests ways to improve current screening, recording and treatment practices for problem gamblers across the justice system.

Key recommendations involve Gambler’s Help services working closely with criminal justice stakeholders to:

- increase criminal justice staff understanding of problem gambling and awareness of Gambler’s Help and other treatment or support services
- introduce systematic problem gambling screening, assessment and service referral processes across the criminal justice system
- improve offender access to targeted Gambler’s Help interventions according to their level of criminal justice contact and treatment need
- provide targeted Gambler’s Help support to offenders pre-release to improve access to Gambler’s Help services within the community post-release.
1 Background to the research

1.1 Background

The ability to provide appropriate treatment services to problem gamblers in Victoria’s criminal justice system depends on effective ways to identify and classify problem gamblers and an understanding of ‘what works’ in terms of treatment options for this group.

Efforts by the Office of Gaming and Racing (OGR), Department of Justice, to gather evidence about existing problem gambling treatment interventions that have the potential to be enhanced and further developed for this client cohort (see Chapter 2 for a comprehensive literature review) revealed:

- the cursory state of Australian research on the extent and nature of gambling-related crime generally and on the extent and nature of problem gamblers within the criminal justice system specifically
- a paucity of documented information on the identification and treatment of problem gamblers within Victoria’s correctional services system (administered by Gambler’s Help services and/or other agencies) and post-release
- research into ‘best practice’ treatment models for problem gamblers in general, and among corrections populations specifically, is in its infancy.

Especially limiting was that, with one exception, Australian investigations surveying offender populations have involved notably smaller study cohorts than research conducted overseas, thereby reducing the absolute and relative validity of the findings.

Furthermore, the few existing problem gambling studies of Australian correctional populations have been conducted outside Victoria. Gambling prevalence rates among Victorian correctional services clients therefore remained unknown and the usefulness of extrapolating prevalence and treatment findings from other jurisdictions to Victoria is uncertain.

To guide an evidence-based approach to developing and delivering appropriate services for the particular needs of Victorian correctional populations, the Data & Evaluation team, Problem Gambling Strategy, OGR, has now undertaken substantive primary research on this issue.

The Problem Gambling and the Criminal Justice System project is therefore the first research of its kind in Victoria and represents an important first step in better understanding the needs of problem gamblers in Victoria’s criminal justice system.

1.2 Project objectives

The overall objectives of the research project were to:

(a) Gather the necessary research, data and operational intelligence to guide the department in developing appropriate and effective problem gambling treatment services for people in the correctional services system.

(b) Review the extent to which problem gambling treatment services currently delivered to correctional populations within Victoria subscribe to, and have been formally integrated into, Corrections Victoria Offender Management Frameworks.

It is worth noting that while this research project was underway, Corrections Victoria formally acknowledged the need to investigate problem gambling-related offending in its Corrections Victoria Research Agenda and Strategy 2009–2012.
1.3 Project components

1 Literature review
A review of national and international research on gambling and crime, focusing on gamblers within correctional environments and identifying good practice treatment interventions for this population.

2 Review of data holdings
A review of data collection processes and holdings across the Victorian criminal justice system to determine the:
- extent to which information on problem gambling is collected and recorded
- ability to generate a valid and reliable indicator of the volume of problem gambling-related crime
- capacity to contribute to better understanding of associations, influences and causal links between crime and problem gambling
- degree to which recorded problem gambling information is sufficiently robust to influence decisions relating to offender management across the criminal justice system (such as prompting a referral to problem gambling treatment services) or to be considered a factor in sentencing.

3 Needs analysis of the Victorian correctional services system
A review of the need and demand for problem gambling services in Victoria's correctional services system, which is informed by the perceptions and experiences of prisoners and correctional staff. This component of the research focuses specifically on:
- quantifying the extent of problem gambling among offenders within the correctional services system, including offenders managed in prison and community corrections environments
- providing further insight into the nature of, and relationship between, problem gambling and crime.

4 Mapping and profiling of Gambler's Help services within the correctional services system
A review of the nature and extent of Gambler's Help services provided to offenders within correctional environments and post-release, which includes:
- a desktop assessment of services (range, volume and configuration) and program efficacy
- identifying opportunities for service improvement within the context of offender management practices delivered under Corrections Victoria offender management frameworks.

1.4 Governance arrangements
The project was developed and delivered by the Data & Evaluation Team, Problem Gambling Strategy, Office of Gaming and Racing. The research was overseen by the Department of Justice Intradepartmental Committee on Gambling and Crime, which comprised the following members and observers:

Board members
- Larissa Strong (Chair), Director, Problem Gambling Strategy, Office of Gaming and Racing
- Phillip Shelton, Director, Gambling Operations and Audit, Victorian Commission for Gambling Regulation
- Noel Moloney, Manager, Court Statistical Services, Courts
- Detective Superintendent Brett Guerin, Crime Strategy Group, Crime Department, Victoria Police
- David Daley, General Manager, Strategy Branch, Corrections Victoria
- Dr Santina Perrone (Project Manager), Manager, Data & Evaluation, Office of Gaming and Racing
Observers
- Paul Marden, Manager, Research, Office of Gaming and Racing
- Malcolm Feiner, Manager, Research and Evaluation, Corrections Victoria
- Deborah Jansons (Principal Research Officer), Research Officer, Data & Evaluation, Office of Gaming and Racing

Terms of reference
The terms of reference\(^1\) for the Intradepartmental committee were to:
- review current data capture on problem gamblers in the criminal justice system
- recommend enhancements to current data collection
- develop a joint business case regarding any resource implications
- investigate policy options for the provision of problem gambling treatment services for people in the correctional services.

\(^1\) Not all of the terms of reference listed here are applicable to the Intradepartmental Committee on Gambling and Crime in its capacity as the Project Board for this particular research project.
Gambling is becoming a very significant problem...for four days in a row I have had people with gambling problems before me (Judge Helen O'Sullivan, Brisbane District Court, 13 September 2007 as cited in Warfield 2008: 24).

2.1 Introduction

This chapter summarises national and international research and literature on the links between problem gambling and crime and on good practice treatment models for correctional services populations. It explores some of the key definitional, conceptual and practical issues and complexities associated with investigating problem gambling among criminal justice populations and establishing effective treatments.

2.2 Problem gambling among offender populations: the state of research

While international prevalence studies of correctional services populations report variable findings, they universally support the proposition that offenders experience considerably higher rates of problem and pathological gambling compared to the general community (on average up to 20 times greater) (Sullivan et al. 2007; Nixon et al. 2006; Corrective Services Administrator's Conference 2006 as cited in Kellam 2006; Marshall & Marshall 2003; Powis 2002; Westphal, et al. 1998; Royal College of Psychiatrists 1977 as cited in Lesieur 1993).

There is also mounting evidence of consistency across the research findings regarding an association between problem gambling and crime. This association appears particularly pronounced among addictive or pathological gamblers (Nixon et al. 2006; Marshall & Marshall 2003; Custer & Custer 1978; for other jurisdictions see Magoon et al. 2005; Ashcroft et al. 2004; Meyer & Stadler 1999; Productivity Commission 1999; Bland et al. 1993; Rosenthal & Lorenz 1992).

Research further indicates that a small number of offenders account for a large proportion of gambling-related crime (Doley 2000); that is, criminal recidivism is a significant feature of problem gambling offenders (Crofts 2002). For example, in a sample of 94 female prisoners in New Zealand, Abbott et al. (2005) identified 18 women convicted of gambling-related offences. These women had recorded a combined 454 convictions, with two of the women accounting for 86 per cent (n=390) of these convictions.

Similarly, the research indicates that a small proportion of problem gamblers account for a large volume of the monetary losses suffered by the community to illegally fund gambling activities (Abbott & McKenna 2005: 572). For example, one individual presenting to a Wisconsin Gamblers Anonymous service had stolen $8 million for gambling-related reasons. By comparison, the remaining 46 per cent of individuals attending the service admitted stealing an average of $5,738 for gambling-related reasons (Thompson, Gazel & Rickman 1996 as cited in Lesieur 1998).

While the aggregate value of harms generated by problem gambling-related crime are unknown, they are estimated to be considerable, translating to real social and economic costs to immediate victims as well as the broader community (see for example, Law 2010; Abbott & McKenna 2005: 572). A recent Victorian study by Warfield (2008) for instance, suggests that Victoria has more gambling-related fraud convictions than other Australian jurisdictions, amounting to a total loss of $102,701,516 for the 156 cases identified from 1 January 1998 to 31 December 2007, or an average of $658,343.05 per incident.

---

2 This figure likely underestimates the extent of gambling-related fraud as the study reviewed media reports and available court transcripts only.
The harms to perpetrators and their families are equally real and potentially devastating, particularly in the case of a prosecution and/or conviction. These include the social stigma that attaches to the label ‘offender’, resulting in declining emotional health and increasing social isolation associated with the likely dissipation of social networks. For those imprisoned, the physical and emotional separation invariably affects family cohesion and creates economic vulnerabilities with the loss of skilled employment and family income.

These effects are most likely compounded by a variety of health issues often co-present and/or co-morbid in problem gamblers, including alcoholism, severe mental disorder, depression and suicidal ideation (Thomas & Jackson 2008; British Medical Association 2007; Chow et al. 2007 (unpublished report); Blaszczynski & Farrell 1998).

These observations have led many researchers to recommend rehabilitative approaches to problem gamblers within the correctional environment, especially those classified as ‘pathological gamblers’. For these populations, treatment-oriented strategies appear to represent a cost-effective approach to reducing or preventing the risk of recidivist criminal behaviour, especially in the case of gambling-related property crime.

When considered in aggregate, the findings of past research into gambling-related offender populations indicate the need to:

- better understand the co-symptomatic relationship between problem gambling, co-morbid issues and offending behaviour
- identify and target treatment of at risk and problem gamblers at the earliest point of contact with the criminal justice system to prevent problem gambling or reduce the likely severity and consequences of problem gambling-related crime
- target problem gambling-related offenders within the justice system (police, courts and corrections) to prevent the likelihood of gambling-related recidivist behaviour through appropriate referrals into problem gambling and allied treatment services.

2.2.1 Research methodologies and approaches

In reviewing the literature on problem gambling and crime, it is important to note the diversity of methodological approaches employed and to briefly identify the key limitations of each. Research that has sought to enumerate problem gambling across offender populations has typically adopted one of two methodological approaches:

- Analyses of archival documents housed within criminal justice organisations including:
  - police (for national and international studies of this kind see for example, Independent Gambling Authority 2003; Marshall & Marshall 2003; Smith et al. 2003; Monash University Centre for Criminology and Criminal Justice 2000)
  - courts (for national studies of this kind see for example, Law 2010; Warfield 2008; Australian Institute of Criminology & PricewaterhouseCoopers 2003; Crofts 2003; Crofts 2002; Marshall & Marshall 2003)
  - correctional services (for national studies of this kind see for example, Independent Gambling Authority 2003; Monash University Centre for Criminology and Criminal Justice 2000).
- Interviews / surveys with correctional services clients and offenders who have committed a gambling-related offence (see Appendix A for key national and international research in this area).

2.2.2 Limitation of official sources

Irrespective of the methodological approach favoured, efforts to gauge the extent of problem gambling using official documentary sources are problematic (Campbell & Marshall 2007; Crofts 2003; Marshall & Marshall 2003; Smith et al. 2003; Crofts 2002; Monash University Centre for Criminology and Justice 2000; Gowen 1996):

- Some problem gambling-related offences will never be detected by victims or criminal justice agencies or if detected, may be dealt with outside the criminal justice system.
Information on problem gambling (including motives and life histories) contained within official criminal justice records is often not recorded consistently, if at all. Reasons for the lack of systematic data collection include:

- the absence of specific data fields to collect motivations for offending behaviour, which may potentially capture problem gambling as a motivator for crime
- the generally brief nature of the contact between arrestees and police, which provides a very small window of opportunity to gather information on gambling issues
- divergent definitions of a problem gambler – court and correctional services clinicians assessing the psychological state of a defendant are likely to embrace the stringent definition of pathological gambling outlined in the DSM-IV (see Screening Tools below), while the police may employ a more liberal definition of problem gambling, such as "gambling that is frequent, is at times uncontrolled and has resulted in some harmful effects" (AIGR 1995: 111, as cited in Doley 2000)
- ambiguous data collection guidelines, which compromises the objectivity of data collection practices and consequently, the accuracy of problem gambling prevalence data.

The link between problem gambling and offending behaviour may not be recognised by the offender, or criminal justice agencies, or if recognised, the link may not be adequately explored or insufficient information may be provided for further analysis.

Most offenders in the correctional services system are assessed for risk factors for re-offending and offence-specific and offence-related need at their initial point of entry. However, the standardised assessment tools currently utilised by correctional services across Australia do not screen explicitly and/or systematically for problem gambling. Consequently, issues pertaining to a gambling problem are only identified if the offender volunteers information or the interviewer probes for problem gambling-specific information.

These various data limitations are evident in a series of studies of problem gambling-related crime utilising official justice data sources, which are briefly outlined below.

Smith et al. (2003) sought to uncover and quantify the relationship between gambling and crime by piloting a gambling-specific occurrence report form with police in Edmonton (Canada) over seven months. The study illustrated the resource overhead associated with efforts to capture problem gambling-specific data in the absence of clear definitional parameters or formal guidance. The approach proved unsuccessful, with officers already overwhelmed by bureaucratic processes often failing to complete the form.

In Australia, Crofts (2002) examined 2,776 district and local court files for incidents of gambling-related crime in NSW from 1995 to 1999. Of the cases examined, only 3.8 per cent (n=105) could be classified as problem gambling-related on the basis of available information. Significantly, only 60 per cent (n=63) of these cases contained sufficient information to warrant inclusion in the study sample.

In a South Australian study, Marshall and Marshall (2003: 46) (see also Independent Gambling Authority 2003) found that of the 800 randomly selected police apprehension reports reviewed, only six presented a gambling–crime link. Within these six reports, there was "...no indication that the police had sought information related to motivation for offending or had suspected offending may be linked to problem gambling". When police were questioned as to why they did not routinely and systematically collect data on problem gambling-related offending, they said the information held no strategic value for operational activities.

In the same study, Marshall and Marshall (2003) analysed 2,300 court files and sentencing remarks from 2000 to 2003, concluding that official records from the Magistrates', District and Supreme courts contained insufficient information to establish a gambling–crime link. Notably, within District courts, several cases disclosed a gambling link not previously acknowledged in corresponding police apprehension reports. A possible explanation for discrepancy in case information between official data sources is the general reluctance of individuals to divulge crime-related information to police during questioning through fear of self-incrimination (Crofts 2002).
By contrast it is hypothesised that an offender may be more prepared to reveal their gambling issues to court and correctional services personnel for the following reasons:

- From a sentencing viewpoint, defence counsel may raise problem gambling issues during plea in mitigation if it is perceived to be in the best interests of the defendant (Monash University Centre for Criminology and Criminal Justice 2000: 89). Interestingly, there is anecdotal evidence to suggest that problem gambling issues may be raised as mitigating factors even if problem gambling is not an underlying or significant motivating factor for crime. Ironically, anecdotal evidence within Victoria indicates that using problem gambling as a defence does not necessarily result in lenient sentencing. There is some evidence to support this proposition, with studies of Australian court records indicating that approximately 70 per cent of individuals appearing on gambling-related deception charges received jail sentences (Warfield 2008: 17).

- Within the correctional context, prisoners may disclose problem gambling issues in the hope they will be referred to gambling treatment services. Motivations for seeking treatment may include a genuine desire to overcome problem gambling behaviours and tackle underlying causes or a desire to demonstrate to authorities they have taken significant steps to reduce the risk of re-offending in an effort to enhance their prospects of a successful parole review.

### 2.2.2.1 Primary research – surveying offender populations

As a consequence of the limitations associated with official data sources, much recent research into problem gambling and offender populations is based on primary research conducted within correctional institutions and to a lesser extent, within the community. The last decade, in particular, has witnessed a growing body of primary research on this issue.

This approach is not, however, without its own challenges. For example, there is the risk that retrospective self-reporting of gambling and crime, especially in relation to gambling lapse and re-offending behaviour, may produce inaccurate results due to the inadvertent (memory lapses) or deliberate (over-reporting to impress or under-reporting due to feelings of shame and distrust) reporting of inaccurate information by offenders (Turner et al. 2007; Walters 1997). However, a number of validation studies comparing self-report measures of problem gambling with potentially more objective accounts provided by family and friends, have confirmed that self-report measures are reasonably accurate (Bernhard 2007; Hodgins & Makarchuk 2003; Echeburua et al. 1996).

**Appendix A** summarises the key national and international research studies into problem gambling and crime conducted with correctional populations. The key findings of various studies reported therein have been consolidated and summarised as follows:

- Study findings vary widely, but consistently support the proposition that correctional services clients experience considerably higher rates of problem gambling (ranging from 5%–73%) relative to the general community (ranging from 0.7%–2%) (Department of Justice September 2009c; Nixon et al. 2006; Westphal et al. 1998; Royal College of Psychiatrists 1977 as cited in Lesieur 1993).

- While there are relatively few studies of correctional clients serving their sentences in the community, problem gambling prevalence rates among this population appear broadly consistent with those of incarcerated populations (up to 20 times higher than the general population in Australian studies) (Queensland Department of Corrective Services 2005; Meredith 2001 as cited in Delfabbro & LeCouteur 2003: 71).

- The relationship between problem gambling and crime appears particularly pronounced among pathological gamblers. A series of Canadian and United States studies, for instance, found that 77 per cent to over 90 per cent of surveyed pathological gamblers admitted to a criminal offence (Nixon et al. 2006; Marshall & Marshall 2003; Custer & Custer 1978).

- Despite the relative scarcity of Australian research in this field, investigations targeting correctional populations have yielded rates of problem gambling and pathological gambling that appear broadly consistent with international findings. Australian studies have returned prevalence rates from eight per cent (problem gamblers) to 44 per cent (male probable problem gamblers / those with some problems with gambling) (see **Appendix A**) (Marshall et al. 1998 cited in Delfabbro & LeCouteur 2003: 70).
There is some indication that Indigenous correctional populations may be over-represented in the problem gambling statistics in some areas of Australia. For example, a Queensland study of community correctional populations found the prevalence of problem gambling among Indigenous offenders to be 13.7 per cent compared to 8.4 per cent among their non-Indigenous counterparts (Queensland Department of Corrective Services 2005: 27).

The degree of variance in prevalence rates reported in Australian studies is lower than observed overseas, with Australian rates tending towards the upper end of the scale (20% or greater). The highest rate of problem or probable pathological gamblers nationally (44% probable pathological gamblers or having some problem with gambling) was reported in the New South Wales Inmate Health Study (Butler & Milner 2001).

The overwhelming majority of key investigations have focused on incarcerated offenders vis-à-vis offenders serving their sentence in the community. The few Australian studies of community corrections populations have identified similar problem gambling and pathological gambling prevalence rates as identified among incarcerated offenders (ranging from 9.4 per cent to 34 per cent, or a rate of up to 17 times higher than the general population) (Lahn & Grabosky 2003; Meredith 2001 as cited in Delfabbro & LeCouteur 2003: 71).

With one exception, Australian investigations have utilised notably smaller study cohorts than research conducted overseas, thereby reducing the absolute and relative validity of findings.

Studies of Australian correctional populations conducted to date have taken place within jurisdictions outside Victoria and the appropriateness of extrapolating these findings is unclear. Consequently, problem gambling prevalence rates among Victorian correctional services clients remain unknown.

2.2.3 The limitations of comparing studies

Despite the apparently mutually reinforcing nature of national and international research on the problem gambling and crime relationship, efforts to compare and contrast findings are fundamentally fraught, especially with regards to problem gambling prevalence rates. In particular, the comparability and generalisability of findings across correctional populations and jurisdictions is severely compromised by the divergent research methodologies adopted.

2.2.3.1 Prevalence type

Among the wide range of available measures, three prevalence types commonly used within both general population and correctional population studies of problem gamblers are:

1. **Point prevalence** – the number of problem gamblers within the population at a precise point in time (for example, a count of the number of problem gamblers within a prison population on a specified day).
2. **Period prevalence** – the number of individuals who have experienced gambling problems over a specified period of time (for example, the number of individuals who are identified as a problem gambler in the previous six months).
3. **Lifetime prevalence** – the number of individuals within a population who have experienced problem gambling at some point in their life prior to the time of assessment (Christie, Gordon & Heller 1997 as cited in Thomas et al. 2003: 29).

Selection of prevalence type is particularly problematic within the context of problem gambling research involving corrections populations. Lifetime and period prevalence studies, which seek information about problem gambling activities over a longer period, run the risk of generating false positives. This is because an individual may have experienced a problem gambling issue at some point during the course of the specified study period, but may be in remission at the time of assessment (Thomas et al. 2003). Similarly, an individual receiving effective treatment for problem gambling within the prison environment in the past six months may be recovering from problem gambling. They are, nevertheless, likely to be counted as a problem gambler in prevalence studies recording gambling behaviour in the past twelve months (Thomas et al. 2003).

Surprisingly some investigations into problem gambling among corrections populations fail to use a validated measure of problem gambling and therefore results should be interpreted cautiously (see for example, Boreham et al. 1996 as cited in Lahn & Grabosky 2003).
2.2.3.2 Screening tools

Comparability across gambling prevalence studies conducted with corrections populations is complicated further by the disparate use of interview questionnaires and psychometric tests to identify problem gamblers. The three main problem gambling screening tools used within studies of corrections populations worldwide are:

1. **South Oaks Gambling Screen (SOGS)** – a clinical problem gambling screening instrument comprising 20 items, dichotomously scored, that can be used to measure present (for example, in the past six months) or lifetime probable pathological gambling (McCown & Howitt 2007).

2. **Problem Gambling Severity Index (component of the Canadian Problem Gambling Severity Index CPGI)** – a non-clinical, nine-item measure of problem gambling. The CPGI seeks to provide a more meaningful measure of problem gambling prevalence, by taking into account social factors to profile problem gamblers according to various typologies (Ferris & Wynne 2001a; Ferris & Wynne 2001b). The nine items are scored according to non-gambling, non-problem, low risk, moderate risk and problem gambling categories (CPGI: User Manual as cited in Powis 2002).

3. **American Psychiatric Association’s (APA) Diagnostic and Statistical Manual – Fourth Edition (DSM-IV) and (DSM-IV-TR (Text revised))** – a clinical instrument used to measure pathological gambling. Classification of an individual as a pathological gambler requires them to meet five of the 10 criteria outlined (McCown & Howitt 2007). It is noteworthy that pathological gambling is not listed as an addictive disorder in the DSM-IV-TR, but is instead categorised as an “Impulse-Control Disorder Not Elsewhere Classified” (American Psychiatric Association 2000: 613 as cited in McCown & Howitt 2007).

A detailed comparison of these three problem gambling screening instruments is included in **Appendix B**, but some of the key differences are detailed below:

- It has been argued that clinical measurement of problem gambling, as provided by the SOGS and DSM-IV, does not allow for the assessment of social, cultural and environmental factors, including negative peer and familial relationships, making the CPGI more appropriate for use in general population surveys (Powis 2002).

- Australian researchers studying correctional populations have generally applied the SOGS and to a lesser extent, the CPGI, or variants of these instruments (O’Connor et al. 2000). Within international research, the SOGS is the most commonly applied instrument, with the DSM-IV occasionally adopted as a screener for pathological gambling.

- Research indicates that lower problem gambling prevalence scores are generally recorded when using the CPGI as a screening tool (Lahn & Grubosky 2003: 14). For example, Turner et al. (2007: 6) administered all three problem gambling screening tools to 255 male inmates housed at the Millhaven Assessment Unit, Canada, on a two-year sentence or greater. Results showed differing prevalence score estimates ranging from 11.7, 9.7 and 6.2 according to measures from the DSM-IV, SOGS and CPGI respectively (Turner et al. 2007: 6).

2.3 Understanding the problem gambling and crime relationship

While previous studies have concluded that problematic or addictive gambling behaviour is an important criminogenic factor, the nature of the relationship between gambling and crime remains indeterminate. As indicated by **Appendix A**, not all research has specifically investigated the problem gambling and crime nexus. However, among those to explore this relationship, rates of reported gambling-related crime range from four per cent to 90 per cent in overseas studies and from seven per cent to 71 per cent in Australian studies.

It is equally the case however, that many problem gamblers do not commit offences and likewise, that many correctional service clients classified as problem gamblers have committed offences unrelated to their gambling. This may imply that some individuals have underlying issues independently predisposing them to both problematic gambling behaviours and offending behaviours (Productivity Commission 1999). The problem gambling and crime relationship is therefore a complex issue.
2.3.1 Characterising the problem gambling and crime association: a typology

In the light of current research knowledge, the relationship between gambling and offending can be categorised in three ways (Centre for Gambling Research 2003: 21; Lahn & Grabosky 2003; Marshall & Marshall 2003: 21):

1. **Co-incidental** – there is no link between the gambling and offending behaviour.

2. **Co-symptomatic** – both the offending behaviour and the gambling are symptoms of other underlying factors, such as poor impulse control. This is said to result in risky behaviour in many aspects of a person’s life including gambling, sexual practices and crime.

3. **Instrumental** – there is a causal connection between the gambling and offending behaviours. These behaviours, also referred to as ‘gambling-related offences’, can be classified as either directly or indirectly related to gambling:
   - **directly related** – offences committed by problem gamblers to finance their gambling activities
   - **indirectly related** – offences committed by problem gamblers to replace gambling losses or repay gambling debts.

Research that has specifically sought to quantify the relative distribution of problem gamblers across these categories of problem gambling and crime association, and establish the trajectory of causation, is problematic because:

- While the classification schema seemingly comprises discrete or mutually exclusive categories, patterns of criminal activity some problem gamblers engage in appear to qualify them for assignment to more than one category. For example, a problem gambler may engage in a variety of criminal activities simultaneously, some instrumental to their problem gambling, others co-incidental.

- Similarly, within the correctional services system, significant proportions of problem gamblers exhibit co-morbid symptoms, including substance misuse, alcoholism and personality disorders, irrespective of the motivating factor for crime. For instance, in a survey of 103 problem gambling inmates of a South Australian prison, Marshall et al. (1998 as cited in Lahn & Grabosky 2003) identified 62 per cent as probable substance abusers, 38 per cent as potential alcoholics, and 47 per cent as exhibiting the symptoms of anti-social personality disorder. These co-presenting issues render the task of identifying associations between crime and problem gambling potentially difficult for researchers as issues other than problem gambling, which may be the focus of official offender questioning or assessment processes, complicate behavioural associations.

- A significant limitation of some research purporting to investigate the causal relationship between problem gambling and crime is that it fails to establish if individuals identified as problem gamblers within correctional environments actually committed gambling-related crimes (for example, see Anderson 1999; Westphal et al. 1998).

- The recording of multiple motivators for crime within some records (for example, court and police files) makes it difficult to determine if problem gambling issues are a motivator or the motivator for specific crimes (Crofts 2002: 59).

Despite these limitations, international studies that have sought to examine causation have reported rates of crime directly attributable to gambling activities among problem and pathological gamblers ranging from four per cent to over 90 per cent (see Appendix A). Of the more recent investigations, Magoon et al. (2005) reported that 65–89 per cent of New Zealand pathological gamblers surveyed admitted to committing a crime to generate gambling funds. Remarkably, 45 per cent of pathological gamblers reported committing crimes exclusively to finance their gambling (see also Ashcroft et al. 2004; Crofts 2002; McCorkle 2002).

2.3.2 Offence escalation: from co-incidental to instrumental crime

Further complicating the classification effort is the fluid and interconnected nature of the problem gambling and crime relationship. A sizeable proportion of problem gamblers escalate their criminal activities from co-incidental to instrumental during their life.
For instance, a study of 357 male inmates in New Zealand prisons found that 95 per cent (n=105) of lifetime problem gamblers recalled early offending unrelated to gambling (Abbott et al. 2005). Abbott and McKenna's (2005) study of 94 female inmates in New Zealand prisons produced less dramatic, though notable findings, with 39 per cent (n=37) of lifetime problem and pathological gamblers imprisoned as a result of gambling-related offending reporting an early offending history unrelated to gambling. This pattern of non-gambling-related offending pre-dating offending that is causally connected to gambling is also evidenced in the findings of Ashcroft et al. (2004) and Rozenthal and Lorenz (1992), the latter of which found that of the 222 pathological gamblers surveyed, 70–80 per cent had engaged in gambling-related crimes later in their gambling and crime career.

These findings resonate within the Australian context, as demonstrated by the research conducted by Blaszczynski and McConaghy (1994). They found that individuals with a long history of gambling issues were more likely to also have a history of offending, with non-gambling-related offences committed earlier than gambling-related offences. As Delfabbro & Le Couteur (2003: 74) contend, for incarcerated gamblers, “…gambling appears to exacerbate, rather than give rise to, offending, whereas for gamblers in treatment, it is more likely that gambling was the cause of their first offence”.

Results from past research indicate further that problem gamblers may be predisposed to developing both offending and gambling problems, which may ultimately have escalated into gambling-related crime. It would also appear the more prolonged and severe the gambling problem, the more likely the eventual involvement in crime. For instance, Dickerson et al. (1996; 1998 as cited in Delfabbro & LeCouteur 2003: 68) found that of individuals who scored 10+ on the SOGS, 43 per cent had been in trouble with the police, 71 per cent had appeared in court, and 29 per cent had served a term of imprisonment as a result of gambling-related crime.

2.3.3 Profiling the offending problem gambler

The demographic and offence-specific characteristics of gamblers (problem and pathological) who commit gambling-related crime vary greatly across national and international studies. A summary of selected studies investigating the gambling–crime relationship is provided in Appendix A.

2.3.3.1 Demographic characteristics of problem gamblers

Males are generally over-represented in gambling-related crime figures. A recent study by Warfield (2008) investigating 528 gambling-related criminal cases appearing before the courts across Australia, found that 42 per cent (n=221) of the study sample were female and 58 per cent (n=307) were male. These findings are less extreme than those of an earlier investigation by the Australian Institute of Criminology and PricewaterhouseCoopers (2003), which found a considerably higher proportion of males (79%) across the 155 serious fraud cases committed in Australia and New Zealand. A study of community corrections populations in Queensland (Queensland Department of Corrective Services 2005) furnished almost identical results, with males comprising 78.9 per cent of problem gamblers in the sample, which was found to be consistent with the demographic profile of the general corrections population.

Recent international research lends added weight to this significant male over-representation among offending problem gamblers. For example, a United States study of 231 pathological gamblers found that 61.9 per cent (n=39) of those committing illegal acts were male (Ledgerwood et al. 2007) and a study of problem gamblers in Canada (Smith et al. 2003) found that 60 per cent of offenders passing counterfeit currency were male, as were 69 per cent of those admitting to fraud offences.

Offender age also varies significantly across study samples, with Australian research on gambling-related court cases recording age ranges from 15 to 84 years (Warfield 2008; Crofts 2002). Average age varies significantly across offence categories, but is typically located within the mid 30s to 40s (Best et al. 2008; Ledgerwood et al. 2007; BDO 2006; Australian Institute of Criminology and PricewaterhouseCoopers 2003).

3 Not all cases within the sample were problem gambling-related.
While few studies report the income status of those committing gambling-related crimes, Blaszczynski et al. (1989) found that a slight majority of subjects (55.9%) reported an average income of $AUD20,000 or more. At either extreme of the income spectrum, 44.1 per cent of the sample earned, on average, less than $AUD20,000 per annum, while only 10.1 per cent reported an average annual income of more than $AUD40,000. The most frequently cited category of average annual income was from $AUD20,000 to $AUD40,000 (45.8%).

Extrapolating from studies that have profiled problem gamblers, Boreham et al. (1999: 5) describe the typical problem gambler who commits crime as a 35-year old, married male situated within a broad range of socio-economic backgrounds who has, on average, engaged in gambling activities for 17 years, the last nine of which have involved gambling at a problematic level.

2.3.3.2 The types of offences committed by problem gamblers

Research with correctional service populations in the ACT and New Zealand has found no significant difference between the offences committed by problem gamblers vis-à-vis those committed among general corrections populations, with both groups having committed similar amounts of property-related and violent crimes (Abbott & McKenna 2005; Lahn & Grabosky 2003).

As anticipated, problem gamblers engaging in crime for instrumental purposes (to fund their gambling activities) engage in a wide variety of offending behaviour, most commonly committing property offences, including fraud, embezzlement, passing counterfeit currency, shoplifting, larceny, robbery and theft. These offences are usually committed against family, friends or employers, and sometimes remain undetected by criminal justice agencies (Abbott & McKenna 2005; Crofts 2002; Meyer & Stadler 1999; Brown 1987).

Crofts (2002), for example, conducted an in-depth study of 63 court files in NSW, finding that fraud offences, such as larceny by bank clerks, or cheques not paid on presentation, were prevalent among problem gamblers. Similarly, the Australian Institute of Criminology and PricewaterhouseCoopers (2003) found that among the 155 offenders surveyed who had committed fraud in Australia and New Zealand, gambling was the second most common manner in which the proceeds of the crime were disposed, alongside expenditure on living expenses, but behind the purchase of luxurious goods and services (36% or n=60). Lastly, a recent report by Warfield (2008) found that 528 deception-related offences identified within Australian courts from 1 January 1998 to 31 December 2007, were committed as a result of an individual’s need to fund gambling-related activities.

In international jurisdictions, Magoon et al. (2005) found that 42.4 per cent of problem and pathological gamblers surveyed in New Zealand admitted to surreptitiously borrowing or stealing money to cover gambling debts. Smith et al. (2003) examined 5,196 crimes in Edmonton Canada, discovering that while 46 per cent of crimes committed across the fraud categories were gambling-related, the crime most frequently connected to problem gambling was passing counterfeit currency (39%). In Germany, Meyer and Stadler’s (1999) examination of pathological gamblers across in and outpatient treatment centres discovered that 37.7 per cent had committed fraud. Finally, Brown’s (1987) survey of 107 Gamblers Anonymous clients in the United Kingdom found 24 per cent had committed fraud-related crimes in the Scottish sample, and 29 per cent in the English sample. The figures for theft were even higher, at 26 and 65 per cent respectively. Embezzlement was the single largest sub-category of fraud in the Scottish sample (30%).

While property offences tend to prevail, there is also evidence that problem gamblers commit a substantial number of drug offences and violent crimes, a significant proportion of which may be gambling-related. For example, Ashcroft et al. (2004) found that of 2,307 arrestees surveyed across the United States (US), pathological gamblers accounted for 20 per cent of those who had sold drugs to finance their gambling activities and/or pay for gambling-related debts, and 25 per cent of those had committed an assault to obtain money. An earlier study of US arrestees by McCorkle (2002) produced identical findings, with pathological gamblers accounting for 25 per cent of all assaults reported to the researchers and 20 per cent of all drug sales.
Significantly, the Smith et al. (2003) Canadian survey identified 1.5 per cent of reported domestic violence incidents as gambling-related and the Warfield (2008) study of Australian court cases found evidence of five murders committed by individuals attempting to cover up gambling-related frauds. Marshall and Marshall (2003) caution, however, that violent gambling-related crime is likely to be under-acknowledged in research and the literature because:

- researchers are not asking the right questions
- individuals may be less likely to admit to these types of crimes
- victims may be less likely to report certain types of violent crime, such as domestic violence
- criminal justice agencies may be less likely to link violent crimes to problem gambling
- there is no expectation there is a relationship between problem gambling and violent offending.

### 2.3.4 Summary

Efforts to quantify problem gambling among offender populations and untangle the problem gambling–crime nexus utilising official criminal justice records are less than satisfactory. An unknown proportion of gambling-related crime remains undisclosed in criminal justice system data. The reasons for this are varied, including (Warfield 2008; Crofts 2002):

- the absence of clear definitional parameters and systematic data collection practices relating to problem gambling offences across the criminal justice system
- the link between problem gambling and offending behaviour may not be recognised by the offender, or criminal justice agencies
- a person may not disclose their gambling issues to authorities if apprehended / questioned on a crime-related matter
- a person may exit the justice system before the potential point of detection
- if detected, the gambling–crime link may not be recorded
- if recorded, insufficient information may be provided for further analysis.

Therefore, estimates of problem gambling prevalence among offender populations utilising official justice records are highly likely to be conservative. Under-reporting of gambling-related crime is likely to result in significant underestimation of the impact of gambling-related crime on the community (Smith et al. 2003).

Primary research conducted with offender populations, either incarcerated or serving community correctional orders, provides a more robust picture of the nature and volume of problem gambling and related criminal activity. However, this form of research is not without its challenges. Not all offenders with gambling problems are currently serving a sentence for the commission of gambling-related offences. Furthermore, the general absence of standardised problem gambling screening tools across correctional services Australia-wide means that not all correctional service clients with gambling issues are provided an opportunity to self-identify or be identified by criminal justice organisations, as problem gamblers.

Notwithstanding these issues, the results of studies undertaken with correctional populations worldwide provide compelling evidence of a disproportionate over-representation of problem gambling among offender populations compared to the general population. Prevalence estimates vary widely, but research indicates that gambling issues are apparent in approximately a quarter to a third of offenders, depending on study sample size and problem gambling screening tool used.

### 2.4 Problem gambling treatment within the correctional services system

_I know I need treatment, but I don’t know exactly what kind. I know if it weren’t for gambling, I wouldn’t ever do anything that I could possibly go to prison for. I don’t drink or use any kind of drugs and I have never physically hurt anybody in my life_ (Jarvis 1988: 318).
The link between substance misuse, offending and re-offending is long established and widely acknowledged. Accordingly, there has been a significant shift over time in the treatment of offenders with substance misuse issues. Traditionally framed within a health-oriented perspective, drug treatment approaches now recognise that involvement in the criminal justice system is a legitimate catalyst for health-based, criminogenic interventions geared towards reducing the risk of re-offending (Probation Inspectorate 2006). Consequently, drug and alcohol treatment programs are commonplace and readily available within correctional environments internationally (Probation Inspectorate 2006; Corrections Victoria, Reducing Re-offending Framework: Setting the Scene (revised January 2004)).

Problem gambling is also increasingly understood to be a significant criminogenic factor. It features prominently among offender populations and is frequently cited as a factor contributing to, or singularly responsible for, criminal activity resulting in imprisonment. For example, of the 914 prisoners interviewed across 29 correctional centres in New South Wales (NSW), 20 per cent of females (n=33) and 34 per cent of males (n=254) felt gambling issues contributed to their present incarceration.

Furthermore, research has revealed repeat offending is a significant feature of problem gambling-related offending. In analysing NSW court files, Crofts (2002) found that 57 per cent of individuals had an existing criminal record and 17 per cent had previously committed a gambling-related offence. For reasons cited earlier, these figures are highly likely to underestimate the true extent of recidivism among problem gamblers. Lending weight to this proposition are the findings of recent Canadian research (Campbell & Marshall 2007: 7), which concluded “…most pathological gamblers and a third of problem gamblers reported being caught in a cycle of gambling, debt and crime”.

As previously canvassed, problem gambling is also frequently co-morbid / co-existing with substance misuse and mental health issues among offenders. These underlying issues serve as risk factors for both offending and re-offending. In short, problem gamblers demonstrate varied and complex needs that cut across traditional service boundaries.

In light of these findings, researchers have tended to promote treatment-oriented, rehabilitative approaches to problem gamblers within correctional environments, especially for offenders classified as ‘pathological gamblers’. It is argued that for these populations, treatment-oriented strategies represent a cost-effective approach to reducing or preventing recidivist criminal behaviour, especially gambling-related property crime.

Despite the plethora of research on ‘what works’ with regards to treatment programs for corrections populations in general, knowledge on effective gambling-specific treatment programs within correctional settings is in its infancy. In particular, within the correctional environment, problem gambling treatment services remain largely undocumented and unevaluated. Where evaluations have been attempted, they are often based exclusively on participant self-reports as the only measure of treatment success.

It is also noteworthy that problem gambling services offered within correctional settings essentially replicate community-based services (such as one-on-one problem gambling counselling and financial counselling as well as group counselling and peer support) using a variety of treatment modalities, including cognitive behavioural therapy (Gambling Research Panel 2003).

Correspondingly, the vast majority of problem gambling treatment research and evaluation activity conducted to date has focused on community-based problem gambling service models. There has been little focus on evaluating problem gambling treatment models offered to offender populations, whether mainstream or specifically tailored. According to the Gambling Research Panel (2003: 20) it is difficult to develop an understanding of what comprises ‘good practice’ treatment for problem gamblers because the literature has been dominated by “theoretical and non-empirical studies, weakening the possibility of generalisation to different populations (Ciarrocchi & Richardson 1989) or different sites of service delivery”.

The following discussion outlines the problem gambling treatment options available to correctional services clients who self-identify as requiring treatment and thus access available services voluntarily, or are assessed as requiring treatment by criminal justice agents (including correctional services staff) and are invited or
directed to access services. It also summarises and analyses some key findings of national and international research on ‘good practice’ treatment programs and interventions for:

- problem gamblers generally
- correctional services populations generally
- problem gamblers within correctional contexts specifically.

The intention of this broad-ranging review is to highlight common elements underlying successful treatment programs and to underscore aspects of the correctional services environment that may undermine treatment efforts and outcomes. Before examining these issues, however, it is necessary to briefly outline some major obstacles to evaluating problem gambling treatments.

2.4.1 Establishing ‘good practice’ in problem gambling treatment: evaluation issues

Most studies of problem gambling treatment effectiveness have utilised community samples of problem gamblers. There are very few studies of treatment effectiveness for problem gamblers conducted within correctional environments. Since most problem gambling treatment services within corrections appear to import community-based models, it is important to examine the components of ‘good practice’ treatment models for corrections populations in general, with a view to determining the adherence of gambling treatment programs to these principles.

Glick (2003) outlines the essential aspects relating to successful treatment programs within the correctional context as follows:

- at the systemic level, programs need to be:
  - guided by clear policy direction
  - appropriately funded
  - evaluated, ideally independently, to ensure their effective operation and to facilitate feedback for program improvement and development

- at the program level:
  - programs should be delivered in an environment that provides sufficient resources and support
  - staff need to be appropriately trained to ensure they deliver the program assertively
  - program managers / supervisors must have in-depth knowledge of the program for it to be monitored effectively (Glick 2003: 79–80).


These 12 ‘what works’ principles underpin the Corrections Victoria Offender Management Framework (October 2006):

1. **Classify risk** – the risk principle indicates that more intensive programmatic interventions should be delivered to offenders assessed as being ‘high risk offenders’.
2. **Meet criminogenic need** – criminogenic factors (those directly related to offending) should be the primary target of treatment interventions.
3. **Be responsive** – offender programs need to be delivered in a style and mode that offenders’ respond to and engage in. There are two types of responsivity:
   - **internal responsivity** – factors within the offender that affect responsivity, such as motivation, learning style, age, gender, culture and various barriers to participation
   - **external responsivity** – factors relevant to the environmental interaction between the offender and the staff and/or setting that affect responsivity.
4. **Increase motivation** – lack of motivation may be a criminogenic need and should be a target of interventions, rather than the basis for excluding offenders from services.

5. **Deliver ‘smart’ punishment** – punishment in isolation is ineffective in reducing re-offending. Therefore, effective treatment interventions should replace an offender's anti-social behaviours with pro-social skills.

6. **Emphasise community** – treatment interventions delivered in a community setting are considered more effective because learning can be immediately applied. Programs delivered in custodial settings may also be effective if an offender's re-integration into the community is successful post-release.

7. **Use effective treatment methods** – the most effective treatment interventions are multi-modal, and skills oriented in nature and utilise cognitive-behavioural methods for service delivery.

8. **Encourage responsibility-taking** – offenders should demonstrate accountability for actions and improved victim awareness.

9. **Maintain treatment integrity** – all therapeutic and treatment programs should be theoretically sound and informed by best practice evidence.

10. **Maintain program integrity** – program aims should be linked to methods used for service delivery. Programs should be sufficiently resourced and delivered by appropriately trained staff. Program monitoring and evaluation should be a standard component of program delivery and should be implemented systematically.

11. **Apply professional discretion** – those delivering treatment interventions need to be aware of balancing moral, ethical, economic and legal considerations. For example, judgements should be normative rather than value-free.

12. **Adequate program development and implementation** – effective consultation and organisational cultural change is crucial.

To be effective, service delivery models for correctional clients need to focus on the risk, need and responsivity principles outlined above (Birgden & McLachlan 2004: 5).

The difficulties associated with establishing good practice in the problem gambling treatment field, both within and outside of correctional service environments, are well documented. In short, most problem gambling treatment programs, service models and methods of delivery are either undocumented or poorly documented. Moreover, programmatic evaluations are generally absent, informal and lacking detail specificity or conducted in a non-systematic, ad hoc manner. According to Hodgins and Holub (2007: 390–91) efforts to systematically evaluate problem gambling treatments are complicated by:

- variability in the definitions of gambling problems
- differences in measurements of treatment outcomes
- inconsistent research methodologies.

In reviewing best practice in problem gambling treatment services, the Gambling Research Panel (2003: 7) noted significant “variation in post-treatment, follow-up intervals indicating lack of a system-wide approach to tracking the efficacy of interventions”. It is therefore difficult to compare treatment outcomes among studies, especially when studies have not been modelled on an experimental design: that is, one involving comparisons between treatment and non-treatment groups (Battersby et al. 2008: 180). Treatment comparisons are also rendered difficult in the absence of clearly defined inclusion and exclusion parameters, the failure to measure gambling ideation as an indicator of treatment effectiveness and the absence of post-release follow-up to determine the sustainability of treatment effectiveness in a ‘real environment’.

Aside from the above-mentioned design issues, evaluations of problem gambling treatment initiatives in prisons is complicated by a number of extraneous variables:

- The multiple and complex nature of issues presented by prisoners that are often co-morbid (such as drug and alcohol, mental health disorders, depression). Failure to identify these underlying issues prior

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to treatment and to understand their potentially negative impact on treatment success may result in an erroneous assessment of treatment effectiveness (Bernhard et al. 2009).

- The suite of treatment programs operating in prisons complicates efforts to establish causality between problem gambling treatment and positive participant outcomes. In particular, evaluations of gambling programs in corrections often fail to account for individual change based on global aspects of cognitive functioning, which may partly be attributable to engagement in cognitive skills programs offered routinely in prisons (Bernhard et al. 2009; el-Guebaly 2005).

- Positive outcomes identified among problem gamblers within corrections who received treatment may also have been attributable (in part or in full) to numerous factors external to the treatment, including pressure from family and friends or medication prescribed to address issues underlying negative behaviours (Bernhard et al. 2009; el-Guebaly 2005).

Notwithstanding these limitations, this chapter reviews the available literature on problem gambling treatment approaches generally and within the correctional environment specifically.

### 2.4.2 Problem gambling treatment programs – a general overview


- **Medically oriented models** – these view problem gambling as a pathological condition – essentially an addiction-based illness. Accordingly, problem gambling treatments promote abstinence from all gambling activity.

  *Little work has been conducted among corrections populations utilising medical models of problem gambling treatment, particularly in Australia. The following discussion will therefore focus on behavioural, cognitive and cognitive behavioural models of problem gambling treatment.*

- **Behaviourally oriented models** – these view problem gambling as a learned, maladaptive behaviour that requires classical and operant conditioning techniques to counter the arousal / excitement derived from gambling. This may include, for example, applying aversion therapy and covert sensitisation, addressing the precursor issues underlying gambling behaviour and therefore reducing gambling urges, using techniques such as stimulus control and use of relapse prevention techniques such as avoiding gaming venues and utilising learned coping strategies to resist urges to gamble.

  *One of the significant limitations of studies investigating behavioural therapies is that many behavioural interventions include cognitive components, making it difficult to isolate individual aspects of treatment effectiveness (Hodgins & Holub 2007: 378).*

- **Cognitively oriented models** – these view problematic gambling as arising from irrational thoughts and beliefs about gambling (problem solving, judgement, risk assessment planning and strategies). Treatment involves assisting the individual to identify dysfunctional thought processes and replacing erroneous cognitions with rational and positive styles of thinking.

Although presented here as discrete categories, these models are rarely applied in pure form. Rather, modern therapies generally adopt multi-modal approaches utilising a combination of the above-mentioned models. For example:

- **Cognitive behavioural therapy (CBT)** – this involves approaches to addressing problem gambling that focus on altering an individual's awareness of their thoughts and emotions related to gambling and changing behavioural rewards patterns that encourage gambling (Hodgins & Holub 2007: 380). CBT includes both explicit behavioural therapy and cognitive components, including for example, a combination of the following techniques:
  - relaxation training and cue exposure
  - cognitive restructuring, through having clients question the legitimacy of their thoughts about gambling
  - altering of beliefs about gambling (cognitive distortions)
  - altering of behaviours related to gambling through, for instance, increasing a person's social skills thereby reducing feelings of social anxiety or isolation (Hodgins & Holub 2007: 380).
Past research by McConaghy et al. (1991 as cited in Ledgerwood & Petry 2005: 90) has demonstrated the effectiveness of CBT and behavioural therapies in treating gambling issues. The researchers found that CBT and behavioural therapies administered randomly to 120 pathological gamblers (63 were available for follow-up) resulted in abstinence or controlled gambling in 79 per cent of those who received CBT and 53 per cent of those who received behavioural therapy (aversion therapy) two to nine years post-treatment follow-up.

A more recent study by Petry (2005: 231) developed an eight-session cognitive behavioural model for treating problem gambling. The sessions include teaching problem gamblers to develop a non-gambling reinforcement system, functional analysis of gambling episodes, and learning techniques to handle gambling urges and find enjoyment in alternative leisure pursuits. The program achieved positive results when tested within the general population, demonstrating that among the 231 pathological gamblers tested, the therapy improved individual psychosocial functioning in the short-term, and in the long-term legal, employment and psychiatric difficulties were improved.

Numerous other studies examining the effectiveness of multi-modal CBT approaches to treating problem gambling using both one-on-one and group counselling approaches report positive outcomes. Despite these findings, longitudinal research measuring cognitive distortions and cognitive change for problem gamblers pre- and post-treatment is noticeably absent (Hodgins & Holub 2007).

2.4.3 Problem gambling treatment programs within corrections

Consistent with the findings of general population studies, CBT models also demonstrate positive outcomes for correctional populations (O’Connor et al. 2000). Programs utilising multi-modal approaches are considered especially efficacious within a correctional environment, as they are more likely to address the co-existing / co-morbid issues present in the lives of offenders who are problem gamblers.

2.4.3.1 Problem gambling treatments within corrections internationally

The following material does not represent a comprehensive review of problem gambling treatment programs delivered within correctional environments. Rather, it provides an overview of major studies conducted internationally and within Australia.

‘Get out and Stay Out’ (later adapted to GEAR), Oregon, USA

Marotta & Walsh (2007; 2004) developed this multi-modal, pre-release treatment program specifically for incarcerated female problem gamblers within Oregon correctional facilities, although the program is also available to inmates affected by another person’s gambling problem. The program, which has been adapted from the Alberta self-help manual ‘Becoming a winner’ utilises a cognitive behavioural model of problem gambling, along with relapse prevention techniques. The program is a brief motivational and self-help psycho-educational intervention delivered over six 1.5 hour sessions. A core component of the program is the ‘Learn to manage your gambling’ workbook, which includes exercises and referral sources to provide participants with the skills (self-observation and self-control), tools and motivation required to make informed choices regarding gambling behaviour and to support change. The workbook is designed as a post-release resource and encourages the concurrent take-up of brief telephone counselling to enhance the prospects of long-standing change.

The program has been evaluated utilising a number of tools including:

- a problem gambling screener (SOGS)
- an adapted version of Anderson’s (1999) illegal activity inventory
- a pre- and post-intervention questionnaire (administered six months post-intervention) designed to measure changes in participant knowledge of problem gambling risks and signs, as well as awareness of where to get help
- a program satisfaction questionnaire.
Of the 378 participants at program commencement, only 45 individuals were available for a follow-up at six months post program completion. Of these individuals, 64 per cent (n=29) reported they had set goals to reduce or eliminate their problem gambling, 97 per cent (n=44) felt the program was helpful and 12 per cent (n=5) still had gambling problems. Notwithstanding the small sample size, the evaluation results indicate high levels of:

- program satisfaction
- participation of inmates who are affected by another person's gambling problem
- receptiveness to treatment among inmates with a problem gambling history.

Gambling Awareness and Prevention Project at Lethbridge Correctional Facility, Alberta, Canada

The Gambling Awareness and Prevention Project implemented at Lethbridge Correctional Facility in Alberta, Canada, was developed by Nixon et al. (2006) in consultation with addiction experts. The project aimed to implement a psycho-educational program in the prison and to measure the impact on participant attitudes to, knowledge of, and changes in, problem gambling behaviours.

The program was delivered over six short sessions to circumvent the inherent problems associated with delivering a treatment program within a prison, such as limited time and resources for sessions. To maximise behaviour change across the sessions, each session was a stand-alone unit consisting of the following activities:

- definitions of, and truths about, gambling addiction
- stages, development and the negative consequences of problem gambling
- examples of external reinforcement of gambling addiction through an outside speaker or video, followed by a discussion
- features of denial, cognitive distortions and false beliefs
- identifying ways of overcoming barriers to cease gambling through developing a relapse prevention plan, including techniques for self protection
- developing a lifestyle plan providing alternative activities to gambling.

In line with good practice treatment for corrections populations, participants' workbooks and session content was tailored to individuals at the Year eight to 10 educational level (United States) and all communicated materials were written in plain English to ensure they were understood. Facilitators were required to be familiar with course content, and to provide a sense of ownership and achievement among participants, each was awarded a certificate upon program completion.

Recruitment into the program was voluntary. Nevertheless, as noted by the authors, voluntary recruitment strategies in prisons run the risk of attracting curious individuals without gambling problems who are simply wanting to break up the tedium of their daily prison routine.

Program participants were administered the SOGS (12 months) and CPGI as well as undergoing pre- and post-testing (18 months post-intervention) relating to knowledge of cognitive distortions, attitudes towards gambling and maths skills (adapted from a questionnaire devised by Connolly, Williams & Morris 2001). Of the 71 participants commencing the program, 49 completed both pre- and post-testing (69% retention rate).

Post-intervention results demonstrated an increase in negative attitudes towards problem gambling among program participants, which were positively correlated with age. Additionally, participants improved their knowledge of cognitive distortions. However, post-tests revealed the program did not influence the CPGI or SOGS scores of participants.

The program achieved its goal of increasing knowledge of gambling-related cognitive distortions while also raising awareness of problem gambling issues among participants. Significantly, many offenders began to recognise gambling as part of a lifestyle problem related to their offending and indicated their intention to obtain further treatment for gambling issues. Due to the absence of follow-up post-release, the longevity of the findings remains indeterminate. The authors recommend that future programs should pay more
attention to math skills (only one question was included in this study) to strengthen the capacity of individuals to calculate gambling odds. They also recommend, at a minimum, that programs of this nature should be subjected to medium to long term follow-up (six and 12 months) of program participants.

**Prison Project, Auckland, New Zealand**

Brown et al. (2002) designed and developed a brief (60 minutes in length) group-based interactive, educational intervention for incarcerated problem gamblers with follow-up one-on-one problem gambling counselling on request.

The program was designed to minimise problem gambling harm, with a specific focus on increasing:
- cognitive dissonance between current and preferred gambling behaviour through the use of motivational interviewing to shift participants from pre-contemplative to contemplative stages
- the level of gambling-related discussion within the prison, through interactions with prisoners and staff, in addition to the display of problem gambling-related posters and the distribution of informational flyers and brochures.

The program comprised facilitated interactive group discussion focusing on:
- electronic gaming machine (EGM) functioning – who really benefits from gambling?
- differentiating games of skill and chance – a more realistic perception of gambling
- the odds of winning – shifting perceptions on the chances of winning
- chasing losses and the conversion of gambling from a fun activity to a problem – the financial, emotional and physical costs of gambling to the person, their family and friends
- how to gamble safely and how to seek help – discussion of techniques and information about help services for those concerned about their gambling.

Ninety-six individuals participated in the program across three prison sites. Sixty-seven per cent (n=65) of participants were male and 33 per cent (n=32) were female. The mean age of participants across the three sites was 33 years.

Gambling behaviour was measured utilising the Eight Screen (a Maori / Pacific Islander appropriate tool), a non-diagnostic measure of problem gambling developed in New Zealand, along with a one-item measure – “do you gamble?” (Yes/No). Administration of these tools indicated that 94 per cent (n=90) of program participants were problem gamblers.

Evaluation results indicate that 58 per cent of participants (n=49) had not experienced a change in cognitive dissonance between current and preferred gambling behaviour states. However, just under a third of participants who indicated they were unlikely or neutral about help-seeking before attending the program (n=25 or 29%) expressed an intention to seek help post-program. Interestingly, 13 per cent (n=11) stated they would be less likely to seek problem gambling treatment after participating in the program. The researchers offer two possible explanations for the conflicting outcomes:
- the program successfully addressed the gambling issues experienced by participants
- the program failed to positively influence program participant motivation to seek treatment.

Twenty-nine per cent of participants (n=28) indicated the most useful part of the program was the opportunity to interact with other inmates; therefore, some individuals may have participated in the service to simply relieve boredom.

Overall, the program findings supported the retention of problem gambling services in prisons; a position supported by prison authorities, who requested the program continue post-trial. The authors recommended that future program evaluations focus on program effectiveness with regards to reducing illegal gambling activities in prisons and associated institutional disruptions.
2.4.3.2 Problem gambling treatment within Australian correctional facilities

A review of problem gambling services offered within Australian correctional facilities furnished little publicly-available information. Some of the better documented examples of problem gambling treatment programs available to offenders are described below.

**Breaking Even, South Australia**

Breaking Even is a program developed by Relationships Australia (2004) delivered to male prisoners at Cadel and Mobilong prisons as well as across community corrections in South Australia. The goal of the program is to “reduce the likelihood of prisoners engaging in problem gambling, while they are in prison or after their release” (Relationships Australia 2004: 23).

The program sessions aimed to help individuals understand:

- the dynamics of gambling
- gambling-related harms
- how to change problematic gambling behaviours through skills development
- how to deal with gambling-related issues
- money management issues.

The program is delivered over six to seven sessions with potential clients screened using a Gambling Help Readiness Questionnaire. The program conceptualises problem gambling as an addiction and tailors methodologies accordingly, drawing upon harm minimisation, action research, attention to change processes and motivational interviewing techniques. Participant group work utilises an action plan model.

Interestingly, the program is structured to enable ‘throughcare’ – continuity of care for prisoners starting the program within the prison and transitioning into the community on home detention or parole orders. In these instances, the program is completed via intensive individual sessions.

A self-evaluation of the program pilot (19 initial participants and 13 completers) indicated improvements to / maintenance of motivation for change to gambling behaviour. Participants for whom more detailed action plans were created exhibited stronger motivation for change at program completion. The project officer expressed the view that positive outcomes observed were largely attributable to the engagement process with participants rather than the program per se. Past research appears to support this, commonly citing the therapeutic relationship between client and counsellor as the variable most consistently predictive of positive outcomes. Research also provides support for the ‘throughcare’ model, with participants engaging in post-release treatment often regarding group therapy, informal staff contact and one-one-one counselling as the most useful features of problem gambling treatment (Stinchfield & Winters 1996 as cited in O'Connor et al. 2000).

Substantive conclusions regarding the efficacy of this programmatic intervention are unable to be drawn however, given the very small sample size and a lack of methodological rigour in administering the evaluation.

2.4.3.3 Problem gambling treatment within Corrections Victoria

Within the Victorian correctional services system, Gambler’s Help (problem gambling counselling, problem gambling financial counselling and community education) and other agencies including Gamblers Anonymous (self-help group) provide a variety of problem gambling treatment services, many delivered on an ad hoc basis. The services offered by Gambler’s Help agencies are outlined in full in Chapter 5. The most comprehensively documented and longest standing program identified is the ‘Inside Out’ program.

**Inside Out, HM Loddon Prison, Victoria**

The Inside Out program has been delivered to inmates at Loddon prison since 2003 (Victorian Government 2003). It seeks to help prisoners address gambling problems experienced either before or during their
Incarceration. The program comprises four streams (Bendigo Community Health, Inside Out Gambler’s Help Manual, Unpublished):

- Foundation Group Program (pre-requisite to Therapeutic Building Program)
- Therapeutic Building Program (group-based)
- one-on-one counselling
- peer support.

The Foundation Group Program is largely educational, comprising six sessions that aim to provide individuals with strategies for behaviour change based on Prochaska’s and Di Clemente’s model of change. Throughout the program, individuals discuss abstinence and control issues related to their gambling, while also discussing other prisoners’ stories of problem gambling.

Facilitators distribute the G-Map, a self-report questionnaire that assesses 17 factors associated with problem gambling. At the end of the program, focus is shifted to preventing gambling relapse.

The Therapeutic Building Program follows from the Foundation Group. The program consists of six sessions and aims to provide participants a therapeutic environment that encourages in-depth exploration of gambling issues with a view to developing strategies to cope with gambling post-release, including:

- goal setting
- developing strategies for maintaining change
- strategies for achieving individual goals.

The Inside Out program also offers a Vietnamese Therapeutic Group with language-specific workbooks for participants.

While program participants are distributed evaluation forms upon completion, the results of these self-evaluations have not been made public and therefore no comment can be made about program effectiveness.

**Recovery and Unity programs, Gamblers Anonymous Australia**

Gamblers Anonymous (2009a) is a fellowship of individuals who seek to assist others to cease gambling through regular attendance at peer support groups. Gamblers Anonymous views gambling as a compulsion, akin to an illness, and promotes total abstinence from engagement in gambling activity as the ‘cure’. Although the Gamblers Anonymous website provides a 20-question self-assessment of gambling behaviours, and associated negative consequences, the only pre-requisite for participation in Gamblers Anonymous meetings is an individual commitment to cease gambling.

In Victoria, Gamblers Anonymous meetings are held daily at 26 different locations in metropolitan and regional areas (also available nationally). Although non-denominational, Gamblers Anonymous has a religious base and offers two program streams:

- The **Recovery Program** is a 12-step program, which includes participants abiding by and meeting the following steps for success:
  - we admitted we were powerless over gambling, that our lives had become unmanageable
  - came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living
  - made a decision to turn our will and our lives over to the care of this Power of our own understanding
  - made a searching and fearless moral and financial inventory of ourselves
  - admitted to ourselves and to another human being the exact nature of our wrongs
  - were entirely ready to have these defects of character removed
  - humbly asked God (of our understanding) to remove our shortcomings
  - made a list of all persons we had harmed and became willing to make amends to them all
  - made direct amends to such people wherever possible, except when to do so would injure them or others
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- continued to take personal inventory and when we were wrong, promptly admitted it
- sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for knowledge of His will for us and the power to carry that out
- having made an effort to practise these principles in all our affairs, we tried to carry this message to other compulsive gamblers (Gamblers Anonymous 2009b).

- The Unity Program is also a 12-step program and promotes the ideal that personal recovery from problem gambling depends on the unity of support groups. The basic principles of the program include:
  - our common welfare should come first; personal recovery depends upon group unity
  - our leaders are but trusted servants; they do not govern
  - the only requirement for Gamblers Anonymous membership is a desire to stop gambling
  - each group should be self-governing except in matters affecting other groups or Gamblers Anonymous as a whole
  - Gamblers Anonymous has but one primary purpose – to carry its message to the compulsive gambler who still suffers
  - Gamblers Anonymous ought never endorse, finance or lend the Gamblers Anonymous name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose
  - every Gamblers Anonymous group ought to be fully self-supporting, declining outside contributions
  - Gamblers Anonymous should remain forever non-professional but our service centres may employ special workers
  - Gamblers Anonymous, as such, ought never be organised; but we may create service boards or committees directly responsible to those they serve
  - Gamblers Anonymous has no opinion on outside issues; hence the Gamblers Anonymous name ought never be drawn into public controversy
  - our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, film and television
  - anonymity is the spiritual foundation of the Gamblers Anonymous program, ever reminding us to place principles before personalities (Gamblers Anonymous 2009c).

No formal evaluation or analysis of Gamblers Anonymous service success has been conducted to date other than the few studies that have used a small sample of Gamblers Anonymous clients in their research (for example Blaszczynski & McConaghy 1994a; Meyer & Fabian 1992; Brown 1987; Custer & Custer 1978).

2.4.4 Challenges and limitations to effective problem gambling treatment within corrections

Despite the lack of program-specific evaluation findings, the available literature cites numerous barriers to accessing rehabilitative treatments within correctional environments. These issues may be experienced by any service seeking to provide treatment within a correctional setting; they are not problem gambling-specific barriers to effective service delivery and need to be considered in the development and future evaluation of problem gambling-related programs within Corrections Victoria. A fundamental barrier to accessing prison programs for some offenders in Victoria is the screening and assessment process for determining program referral suitability. This is currently determined on the basis of sentence length, security classification and minimum release date. These issues are further explored in Chapter 3.

In addition, consistent implementation of problem gambling treatment programs within corrections is often problematic due to operational disruptions, including timetabling and room allocation changes without notice and sudden program termination due to unannounced lockdowns. Establishing ongoing rapport between client and counsellor and maintaining continuity of care is also difficult due to the unannounced movement of program participants to other correctional facilities, resulting in high attrition rates. High participant attrition rates, “estimated to range between 11 to 83 per cent, pose a significant risk to the successful evaluation of problem gambling treatment programs” (Westphal 2007: 65).
While these delivery issues are often attributable to the logistical imperatives of managing unanticipated issues within the correctional environment, there is also a perception among service providers that problem gambling initiatives offered in prisons are afforded relatively low priority by corrections management. The genesis for this view, specifically within Victoria, is likely traceable to the evolution of Gambler’s Help problem gambling prison programs and initiatives, which have not been formally integrated into the Corrections Victoria Correctional Services (2001) and the Offender Management Framework – Prisons and Community Correctional Services (2004). One of the aims of Corrections Victoria’s Offender Management Framework – Prisons and Community Correctional Services (2006: 7) is to provide programs to offenders that address offence-specific, offence-related and individual reintegration needs. Problem gambling treatments arguably fall under this banner. Nevertheless, a significant limitation of current Gambler’s Help services is that problem gambling interventions for correctional clients have been developed in parallel, rather than being informed by the ‘what works’ literature for effectively treating offenders within the correctional context.

2.5 Future directions for evaluation

In recognition of the underdeveloped knowledge in the area of problem gambling treatments, the Banff Consensus (Walker et al. 2006) recommended that future problem gambling treatment effectiveness should be measured by:

- a reduction in gambling behaviours
- a reduction in problems caused by gambling behaviours
- confirmation that changes observed are a direct result of the treatment's hypothesised aims and objectives (Bernhard et al. 2009: 9; Walker et al. 2006).

In the light of the methodological issues encountered in many evaluations of problem gambling treatments, Westphal (2008) noted the following types of problem gambling treatment studies are required:

- replication studies of potentially efficacious treatments by independent investigators
- evaluations of apparently successful treatments to confirm effectiveness
- outcome studies of community gambling treatments provided across cultures and across jurisdictions.

Only once this research is undertaken can policy makers make informed decisions about ‘good practice’ treatments for problem gamblers with a view to:

- applying and testing good practice principles of problem gambling treatment for corrections populations
- recommending best practice principles for problem gambling treatment within corrections
- expanding best practice treatments for offenders across the correctional services system.

2.6 Section summary

‘Good practice’ problem gambling treatment services within corrections must address the spectrum of needs relating to personal, family, vocational and legal issues present in the lives of offenders in general. Accordingly, successful gambling interventions need to consider a broad range of clinical approaches to ameliorate a range of co-presenting and co-morbid issues (Turner et al. 2007: 5). A review of research and evaluation literature relating to problem gambling treatment programs administered in correctional settings suggests that multi-modal cognitive behavioural models seem the most promising in terms of cost and treatment outcomes.

However, the real impacts of various gambling treatments on reducing crime and recidivism within offender populations remains largely unknown. This is attributable to the lack of systematic documentation of program design and implementation as well as the absence of evaluation activity or poorly designed evaluation attempts.

Within the broader ‘gap’ of knowledge about effective problem gambling treatments, there is very little understanding of effective treatments for Indigenous and Culturally and Linguistically Diverse (CALD) communities, especially within correctional settings.
Given the knowledge gaps, “it seems premature to base treatment on any one theoretical schema given the limitations of current research” (O'Connor et al. 2000: vii). In the absence of informed guidance many problem gambling services have adopted an eclectic and often ad hoc, approach to treating problem gamblers within correctional settings. Additionally, gambling treatment services have extrapolated gambling treatments provided within the community to correctional environments, without tailoring services to address the complexity of the needs faced by offenders in general, or the operational environment under which such programs are delivered (Walters 1997).

The ability to provide effective problem gambling treatments within correctional environments depends largely on the capacity to identify and classify problem gamblers as well as an understanding of ‘what works’ for whom, under what conditions and the longevity of identified improvements following re-integration into the community.
3 Quantifying problem gambling: data holdings across the criminal justice system

3.1 Introduction

As identified in Chapter 2, there is presently no systematic data collection in any Australian jurisdiction that provides a valid measure of the extent of gambling-related crime. National and international research suggests that a significant, but unknown, proportion of criminal justice clients have problem gambling issues and that recidivism rates among problem gamblers who offend is high. The potential to prevent both problem gambling and related crime is contingent upon the ability to identify these issues at an early stage and the capacity to make appropriate treatment referrals.

There are various juncture points throughout the criminal justice continuum that offer an opportunity for detection, exploration and recording of the motivations underlying offending behaviour (including problem gambling), and offer the possibility to address criminogenic factors:

- **Police** – the first point of contact within the justice system for an offender apprehended for committing a gambling-related crime and thus the first potential problem gambling treatment referral point
- **Courts** – influenced by the philosophy of therapeutic jurisprudence, Next Generation Courts in Victoria are adopting problem-oriented justice, involving thorough investigation of the antecedents to offending, with the objective of improving linkages to treatment programs to promote positive behavioural change in offenders, and thereby reduce recidivism
- **Correctional services** – under the **Offender Management Framework** (October 2006), offenders are systematically screened in an effort to identify offence-specific and offence-related needs. Assessment outcomes inform case plans for programs offered in prisons and community settings, which are designed to rehabilitate offenders by addressing known risk factors for offending and re-offending.

Australian research studies that have sought to quantify problem gambling prevalence rates among clients of the criminal justice system have generally analysed archival documents housed in police, courts and correctional organisations (see for example, Law 2010; Warfield 2008; Marshall & Marshall 2003; Crofts 2002; Monash University Centre for Criminology and Criminal Justice 2000). Irrespective of the methodological approach favoured, each of these studies concluded that efforts to determine the prevalence of problem gambling using official documentary sources are highly problematic. However, none of these studies has examined the full spectrum of official data available across the criminal justice system.

The aim of this chapter is to examine all facets of the Victorian criminal justice system, with a view to:

1. Reviewing and analysing data collection processes and holdings to determine the nature of, and extent that information on problem gambling is collected systematically, if at all, and the efficacy of that information. Data was triangulated to maximise breadth and depth of information captured and was multi-staged, involving the identification and analysis of problem gambling-related data obtained from:
   - Victoria Police (Law Enforcement Assistance Program (LEAP))
   - The Neighbourhood Justice Centre (NJC) (pilot project)
   - Victorian Supreme and County courts (judgments and transcripts)
   - Corrections Victoria (Victorian Intervention Screening Assessment Tool (VISAT))
   - The Victorian Institute of Forensic Medicine (National Coroners Information System (NCIS)).

2. Generating a ‘proxy prevalence rate’ and demographic profile of individuals with problem gambling issues within the criminal justice system, while also providing some insight into the nature of the gambling–crime relationship.

3. Identifying the earliest point of justice contact where an individual with problem gambling issues may have been identified by justice staff and where treatment referrals may have been made.

4. Providing practical recommendations regarding future approaches to screening offenders for problem gambling issues and facilitating capture of problem gambling data across the criminal justice system.
The results from the second aim of this project component are touched upon in the following discussion, with a more detailed analysis provided in Chapters 4 and 5.

### 3.2 Victoria Police

Victoria Police are the first point of contact that a problem gambler, or someone affected by another person’s gambling, may voluntarily disclose or be identified as having gambling issues. However, previous research has noted that Victoria Police has no processes in place for collecting and recording gambling-related crime data (Monash University Centre for Criminology and Criminal Justice 2000). Given this research is a decade old, it is timely to revisit these findings.

The methodology for this component of the project comprised:

- a semi-structured, face-to-face interview with a member of the Victoria Police, who was familiar with problem gambling-related offending and had extensive knowledge on data capture processes and systems across Victoria Police (see Appendix C for questionnaire)
- a review of free-text narratives recorded on the Victoria Police Law Enforcement Assistance Program (LEAP) for deception offences from 1 April to 30 September 2008.

#### 3.2.1 Victoria Police data sources

Despite extending an open invitation to all members of relevant areas in Victoria Police to speak with the researchers, only one police member elected to participate. That member identified the following key databases where information about offenders and investigative reports, including offender and crime details, may be located:

- **LEAP** – a crime information system on which the particulars of all crimes, offenders, suspects, victims, missing persons and vehicles are recorded. While used to produce a range of statistical reviews and analyses, including the annual Crime Statistics, LEAP is a resource primarily used for operational purposes; that is, to help minimise the incidence and effects of crime.

- **Interpose** – an organisation-wide investigation and intelligence management system containing reports and free text narratives; it is not a repository for all offence-related data.

As gambling per se is not a criminal offence, there is no specific field within the LEAP database that records instances of gambling-related crime. The police respondent explained that in the absence of any specific reporting field, the most likely place an investigating officer would record information pertaining to gambling-related offending on LEAP is within the narrative (free-text) field attached to the sub-incident form, which describes the broad details of an offence.

By contrast, the Interpose database contains a specific field that captures motivators for crime, with a number of tick box options provided, including racial hate, sexual, drugs, alcohol and financial. However, as gambling is not a discrete tick box, the most likely option for police to record problem gambling issues disclosed during an interrogation, would be to tick the ‘financial’ box. Notably, the financial option merely captures information about crimes motivated by financial gain and does not discriminate between the circumstances underlying the financial motivation (such as gambling debt as opposed to debt created by the global financial crisis or a lavish lifestyle).

The police respondent emphasised that while considered generally desirable, officers are not required to question an offender about their motivation for crime. Moreover, if motivators for crime are revealed as part of an interview process, officers are not required to record this information (whether factual or subjective) on either the LEAP or Interpose databases.

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5 Victoria Police has commenced the roll-out of a new records management system known as LINK. The roll out commenced in late 2009 and was suspended in March 2010. LINK is considered to be a more streamlined and user friendly way for operation police officers to capture and securely store Victoria Police data (The Australian 2010; Monash University Centre for Criminology & Criminal Justice 2000).
You wouldn’t ask specifically, “Did you do this because you have a gambling problem?” You may ask, “What's your reason for this?” And if it was offered, then you would take it. But it's not something you would specially ask.

Identification of a problem gambling issue is therefore largely reliant on an offender's self-disclosure, and as highlighted by the respondent, an offender is far more likely to disclose a drug or alcohol issue to police than a gambling problem, since the former issues attracted greater attention within the justice system more broadly.

Past research confirms this reluctance for suspects to volunteer problem gambling issues, even in instances where police who suspect it is an underlying motivation. As reported in Smith et al. (2003), this may be due to issues such as ‘lawyering up’; that is, refusing to answer questions until a lawyer is present for fear of being incriminated for gambling-related crimes the police have not yet uncovered.

Thus, LEAP and Interpose cannot be relied upon – either individually or combined – to produce a valid and accurate indicator of the volume and nature of problem gambling-related crime. The absence of problem gambling-related fields in police databases is not unique to Victoria or indeed Australia (Smith 2006; Marshall & Marshall 2003; Smith et al. 2003; Monash University Centre for Criminology and Criminal Justice, 2000).

3.2.2 The relevance of gambling-related crime information for Victoria Police

The lack of systematic collection and recording of gambling-related crime data by police may reflect a lack of knowledge of problem gambling and the role it can play in offending behaviour, and/or the lack of relevance to policing more broadly. Past research conducted by the Monash University Centre for Criminology and Criminal Justice in Victoria (2000) identified the low priority afforded to problem gambling by police when investigating crime following the legalisation of most gambling activities – a view that remains current according to the police respondent.

As explained by the police respondent, this lack of emphasis on problem gambling identification and recording reflects the operational priorities of policing. While police perform a variety of day-to-day duties, including crime prevention, order maintenance, conflict resolution and provision of social services, their primary role is law enforcement (White & Perrone 2010). Accordingly, police activities are predominantly oriented towards crime fighting, which comprises the detection, investigation, apprehension and prosecution of offenders – uncovering crime motivators is not essential to these activities.

The respondent conceded however that, for a proportion of offenders, there did appear to be a direct relationship between problem gambling and crime, and that problem gamblers who committed crime to fund their gambling tended to engage in property, deception, fraud and drug-related offences.

Moreover, from time to time, gambling-related crime was of interest to police from an intelligence-led policing perspective. This form of policing seeks to prevent and reduce crime through the application of policing strategies determined through a rigorous analysis of criminal intelligence (Australian Institute of Criminology & PricewaterhouseCoopers 2003). While there is currently insufficient evidence on the prevalence of problem gambling-related crime to warrant routine consideration from a strategic intelligence perspective, loan shark-related6 crimes have come within the purview of Victoria Police in recent years, and it is suspected that a significant proportion of these loans appear related to gambling issues. These crimes generally take two forms:

- **offences committed by loan sharks** – these involve offences such as violence, or threat of violence, committed by the actual lender against the borrower or their family to coerce repayment of the loan and associated interest
- **offences committed by borrowers** – these are generally property and deception offences perpetrated for the sole purpose of complying with the repayment of a loan secured from a loan shark.

According to the police respondent, current intelligence on the role played by problem gambling in the practice of loan sharking is highly likely to underestimate the true extent of the problem – a view supported by Legal

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6 Loan sharks are individuals or small networks who lend money to borrowers at high interest rates, sometimes in excess of 150% (Legal Aid Queensland 1999).
Aid Queensland (1999). This is due to the “extreme reticence” of borrowers to disclose any details of their offending or their victimisation at the hands of loan sharks, for fear of serious reprisal.

The police respondent conceded that problem gambling information divulged by an offender was potentially relevant to other aspects of policing, including crime prevention and social service provision activities that may include brokering referrals for offenders, victims and other parties to appropriate community services such as counselling, mediation, psychiatric, drug and alcohol. In practice however, police vary in their enthusiasm to undertake these ancillary activities, given they are provided very little practical guidance or operational support.

The absence of police training in relation to problem gambling issues, combined with the absence of systematic operational processes and referral pathways into relevant services, means that referrals are discretionary and ad hoc. In the view of the respondent, police officers could be more active in recommending or referring offenders to community-based services, including problem gambling treatment services, but members would need to be encouraged and supported to perform this role:

_There would need to be some information and at least some form of learning…to say that if you come across somebody in this situation, this is what you should do as a matter of course. You are not legally bound to do it, but if you are going to be a community-minded service, then you need to offer all these sort of things up._

In a similar vein, the police respondent considered that police-led crime prevention and community education initiatives around gambling would be a more proactive approach to addressing the issue of problem gambling, but that officers were currently ill equipped to include problem gambling in the repertoire of subjects currently addressed by police within community education programs.

### 3.2.3 A review of gambling-related LEAP data

Victoria Police databases are likely to contain inconsistent and incomplete information on problem gamblers and their associated criminal activity. Any attempt to generate a gambling-related crime prevalence rate based on police data alone will inevitably understate the true extent of the problem, due to operational and technical issues:

- Not all offences are detected, and if detected, may not be reported to police. Financial institutions, for example, are notoriously reluctant to report crimes perpetrated by employees for fear of adverse publicity.
- Uncovering offender motivations is not considered critical to achieving the operational objectives of Victoria Police members. Crime motivators are thus not systematically addressed during investigations.
- Offenders do not customarily disclose problem gambling issues to police and police do not systematically probe for them.
- In instances where gambling issues are disclosed by the perpetrator, or otherwise identified, police are not obliged to record that information.
- In the absence of a statistical field that enables uniform recording of problem gambling information, members electing to record this information adopt inconsistent and variable approaches.
- Where an offender reveals gambling issues, operational police officers may advise of, or initiate referrals to problem gambling and other relevant community services. However, it is believed they rarely do so as it is regarded as incidental to their core operational policing role.
- While problem gambling-related crime is considered more relevant at a strategic intelligence level within Victoria Police, due to a lack of evidence regarding prevalence of the issue, it is not a priority issue for Victoria Police at present.

Mindful of these limitations, the researchers nonetheless sought to analyse a sample of offences recorded on LEAP to determine the nature and extent of information currently available on gambling-related crime. This activity comprised a key-word analysis of all free-text narratives for gambling-related terms against deception offences recorded on LEAP during six months from 1 April to 20 September 2009. The researchers elected

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7 See Appendix D for a full list of gambling-related terms used.
to focus on this offence category based on the recommendation of Victoria Police personnel, who indicated it is the offence most likely perpetrated by problem gamblers.

The key word analysis revealed that of the 5,986 deception offences recorded during the specified period, 150 offences, or 2.5 per cent of the overall sample, appeared related to an offender's gambling prima facie. Further examination of the 130 offenders whose offence details indicated a gambling issue revealed these offenders were likely to be male (78%), aged 18–39 years (75%), unemployed (76%), if employed working within blue collar occupations (79%), single (75%) and Australian-born (73%).

The majority of offenders returning a positive for gambling-related key words were processed for one or more of the following deception offences:

- obtain property by deception (71%)
- obtain financial advantage by deception (10%)
- make false document (Crimes Act) (4%)
- use false document (Crimes Act) (2%).

Overwhelmingly, offenders were processed for one deception offence only (88%), but it should be noted that overall, the 130 offenders identified as having potentially committed a problem gambling-related deception offence were processed by police for a total of 551 offences – an average of 4.2 offences per individual. There are notable outliers however, with one offender processed for 83 offences. It is therefore conceivable that some proportion of the 401 non-deception offences recorded against these offenders during the period reviewed may also be problem gambling-related. Lending weight to this proposition are the findings of a similar study conducted by Smith et al. (2003) in Edmonton, Canada, which examined a broader range of offence categories recorded by police in 2000, including fraud, extortion, deception, robbery and cocaine trafficking. This study discovered that of the 5,196 files reviewed, four per cent contained information suggesting a gambling connection. Given the data recording limitations, Smith et al. suggested this figure might very well represent the “tip of the iceberg” (2003: 82).

It is also noteworthy that over half of individuals processed by Victoria Police during the six month period reviewed were recidivist offenders with a prior criminal history (56%). However, the available information did not permit determination of the gambling-relatedness of prior offences. For a more detailed record of the findings of the LEAP data analysis, see Appendix E.

The LEAP data sampled is insufficiently robust to extrapolate confidently the offender profile and offence findings to reveal the true nature and extent of gambling-related crime in Victoria. However, it does offer insight into the potential usefulness of Victoria Police as both a source of gambling-related data and an early detection and upstream referral point into problem gambling help services.

### 3.3 Courts

Presentation before the courts of problem gambling issues as a motivating factor for offending is by no means a new phenomenon. For example, over a century ago the Crown Law Department of Victoria (1905) published a collection of essays on betting and gambling, including one that contained the following comment on the incidence of gambling-related property and deception offences among defendants appearing before British courts:

> …one of our Metropolitan police magistrates…made deliberately the very strong statement that, of recent years, he had hardly ever had a case of embezzlement before him which was not connected, either directly or au fond, with betting (Canon Horsley in Crown Law Department of Victoria 1905: 88).

That offenders would prefer to disclose their problem gambling issues to the courts rather than police is hardly surprising, given the plea in mitigation process. This process offers an offender's advocate an opportunity to persuade the courts to impose the least punitive sentence available, in light of the full set of offender and
offence circumstances and facts of the case. The plea in mitigation process helps the judiciary understand the offence and offender, and where deemed appropriate, to integrate into sentencing any offender rehabilitation and treatment options tailored to offence-specific needs (such as a conditional community-based sentence with mandated and supervised treatment or counselling). Assistance in making these decisions is customarily provided to the magistracy and judiciary in a pre-sentence report prepared by Corrections Victoria, which contains an assessment of offender risk and needs.

Despite the apparent opportunity for gathering rich data on problem gambling motivators in crime, few gambling researchers have investigated the efficacy of court-generated data as a means of quantifying and elucidating gambling-related crime. Surprisingly, no investigation has been undertaken within Victoria. This component of the project sought to generate information to redress this. The research methodology adopted comprised:

(a) a review of court transcripts pertaining to matters determined by the Victorian County and Supreme courts (including the Supreme Court of Appeal) during 2007 and 2008 across all offence categories
(b) a prospective analysis of Neighbourhood Justice Centre clients, involving a three-month pilot of a problem gambling screener in 2008.

3.3.1 Victorian courts data sources

Promising developments in data collection, recording and management have recently been announced in the form of the Integrated Courts Management System (ICMS) – a courts-wide initiative that seeks to modernise current information technology systems. ICMS is a web-based application that will be accessible to court personnel (judges, associates and registry staff) across all jurisdictions. Information on the ICMS data fields is currently unknown to the researchers. In addition, the existing court data warehouse contains statistics relating to cases managed by the courts, as well as data on sentencing outcomes.

While information relating to motivations for offending is commonly presented before the courts during the course of a hearing, this information is not recorded in existing court case management systems and there are no plans at this stage to include this level of data in either the ICMS or data warehouse.

Information on motivations for offending can thus only be ascertained through a manual review of case transcripts of court proceedings.

3.3.2 The relevance of gambling-related crime information for Victorian court personnel

The absence of an electronic repository of court information on problem gambling that is systematically compiled, accessible and maintained is not unique to Victoria. Indeed, studies of problem gambling offenders conducted in other Australian jurisdictions have consistently pointed to the absence of such a database (Warfield 2008; Marshall & Marshall 2003; Crofts 2002).

In an effort to ascertain the potential usefulness of problem gambling information to Victorian court personnel, the researchers extended an invitation to relevant court staff to participate in a face-to-face interview to explore such issues. A similar invitation to judicial officers was posted on the ‘What’s New’ section of the online Judicial Officers Information Network (JOIN). There was no uptake from court staff or Judicial Officers to participate in an interview.

Interestingly, a report prepared by the Monash University Centre for Criminology and Criminal Justice in 2000, highlights the potential utility of this information in the context of judicial decision-making. Specifically, the report reproduces the following critique by Judge Barnett of justice, regulatory and industry organisations concerning the recording of gambling-related crime data:

…I am told by the Prosecutor, that there are no figures kept in relation to crime and gambling at the Casino, by the DPP, the Casino Control Authority, the Casino itself, or indeed the Victorian Police as to the incidence of gambling induced crime at the Casino…
...While there are reports from time to time in the media, from the Magistrates’ Court, without the benefit of further research, I am in no position to assess the overall pattern of offences with gambling as a component, that motivates criminal conduct and summary matters... (Judge Barnett (1997) R v Lim, cited in Monash Centre for Criminology and Criminal Justice, 2000: 54–5).

3.3.3 Previous research

In the absence of readily available and reliable court data on problem gambling-related crime, studies that have investigated the gambling–crime link using available court information have undertaken manual reviews of official court files (Marshall & Marshall 2003; Crofts 2002) or reviews of publicly available documents, such as sentencing judgements or media reports (see for example, Warfield 2008).

Marshall and Marshall's (2003) review of official South Australian court records concluded that where available, data was difficult to access, varied considerably in comprehensiveness and often contained insufficient information to establish a gambling–crime link. Notwithstanding, the researchers identify sentencing judgment transcripts as containing the most valuable source of court information on gambling as a primary motivator for crime. They observed that the judiciary is most likely to comment on the existence or otherwise of gambling issues as a mitigating factor in sentencing, irrespective of the point in the criminal proceedings at which the defence raised these issues.

Based on a review of 500 randomly selected Magistrates’ court files determined in 2000 (comprising 250 larceny and 250 fraud offences), Marshall and Marshall discovered gambling-related circumstances in only 12 cases, or 2.4 per cent of the sample. As part of the same study, they examined 1,800 sentencing remarks for cases determined in the District and Supreme courts from January 2000 to June 2003, and discovered that 23 cases or 1.3 per cent of the sample involved gambling-related crime.

Crofts (2002) reported similar findings in her earlier review of 2,779 NSW Local and District court files, which dealt with fraud, theft and violence offences determined from 1995 to 1999, with 65 cases, or 2.3 per cent of the sample identified as problem-gambling related.

A more recent review of Tasmanian Supreme Court cases from January 2004 to December 2009 (Law 2010) uncovered only 41 cases of gambling-related offending.

To date, there has been no comparable research conducted in Victoria. However, Warfield's 2008 review of news articles and publicly available sentencing judgements for gambling-related deception offences determined by Australian courts from 1 January 1998 to 31 December 2007 concluded that Victoria experienced more gambling-related fraud than any other state (29.5% of all cases or n=156). Additionally, gambling-related fraud in Victoria amounted to $102,701,516 during the period under review – a substantially greater loss than any other Australian state. The findings of this study indicate that significant numbers of problem gambling-related crime cases are being determined by Victorian courts.

As with other forms of investigation into crime-related issues, there are limitations associated with analysing print and electronic media reports of court proceedings. In particular, news reports are likely biased towards covering more sensationalised cases involving large sums of money and/or prominent members of the community, especially within rural and regional centres (Warfield 2008: 8).

3.3.4 A review of gambling-related Victorian court data

In an effort to address this research gap in Victoria, the present study attempted an ambitious investigation of data holdings and information sources across Victorian courts, involving both retrospective and prospective research components. The aim was to establish:

- the volume of problem gambling-related crime cases determined by the courts

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9 The volume of eligible cases determined in this period is unavailable, so a percentage is unable to be generated.

10 This figure is highly likely to underestimate the extent of gambling-related fraud as the study reviewed media reports and available court transcripts only.
• a profile of problem-gambling offenders and their crimes
• the relevance of gambling-related crime data for Victorian court staff and judicial officers.

3.3.4.1 Official court data

The first stage of the present research involved a review of available court transcripts for cases resulting in a finding of guilt determined by Victorian County and Supreme courts (including the Supreme Court of Appeal) during the 2007 and 2008 calendar years. Transcription content varied, comprising one or more of the following: court proceedings and discussions, pleas in mitigation and sentencing judgements. Unlike previous research of this kind, which typically examined only a limited range of offences determined by the courts, the present research reviewed cases across all offence categories.

The study excluded cases determined in Magistrates’ courts, as they are recorded in audio format and only transcribed upon request and at the expense of the requesting party, thereby making access costly and impractical within the project timeframes. Moreover, the researchers were unable to access restricted court transcripts or other documents, such as psychological reports and pre-sentence reports ordinarily contained in court case files.

For the two years under review, 2,784 County Court cases were identified that met the sample criteria, and for which at least one type of court transcript was accessible. Available transcripts for these cases were subjected to an electronic key word search for the term gam*11. All available court transcripts for cases returning a positive against at least one key gambling term (n=237) were further examined manually to confirm gambling-relatedness. This process uncovered 84 false positives. A further 28 cases were eliminated on the basis that transcription material contained insufficient information to confirm a gambling-related issue.

As outlined in Table 1 below, these elimination processes resulted in the identification of 125 cases determined before Victorian superior courts that involved criminal activity either exclusively or partially motivated by an offender’s gambling issues. This represents approximately 4.2 per cent of the County Court sample of cases reviewed.

Table 1: Gambling-related cases appearing before Victorian superior courts 2007–2008

<table>
<thead>
<tr>
<th>Year</th>
<th>County Court</th>
<th>Supreme Court</th>
<th>Supreme Court of Appeal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases reviewed</td>
<td>Gambling-related cases</td>
<td>Cases reviewed</td>
</tr>
<tr>
<td>2007</td>
<td>1,571</td>
<td>83</td>
<td>80</td>
</tr>
<tr>
<td>2008</td>
<td>1,213</td>
<td>36</td>
<td>92</td>
</tr>
<tr>
<td>Total</td>
<td>2,784</td>
<td>119</td>
<td>172</td>
</tr>
</tbody>
</table>

It is noteworthy that while a higher percentage of criminal cases determined by Victoria’s superior courts appear to be gambling-related compared to other Australian jurisdictions, even these results are likely to underestimate the true volume of gambling-related crime in Victoria because (Crofts 2002; Monash University Centre for Criminology and Criminal Justice 2000):

• Cases determined by the courts represent only a small fraction of all crime perpetrated, namely those detected, reported to police and prosecuted. Beyond the purview of the courts fall those crimes detected by the victim, police or some other party that are resolved outside the formal criminal justice system. For example, an employer may elect to dismiss an employee who has committed workplace fraud rather than press charges. Public trust is critical to the success of financial corporations such as banks, credit unions, building societies and investment firms. Hence, legal action that generates negative publicity and casts doubt on organisational integrity is avoided.

11 Victorian Supreme Court and Supreme Court of Appeal cases were identified via a key word search for the term gam* within the online databases contained on the Austlii and the Victorian Supreme Court websites for the calendar years 2007 and 2008.
While an offender's criminal actions may be gambling-related, they may conceal that information from the courts for a variety of reasons, including:

- a failure to acknowledge the role played by gambling in their offending behaviour
- feelings of shame and fear that family, friends and colleagues will learn of their gambling and criminal activities
- a perception that disclosing their gambling motivations will not mitigate penalty.

Defence counsel may elect not to raise a defendant's problem gambling issues if doing so would not be in the best interests of the defendant from a sentencing viewpoint.

Despite potential data limitations, the methodology employed furnished a large body of transcription material containing a wealth of gambling-related crime information. In-depth analysis of that information revealed the following snapshot of problem gamblers appearing before Victorian superior courts for gambling-related offences:

- overwhelmingly male (80%)
- aged 30–54 years (72.9%)
- married or partnered at some point in their lifetime (86.6%)
- residing in a house, flat, apartment or unit (93.3%)
- living in a family unit – couple with or without children (50.6%)
- some level of secondary schooling (up to Year 12) as highest level of educational attainment (76.6%)
- employed in paid work (64.6%) and if employed almost equally likely to be working in either a blue or white collar occupation (50.7% and 49.3% respectively)
- Australian (60%) or Vietnamese-born (16%) and English-speaking only (87.2%).

While defence counsel often presented detailed accounts of the problem gambling circumstances associated with a defendant's offending behaviour in the plea in mitigation process, only one per cent of judges specifically ordered the offender to undergo gambling-specific treatment as a condition of sentence.

The transcription material also contained rich qualitative insights into the problem gambling–crime relationship, its trajectory and portrayal before the Victorian courts during the plea in mitigation process and its impact (if any) upon sentencing outcomes. Chapter 6 of this report presents the findings of this analysis in detail.

3.3.4.2 Pilot study of the Neighbourhood Justice Centre

Victorian inferior courts (Magistrates' courts) increasingly operate within a therapeutic jurisprudence framework that emphasises the legitimacy of rehabilitation efforts focused on ameliorating the underlying causes of crime and enhancing offender well-being, alongside other sentencing principles such as retribution and community protection. Information on problem gambling issues experienced by offenders would appear useful within this therapeutic context, especially where these issues are deemed criminogenic.

For reasons already canvassed above, a review of gambling-related crime cases determined by Victorian Magistrates' courts was unable to be undertaken as part of the present study. To gain some understanding of the extent of problem gambling issues experienced by offenders before the inferior courts, the researchers initiated a three-month prospective review of Neighbourhood Justice Centre (NJC) clients.

The NJC is a community justice centre dedicated to reducing crime by addressing the underlying causes of criminal behaviour and disadvantage, as well as improving community access to and involvement in the administration of justice by working closely with the local community and offering access to a range of services to assist victims, defendants, civil litigants, witnesses and local residents. Incorporated within the informal community setting of the NJC is a multi-jurisdictional court, which operates, inter alia, as a Magistrates' Court.

The pilot involved administration of the one-item problem gambling screener12, a validated tool that asks the following question: ‘Have you ever had an issue with your gambling?’ to all criminal justice clients of the NJC.

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12 This screener was developed by Shane Thomas, Monash University.
over a three-month period in 2008. Alcohol and Other Drugs (AOD) clinicians and Generalist Counsellors of the Centre administered the screener as part of their conventional pre-trial assessment processes.

During the trial period, 94 criminal justice clients presented to the NJC for assessment and seven of these, or 7.5 per cent of the sample, screened positive to the one-item screener and were referred to Gambler’s Help services. Although the proportion of NJC criminal justice clients screening positive to problem gambling is almost twice that identified in the analysis of higher court records, caution should be exercised in drawing comparisons between the two samples.

The one-item screener seeks to determine lifetime prevalence of problem gambling. It does not discriminate between those who have experienced gambling issues at some point in the past and those for whom such issues are current. More importantly, there was no attempt to follow-up NJC clients returning a positive for problem gambling to determine if such issues were related to their current or past criminal activities. Nevertheless, the pilot highlights the potential utility and ease of screening offenders for gambling issues who appear before the courts.

### 3.4 Corrections Victoria

Under the Offender Management Framework (October 2006), all sentenced offenders entering Victoria’s correctional services system are assessed for their risk of re-offending according to their offence-specific and offence-related needs upon entry. Offence-specific needs, also referred to as criminogenic needs or dynamic risk factors, are problem areas related to past offending, such as pre-offending attitudes, criminal associates, substance abuse and poor problem solving skills that when addressed, are likely to reduce the risk of re-offending. Offence-related needs, also referred to as secondary risk factors and support needs, may be either criminogenic or non-criminogenic. These factors, such as psychological state (hostility, depression or anxiety etc.), poor social support or lack of employment or housing may facilitate or exacerbate offence-specific risk factors, or act as obstacles to maintaining pro-social behaviours or participation in programs designed to reduce the risk of re-offending.

To determine the extent to which data collected routinely by Corrections Victoria when assessing prisoner risk of re-offending contains information on gambling-related motivations and influences and the relevance and use of this information, this stage of the project involved:

1. Semi-structured, face-to-face interviews with Corrections Victoria staff and members of the Victorian Adult Parole Board (see Appendices F & G for interview invite and questionnaire)
2. A review of six months of prisoner and Community Correctional Services client Victorian Intervention Screening Assessment Tool (VISAT) data recorded in 2008.

### 3.4.1 Corrections Victoria data sources

Relevant Corrections Victoria staff and members of the Victorian Adult Parole Board were invited to participate in a semi-structured, face-to-face interview. The interviews canvassed a broad range of topics, including interviewee perceptions on the nature and extent of gambling-related crime among correctional services clients and the adequacy of current Corrections Victoria screening, recording and referral practices for identifying and informing appropriate responses to offenders whose crimes are motivated by gambling.

Seven individuals drawn from across Corrections Victoria (including Prison Programs, the Transitional Services Unit, Clinical Services, the Home Detention Unit and Community Correctional Services (CCS), as well as the Adult Parole Board) consented to be interviewed by the researchers. Interviewee experience in working within the criminal justice system ranged from 3.5 to 26 years.

Interview participants explained there is presently no process for systematically screening, collecting and recording gambling-related crime across Corrections Victoria. However, they reported a variety of assessments

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13 Similar assessment screening processes are employed by correctional systems in all Australian states and territories.
administered by Corrections Victoria to prisoners and CCS clients that could potentially identify individuals with problem gambling issues, including those who have committed gambling-related crime. The most commonly cited source of potential information on gambling-related crime was the Victorian Intervention Screening Assessment Tool (VISAT).

3.4.1.1 The Victorian Intervention Screening Assessment Tool (VISAT)

The VISAT was introduced in October 2004 in paper form and progressively transitioned across Corrections Victoria in electronic form in 2008. It was developed as a standardised measure of a variety of actuarial (static factors) and psychosocial factors (dynamic factors) that relate to different aspects of offending for adult male and female Victorian prisoners and offenders. Modules contained within the VISAT measure criminogenic needs (offence-specific and offence-related) and re-offending risk at a point in time. The approach is based on “...the conception that offending is not the product of individual pathology but rather arises from a range of factors that are common across offenders” (Department of Justice May 2007b: 5).

The VISAT may be administered at a variety of stages throughout a prisoner's contact with Corrections Victoria, including court pre-sentence assessment, case planning for prisoners and offenders, prison intake and reception and release preparation (see Appendix H for further details).

It is important to emphasise that the VISAT does not attempt to screen for crime motivation per se (Department of Justice May 2007b: 101). Accordingly, there is no specific question within VISAT that seeks to systematically capture information on problem gambling. However, some of the VISAT modules provide cue questions that might guide the administrator to probe for gambling-related issues in the context of broader areas of investigation. These modules include:

- **Module 1: Current offence and criminal history** – aims to identify key features of the offence(s) for which a prisoner or offender has been found guilty and the extent of their prior offending. The section on antecedents includes the following questions on planning and motivation:
  - What did the offender think would happen? How long had the offender thought about doing this?
  - Was the offender in need of money? If so, what for? (drugs, alcohol, gambling debts?)

- **Module 5: Social integration (Income)** – aims to assess an offender's capacity to live as a fully functioning member of the community and identify any potential interventions, such as income support, that may be required post-release. Included as part of this module is the following question on sources of potential financial problems:
  - Do you experience financial problems because of spending on:
    - alcohol?
    - drugs?
    - gambling?
    - debts?
    - other problems?

- **Module 11: Offence-specific and offence-related risks and needs** – seeks to identify the key risk factors relating to a person's re-offending (offence-specific factors and offence-related needs) that may be targeted for support and assistance. Included in part one of this module (offence-specific risk factors) is the following risk factor:
  - Financial pressures as a factor in offending.

- **Module 12: Treatment referral recommendations** – contains programmatic referral recommendations for each individual prisoner or offender.

It is noteworthy that the Module 5 question specifically nominates gambling as a possible source of financial problems, though it does not necessarily provide an indication of gambling severity and history. By contrast, the Module 1 question is merely a prompt to elicit further information, listing gambling as an example only. Consequently, it is unclear whether those administering the VISAT will prompt for gambling systematically under Module 1 or whether they will simply ask the question in an open-ended manner.
Additionally, while Module 11 is not gambling-specific, where offenders answer ‘yes’ to this offence-specific risk, the opportunity presents to probe further about the source of the stated financial pressure (potentially gambling) and to ascertain how this risk influenced offending behaviour. The potential usefulness of Module 12, in the current context, is ostensibly contingent on identifying problem gambling issues in the other modules listed above.

Aside from the discretionary nature of some of the questions contained within the VISAT, the comprehensiveness of information generated will inevitably vary according to the version of VISAT administered:

- **short version** – contains Modules 1, 4–8 and 10; this version is administered to male offenders with a sentence of less than six months and female offenders who receive a sentence of less than four months
- **long version** – contains all modules; this version is administered to male offenders with a sentence of more than six months and female offenders who receive a sentence of more than four months.

In addition to the VISAT, Corrections Victoria interviewees advised that problem gambling issues could potentially be identified during the course of clinical assessments (also known as Tier 2 assessments). Clinicians employed by Corrections Victoria conduct these detailed assessments to determine offender suitability for offence-specific and offence-related programs designed to reduce the risk of re-offending for moderate and high risk offenders. While potentially providing an avenue into gambling-specific treatment services, this assessment does not include gambling-specific questions or prompts. Information on problem gambling issues, obtained from a variety of sources, may also be recorded in offender case file notes.

### 3.4.2 The relevance of gambling-related crime data for Corrections Victoria

Interviewees varied in their awareness and understanding of gambling-related crime and the extent to which they said gambling presents as either a criminogenic or a non-criminogenic issue among correctional clients. Generally though, practitioners considered problem gambling a significant and growing concern, with three expressing the view that problem gambling seemed particularly prevalent among Asian female and ‘white collar’ offender populations with no prior criminal histories:

…there is an interesting cohort you meet, you are probably aware of it, that's the Asian women out at the women's prison region…all comes up as drug trafficking kind of charges. Of course, the minute you scratch the surface, you realise that it's not about trafficking, it's about repaying debts that are gambling related…They often go to loan sharks and get their money and then the loan shark says, “Right, in order to pay me, you stand on this corner and you sell this white powder”, and they have of course very little understanding about what they are actually doing and the fact that it's illegal. Then they get caught trafficking sometimes significant amounts and find themselves in custody for very long periods of time (S1).

I see a lot more in this role (problem gamblers) within home detention. The reasons for that is that the eligibility criteria to come onto a home detention order vets out a lot more of the serious crime…Typically when you get to the fraud-related offences…they have an anchor back in gambling eight out of ten times (S3).

I cannot provide specific estimates or figures for CCS clients or prisoners, but my understanding is that gambling-related crime is on the increase, with white collar crime linked in a number of instances. There is also a large number of women at DPFC from a Vietnamese background who have been convicted of drug smuggling offences linked to gambling debts (S7).

Respondents also unanimously agreed that problem gambling was a significant risk factor for re-offending, especially for those offenders with clinical problem gambling presentations (pathological or addictions-based):

I suspect it's high [gambling-related crime recidivism]. If that's what got you into trouble in the first place, and you haven't done anything to address that and you walk out and your behaviours are the same and your views on gambling are the same, then it's only a matter of time before you get caught doing the same thing and come back (S1).
Within the Transitional Assistance Program (TAP), financial concerns are the most commonly identified transitional need among exiting prisoners. TAP co-ordinators have commonly received feedback from prisoners that without money, they feel the only option is to re-offend. Based on this anecdotal feedback, the financial difficulty/stress caused by problem gambling would have a direct effect on re-offending (S6).

…if it’s at the pathological level, then it is a definite risk factor for re-offending…but it [a gambling related-crime] doesn’t have the immediate shock factor of a really violent offence or a sex offence (S2).

Notwithstanding these perceptions, interviewees expressed the view that problem gambling did not feature as an area of identified concern within Corrections Victoria; hence the lack of emphasis on systematically screening for and recording of this information. According to staff interviewed, VISAT was specifically designed to search for information on the four issues identified by Corrections Victoria as commonly experienced by offenders, and which are likely to contribute to re-offending if left unaddressed – namely violence, drug, alcohol and sexual issues.

Views varied about the effectiveness of VISAT to detect problem gambling, with concerns raised around inconsistent administration by staff and the reliability of self-reported offender information14:

…you wouldn’t systematically ask every prisoner “Do you think you’ve got an issue with gambling?” It’s more of a cue question and I guess it very much depends on the person who is conducting the assessment in terms of whether they elect to actually ask that or not …You’re essentially relying on developing rapport and having a conversation with someone and using the questions as a direction or prompt to take you to certain places. But if they are not particularly savvy in communicating with people, and we’re going to have some staff that fall into that category, then they won’t do a particularly good job (S1).

All prison interviews are self-report. Even though the VISAT has significant prompting questions to it, they are all based on self-report, because in most instances the staff doing the VISAT don’t actually have sentencing comments to refer back to…(sic) (S3).

Typically, a referral [to a gambling-related service] will be made via a case manager where the individual wishes to be referred or an assessment flags this [problem gambling] as an issue. I think this is inadequate, as often offenders will not make the links between problem gambling and crime for a range of reasons and therefore are reluctant to be referred, especially if they are in denial about a gambling problem (S7).

Despite representing different areas within Corrections Victoria, staff were unanimous in their views about the importance of VISAT and other corrections data to discharging their respective roles. They considered problem gambling issues related to criminal activity as significant as other, well-established risk factors for re-offending.

According to the VISAT Administration Manual (Department of Justice May 2007b: 99,103), the Tier One Assessment Report, produced with information elicited through the VISAT (long version), is of key importance to case managers as it informs the development of individual offender case management plans. These plans prioritise a prisoner’s programmatic and other needs and assess their readiness to engage in programs and provides a set of recommended actions for addressing identified issues, which may include referral to a treatment program. In this context, the absence of consistent and comprehensive information on gambling-related motivators would appear to be highly problematic, potentially resulting in a failure to refer offenders appropriately to gambling-specific programs aimed at reducing their risk of re-offending.

Interestingly, CCS interviewees commented that even if Corrections Victoria identified gambling issues during formal assessment processes, referral to a problem gambling treatment program would not necessarily follow, given the lack of knowledge on the availability and/or location of treatment services among staff:

To my knowledge, there are no formal processes within prisons for referral to appropriate problem gambling services. Rather, referrals…are made on an ad hoc basis, usually through TAP co-ordinators. I do not

14 The VISAT relies on prisoner self-reported information, which interviewees indicated could be unreliable due to the tendency for some prisoners to provide responses they anticipate the assessor expects to hear. While VISAT administrators make reasonable efforts to verify objective information via official sources such as court records, this information is not always readily available at the time the assessment is undertaken.
believe the process is adequate, as there are too many opportunities for individuals to fall through the gaps and there are no clear guidelines for TAP co-ordinators about appropriate referral pathways for problem gambling issues (S6).

The member of the Parole Board interviewed echoed this view, indicating it’s possible for an offender who has committed a gambling-related crime to have travelled throughout the justice system, on several occasions, without their gambling issues ever being identified or treated until they come before the Board on a parole application:

There would be a fair few gamblers who would have been granted parole, who either haven’t done any programs at all or have done very little, and we would have much preferred that they would have done much more (S3).

Interviewees all welcomed the opportunity to receive additional information and training about available services and appropriate referrals:

I think it would be useful to know about available gambling programs. I mean, we’re always more confident, I suppose, putting a condition on (a parolee) if we have a better idea who they are likely to be referred to and that the group [service provider] does know what they are doing, and that it’s an appropriately researched and funded and established group (S3).

Chapter 5 of this report examines the issue of providing problem gambling treatment services within correctional settings in further detail.

3.4.3 A review of gambling-related VISAT data

Despite not all offenders being administered the long VISAT and the varying comprehensiveness of information elicited about gambling motivations depending on administrator diligence in canvassing them, VISAT assessments currently offer the best option for identifying gambling-related crimes committed by offenders in Victoria.

While acknowledging the VISAT was not intended to screen for problem gambling or gambling-related crime, the researchers sought to determine its efficacy in generating this information by examining a six-month extract of prisoner and offender VISAT data recorded on E*Justice as follows:

- **Prisoner sample** – prisoners received on or after 1 April 2008 and assessed from 1 April to 30 September 2008.
- **CCS sample** – offenders assessed from mid-March to 30 September 2008.

During the period under review, 2,852 offenders were administered a VISAT assessment, comprising 1,268 prisoners and 1,584 offenders under CCS orders. VISAT records for the study cohort were reviewed to identify gambling-relatedness as determined by one or more positive responses to the questions contained within relevant modules, as outlined earlier. Numeric responses (Yes/No) were scanned electronically, while free-text responses were manually reviewed for correspondence with the gambling key words listed in Appendix I.

3.4.3.1 Statistical profile of gambling-related crimes and perpetrators

This data search and review process identified 135 offenders, or 4.7 per cent of the sample, whose VISAT records indicated either a problem gambling issue associated with or underlying their offending behaviour. A slightly higher proportion of prisoners returned a positive for problem gambling (5.7%) compared to offenders under CCS orders (3.9%) despite the fact that only 62.5 per cent of prisoners within the sample were subjected to a long VISAT, which ostensibly elicits a more robust picture of gambling issues.

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15 There is customarily an interval between a prisoner’s reception and their VISAT assessment; therefore, not all prisoners received into prison during the VISAT data extraction period specified were assessed before 30 September 2008.

16 E*Justice was modified to capture CCS VISAT data from mid-March 2008.

17 The term ‘cards’ was excluded from the final text search as this key word matched records relating to offences involving credit cards, ATM cards, gift cards, phone cards or mobile sim cards.
3 Quantifying problem gambling: data holdings across the criminal justice system

The final VISAT data set provided by Corrections Victoria contained a variety of demographic variables for the sample cohort, including the most serious offence for which prisoners and offenders under CCS orders were convicted. Table 2 below summarises the key demographic and offence details of prisoners and offenders identified via the VISAT as potentially having an issue with their gambling.

A noteworthy observation is the total absence of female prisoners and the low number of female CCS clients identified, based on the VISAT, as having potential gambling-related issues (17.4%). As highlighted in other chapters of this report, this result contrasts sharply with anecdotal information provided by Corrections Victoria staff and Gambler's Help counsellors, as well as statistical information generated through a large-scale prisoner survey distributed as part of this study. However, the VISAT extracts do support anecdotal evidence provided by Corrections Victoria staff of an identifiable gambling problem among Vietnamese prisoners, and suggest that it is equally true of offenders under CCS orders. Appendix J provides a detailed profile of the VISAT sample, which permits comparative analysis of the problem gambling and non-problem gambling cohorts, based on key demographic and offence information.

Table 2: Demographic profile of potential problem gamblers

<table>
<thead>
<tr>
<th>Variable</th>
<th>CCS VISAT sample</th>
<th>Prisoner VISAT sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISAT sample size</td>
<td>1,584</td>
<td>1,268</td>
</tr>
<tr>
<td>Timeframe of VISAT administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offenders assessed between March – 30 September 2008</td>
<td>Prisoners received on or after 1 April 2008 and assessed between 1 April – 30 September 2008</td>
<td></td>
</tr>
<tr>
<td>Potential problem gambling issues</td>
<td>n=63 or 3.9 per cent</td>
<td>n=72 or 5.7 per cent</td>
</tr>
<tr>
<td>Potential problem gambling cohort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average age*</td>
<td>37.3 years (mode 22 years)</td>
<td>44.3 years (mode 25 years)</td>
</tr>
<tr>
<td>Female</td>
<td>n=17 or 17.4 per cent†</td>
<td>Nil</td>
</tr>
<tr>
<td>Male</td>
<td>n=98 or 82.5 per cent†</td>
<td>100 per cent</td>
</tr>
<tr>
<td>Country of birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia (n=44 or 69.8%)†</td>
<td>Australia (n=46 or 64%)</td>
<td></td>
</tr>
<tr>
<td>Vietnam (n=9 or 14.2%)†</td>
<td>Vietnam (n=6 or 8%)</td>
<td></td>
</tr>
<tr>
<td>Indigenous persons</td>
<td>Nil</td>
<td>One (1.4%)</td>
</tr>
<tr>
<td>Most serious offence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unlawful entry with intent / burglary, break and enter (n=12 or 10%)</td>
<td>Unlawful entry with intent / burglary, break and enter (17%)</td>
<td></td>
</tr>
<tr>
<td>Fraud nec. (n=9 or 14.29%)†</td>
<td>Dealing / trafficking drugs (17%)</td>
<td></td>
</tr>
<tr>
<td>Long VISAT</td>
<td>100 per cent</td>
<td>45 (62.5%)</td>
</tr>
<tr>
<td>Short VISAT</td>
<td>Nil</td>
<td>27 (37.5%)</td>
</tr>
</tbody>
</table>

* For prisoners, age at time of reception and for CCS clients, age at time of assessment
† Some missing or unknown data fields

3.4.3.2 Review of textual information on gambling-related crimes and perpetrator needs

An analysis of free-text information contained within the Modules identified earlier in this chapter as most relevant to this review revealed that questions contained in Module 1 were most likely to elicit unambiguous evidence of gambling as a motivator for crime, as well as providing information on the nature of the gambling–crime relationship. As indicated by free-text comments provided below, this held true for both prisoner and CCS clients (see Appendix K for further examples):

Mr xxxx reported he committed the offences because of his gambling addiction, which he has had for over 10 years (CCS VISAT).

This is xxxx’s 8th time in prison on theft related charges. xxxx claims to have had a major gambling addiction, hence the reason for his criminal activity. He has a history of theft charges as well as obtaining property by deception (Prisoner VISAT).

18 Offences have been mapped to the Australian Standard Offence Classification.
He identified that he is easily influenced and requires ongoing support for his substance use and gambling issues (CCS VISAT).

Prisoner xxxx states he initially started gambling at the casino with work colleagues, and then started attending on his own as it was all that he could think about. He states he would initially only gamble a small amount, then used his credit cards to fund the addiction, until his addiction took over and he started committing offences to obtain the money for gambling (Prisoner VISAT).

Module 5 responses, which offered the opportunity to capture information on financial problems experienced by offenders as a result of gambling and other activity, similarly furnished useful statistical information. However, as indicated by the following example, commentary was typically brief:

…He reported experiencing financial problems due to a gambling debt, which led him to his offence… (prisoner VISAT).

Confirming the findings of previous research (Ashcroft et al. 2004; Smith et al. 2003; Crofts 2002; McCorkle 2002), offenders commonly cited multiple co-morbid / co-existing financial pressures underlying their offending, with substance dependencies (drugs and alcohol) featuring frequently alongside gambling debts (including unpaid fines):

xxxx will have nowhere to go when he is released. He has a problem with drugs, alcohol and gambling. He states his main income is from crime… (Prisoner VISAT).

Textual information recorded against Module 11, which seeks to gather information on offence-specific and offence-related risk and needs, comprised mainly duplicate information to that provided in Module 1 (that is, information was copied and pasted).

In contrast, information recorded in Module 12 provided valuable insights into identified treatment needs for prisoners and offenders under CCS orders. Surprisingly, of the 77 prisoners and 66 offenders under CCS orders identified as having potential problem gambling issues via VISAT screening and assessment processes, only two prisoners (2.6%) and three offenders under CCS orders (4.8%) were referred to a gambling-specific treatment service.

There are several possible explanations for these results. The low number of problem gambling-specific program recommendations may reflect the absence of a ‘problem gambling treatment’ program field among referral options listed. Alternatively, and as identified by a number of Corrections Victoria interviewees, the paucity of gambling treatment recommendations may reflect a general lack of knowledge on problem gambling and appropriate treatment referral options among Corrections Victoria staff. The following treatment recommendation provides some evidence in support of this proposition:

Mr xxxx has openly admitted to committing the offences to support his gambling addiction. He gave no indication as to if he was to cease his gambling when released on parole (sic). Mr xxxx advised he “enjoys gambling as “it gives me a euphoric feeling, also I gamble because I am lonely". Therefore, the supervising officer may consider referring Mr xxxx to a social network for Mr xxxx to have additional supports in the community. This recommendation has been made due to advising he gambles because he feels lonely and wants “someone to talk too." (CCS VISAT).

Despite the offender’s admission that his sole motivation for crime was to support gambling activities, and despite the longevity of his gambling problems (10+ years), which would suggest the offender was at risk of re-offending, the assessor elected not to make a formal referral to problem gambling treatment services. Instead, the underlying cause of the offender’s behaviour was determined to be loneliness and therefore treatment targeting social integration needs was considered appropriate.

Given the high priority afforded by Corrections Victoria to identifying and treating violence, sexual, drug and alcohol issues, it stands to reason that staff training and awareness around these issues and their appropriate treatment are heightened relative to other issues such as problem gambling.
In the context of this discussion on treatment referrals, it is important to reiterate that not all prisoners will necessarily be administered a long VISAT. The short VISAT offers fewer opportunities for identifying problem gambling issues given the absence of Module 11, and this may have treatment referral implications for some problem gamblers. Ostensibly, first time offenders who have committed a gambling-related offence, and are serving a short sentence, may be released into the community without having ever engaged in problem gambling treatment.

3.5 Coroners Court

By virtue of the extensive investigative powers vested in the Coroner, coronial records contain a wealth of demographic information about deceased persons and the circumstances surrounding their life and death. Where deemed relevant, this includes details of both prior involvement with the criminal justice system and problem gambling issues.

A number of researchers who have investigated the link between problem gambling and suicide have made incidental findings on the association between gambling and crime, elevated levels of suicidal ideation or suicide attempts. For example, Blaszczynski and Farrell’s (1998) examination of Victorian coronial cases from 1990 to 1997 discovered that in 18 per cent (n=8) of cases where gambling was identified as a putative motivating or contributing factor for suicide (n=44), the deceased had committed some form of gambling-related crime during their lifetime. Gambling-related offences committed by the deceased included theft, fraud and misappropriation of business funds. The authors contend that for some gamblers on the verge of being exposed for committing a gambling-related crime, suicide may be considered the only option (see also Newman and Thompson 2003; Hodgins et al. 2006; Tremayne et al. 2001).

To determine the current feasibility of utilising coronial records as a source of information on offenders who commit gambling-related crime in Victoria, this stage of the project involved a comprehensive review of a sample of Victorian deaths recorded on the National Coroners Information System (NCIS) from 2000 to 2009.

The specific aims of the review were to:

- identify instances of gambling-related crime and generate a profile of gamblers who commit such crimes
- determine the degree to which issues such as suicidal ideation, mental health and problem gambling are co-symptomatic and the extent to which these factors might influence the problem gambling and crime relationship
- identify the earliest point of contact within the criminal justice system where an individual’s problem gambling issues were noted and whether gambling-specific treatment referrals were suggested or facilitated.

3.5.1 Coroners Court data sources

The National Coroners Information System (NCIS), housed at the Victorian Institute of Forensic Medicine, is a world first online database of data derived from coronial records across Australia relating to reportable deaths19. Its primary purpose is to

...assist coroners in their role as death investigators, by providing them with the ability to review previous coronial cases that may be similar in nature to current investigations, enhancing their ability to identify and address systematic hazards within the community (Victorian Institute of Forensic Medicine 2009).

Few coroners worldwide probe systematically for gambling or offending-related information in their investigations and Victoria is no exception. However, in addition to the record of investigation into death (the coronial findings), the NCIS contains other sources of information that may shed light on these issues, including the police summary of circumstances (police report).

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19 Defined inter alia as “a death that appears to have been unexpected, unnatural or violent or to have resulted, directly or indirectly, from an accident or injury” (Coroners Act 2008).
The police summary of circumstances is a key piece of information that informs coroners' understanding of the circumstances surrounding an individual's death. Based on the completing officer's investigation, the police report details a variety of information, including objective facts such as the deceased's offence history as well as subjective comments made by family and friends and any reference to evidence about motivation (a suicide note, evidence of unserviceable loans or extensive debts and medical records etc.). While the quality varies in terms of completeness, police reports are one of the most likely sources of information pertaining to problem gambling and offences committed by a deceased person.

The NCIS database also includes the autopsy report and supporting forensic medical reports (such as toxicology reports), which may provide evidence of alcohol and substance use and misuse.

3.5.2 A review of gambling-related Victorian coronial data

The present review involved examining all closed Victorian coronial cases recorded on the NCIS from 1 July 2000 to 30 June 2009. Using the 'coroners screen' search facility, coronial findings, police reports and attendant documentation were subjected to a string search for the term 'gam*'.

The keyword search of coronial findings and police narratives returned 498 positive results (282 and 216 respectively). Further investigation resulted in the elimination of 57 matches relating to duplicate records (keyword matches within the coronial findings and the police reports relating to the same individual) and 317 false positives. The remaining sample of 124 cases were more thoroughly examined to identify instances where gambling and crime were cited within the file material as significant features of a deceased person's life or contributors to their death, according to the following criteria:

- explicit evidence of a gambling problem – for example, statements to the effect that the deceased was known to be a “problem gambler” or had a “gambling addiction” or “chronic gambling problem”
- implicit evidence of a gambling problem, through descriptions of the deceased's behaviour that accorded with this research project's definition of 'problem gambling'
- explicit evidence of the deceased's engagement in adjudicated or non-adjudicated criminal behaviour where the illegal behaviour is identified
- explicit evidence of a criminal conviction, including references to having been jailed or sentenced to a Community Correctional Order, irrespective of whether or not the offences were specified.

A total of 46 cases were identified that matched the above criteria. As with the data generated through other official records canvassed in this review, these results are highly likely to understate the true volume of gambling-related crime for a number of reasons, including:

- gambling-related keywords, such as casino, bingo, racing, TAB, pokies, racing and EGMs (electronic gaming machines) were not used in the keyword search of coronial findings and police reports due to the anticipated number of false positives likely to be generated – inevitably a number of true positives will therefore invariably have been missed
- coronial findings and accompanying police reports vary in detail and not all NCIS files contain attached reports
- information on the circumstances surrounding a death initially included in police reports may later be found to be unsubstantiated or inaccurate
- in some instances, family members or friends may elect not to disclose information about the deceased's gambling activities due to the perceived stigma
- a deceased person may have concealed their gambling from those close to them and therefore this information may not come to light in the formal processes of police and coronial investigation
- information regarding a deceased's problem gambling issues may only be uncovered by informants after the formal investigation has closed.

Two cases where there was evidence of a gambling issue were excluded because either the deceased was related to a problem gambler or they were a victim of a crime perpetrated by a problem gambler. Three additional cases were excluded despite evidence of gambling activity, due to ambiguities concerning whether that activity was ‘problematic.’ For example, in one case the deceased had attended a gaming venue before being murdered.
3.5.2.1 Deceased persons: a profile of problem gamblers and their crimes

The profile of deceased persons with a gambling–crime history largely aligned with previous research:

- males were over-represented, comprising 87 per cent of the sample
- the mean age of individuals was 40.25 years for males (SD=13.179; range 20–73 years) and 40.67 for females (SD=9.993; range 30–54 years)
- just under half of the sample (45.7%) was married or in a de facto relationship at the time of death, although many were also experiencing relationship difficulties, often related to their problem gambling
- over half the sample were in some form of paid employment at the time of death (52%) and 80 per cent of those employed worked in blue collar professions, while 20 per cent worked in white collar professions
- mental health issues and substance abuse issues featured commonly in the lives of the deceased, as indicated in Table 3 below.

Table 3: Type of mental disorders experience by deceased (current and lifetime)

<table>
<thead>
<tr>
<th>DSM-IV classification</th>
<th>Frequency distribution</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood disorders</td>
<td>24</td>
<td>63.2</td>
</tr>
<tr>
<td>Psychotic disorders</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Substance-related disorders²¹</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Mental disorder (unspecified)</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

- As Table 4 indicates, the overwhelming proportion of crimes committed by problem gamblers (63.7%) were either property crimes (31.4%) or illicit drug offences (33.3%).

Table 4: Types of offending among the deceased

<table>
<thead>
<tr>
<th>Offence category</th>
<th>Frequency distribution</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crimes against the person</td>
<td>7</td>
<td>13.7</td>
</tr>
<tr>
<td>Crimes against property</td>
<td>16</td>
<td>31.4</td>
</tr>
<tr>
<td>Illicit drug offences</td>
<td>17</td>
<td>33.3</td>
</tr>
<tr>
<td>Traffic and vehicle regulatory offences</td>
<td>4</td>
<td>7.8</td>
</tr>
<tr>
<td>Other offences (including undisclosed)</td>
<td>7</td>
<td>13.7</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>100.0</td>
</tr>
</tbody>
</table>

- The development of a gambling problem preceded the commission of crime in 68 per cent of cases. In another 32 per cent of cases the deceased committed their first offence before developing a gambling problem. Individuals who had developed a gambling problem prior to commission of their first offence customarily engaged in property crime (70.5%) and in all instances the criminal activity was related to their gambling.
- Case file information was often insufficiently comprehensive to determine with any certitude the percentage of cases in which the deceased’s offending was directly or indirectly related to their problem gambling. However, at a minimum, over a third of cases reviewed revealed a direct gambling–crime relationship.

3.5.2.2 The relationship between gambling, gambling-related crime and death

Suicides comprised 84.8 per cent of the sample cases, with the remaining deaths attributable to accidental circumstances (such as drug overdose) or circumstances unlikely to be known. The case file material illuminated a plethora of complex and co-existing issues present within the lives of individuals.

²¹ Please note that a recording against the ‘substance-related disorder’ category was made only where an explicit reference was made – the prevalence of substance misuse within the sample is therefore likely to be much greater.
that may have contributed to their death. Untangling the relative contribution, if any, of each of these issues is highly problematic given the tentative findings on cause of death commonly contained within case files. However, based on the information available, it could be determined that:

- In 8.7 per cent of cases there was no apparent link between the deceased's gambling and their death. For example, the motivation for suicide in one case appeared related to a Magistrate's decision not to reinstate the deceased's driver's licence.

- In 15.2 per cent of cases there was a putative causal relationship between gambling and death. In the majority of these cases, the death appeared to be an act of impulsive desperation, instigated by the deceased's exposure for gambling-related crime, or their awareness that such exposure was imminent. Others considered suicide the only option to resolving their gambling-related problems. See Appendices L and M for case study examples of gambling as a trigger for suicide and the timelines of crises present in the lives of those who committed suicide.

- Unsurprisingly, in 76.1 per cent of cases, multiple factors were cited as contributing to a person's death, with no indication of relative contribution. For example, in one case the Coroner noted the deceased had experienced a multitude of problems during their lifetime, which may have increased their suicide risk, including:
  - gambling (he had gambled away the family business)
  - the death of his father (some four years previous)
  - alcohol
  - overuse of prescription medication
  - a possible, but undiagnosed acquired brain injury
  - his health (he possibly had hepatitis C)
  - criminal offending (he had appeared before the courts on at least 14 separate occasions and at the time of his death was the subject of a suspended sentence, had many unpaid fines and was fearful of going to jail) (Case 37).

None of the case records reviewed as part of this research contained objective information on the severity of the deceased's gambling problems, as determined through clinical assessments such as via administration of the DSM-IV. Additionally, the case files contained little information on the genesis of the deceased's gambling and its evolution over time. In 17 per cent of cases however (n=8), a defining life experience that negatively affects physical health appeared to trigger the start of gambling activity. As illustrated by the following case example, gambling was often a mechanism for coping with boredom or frustration with negative life circumstances:

*The [work-related] injury that the deceased had received caused him severe pain and he was hence prescribed painkillers. The deceased acquired an addiction to the painkillers; however, he later overcame this addiction. He became extremely depressed due to him being physically restricted in various ways. He then began gambling and over a two-year period and lost upwards of $55,000.00, which was most of his and his partner’s money. This loss of money caused even deeper depression and relationship difficulties (Case 71).*

### 3.5.2.3 Referrals to gambling help services and self-help attempts

An important aspect of this component of the research involved reviewing information on offender contact with the justice system to establish the earliest point at which gambling issues may have been identified and appropriate referrals made to a gambling-specific treatment service. In 24 per cent of cases (n=11), there was a reference to the deceased experiencing contact with criminal justice organisations at some point during their lifetime as a direct result of their offending behaviour. Presumably, each of these individuals would have experienced police contact at some stage, but the only references to problem gambling recorded by police in their investigation of the death related to that provided by key informants.

In addition to evidence of prior police contact, five coronial findings contained evidence that the deceased had been under a correctional order; two of these were Community Treatment Orders for mental health and/
or drug and alcohol issues. In four of these cases, Corrections Victoria had identified gambling issues prior to the death, as indicated by the following example:

*The deceased was placed on a Community Based Order for charges of burglary and theft. He had prior convictions for similar offences. He was assessed by the Office of Correctional Services as a medium risk of re-offending due to alcohol abuse, gambling addiction and long term mental health issues. Correctional Services noted that referrals needed to be made to address his gambling issues and drug and alcohol abuse and assessment for programs to reduce re-offending. The deceased agreed to cooperate with these referrals [sic] (Case 5).*

Moreover, in one of these cases, the deceased’s mother, who had observed her son’s excessive gambling and drinking, contacted his case manager with concerns for his well-being; as with the other cases, no information was contained on file regarding follow-up activity.

In one of these cases, while Corrections Victoria acknowledged the deceased had committed their most recent offences to support their gambling habit, there was no evidence of a problem gambling treatment referral being made during their incarceration or when their parole was granted. However, the lack of evidence regarding a problem gambling treatment referral by Corrections Victoria may be the result of a coroner determining this information was not relevant to the investigation of death.

There was some limited information available on problem gambling help-seeking activities across the study cohort, although the instigating source was not specified. Given the lack of systematic screening for problem gambling across the criminal justice system, it is not surprising that only 11 per cent of individuals in the sample had received help for their gambling (n=5). Two of these individuals sought gambling help from more than one source. The types of problem gambling services access by the deceased are summarised in *Table 5*.

### Table 5: Problem gambling services accessed by deceased

<table>
<thead>
<tr>
<th>Gambling help provider type</th>
<th>Frequency distribution</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gambler's Help</td>
<td>1</td>
<td>14.3</td>
</tr>
<tr>
<td>Health professional</td>
<td>1</td>
<td>14.3</td>
</tr>
<tr>
<td>Other personal counselling</td>
<td>2</td>
<td>28.6</td>
</tr>
<tr>
<td>Community health service</td>
<td>2</td>
<td>28.6</td>
</tr>
<tr>
<td>Family member</td>
<td>1</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

It is important to note, however, that in 76 per cent of cases (n=35) the deceased had committed offences that appeared to be non-adjudicated at death. Where these related to offences not detected by, or otherwise reported to police, the deceased may not have had previous contact with criminal justice agencies. The opportunity may therefore not have presented itself for staff of criminal justice organisations to refer an offender into problem gambling treatment. Despite the low levels of problem gambling service access by the deceased in the sample, there was evidence of high levels of service access for other co-presenting issues, mainly physical and mental health services.

### 3.6 Conclusion

The present review of data holdings across the Victorian criminal justice system confirms the findings of previous similar research, which has universally lamented the absence of systematic screening for, and the collection and recording of data on problem gambling-related crime. Data holdings that are available and accessible vary in quality and comprehensiveness, their usefulness hampered by the absence of suitable problem gambling fields that permit electronic searching.

Notwithstanding the acknowledged limitations of using data repositories housed within Victoria Police, Victorian courts and the National Coronial Information System to establish rates of gambling-related crime, a review of the data they hold provides evidence of similar proportions of gambling-related offenders processed...
by each of the justice agencies (see Table 6). It is noteworthy that the levels of problem gambling-related crime uncovered across each of these agencies is much higher than those discovered in comparable studies conducted elsewhere in Australia.

Methodologies involving direct screening of offenders for gambling issues, such as the use of VISAT by Corrections Victoria and the piloting of the one-item screener among Neighbourhood Centre Justice clients, resulted in slightly higher proportions of gambling-related offending. The same is true of the courts analysis, which involved a more thorough examination of case files or official records. Notwithstanding, these figures inevitably understate the true volume of gambling-related crime for a variety of reasons already canvassed. Moreover, these methodologies involve onerous, manual searches of textual information that is difficult and time-consuming – activity that is unsustainable in the long term and therefore produces snapshots in time rather than trend analysis.

While justice personnel surveyed as part of this study all considered the issue of problem gambling to be of some significance to their organisation, especially within Corrections Victoria, there is ample evidence to suggest that:

• an unknown but potentially substantial proportion of justice clients who experience problem gambling issues are unlikely to have their problem gambling issues identified at an early stage, if at all
• not all offenders identified as problem gamblers will be referred to problem gambling treatment services
• in the absence of early identification and treatment, a proportion of offenders whose gambling is directly related to their offending, and for whom gambling represents a significant risk factor for re-offending, will continue to commit an unknown but potentially substantial level of gambling-related crime that may otherwise be preventable.
### Table 6: Comparative levels of gambling-related crime across the criminal justice system

<table>
<thead>
<tr>
<th></th>
<th>Victoria Police</th>
<th>Neighbourhood Justice Centre</th>
<th>County Court</th>
<th>Supreme Court</th>
<th>VISAT Prisoners</th>
<th>VISAT CCS</th>
<th>Victorian Institute of Forensic Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proxy prevalence indicator</strong></td>
<td>2.17 per cent</td>
<td>7.45 per cent</td>
<td>4.2 per cent</td>
<td>1.2 per cent</td>
<td>5.7 per cent</td>
<td>3.9 per cent</td>
<td>N=46 – percentage not available</td>
</tr>
<tr>
<td><strong>Criteria</strong></td>
<td>Deception related offences with gambling keyword</td>
<td>Positive response to one-item problem gambling screener</td>
<td>Study definition of problem gambling and gambling-related crime</td>
<td>Study definition of problem gambling and gambling-related crime</td>
<td>Study definition of problem gambling and/or gambling-related crime</td>
<td>Study definition of problem gambling and gambling-related crime</td>
<td>Study definition of problem gambling and gambling-related crime</td>
</tr>
<tr>
<td><strong>Timeframe</strong></td>
<td>Offences committed from 1 April–20 September 2009</td>
<td>Three-month period in 2008</td>
<td>2007 and 2008 calendar years</td>
<td>2007 and 2008 calendar years</td>
<td>Prisoners received on or after 1 April 2008 and assessed from 1 April – 30 September 2008</td>
<td>Offenders assessed from mid-March – 30 September 2008</td>
<td>Closed coronial cases for Victoria from 1 July 2000 – 30 June 2009</td>
</tr>
<tr>
<td><strong>Data source</strong></td>
<td>LEAP</td>
<td>AOD clinicians</td>
<td>Transcripts of proceedings and judgements (where available)</td>
<td>Transcripts of proceedings and judgements (where available)</td>
<td>VISAT records</td>
<td>VISAT records</td>
<td>NCIS database, coronial finding and police reports</td>
</tr>
</tbody>
</table>
4 Needs analysis of offenders within the correctional services system

4.1 Introduction

As identified in Chapter 3, there is currently no systematic recording of data pertaining to problem gambling within the Victorian criminal justice system. Therefore, relying exclusively on official justice data sources, such as the Victorian Intervention Screening Assessment Tool (VISAT), as an indicator of problem gambling within the criminal justice system is likely to significantly underestimate the true extent of the problem.

In an effort to assess the real nature and extent of problem gambling across the criminal justice system, this component of the project involved undertaking a needs analysis of problem gamblers appearing before higher courts in Victoria and within the Victorian correctional services system, with a focus on:

- quantifying the extent of problem gambling among offenders within the criminal justice system
- providing insight into the nature of and relationship between problem gambling and crime
- assessing the problem gambling treatment needs of prisoners within the correctional services environment.

This chapter is presented in three parts. The first section presents the findings of a more in-depth review of cases appearing before Supreme and County courts of Victoria. The second and third sections focus on the findings of a large-scale survey of Victorian prisoners.

4.2 Review of Supreme and County courts sample

As described in Chapter 3, the courts component of the research involved reviewing a sample of cases (across all offence categories) determined by Victorian Supreme (including the Supreme Court of Appeal) and County courts during the 2007 and 2008 calendar years that resulted in guilty verdicts to determine gambling-relatedness. Available transcription materials (including court proceedings, pleas and judgements) pertaining to these cases were initially reviewed electronically for references to gambling. The research team then manually analysed those records returning a positive to gambling to verify relevance according to the following definition of problem gambling and gambling-related crime:

*Offences committed as a consequence of, committed in order to support, committed as a significant result of, or significantly related to the [offender's] desire, need or compulsion to gamble* (Crofts 2002: 16).

After excluding unrelated cases, the researchers sought to enumerate offenders appearing before Victorian superior courts for gambling-related crime, generate a demographic and socio-economic profile of this cohort and explore common offender and offence-specific themes, including:

- motivations for gambling-related offences
- co-morbid and co-presenting issues and their impact on gambling-related offending behaviours
- circumstances surrounding gambling-related offending
- gambling as a clinical or non-clinical issue
- court perceptions of problem gambling and its role in mitigating or aggravating sentencing outcomes

(findings pertaining to this aspect of the analysis are presented in Chapter 6 of this report).

As indicated in Chapter 3, a review of available cases determined in Victoria’s higher courts in 2007 and 2008 identified 125 defendants whose crimes were wholly, or in large part, gambling-related. The majority of gambling-related cases were determined at the County Court level (95.2%), followed by the Supreme Court of Appeal (3.2%) and the Supreme Court (1.6%).

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22 Victorian Supreme Court of Appeal cases were only included in instances where the appeal was allowed.
Readers should note the higher courts (the Supreme Court of Appeal, Supreme and County courts) determine a minority of all court matters in Victoria. By contrast, Victorian Magistrates’ courts determine the vast majority of all criminal cases and it is reasonable to assume a significant, though unknown proportion of cases determined by Magistrates are gambling-related.

As Magistrates’ Court proceedings are not transcribed as a matter of course, data presented in this chapter is likely to underestimate the true nature and extent of gambling-related crime in Victoria. The researchers therefore caution against extrapolating the findings on offender profiles, motivations and circumstantial factors to all offenders appearing before Victorian courts on problem gambling-related matters.

4.2.1 Demographic profile of defendants appearing before the courts on gambling-related crime

4.2.1.1 Gender and age

The findings demonstrated that the majority of defendants appearing before Victorian higher courts for gambling-related crimes were male (80%) and were most commonly aged 30–44 years (51.3%), with almost one-third aged 45–74 years (32.4%) (see Figure 1).

Figure 1: Defendants before Victorian higher courts, by age group

The minimum age of defendants at the time of their court hearing was 19 years and the maximum was 73 years. The average age of this cohort of gambling-related defendants was 40.47 years.

4.2.1.2 Marital status

As demonstrated in Figure 2, the majority of defendants within the court sample were married or partnered at some point in their lifetime (86.6%). Males were slightly more likely to be married or in a de facto relationship compared to females (47% and 36% respectively).
4.2.1.3 Education

The majority of defendants were educated to a secondary school level (76.6%), with the largest proportion of these educated to a Year 12 level or equivalent (38.9%). As demonstrated in Figure 3 almost one-fifth of defendants appearing before the courts on gambling-related offences had a university qualification (17.1%).

4.2.1.4 Employment status

Two-thirds of defendants were employed in paid work at the time of committing gambling-related crimes for which they had appeared before the courts. These defendants were almost equally as likely to be employed in blue collar and white collar occupations (50.7% and 49.3% respectively).

When the employment status of defendants was further analysed by occupational type, it became evident that individuals within the cohort were employed in diverse occupations at the time they committed gambling-related offences for which they had appeared before the courts (see Figure 4). Just over one quarter (26.9%) of defendants were employed in managerial positions, followed by labouring jobs (17.9%).
4.2.1.5 Living circumstances

(a) Housing type

*Figure 5* shows the overwhelming majority of defendants within the study cohort were living in a house, flat, apartment or unit at the time of their gambling-related offending (93.3%).

(b) Household type

Half of defendants within the sample cohort were living as a family (couple with or without children) at the time of their offending (see *Figure 6*). While female offenders were significantly more likely than male offenders to be living as a lone parent (80%), they were less likely than males to be living as a lone person (22.2%).
4.2.1.6 Cultural attributes

(a) Country of birth
As anticipated, the vast majority of defendants were Australian-born (60%), followed by those born in Vietnam (16%). Significantly, Vietnamese-born defendants comprised the largest proportion of all defendants born overseas (40%), followed by equal percentages of Lebanese and Chinese born defendants (8% each).

(b) Languages spoken other than English
The overwhelming majority of defendants were English-speaking only (83.2%). Of those defendants who spoke a language other than English, 38.1 per cent spoke Vietnamese, 14.3 per cent spoke Arabic and 9.5 per cent spoke Lebanese.

(c) Indigenous status
A 2009 study into gambling within Victoria revealed a higher proportion of people with Indigenous backgrounds among problem gamblers (Department of Justice September 2009c: 14). By contrast, the present research identified just one defendant with an Indigenous background in the court sample (0.8%).

4.2.2 Offending and gambling behaviours

4.2.2.1 Offences for which defendants appeared before the courts
During the period under review, the 125 defendants within the sample appeared before the courts on a total of 999 charges related to their gambling. The sum of counts per individual ranged from 1 to 219, with most defendants appearing before the courts on an average of eight gambling-related offence counts, or 6.2 offence counts if the 219 outlier is excluded.

Defendants committed crimes across a diverse range of offence types (n=186), with each defendant appearing before the courts in relation to an average of 1.5 offence types.

When the offence types are aggregated into offence categories (see Figure 7), it becomes apparent that the vast majority of offenders committed property type offences (71.5%) followed by illicit drug type offences (18.3%), offences against the person (5.4%), miscellaneous offences (3.8%) and traffic and vehicle regulatory offences (1.1%) (see Appendix N for details of offence classifications).
Figure 7: Defendants before Victorian higher courts, by offence type

<table>
<thead>
<tr>
<th>Offence type</th>
<th>Proportion of defendants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offences not stated</td>
<td>0.8%</td>
</tr>
<tr>
<td>Public order offences</td>
<td>0.8%</td>
</tr>
<tr>
<td>Traffic and vehicle regulatory offences</td>
<td>1.6%</td>
</tr>
<tr>
<td>Prohibited weapons offences</td>
<td>0.8%</td>
</tr>
<tr>
<td>Abduction, harassment and other offences against the person</td>
<td>1.6%</td>
</tr>
<tr>
<td>Acts intended to cause serious injury</td>
<td>4.0%</td>
</tr>
<tr>
<td>Property damage and environmental pollution</td>
<td>0.8%</td>
</tr>
<tr>
<td>Offences against government</td>
<td>2.4%</td>
</tr>
<tr>
<td>Unlawful entry with intent, burglary, break and enter</td>
<td>5.6%</td>
</tr>
<tr>
<td>Theft and related offences</td>
<td>40.8%</td>
</tr>
<tr>
<td>Robbery, extortion and related offences</td>
<td>16.0%</td>
</tr>
<tr>
<td>Illicit drug offences</td>
<td>0.8%</td>
</tr>
<tr>
<td>Homicide and related offences</td>
<td>27.2%</td>
</tr>
<tr>
<td>Fraud, deception and related offences</td>
<td>4.0%</td>
</tr>
<tr>
<td>Dangerous or negligent acts endangering persons</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

The values in this figure exceed 100% because some defendants were charged with multiple types of offences.

4.2.2.2 The cost of gambling-related crimes

The aggregate cost to victims of these crimes was substantial. Of the 100 cases involving quantifiable monetary losses, the overall value of gambling-related crimes totalled $37,278,441.00. As with offence types, there were notable outliers at both ends of the value spectrum, with the smallest cost associated with an offender's gambling-related crimes valued at $2.00, and the maximum aggregate cost associated with another offender's crimes valued at $4,243,182.69. The average value of crimes per court case across the sample was $372,784.40 or $337,094.45 if the outliers are excluded.

It is important to note that a criminal offence often affects multiple victims, some of whom are impacted indirectly by the financial burden experienced by the primary victim (such as those in the victims’ support network, employees and the entire community). This phenomenon is referred to as the ‘multiplier effect’. The monetary estimates cited above are therefore undoubtedly a gross underestimation of the financial impact of gambling-related crime.

Overall, 122 victims – both individuals and business organisations – could be identified in relation to the 100 cases reviewed. Most commonly victimised were businesses unrelated to the offender (29.5%), followed by the offender’s employer (25.6%). Gambling-related crimes committed against an employer were largely crimes of opportunity, with many offenders exploiting their access to or control over cash, accounts and auditing processes to defraud employers or clients (see Box 1).

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23 This figure includes cases where the value of the drugs seized was estimated in the court transcripts.
Problem gambling and the criminal justice system

Box 1: Consequences of gambling-related crime for victims

The offender was employed as an accounts clerk in a financial institution. Over three years the offender created 36 false transactions appropriating money from their employer and crediting it to their own account. The amounts varied from $3,000 to $19,000 per transaction and totalled $214,781.63. The employer eventually discovered the pattern of offending during a routine audit. The employer suffered financially as a result of the offending and as a consequence of the direct monetary losses, had to cut back on expenses and lay off staff (Case 6270–2007).

Despite the significant monetary losses associated with the gambling-related crimes reviewed, offenders often had very little to show for their offending in terms of assets, as the proceeds of their illegal activities was customarily spent on gambling-related activities and expenses.

*He has nothing in terms of monetary assets, he doesn’t own his own home, his car is modest and he has substantial debts...* (Case 5723–2008).

4.2.2.3 Repeat offenders

Insights into the offending / re-offending histories of problem gamblers are limited. While some studies have observed low offender history rates among their samples of problem gambling-related offenders (see for example, Gallagher 1996), findings of the present study challenge this portrayal. Almost two-thirds of offenders in the sample had a prior presentation before the courts (65.6%). The criminal histories of some offenders were lengthy, spanning both juvenile and adult justice systems. It was not always possible to determine the gambling-relatedness of previous offending, but in just under a quarter of the sample cases (24%) it could be determined that the gambling–crime relationship extended to some prior offending.

*You have also admitted to some 136 convictions from four previous court appearances. All of your previous convictions involve crimes of dishonesty and I have no doubt that you have been addicted to gambling for a number of years which has influenced your repeated acts of dishonesty (Case 5220–2007).*

*Much of your criminal behaviour, including past drug offences, has been directed at financially funding your gambling (Case 8150–2007).*

Of these cases, 40 per cent of offenders had only ever offended for gambling-related purposes. A further 20 per cent had a combination of gambling and non-gambling-related priors and in 40 per cent of cases, there was no apparent link between gambling and prior offences.

In considering the issue of offending history, it could be determined on the available transcription material that in the vast majority of cases, gambling-related offending occurred for a period of less than two years (84.2%) before processing by criminal justice authorities. However, there were exceptions, with one offender committing gambling-related crimes over 16 years prior to coming to the attention of the criminal justice system.

For those offenders with prior criminal histories, the offence types for which they were presented before the courts were broadly consistent with prior presentations, with property offences (50%), offences against the person (13%) and illicit drug offences (11.1%) featuring prominently (see Figure 8).

Recidivist offenders were most commonly sentenced to at least one term of imprisonment for past offences (27.9%), followed by a suspended sentence and fines (18.3% each respectively).
4 Needs analysis of offenders within the correctional services system

4.2.2.4 Gambling participation

Due to the centrality of defence counsel efforts to establish either a causal relationship between problem gambling and crime, or at least a strong association in the plea in mitigation process, case transcripts often contained detailed accounts of the defendant's gambling history and problem gambling behaviours. These histories revealed:

- on average, defendants commenced gambling at the age of 27 years
- offenders were most likely to start gambling on electronic gaming machines (74.2%), at the casino (45.7%) a hotel or club (25.6%) or TAB (20.5%)
- on average defendants had developed a gambling problem by the age of 32 years
- by the time defendants had developed a gambling problem, their gambling modes and venues of choice were likely to be highly diversified – problem gamblers most commonly gambled:
  - on electronic gaming machines (48.4%), card games (17.6%) and/or horses or greyhound racing (13.2%)
  - at the casino (48.5%) a hotel or club (25.7%) or TAB (11.9%).

4.2.2.5 Insights into the gambling–crime relationship

He’s a gambler, not a con man, Your Honour. I mean he conned people to feed his gambling habit. It’s a chicken and egg… (Case 5723–2008).

As already canvassed in Chapter 2, there has been limited empirical research on the nature, trajectory and fluidity of the gambling–crime relationship. Lesieur (1984) examined problem gamblers who resorted to crime to obtain the funds required to maintain their patterns of gambling behaviour and identified the following common trajectory of behavioural escalation: a problem gambler will initially exhaust all their legitimate finances for the purposes of gambling; once legitimate reserves are depleted, they will dispose of goods and/or property under their ownership or control and/or borrow money (including from loan sharks where conventional avenues prove untenable / unsuccessful). As a final option, the problem gambler will resort to illegal acts to finance their gambling activities. Blaszczynski and Silove (1996) also suggest that crime is largely a measure of last resort for problem gamblers desperately attempting to ‘chase’ their losses from one gambling session to another.
Consistent with this research, the court transcription materials gathered in relation to the present study sample contained ample evidence of the phenomenon of escalation from problem gambling into crime:

*Your work as a...clerk gave you free periods of time which you filled with gaming machines. You quickly developed an affection and then an addiction for gambling on poker machines. A lot of the money you stole went via the casino in the slot machines and you started stealing to support this activity (Case 3631–2007).*

*After your separation you became isolated. You kept drinking heavily and you gambled heavily and you borrowed money. You then met X, acquired debts to him and were enticed into, or led into trafficking to meet those debts (Case 986–2007).*

*My client, I submit, did not steal for personal gain. The sole purpose of the theft was to fund the gambling addiction. It is true that some of the money was also used to indirectly fund a shortfall of living expenses due to gambling. It was not however stolen for that purpose (Case 5503–2008).*

The above extracts offer valuable insights into the gambling–crime relationship and hint at the complex, multifaceted and co-occurring factors contributing to behavioural escalation into crime – complexities that have generally been overlooked by previous researchers.

As identified in Chapter 2, one approach to capturing and classifying the diversity and complexity of gambling–crime relationships is through application of the following typology (Centre for Gambling Research 2003: 21; Lahn & Grabosky 2003; Marshall & Marshall 2003):

(a) **Co-incidental** – there is no link between the gambling and offending behaviour.

(b) **Co-symptomatic** – both the offending behaviour and the gambling are symptoms of other underlying factors, such as poor impulse control. This is said to result in risky behaviour in many aspects of a person's life including gambling, sexual practices and crime.

(c) **Instrumental** – there is a causal connection between the gambling and offending behaviours. These behaviours, also referred to as 'gambling-related offences', can be classified as either directly or indirectly related to gambling:

- **directly related** – offences committed by problem gamblers to finance their gambling activities
- **indirectly related** – offences committed by problem gamblers to replace gambling losses or repay gambling debts.

A number of difficulties were identified in applying the typology to the sample of court cases under review. Primarily, case material compiled by the courts varies in quality and content. In just over one quarter of cases (26.9%), the case material contained insufficient information to permit classification. Moreover, it became clear the categories are not mutually exclusive, especially when applied to cases involving presentments for a variety of offences committed over months or years. In these cases, the offender's gambling patterns, physical and psychological well-being and social and financial situations varied from offence to offence and/or time period to time period (for example, drug addicted, employed / unemployed during some period of offending) resulting in consequent changes to the nature of the gambling–crime relationship over time.

Notwithstanding the limitations, application of the typology (see *Figure 9*) revealed a large proportion of offending predominantly characterised as directly instrumental; that is committed for the express purpose of funding gambling activities (74.4%). Crimes committed to repay gambling-related debts also featured commonly (37.6%) as did co-symptomatic crime-gambling relationships (20.8%).

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24 As the present sample comprises defendants appearing before the courts on one or more gambling-related offences, category (a) is not applicable.
4 Needs analysis of offenders within the correctional services system

Figure 9: Defendants before Victorian higher courts, by gambling–crime relationship

The values in this figure exceed 100% because for some offenders the gambling–crime relationship existed in more than one category.

4.2.2.6 Co-presenting issues

As part of the plea in mitigation process, problem gambling is often presented before the courts as arising from, or being related to, other underlying issues, including psychological issues, anxiety disorders, marital and family relationship issues and financial difficulties.

The findings of this research demonstrate clearly the substantial volume and range of co-presenting issues raised by defence counsel. Specifically, significant numbers of offenders (92%) claimed to be grappling with at least one co-morbid or co-presenting issue. Figure 10 indicates the most frequently cited issues include: mental health / depression (50.5%), drug use / abuse (40.4%), physical illness (38.4%) and alcohol use / abuse (28.3%).

Figure 10: Defendants before Victorian higher courts, by co-presenting issues

The values in this figure exceed 100% because some offenders had multiple co-presenting issues.

MH = Mental health
Thirty-five per cent of gambling-related offenders had sought help for one or more of the above-mentioned co-presenting issues, most commonly mental health services (40.2%), followed by treatments accessed as part of court-mandated programs such as the Courts Integrated Services Program (CISP) and drug programs (12.2% apiece).

### 4.2.3 Impacts of gambling

Offenders reported to the courts a number of impacts associated with, or arising from, their problem gambling behaviours, predominantly work, social adjustment and financial issues.

#### 4.2.3.1 Work and social adjustment

Defendants within the courts sample reported experiencing significant adjustments to work, relationships and social activities as a consequence of their problem gambling. The 56 defendants for whom problem gambling impacts were reported experienced 106 work and social difficulties or impairments attributable to their gambling, or on average 1.9 difficulties per defendant. Male and female defendants who had committed gambling-related crime were almost equally likely to experience at least one difficulty or impairment because of their gambling (54.6% and 52% respectively).

*Figure 11* shows that gambling-related defendants most commonly experienced relationship difficulties with a spouse or partner and/or difficulties in performing duties at work and (48.2% apiece), followed by unemployment (41.1%) and interpersonal difficulties with family members other than their spouse (25%).

#### Figure 11: Defendants before Victorian higher courts, by gambling-related work and social problems

![Figure 11: Defendants before Victorian higher courts, by gambling-related work and social problems](image)

The values in this figure exceed 100% because some offenders had multiple work or social problems.

#### 4.2.3.2 Financial effects

Unsurprisingly, a majority of defendants and their families felt the financial effects of problem gambling, with almost two-thirds of the entire sample experiencing one or more financial issues (63.2%). Defendants who had committed a gambling-related crime on average experienced two financial issues. *Figure 12* outlines the range of financial difficulties experienced, with increasing debts / financial pressures most frequently cited (81%), followed by exhaustion of legitimate finances due to gambling (29.1%) and obtaining a bank loan or maxing out multiple credit cards (12.7% apiece).
4 Needs analysis of offenders within the correctional services system

4.2.4 Problem gambling treatment access

You have sought some counselling in relation to your gambling habit. However you have not gambled since… and that is simply probably because you no longer have access to funds that allow you to do so (Case 2631–2007).

As indicated earlier, a review of the transcription material highlighted considerable effort by defence counsel to present evidence before the courts supporting their client’s problem gambling status and its connection to the crime. On some occasions, counsel was at pains to tender evidence of a defendant’s engagement with problem gambling services across their lifetime, as a means of verifying claims of a severe and/or longstanding problem gambling issue. Overall, however, problem gambling help-seeking behaviour was relatively low among the sample of defendants, with just over a third (39.2%) reporting engagement in at least one type of gambling-related help service.

Among those defendants who had sought assistance for gambling issues, Gambler’s Help problem gambling counselling was the most commonly accessed help service (38.8%), followed by unspecified types of gambling counselling (34.7%) and Gamblers Anonymous (24.5%) (see Figure 13).

Figure 13: Defendants before Victorian higher courts, by treatment service types accessed

Some offenders accessed more than one type of treatment service.
In addition to the above gambling treatment services, 11 defendants (8.8%) had engaged in either the Crown or Australian Hotels Association self-exclusion programs or both.

Sakuari and Smith (2003) suggest the courts look favourably upon offenders who have demonstrated rehabilitative efforts in relation to gambling issues, such as abstinence (periodic or permanent), attendance at counselling or participation in self-exclusion programs, despite the fact these efforts were unsuccessful in preventing the commission of gambling-related crime. There is certainly evidence to support this proposition within the judgements pertaining to the present sample. However, as indicated by the judicial comments below, the timing of the help-seeking behaviours is critical:

*What I find significant, however, is that you attended… for assistance with your gambling problems prior to them coming to the notice of the authorities. One often encounters situations where help is sought, but only after an offence has been detected. The fact that you attended prior to these matters coming to the attention of the authorities indicates that you were attempting to come to terms with your problem, and that, in my view, demonstrates an attempt to rehabilitate yourself (Case 950–2008).*

While acknowledging rehabilitation as an important aspect of sentencing in the case of gambling-related crime, the judiciary was almost unanimously silent on the issue of mandated treatment. In the only exception observed, the defendant was sentenced to a Community Based Order on the condition he undergo problem gambling treatment.

### 4.2.5 Referrals to gambling treatment as part of sentence

Consistent with past research (Law 2010; Crofts 2002), the majority of defendants within the sample were sentenced to imprisonment for their gambling-related crimes (72.8%). The average term of imprisonment (head sentence) for the offences most commonly committed by the study sample cohort included:

- fraud, deception and related offences – 8.1 years
- theft and related offences – 5.5 years
- illicit drug offences – 5.2 years
- robbery, extortion and related offences – 3.8 years
- unlawful entry with intent, burglary, break and enter – 7.5 years.

### 4.3 Review of prisoner sample

As noted in Chapter 3, a review of official Corrections Victoria screening processes (VISAT) introduced progressively throughout 2008 identified 5.7 per cent of prisoners with a problem gambling issue either associated with, or underlying their offending behaviour. As VISAT was not developed to screen for problem gambling per se, its adequacy as a potential problem gambling screening tool, and the concomitant reliability of problem gambling prevalence rates it might generate, were unknown.

In an effort to explore the above questions, this component of the research involved conducting primary research on prisoners to produce a proxy prevalence rate of problem gamblers in Victorian prisons. The intention was to compare data derived from this research with proxy prevalence data drawn from prisoner VISAT records, as presented in the previous chapter. Additionally, the research sought to gain insight into the:

- demographic profile of problem gamblers within the study cohort (such as age, gender, highest level of educational attainment, income level, housing type, employment type etc.)
- offence-specific (criminogenic) and offence-related (non-criminogenic) needs of problem gamblers within the correctional services system (causal factors for offending as well as co-presenting issues such as risk-taking behaviour, alcohol and drugs, mental health, social functionality)
- nature of the gambling–crime relationship, including information on the chronology of prisoner participation in gambling, offending and gambling-related offending (age at first offence and age at participation in gambling; whether gambling preceded offending and whether gambling-related offending was preceded by engagement in non-gambling-related offending)
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- risk of problem gambling-related offending and re-offending, as indicated through prior offending history (detected and undetected), propensity towards risk-taking behaviour, levels of outstanding problem gambling-related debt (including indebtedness to loan sharks), as well as offender perceptions of their likely capacity to control gambling behaviour post-release and of intention to seek problem gambling services within the community
- access to and uptake of treatment services (gambling and non-gambling-related) in prisons
- perceptions of the efficacy of current problem gambling services in prisons, based on personal experiences.

4.3.1 Research methodology

The data for this component of the research was elicited by developing a comprehensive survey subsequently administered to a large sample of prisoners across Victoria (see Appendix O for a copy of the survey).

4.3.2 Survey instruments

In an effort to collect systematic and objective information on problem gambling severity and preoccupation with gambling, as well as the potential harms associated with problem gambling and co-presenting issues, a number of tools (most of which are validated) were incorporated into the prisoner survey. These data collection instruments comprised:

- **Problem Gambling Severity Index (PGSI)** – the nine-item PGSI, a subscale of the Canadian Problem Gambling Index (CPGI), was selected as a general screening tool for assessing the relative severity of problem gambling behaviour. The CPGI is derived from frameworks outside the psychiatric and psychological research domains, placing greater emphasis on the harms arising from gambling and identifying environmental and social factors that might contribute to gamblers becoming ‘problem gamblers’ as opposed to focusing exclusively on behavioural indicators.\(^{25}\)
- **Gambling Ideation Scale** – this measure seeks to capture preoccupation with gambling as opposed to gambling activity per se.
- **Work and Social Adjustment Scale (modified)** – this is a measure of functional impairment or disorder (such as gambling) in the dimensions of work, home, leisure and social and personal relationships. The tool has been applied for substance abuse disorders and for depression and anxiety disorders and is also used in South Australia as a screening assessment tool for problem gambling programs.
- **Kessler 6** – a quantifier of non-specific psychological distress that is sensitive enough to discriminate for change over relatively short periods of time.
- **Alcohol Use Scale and Substance Use Scale** – these were developed to elicit information relating to alcohol consumption (alcohol use scale) and illicit drug use (substance use scale). These factors are identified within the problem gambling literature as being closely associated with problem gambling activity and related harms.

Survey respondents who disclosed having committed a gambling-related crime in their lifetime were invited to participate in a one-hour semi-structured interview conducted in the prison. Section 4.4 of this chapter summarises key findings from these interviews (n=22), with a particular focus on the problem gambling treatment needs of prisoners. Key quotes from the interview transcripts are used throughout this chapter to illustrate or expand upon prisoner survey findings.

The aim of these prisoner interviews was to follow-up issues raised within the survey to gather contextual information about the individual's problem gambling history, offending history, the relationship between problem gambling and offending behaviours (including escalation from a co-incidental to an instrumental relationship) and the influence of social and co-morbid issues underlying the gambling–crime relationship. Information was also sought on prisoner experiences with gambling treatment services (if any), their perceptions on gambling as a risk factor for re-offending and the degree to which gambling is perceived to be a clinical or non-clinical issue.

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\(^{25}\) The PGSI measures gambling severity based on respondent behaviour in the preceding 12 months. Since the researchers sought to assess problem gambling severity in the 12 months preceding the offender's incarceration the PGSI was varied accordingly.
4.3.2.1 Survey sampling

Corrections Victoria distributed the survey on behalf of the researchers to 1,911 prisoners at 11 of the 14 prison locations across Victoria\(^{26}\). The survey target group was comprised of three distinct sub-samples:

- **Pilot sample** – in line with good practice approaches, the survey was piloted with 263 prisoners at HM Port Phillip prison. Pilot participants were recruited from long-term inmates who had already served at least 1.5 years of their sentence. As prisoners in the pilot sample were on longer sentences, it was anticipated they would not have been administered a VISAT and would therefore not form part of the random or VISAT samples for this stage of the project (as per sub-sample 3 below)\(^{27}\).

- **Random sample** – surveys were distributed to 1,536 male and female prisoners randomly selected by Corrections Victoria (see Table 7 below). Distribution of surveys across the prison system was based on relative proportions of prisoners housed at respective prison locations. Female prisoners were deliberately over-sampled due to their low numbers in the correctional services system. Prisoners with less than one month of their term of imprisonment remaining were deemed ineligible to participate in the survey. Application of this criterion ensured that prisoners electing to participate in a follow-up interview would most likely still be within the prison system and therefore available for interview.

- **VISAT sample** – surveys were distributed to 112 prisoners who had been administered the VISAT during the six months from 1 April to 30 September 2008 consisting of:
  - a study group of 56 prisoners identified through their VISAT responses as having potential problem gambling-related issues, to determine the efficacy of VISAT in its current form for identifying problem gambling issues
  - a control group of 56 prisoners identified through their VISAT responses with no recorded reference to problem gambling issues, to determine the proportion of false negatives (individuals who have a problem gambling issue not identified through administration of VISAT).

Overall, 214 surveys were returned, 41 of which were excluded from the analysis based on incompleteness or irrelevance (content that did not relate to the survey material). The final sample, comprising 173 prisoners, represents a response rate of nine per cent, which is comparable to or greater than the sample sizes generated by similar research in Australia (Powis 2002).

Table 7: Proportional distribution of surveys to random sample

<table>
<thead>
<tr>
<th>Prison</th>
<th>Number distributed</th>
<th>Percentage of eligible population sampled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ararat</td>
<td>200</td>
<td>63.1</td>
</tr>
<tr>
<td>Barwon</td>
<td>177</td>
<td>71.1</td>
</tr>
<tr>
<td>Beechworth Correctional Centre</td>
<td>47</td>
<td>69.1</td>
</tr>
<tr>
<td>Dame Phyllis Frost Centre</td>
<td>122</td>
<td>100.0</td>
</tr>
<tr>
<td>Dhurringile</td>
<td>75</td>
<td>73.5</td>
</tr>
<tr>
<td>Fulham Correctional Centre</td>
<td>423</td>
<td>74.2</td>
</tr>
<tr>
<td>Langi Kal Kal</td>
<td>75</td>
<td>71.4</td>
</tr>
<tr>
<td>Loddon</td>
<td>230</td>
<td>69.7</td>
</tr>
<tr>
<td>Marmoneet Correctional Centre</td>
<td>150</td>
<td>71.8</td>
</tr>
<tr>
<td>Tarrengower</td>
<td>37</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,536</strong></td>
<td><strong>–</strong></td>
</tr>
</tbody>
</table>

\(^{26}\) Prisoners housed at the Metropolitan Remand Centre, Melbourne Assessment Prison and the Judy Lazarus Transition Centre were excluded on the grounds they were either remandees (non-sentenced) or on transitional arrangements (short-term stay for the purposes of assessment or transition back into the community).

\(^{27}\) The pilot confirmed appropriateness of survey structure and questions. As only stylistic changes were made to the survey based on pilot feedback it was decided that responses from pilot participants would be included in the overall survey sample.
4.3.3 Problem Gambling Severity Index scores

A review of responses to the prisoner survey revealed that a slight majority \( (n=88 \text{ or } 50.9\%) \) were non-problem gamblers. It should be noted that classification of problem gambling status was determined on the basis of self-reported gambling behaviour in the 12 months preceding incarceration, as determined via PGSI score. However, consistent with the findings of research conducted in other Australian jurisdictions and indeed worldwide\(^{28}\), a significant percentage \( (n=85 \text{ or } 49.1\%) \) were either classified as problem gamblers, or at risk (low or moderate) of developing a gambling problem based on PGSI scores (see Figure 14 below). Specifically:

- a third of Victorian prisoners surveyed were classified as problem gamblers \( (n=58 \text{ or } 33.5\%) \)
- a further 15.6 per cent were classified as low and moderate risk gamblers \( (n=9 \text{ or } 5.2\% \text{ and } n=18 \text{ or } 10.4\% \text{ respectively}) \).

Figure 14: Prisoner PGSI classification

As an aim of the project was to test the utility of the VISAT as a potential screener for problem gambling, survey respondents who were previously administered the VISAT were examined as a distinct sub-sample, with a view to determining the degree of concordance or dissonance between VISAT outcome and PGSI score\(^{29}\). The capacity to undertake this analysis effectively was severely restricted by the small sample of respondents who met the criteria, as described in the methodology section above. In particular, only seven individuals identified via administration of the VISAT as potential problem gamblers and four individuals whose VISAT records did not indicate problem gambling issues returned a completed survey. Of these 11 respondents, PGSI scores indicated that VISAT administration had resulted in one false positive and two false negatives. One individual identified through the VISAT as a potential problem gambler scored as a non-problem gambler according to the PGSI. Two other respondents whose VISAT record indicated no reference to gambling issues, scored within the low risk and problem gambler categories respectively.

It is not possible to extrapolate these findings more broadly, nor make definitive statements about the current usefulness of the VISAT as a problem gambling screener. However, given the differences in problem gambling prevalence indicated by the VISAT data (see Chapter 3) and the findings of the survey data, it is not unreasonable to assume that a substantial number of problem or at risk gamblers currently housed within Victorian prisons have never been identified.


\(^{29}\) VISAT was available to prison staff as a brand new assessment tool in April 2008. Therefore, the quality of assessments during the period of this research are unlikely to reflect the expected quality of assessments at the time of publishing this report, as assessment processes would be expected to have improved over time.
4.3.4 Demographic profile of survey respondents by PGSI

The demographic profile of prisoners surveyed was broadly similar to that of the general Victorian prisoner population\(^{30}\). There were, however, some notable differences between the profiles of survey respondents and the broader prison population, as well as among survey respondents across PGSI categories, namely between non and low risk gamblers and problem or moderate risk gamblers.

For the purposes of the following analysis, PGSI moderate risk and problem gambler categories were combined. This approach reflects current Corrections Victoria offender management approaches, which focus on targeting those at moderate to high risk of re-offending for treatment programs in prison.

4.3.4.1 Gender

As at 30 June 2009, there were 4,350 prisoners in Victoria; these were overwhelmingly males (n=4,068 or 94%) under sentence (n=3,335 or 82%). While the majority of female prisoners (n=282 or 6%) were also predominantly under sentence, a higher proportion were on remand or awaiting sentence relative to their male counterparts (n=82 or 29.1%).

Consistent with the demographic profile of the Victorian prisoner population, the majority of survey respondents were male (87.9% or n=152). Female respondents were disproportionately represented relative to their numbers within the prison system (n=21 or 12.1%). This is not unexpected given that female prisoners were deliberately over sampled in this research.

A gender analysis of PGSI scores (see Figure 15) revealed that 52.4 per cent of female respondents were classified as problem and moderate risk gamblers, compared to 47.6 per cent of males. Significantly, 47.6 per cent of females versus 31.6 per cent of males were classified as problem gamblers.

Figure 15: PGSI classification by gender

<table>
<thead>
<tr>
<th>PGSI category</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem gambler</td>
<td></td>
<td>47.6%</td>
</tr>
<tr>
<td>Moderate risk gambler</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>Low risk gambler</td>
<td>5.3%</td>
<td></td>
</tr>
<tr>
<td>Non-problem gambler</td>
<td>42.9%</td>
<td>52.0%</td>
</tr>
</tbody>
</table>

4.3.4.2 Age

As at 30 June 2009, the majority of Victorian prisoners (51.3%) were aged 25–39 years, with an additional third aged over 40 years (35.8%). In comparison, survey respondents were substantially older, with just under half (46.9%) aged 40 years and over and an equivalent proportion (46.8%) aged 25–39 years.

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\(^{30}\) Demographic findings relating to survey respondents have been compared to statistical information on the broader Victorian prisoner population as at 30 June 2009, where possible (Corrections Victoria 2009).
**Figure 16** indicates that survey respondents classified as problem and moderate risk gamblers were most commonly aged 25–39 years (53.9%). Whereas problem gamblers on average tended to be aged 35–39 years (27.6%), moderate risk gamblers tended to be younger, with the highest proportion aged 25–29 years (33%). By contrast, non and low risk gamblers tended to be older, with 52.6 per cent aged over 40 years. Interestingly, just under a majority of those identified as low risk gamblers (44%) were aged over 50 years, which is higher than non-problem gamblers, where the proportion aged over 50 years was 26.8 per cent.

**Figure 16: Age of prisoner survey respondents, by PGSI group**

**4.3.4.3 Marital status**

One major difference between the profile of survey respondents and the broader prisoner population relates to marital status. The proportion of all prisoners who reported being single or who had never married was 60.6 per cent with a greater proportion of male prisoners (61.5%) compared to females (47.5%) in this category. In contrast, the majority of survey respondents (56.3%) were previously married or partnered, with females significantly more likely (71.4%) to have established meaningful relationships across their lifetime compared to their male counterparts (54.7%).

**Figure 17** shows that survey respondents within the problem and moderate risk categories were likely to have never married (51.3%). Surprisingly however, when disaggregated, the moderate risk respondents were significantly more likely to have never married (72%) compared to problem gamblers (43.1%). Consistent with commonly accepted perceptions of marriage as a protective factor, respondents in the non and low risk categories were highly likely to have been married or partnered (62.5%), with no significant difference detected between the two groups when disaggregated. No significant differences were observed when PGSI categories were cross-tabulated with gender.
Figure 17: Marital status of prisoner survey respondents, by PGSI group

4.3.4.4 Education

Low levels of educational attainment were a feature of both cohorts, but more so in the broader prison population, with 90.7 per cent having undertaken some form of education but not having completed secondary schooling, compared to 61 per cent of survey respondents (see Figure 18). Notably, a much higher proportion of survey respondents (29.6%) had completed secondary schooling or had attained a tertiary qualification, compared to the broader prisoner population (6.4%).

Survey respondents classified as non and low risk gamblers were marginally more likely (24.7%) than those classified as problem and moderate risk gamblers (20%) to have progressed further than secondary schooling. Analysis of the educational categories by PGSI score reveals some interesting findings. In particular, non-problem gamblers were generally better educated than respondents within other PGSI categories, with two-thirds of degree holders falling within this category. By contrast, the majority of problem gamblers sat at either extremes of the educational continuum, representing 75 per cent of all primary school-educated respondents and 28.6 per cent of degree holders.
4 Needs analysis of offenders within the correctional services system

Figure 18: Highest education level attained by prisoner survey respondents, by PGSI group

Figure 19: Employment status of prisoner survey respondents, by PGSI group

4.3.4.5 Employment status

Unemployment is generally high among correctional populations, with 67.7 per cent of all Victorian prisoners classified as unemployed at the time of reception. A lower, though still significant proportion of survey respondents (43%) were unemployed or not in paid work prior to their imprisonment.

As anticipated, survey respondents in the non and low risk gambler categories were predominantly employed (62.9%) prior to their current prison sentence (see Figure 19). In comparison, problem and moderate risk gamblers comprised almost equal proportions of employed (49.3%) and unemployed / not in paid work (50.7%). Within each of these categories, no significant differences were observed with regards to employment status.
### 4.3.4.6 Occupation type

Overall, two-thirds of survey respondents were classified as blue-collar workers (see Figure 20). Those identified as non and low risk gamblers were slightly more likely to be employed in white collar occupations (34.1%) relative to problem and moderate risk gamblers (31.7%). Significant differences were identified when each of the PGSI categories was examined individually. Specifically, non-problem gamblers constituted 57.4 per cent of all white collar respondents and by contrast, just over two-thirds of problem gamblers were employed in blue collar occupations (67.4%).

When examining occupational categories, the majority of respondents were either labourers (27.4%) or technician and trades workers (26.7%). Of particular note is that problem and moderate risk gamblers were more likely to be labourers (36.5%) before their imprisonment and within this group, 82.6 per cent were problem gamblers. Conversely, non and low risk gamblers were more likely to be technician and trades workers (30.1%).

### 4.3.4.7 Income

As indicated by Figure 21, the majority of survey respondents reported annual earnings of nil to $39,999 (55.5%). One-fifth of all survey respondents reported an annual income of nil to $9,999, which is below the national poverty line.

Significant differences were observed in relation to average earnings across the risk categories. Whereas problem and moderate risk gamblers earned on average nil to $29,999, average annual earnings of non and low risk gamblers were substantially higher, ranging from $40,000 to over $100,000. Furthermore, respondents identified as problem and moderate risk gamblers were more than twice as likely to be earning nil to $9,999 (28.4%) than non and low risk gamblers (13.3%), and problem and moderate risk gamblers were three time less likely to earn over $80,000 per annum than non and low risk gamblers (5.4% versus 16.6% respectively).

![Figure 20: Occupation type of prisoner survey respondents, by PGSI group](image_url)
4.3.4.8 Living circumstances

(a) Housing type

Overall, survey respondents overwhelmingly lived in a house, flat, apartment or unit before their imprisonment (77.5%), albeit problem and moderate risk gamblers to a lesser extent (68.4%) than non and low risk gamblers (84.5%) (see Figure 22).

A notable difference, however, is the extent of housing instability observed among problem and moderate risk gamblers, with just over a quarter residing in special residential accommodation (such as a boarding or rooming house (10.5%), homeless (9.2%), hostel (3.9%) or a refuge (2.6%)). In particular, the vast majority of respondents within the homeless category were comprised of problem gamblers (75%). This is perhaps unsurprising given earlier findings that almost a third of problem gamblers were living below the poverty line before their incarceration.
Figure 22: Housing type of prisoner survey respondents, by PGSI group

(b) Household type

As demonstrated in Figure 23, survey respondents most commonly resided in a family-based household, with or without children (41% of all respondents). This holds true across all PGSI categories, although it is most prominent among problem gamblers (48.3%) and non-problem gamblers (38.6%). The second most common household type observed is lone person household (24.3%), with a third of all moderate risk gamblers living alone.

Figure 23: Household type of prisoner survey respondents, by PGSI group
4.3.4.9 Cultural attributes

(a) Country of birth

As per the broader prison population, the majority of survey respondents were born in Australia (84.9% compared to 74.8% of all prisoners). As anticipated, the United Kingdom and New Zealand were among the top three most common birthplaces cited by respondents (2.3% each). However, while Vietnamese-born prisoners are the fourth most common population group across Corrections Victoria (5.7%), these individuals comprised the second most common population group among survey respondents (2.9%). Significantly, all the Vietnamese respondents were classified as problem gamblers according to the PGSI.

(b) Languages spoken other than English

Despite the apparent cultural homogeneity, just over a fifth of all respondents (20.8%) spoke a language other than English. Among bi-lingual speakers, the most commonly cited languages were Vietnamese (22.2%), Greek (19.4%) and Italian (13.8%). As demonstrated by Figure 24, the proportion of respondents speaking a language other than English was, in general, positively related to PGSI category, with just over a quarter of all moderate risk (27.8%) and just under a third of all problem gamblers (32.7%) speaking a language other than English. By contrast, none of the low risk gamblers and only 13.6% of the non-problem gamblers spoke a language other than English.

Figure 24: English language classification of prisoner survey respondents, by PGSI group

(c) Indigenous status

Indigenous prisoners comprise 5.5 per cent of all prisoners in Victoria, but were slightly over-represented among survey respondents, with one in 12 identifying as Aboriginal, Torres Strait Islander or both (8.4%). Significantly, over half the respondents in this group (57.1%) were classified as problem and moderate risk gamblers according to the PGSI and 75 per cent of these were classified as problem gamblers.

4.3.5 Offending behaviour

4.3.5.1 Offences related to current imprisonment

When asked to report on all convictions related to their current term of imprisonment, respondents disclosed 316 separate types of offences31, or an average of 1.9 offence types per respondent. Figure 25 indicates that respondents engaged in a wide variety of offending behaviour across the offence spectrum, ranging from murder to traffic infringements.

31 This is an underestimate of the volume of offending since respondents were asked to report on offence categories only, rather than the specific number of counts against each category of offence for which they were convicted.
Figure 25: Prisoner survey respondents by offence types for current term of imprisonment

The average number of offence types engaged in per respondent is positively associated with PGSI score; that is the higher the PGSI score, the more diversified the offending. Differences in the average number of offence types committed per respondent are incremental across the non ($M^{32} = 1.6$), low ($M = 1.7$) and moderate ($M = 1.8$) risk gambler categories. There is however, a marked escalation in offence diversification in the problem gambler end of the continuum, with an average of 2.3 offence categories recorded per respondent.

Survey respondents most commonly committed offences within the following five crime categories:
- sexual assault and related offences (28.4%)
- acts intended to cause serious injury (27.8%)
- theft related offences (27.8%)
- fraud, deception and related offences (20.1%)
- unlawful entry with intent / burglary / break and enter (18.9%).

When the offence categories are aggregated further, survey respondents most commonly engaged in property offences (46.8%), followed by offences against the person (40.5%), illicit drug offences (7.9%), miscellaneous offences (2.8%) and traffic and vehicle regulatory offences (1.9%) (see Appendix N for details of offence classifications).

When disaggregated into PGSI categories, it is apparent that non and low risk gamblers accounted for the majority of all convictions relating to offences against the person (59.8%). In particular, these offenders were responsible for the majority of:
- sexual assault and related offences (77.1%)
- dangerous and negligent acts endangering persons (66.7%)
- homicide and related offences (57.7%).

32 Please note ‘$M$’ refers to the mean.
The inverse holds true for problem and moderate risk gamblers, who accounted for the majority of all convictions relating to offences against property (60.1%). In particular, these offenders were responsible for the majority of all:

- illicit drug offences (76%)
- fraud, deception and related offences (64.7%)
- unlawful entry with intent / burglary / break and enter (62.5%)
- robbery, extortion and related offences (61.3%).

4.3.5.2 Repeat offenders

The majority of survey respondents were recidivist offenders, having been previously sentenced to a community-based disposition and/or prison term prior to their current term of imprisonment (58.7%). A small majority of these respondents were problem and moderate risk gamblers (53.1%).

When considered in relative terms (as a proportion of respondents within related PGSI categories), almost three quarters of all problem and moderate risk gamblers were repeat offenders (72.2%) compared to just under half of non and low risk gamblers (48.4%). When results are disaggregated according to PGSI scores, respondents at either extreme of the PGSI continuum (problem gamblers and low risk gamblers) were equally likely to be repeat offenders (77.8% within each category), followed by moderate risk and non-problem gamblers (55.6% and 45.3% respectively).

Survey participants were asked to report how many previous prison terms they had served before their current incarceration. Just under two-thirds of survey respondents (62.3%) had served one or more previous terms, with an average of 5.1 prior prison terms served per respondent. On average, problem and moderate risk gamblers served five previous terms of imprisonment, while non and low risk gamblers had served an average 6.2\(^{33}\) previous prison sentences.

There appeared to be no relationship between the number of prison terms a respondent disclosed and their PGSI score. However, well in excess of two-thirds of problem and moderate risk gamblers had served at least one previous term of imprisonment (71.4%) compared to over two-fifths of non and low risk problem gamblers (44.9%).

In short, a larger proportion of problem and moderate risk gamblers surveyed were both recidivist offenders and repeat clients of the prison system, compared to the non and low risk gamblers. Moreover, repeat incarceration appears to be more positively associated with problem gambling status, with over three quarters (76.9%) of all problem gamblers disclosing a prior term of imprisonment compared to 42 per cent of non problem gamblers.

4.3.6 Co-presenting issues

Past research has shown that alcohol consumption, substance misuse and mental health disorders feature frequently across the broader prison population as either co-presenting or co-morbid issues. There is also evidence to suggest these issues may co-occur with, or indeed influence, a person’s gambling behaviour (for example Marshall et al. 1997, cited in Lahn & Grabosky 2003). To test these propositions, a number of instruments were included in the prisoner survey, which specifically sought to elicit information relating to alcohol, substance misuse and psychological distress. In combination with PGSI and work and social adjustment scores, survey responses were analysed to determine the level of association (if any) between these various issues, gambling behaviour and gambling-related harms.

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\(^{33}\) This includes two respondents within the non and low risk group who had a combined total of 75 prior prison terms served.
4.3.6.1 Alcohol misuse

Of all survey respondents, 74.7 per cent disclosed they had consumed alcohol in the 12 months before their imprisonment. However, just under three quarters of respondents did not believe there was a link between their alcohol consumption and gambling behaviour (74.2%). Belief in the association between alcohol consumption and gambling behaviour was, however, positively associated with PGSI score – the higher a respondent’s PGSI score, the more likely the belief that their own gambling and alcohol consumption were linked.

*Figure 26* indicates more than three times as many problem and moderate risk gamblers (41.9%) felt there was a link between their gambling and alcohol consumption compared to non and low risk gamblers (12.9%). The inverse is also true, albeit to a lesser extent, with one-and-a-half times as many non and low risk gamblers believing there was no link between their gambling and alcohol consumption compared to problem and moderate risk gamblers (87.1% and 58.1% respectively). Significantly, almost three quarters of individuals who felt their gambling and alcohol consumption were linked were problem and moderate risk gamblers (72.1%).

*Figure 26: Prisoner survey respondents’ perceptions of the link between gambling and alcohol, by PGSI group*

The majority of survey respondents (54.7%) had either not consumed alcohol (25.3%) or had engaged in only occasional consumption (29.4%) in the 12 months prior to their imprisonment (see *Figure 27*). Just over one quarter of respondents consumed alcohol in heavy to excessive levels (26.5%) and of these respondents, 53.3 per cent felt there was a link between their own gambling and alcohol consumption.

In support of the hypothesised link between alcohol consumption and gambling behaviour, those who consumed alcohol to heavy or excessive levels were more likely to be problem and moderate risk gamblers (57.8%). The reverse was true for non or low risk gamblers, who disproportionately had consumed either no alcohol in the 12 months prior to their imprisonment or had engaged in only occasional consumption in that period (62.4%).

It is noteworthy that just under a quarter (23.1%) of problem and moderate risk gamblers who consumed alcohol to heavy or excessive quantities in the 12 months before their imprisonment felt there was no link between their gambling and alcohol use.
### 4.3.6.2 Illicit substance use

As with alcohol use, consumption of illicit substances was common among survey respondents, albeit to a lesser extent, with half of the cohort (50.6%) having consumed at least one illicit substance in the 12 months before their current imprisonment. Respondents reported consuming a wide range of illicit substances (see Figure 28), including amphetamines (such as speed) (69.2%), opiates / opioids (such as heroin) (53.8%), ecstasy (50%) and crystal methamphetamine hydrochloride (aka ICE) (36.5%). On average, users of illicit substances reported consuming 2.5 different types of substances in the 12 months prior to their incarceration.

Similar proportions of problem and moderate risk gamblers and non and low risk gamblers used amphetamines (68.8% and 70% respectively) in the 12 months preceding their present incarceration. However, problem and moderate risk gamblers were more likely to have used ecstasy (53.1%) and ICE (43.8%) compared to non and low risk gamblers (45% and 25% respectively).

### Figure 27: Alcohol use of prisoner survey respondents, by PGSI group

<table>
<thead>
<tr>
<th>Alcohol use in the 12 months prior to imprisonment</th>
<th>Proportion of survey respondents for each PGSI group</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0%</td>
</tr>
<tr>
<td>Occasional</td>
<td>5%</td>
</tr>
<tr>
<td>Moderate</td>
<td>10%</td>
</tr>
<tr>
<td>Heavy</td>
<td>15%</td>
</tr>
<tr>
<td>Excessive</td>
<td>20%</td>
</tr>
</tbody>
</table>

Similar to perceptions of how alcohol affects gambling behaviour, just over three quarters of the prisoners surveyed felt there was no link between their gambling and illicit substance use (77.4%). However, belief in a link between drug use and gambling behaviour generally increased with PGSI score, so while just 4.4 per cent of non-problem gamblers felt their drug use and gambling were linked, just under half (49.1%) of all problem gamblers believed they were linked (see Figure 29).
Figure 29: Prisoner survey respondents’ perceptions of the link between gambling and illicit substance use, by PGSI group

The majority of survey respondents (63.7%) had either not used illicit substances (49.4%) or had only used them occasionally (14.3%) in the 12 months before their imprisonment. Just over one quarter of respondents consumed illicit substances in heavy to excessive levels (27.4%) and of these respondents, 58.7 per cent felt there was a link between their own gambling and illicit substance use.

"I believe I have always had more of a problem with drug use and have only become addicted to gambling when trying to keep busy to overcome a drug habit. Basically, to keep my mind off drugs until the gambling also becomes a problem (SR92)."

"When I use drugs I will gamble if bored or alone. If I win I buy more drugs. I only gamble if I have heaps of cash, after getting my drugs. Drugs came first then gambling (SR182)."

Those who consumed illicit substances in heavy or excessive levels were more likely to be problem and moderate risk gamblers (67.4%). The reverse was true for non or low risk gamblers, who disproportionately had used either no illicit substances in the 12 months before their imprisonment or had only used them occasionally (67.3%) (see Figure 30).

It is noteworthy that just under one-fifth (19.4%) of problem and moderate risk gamblers who had consumed illicit substances in heavy or excessive quantities in the 12 months before their imprisonment felt there was no link between their gambling and illicit substance use.

Figure 30: Illicit substance use of prisoner survey respondents, by PGSI group
4.3.6.3 Mental health

Past research has shown that issues of problem gambling often overlap with mental health issues, such as depression. To determine the extent of the association (if any) between problem gambling and mental health issues among prisoners, survey respondents were asked to complete the Kessler 6.

While the majority of respondents scored within the sub-clinical range on the Kessler 6, just over one-fifth (20.6%) scored within the range indicative of serious mental illness (see Figure 31). Respondents who scored within this range were significantly more likely to be problem and moderate risk gamblers (70.6%). The reverse was true for non or low risk gamblers, who disproportionately scored within the sub-clinical range (63.4%).

Figure 31: Kessler 6 classification of prisoner survey respondents, by PGSI group

![Figure 31: Kessler 6 classification of prisoner survey respondents, by PGSI group](image)

4.3.6.4 Work and social adjustment

As the demographic profile of survey respondents in section 4.3.4 above demonstrated, problem gamblers generally confront a number of risk factors related to their employment and social well-being. What remains unclear is whether these risk factors contribute to problem gambling or are a negative consequence of problematic gambling behaviours.

In an attempt to gather information on how problem gambling behaviours impact work, relationships, home and recreational activities, a variant of the Work and Social Adjustment Scale (WSAS) was included in the survey, and completed by problem and moderate risk gamblers only.

A review of WSAS responses revealed that problem gambling behaviours significantly affected all dimensions of life for problem and moderate risk gamblers. These gamblers experienced 228 work and social adjustment difficulties or impairments as a result of their gambling. This represents an average of 3.4 difficulties or issues per respondent. As anticipated, the number of life difficulties experienced was positively associated with gambling severity, with moderate risk gamblers experiencing on average 1.5 issues compared to 3.8 issues for problem gamblers.

Figure 32 shows that problem and moderate risk gamblers most commonly experienced relationship difficulties, either with their spouse or partner (57.4%) or with family (45.6%) or friends (42.6%). Half the respondents also experienced impairment in social leisure activities (50%) and over a third reported difficulties in home management (38.2%) and work (35.3%).

When the results are disaggregated by gambling severity, it becomes apparent that both problem and moderate risk gamblers commonly experienced relationship difficulties with spouse / partner and impairment in social leisure activities related to their gambling. These issues impacted upon problem gamblers more significantly however (64.8% and 55.5% respectively), compared to moderate risk gamblers (28.6% apiece).
4.3.7 Situational influences

In an effort to understand the underlying motivations or triggers for gambling and crime further, a number of potential situational influences on prisoner behaviour were explored.

4.3.7.1 Risk-taking behaviours

It has been hypothesised that gambling and offending are co-symptomatic, risk-taking behaviours that manifest in individuals with poor impulse control (Lahn & Grabosky 2003; Marshall & Marshall 2003: 21). To test this proposition, a series of questions designed to elicit prisoner risk propensity were included in the survey.

Not surprisingly the majority of respondents had regularly engaged in one or more of the risky behaviours listed at some point in their life (see Figure 33). Overall, respondents disclosed a total of 205 risky behaviours, which represents an average of 2.3 behaviours per respondent. The most commonly reported risks undertaken included driving at excessive speeds (74.7%), engaging in unprotected sex without a regular partner (72.5%) and joyriding (28.6%).

When analysed in relation to PGSI score, a marked difference was noted in the propensity for respondents to engage in regular risk-taking behaviour. Specifically, the vast majority (73.2%) of problem and moderate risk gamblers had regularly engaged in risk-taking behaviours compared to the non and low risk gamblers (26.8%).

When examining the regular risk-taking cohort only, no significant differences were noted with regards to the range of risky behaviours. On average, non and low risk gamblers as well as problem and moderate risk gamblers reported regularly engaging in approximately two types of risky behaviour across their lifetime. Likewise, relatively similar proportions of each engaged in the categories of risky behaviour listed, aside from driving at excessive speeds (79.2% and 68.4% respectively) and engaging in unprotected sex without a regular partner (77.4% and 65.8% respectively).
Needs analysis of offenders within the correctional services system

4.3.7.2 Peer influence on offending

Reflecting on their offending behaviour, the majority of respondents reported being influenced by peers to some extent (55%). Figure 34 shows this was not uniform across the PGSI categories, with most non and low risk gamblers reporting ‘never’ having been influenced by peers (51.1%). The extent to which peers influenced offending behaviour was minimal at the lower end of the scale, with 69.6 per cent of non and low risk gamblers and 61.7 per cent of problem and moderate risk gamblers indicating they were ‘sometimes’ influenced by peers. At the upper end of the scale however, problem and moderate risk gamblers cited peer influence ‘most of the time’ to a greater extent than non and low risk gamblers (27.7% and 13% respectively), with the reverse true of the ‘almost always’ category (10.6% and 17.4% respectively).

4.4 Review of gambling-related crime offenders

This section of the report profiles survey respondents who disclosed they had committed at least one gambling-related crime across their lifetime. For analytical purposes, the demographic and behavioural profiles of these prisoners, the overall prisoner sample and the courts sample examined are compared and contrasted in this chapter where possible.

This component of the research involved face-to-face interviews with 22 consenting prisoners who disclosed they had committed a gambling-related crime during their lifetime. These interviews provided an opportunity to expand upon the prisoneer's survey responses in greater detail, as well as gain further insight into the gambling-crime trajectory and the treatment needs of prisoners who commit gambling-related crimes.
4.4.1 The extent of gambling-related crime

Although just over one-third of respondents (37%) had committed a gambling-related crime across their lifetime, the majority of survey respondents had not (63%). As Figure 35 demonstrates, this finding applies across the genders, with similar proportions of gambling-related crime observed for males and females (36.8% and 38.1% respectively).

Figure 35: Gambling-related crimes committed by prisoner survey respondents, by gender

4.4.1.1 Gambling-related crime by PGSI

When gambling-related crime is cross-tabulated with the PGSI, the propensity to commit gambling-related crime appears strongly correlated with PGSI score – the higher the PGSI score the more likely an offender was to have committed a gambling-related crime and vice versa (see Figure 36). For example, 87.9 per cent of all problem gamblers in the sample had committed a gambling-related crime (ever) compared to only 4.5 per cent of non-problem gamblers. This pattern holds true regardless of gender.

It is noteworthy that 6.3 per cent of non-problem gamblers and a further 1.6 per cent of low risk gamblers disclosed having committed a gambling-related crime in their lifetime. As problem gambling prevalence was generated on the basis of gambling behaviour over the 12 months before imprisonment rather than over the life course, it is not possible to determine the extent to which administration of the PGSI generated false negatives. However, this was true in at least one instance, where a respondent currently serving a term of imprisonment for a gambling-related crime scored as a non-problem gambler on the PGSI.

Figure 36: PGSI classification of prisoner survey respondents, by GRC group
Also of significance is the observation that of those respondents who had committed a gambling-related crime, 14.1 per cent scored within the low and moderate risk PGSI categories. As Figure 37 demonstrates, 92.2 per cent of those who had committed a gambling-related crime (ever) were categorised as problem and moderate risk gamblers and just under two-thirds of these were problem gamblers (62.7%).

4.4.2 Offending and gambling behaviours

4.4.2.1 Offences for which prisoners were currently under sentence

Respondents within the gambling-related crime sub-sample disclosed 78 separate types of offences\(^{34}\), or an average of 2.3 offence types per respondent. When compared with the average number of offence types per defendant within the courts sample (\(M=1.5\)) and the overall prisoner sample, (\(M=1.6\)), it would appear that offending among the gambling-related crime sub-sample is more diversified.

Survey respondents currently imprisoned for a gambling-related crime most commonly committed offences within the following five crime categories:

- fraud, deception and related offences (41.2%)
- theft-related offences (38.2%)
- unlawful entry with intent / burglary / break and enter (38.2%)
- robbery, extortion and related offences (32.4%)
- illicit drug offences (26.5%).

The profile of offences committed by those currently imprisoned for problem gambling-related crime (see Figure 38) differs significantly from the broader survey sample. In particular, and as expected, respondents currently imprisoned for gambling-related crime more commonly committed property offences such as fraud, deception and related offences (41.2%) and theft and related offences (38.2%) compared to all survey respondents (20.1% and 27.8% respectively). Conversely, sexual assault and related offences (28.4%) and acts intended to cause serious injury (27.8%) were more common among all survey respondents compared to those currently imprisoned for gambling-related crime (8.8% and 23.5% respectively).

When offence categories are aggregated further, the results demonstrate that, consistent with offending patterns across the courts sample, gambling-related crime survey respondents most commonly engaged in property offences (66.7%) followed by offences against the person (17.9%) and illicit drug offences (11.5%).

\(^{34}\) This is an underestimate of the volume of offending since respondents were asked to report on offence categories only, rather than the specific number of counts against each category of offence for which they were convicted.
4.4.2.2 Repeat offenders

As established earlier, survey respondents overall reported high levels of prior offending. The majority of gambling-related crime recidivist offenders had served at least one term of imprisonment or community-based disposition prior to their current term of imprisonment (75%); this represents a recidivism rate over 1.5 times that of non-gambling-related crime respondents (49.5%).

Gambling-related crime respondents were slightly more likely than all survey respondents to have served one or more previous terms of imprisonment before the current episode (74.1% versus 62.3%). On average, gambling-related crime respondents served a greater number of prison terms relative to non-gambling-related crime respondents ($M=5.4$ and $M=4.9$ respectively).

In short, a larger proportion of gambling-related crime respondents were both repeat offenders and prisoners compared to non-gambling-related crime respondents.

4.4.3 Gambling participation

4.4.3.1 Gambling patterns – from initiation to problem gambling

Although the prisoner survey did not seek to elicit specific information on gambling participation (mode and venue), some insights into these issues were gleaned from the prisoner interviews. Information derived from that process revealed the following profile of gambling-related crime offenders:

- in 64 per cent ($n=9$) of cases, interviewees starting gambling in some form before the age of 18, and as young as 10 in one case
- when they started gambling, interviewees most likely gambled on horse / dog racing (31.8%), electronic gaming machines (27.3%) or card games (27.3%)
- once a gambling problem had developed, gambling patterns diversified, with many interviewees engaging in multiple forms of gambling within any given week, or indeed day.

At least seven interviewees indicated their mode of gambling was highly variable and influenced by factors such as accessibility and available funds: “I was playing roulette, I was playing Blackjack, poker, whatever” (PI12). When asked to nominate their primary gambling activity, interviewees largely revealed a change in

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This includes two respondents within the non-gambling-related crime group who had served a combined total of 75 previous prison terms.
preference from their initial form of gambling. Consistent with previous research, most offenders nominated electronic gaming machines (50%) as their preferred form of gambling, followed by horse / greyhound racing (22.7%) and card games (13.6%) (see Table 8).

Table 8: Interviewee’s primary form of gambling mode

<table>
<thead>
<tr>
<th>Gambling mode</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic gaming machines</td>
<td>11</td>
</tr>
<tr>
<td>Horse / greyhound racing</td>
<td>5</td>
</tr>
<tr>
<td>Card games</td>
<td>3</td>
</tr>
<tr>
<td>Numbers games (eg. dice games and roulette)</td>
<td>2</td>
</tr>
<tr>
<td>Sports betting</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

Given the majority of interviewees engaged in multiple forms of gambling, it was difficult to isolate a primary or main gambling venue in many cases. For some offenders, the reasoning behind their choice of venue appeared unclear or somewhat random:

Yeah, it was probably the local, yeah, probably whatever was closer to the ATM… (PI14).

In a day, I don’t know probably 10, 11 areas, you know. Like you can go from – we’d got to Epping and then you could go from Epping to, say, Frankston, you know (PI15).

Anywhere… I would finish my last job for the day, I could be out at, say, Dandenong, I live in Seaford, and, “Beauty, there’s a pub, I’ll call in and have a quick one”. That quick one might turn into two, three, four, five, “Shit, it’s 12:30, I had better go home” (PI5).

More than half the offenders indicated gambling at multiple venues, with the casino and hotels or clubs among the most common gaming venues (see Table 9).

Table 9: Venues for gambling among interviewees

<table>
<thead>
<tr>
<th>Gambling venue</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casino</td>
<td>14</td>
</tr>
<tr>
<td>Hotel / club</td>
<td>14</td>
</tr>
<tr>
<td>On course betting</td>
<td>7</td>
</tr>
<tr>
<td>TAB</td>
<td>6</td>
</tr>
<tr>
<td>Internet / online</td>
<td>5</td>
</tr>
<tr>
<td>Illicit venue (coffee clubs and card rooms)</td>
<td>3</td>
</tr>
<tr>
<td>Private game</td>
<td>2</td>
</tr>
<tr>
<td>Phone betting</td>
<td>1</td>
</tr>
<tr>
<td>Other venue (sporting club)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
</tr>
</tbody>
</table>

* N=22; includes multiple responses

Prisoners interviewed reported significant aggregate losses to gambling. While precise figures were unavailable, six prisoners (43%) estimated to have lost more than $1 million over their lifetime, with one prisoner claiming they had lost $50 million.

4.4.4 Inter- and intra-generational gambling

There was Olympic Park dogs on Monday night… the trots Tuesday or we’d [father and brothers] go to the Cranbourne dogs Tuesday. Thursday was Sandown trots. Then on the weekend, when we were racing the horses, we’d go to country tracks and on that we’d put some money into a TAB account or go to Caulfield… or Flemington… and that was what we lived and breathed, was gambling, you know, and work (PI18).
Along with early exposure to, and participation in, gambling, intra and intergenerational gambling were common themes among prisoners interviewed. Approximately two-thirds of interviewees (n=14) reported being raised in an environment characterised by familial gambling; that is, one or more parents, and/or siblings gambling regularly and often to excessive levels. Key findings in relation to this cohort include:

- 71 per cent lived in a household with a gambling male family member – either a father, stepfather or grandfather
- 14 per cent lived in a household where both parents gambled regularly
- 29 per cent lived in a household with siblings who gambled regularly
- 57 per cent reported the severity of the gambling by the family member as significant or problematic.

These findings are supported by recent research, which has found that children of parents with a gambling problem are at least 10 times more likely than their peers to develop gambling problems later in life (Dowling et al. 2010).

4.4.4.1 Motivators for gambling

The personal backgrounds described by prisoners interviewed revealed a diversity of motivations for starting and continuing to gamble. This often made it difficult to identify a single overriding motivator or determine degrees of relative influence. As Table 10 illustrates, financial factors, such as winning money and chasing losses did not rate very highly as motivations for gambling with some prisoners considering the financial aspects of gambling as irrelevant to their ongoing participation. In fact, one prisoner recalled he started gambling to dispose of excess cash generated by his criminal activities.

Table 10: Motivators for gambling among interviewees

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline rush (fear of the win)</td>
<td>9</td>
</tr>
<tr>
<td>Chasing losses</td>
<td>3</td>
</tr>
<tr>
<td>Entertainment / relieve boredom</td>
<td>9</td>
</tr>
<tr>
<td>Escape life crisis</td>
<td>6</td>
</tr>
<tr>
<td>Safe place for recreation</td>
<td>2</td>
</tr>
<tr>
<td>To win money / easy money</td>
<td>5</td>
</tr>
<tr>
<td>To be a winner / feel validated (self esteem)</td>
<td>7</td>
</tr>
<tr>
<td>To meet people / socialise</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>44*</td>
</tr>
</tbody>
</table>

* N=22; includes multiple responses

The most frequently cited motivators for gambling were the adrenalin rush or emotional high associated with winning and the entertainment value of gambling to relieve boredom or as a medium for social engagement (40% apiece):

"You pick a winner, you get that 'WOW', you know, "let's do that again". That's probably what it is. It is probably, I don't understand a great deal of it, but I think that's what it is; you're chasing that high. I'd get that high that I was after and the more it paid, the higher, you know, and sometimes it was just simply getting a win, whether it paid a big amount or not. It could be an ego thing or a false pride or something like that (PI18)."

"It wasn't just the pokies. It was a good atmosphere, it was a club, you know. I knew people who worked there, who went to there to socialise…It was a way of, more than anything, it was a way of passing time (PI17)."

Interestingly, just under a third of offenders (32%) redefined 'winning' away from financial gain, to feeling like 'a winner' and stressed the importance of being viewed as a winner by others:
All of a sudden, you’ve got big money and big this and big that and all of a sudden you become very important to your entourage and that’s part of that [the attraction] (PI12).

I felt very important. The money wasn’t the main factor, it was just the recognition and the fact that I lost didn’t really bother me (PI13).

Gambling filled the day, I felt better when I won. I obviously felt terrible when I lost, but I felt good when I won. It was an achievement, “Hey look, here’s something I’m good at, here’s something I can do”. You feel better about yourself when you’re winning, you feel like you can do something. I think most of the people who do crime have low – well I do have low self-esteem. I have no self-esteem ...I think deep down that programming my father put in me “You’re no good and you’ll never be any good,” ultimately puts its head up. So when you win, you feel “I can do something, I can achieve – I can”. I think plus it’s a loneliness thing too, I believe...it’s the only place they can go where someone smiles at them and says hello and gives them a coffee and listens to their bullshit, because they’re paid to listen. More than anything, I reckon that is the main reason that people have problems on the machines (PI17).

However, the feelings of triumph and self-validation experienced by these prisoners were often temporary and many would continue gambling to chase the feeling of success. Not surprisingly, those citing self-esteem issues were largely socially disconnected from peers and social networks and living in dysfunctional families or alienated from their families.

Moreover, just over 40 per cent of the sample had experienced parental abandonment issues at an early age and had either been raised predominantly in foster care, by grandparents or extended family members, or been adopted out. The search for a sense of identity and a substitute father figure weighed heavily for most of these individuals. For some, the substitute was to spend time with older peers at sporting associations. Interestingly, sporting clubs, especially football clubs were the first form of exposure to gambling for just under a fifth of interviewees. In sporting clubs, gambling, drinking and drug taking were ‘normalised’ as appropriate and complementary male activities:

Most sporting clubs, be they cricket, football, basketball, tennis...blokey sports, they’ve always got a macho image attached to them and, okay, playing cards, gambling, drinking, all this sort of thing (PI7).

Escapism from negative life circumstances and childhood memories was also a motivator for gambling commonly cited by interviewees (27%). At least five prisoners stated they grew up in households dominated by abusive and often alcoholic fathers / stepfathers – the abuse comprising both physical and psychological dimensions:

At the beginning saw it [gambling] as a release, a safe place. The truth is I really started gambling for me – it was an escape. I felt safe because I was abused for five years of my life at a young, young age (PI20).

For those escaping marital problems or parental separation, the gaming venue was considered a non-aggressive, safe and respectable establishment:

I felt safe with older men in a pub. Most men that bet in a pub, they’re sort of knock-about blokes, especially inner city pubs and stuff, so I used to bet with them (PI20).

### 4.4.5 Recognition of problem gambling

The overwhelming majority of prisoners interviewed (82%) recognised they had an issue with their gambling at some point before their imprisonment. However, the factors influencing recognition of problem gambling were significantly varied across the sample.

A number of offenders reported recognising their problem gambling before committing gambling-related crimes. Factors cited as critical in recognising problem gambling include significant losses over a short period, the intervention of a partner of family member, relationship breakdown / familial alienation, financial difficulties or the loss of major assets:
But my family couldn’t believe that I had come to jail for something like this, and they turned their back on me. I’m just an embarrassment to them. Only one daughter will visit me or have anything to do with me (PI1).

However, for other prisoners self-recognition of problem gambling has occurred only after several convictions and jail terms. For the majority of offenders interviewed, gambling appears to have continued despite self-recognition of the existence of a problem:

As stupid as it may sound...it's like a junkie having a hit of heroin. I could be down and bang, all of a sudden there's $100,000 in my account. I am thinking, “This is good, yeah”. It's not sitting down to realise the consequences and the ripple effect that cheque [passing false cheque] was going to have for the rest of my life (PI8).

Despite the high levels of recognition among prisoners of problematic gambling behaviours, almost two-thirds of interviewees (63%) said they would gamble upon release and/or acknowledged they would seek to abstain but recognised it would be a lifelong struggle.

4.4.5.1 Problem gambling as a clinical v non-clinical issue

Both the prisoner interviews and qualitative survey responses provided some insight into prisoner views on the nature of their problem gambling – whether it is a clinical or non-clinical issue. Overwhelmingly, prisoners viewed gambling as a form of addiction with many perceiving themselves as having ‘addictive’ personalities:

I can’t even go to a Tabaret. I have an addictive personality so I won’t even go there (SR34).

I have worked out that I have an addictive nature and the best way for me to deal with my gambling problems is complete abstinence. I have used the other programs on offer in prison to deal with gambling (SR74).

Was gambling the main problem in my offending – no it is a symptom. All problem gamblers had something else to drive them to gamble, like me, I have an addictive nature and get addicted to anything when I’m depressed. Or bored (SR147).

…that the jails and the whole justice system should acknowledge it more for being an illness or an addiction (PI16).

Just acknowledge you have a problem. That’s the first step, to acknowledge that you have a problem. To admit to yourself you have a problem with gambling. As I say it is a disease, it’s not just something – it’s a disease, it’s worse than drugs, it’s worse than anything (PI12).

For some prisoners, this self-assessment as an ‘addictive personality’ was based on self-reflection, with the realisation they had experienced multiple addictions across their lifetime of which gambling just happened to be one. Other prisoners also felt if they were not addicted to gambling they would have formed an addiction of some other kind, such as to drugs or alcohol.

4.4.6 Gambling–crime relationship

4.4.6.1 Gambling–crime trajectory

The majority of prisoners within the overall survey sample (56.7%) committed a crime before they started gambling, with a small proportion (5.6%) reporting simultaneously starting to gamble and offend. Similar findings were observed among offenders within the gambling-related crime sub-sample (see Figure 39),
with criminal activity preceding gambling in 59.7 per cent of cases and simultaneous engagement reported in 8.1 per cent.

A slightly higher proportion of problem gamblers however, reported engagement in gambling activities before the onset of crime (36%) compared to moderate risk risk gamblers (25%). Interestingly, the majority of gambling-related offenders (ever) commenced gambling prior to their offending (59.7%) compared to 32.9 per cent of problem and moderate risk gamblers.

As indicated earlier, intergenerational patterns of behaviour featured strongly among the sample of prisoners interviewed. Interestingly, of those reporting intergenerational gambling (n=14), 22 per cent also reported intergenerational crime.

**Figure 39: Gambling–crime trajectory of prisoner survey respondents who had committed a gambling-related crime (ever)**

![Figure 39](image-url)

**4.4.6.2 Gambling–crime relationship typology**

While survey responses did not permit a thorough assessment of gambling-related crime activity against the gambling–crime relationship typology outlined earlier, it did enable some assessment of gambling-related crime committed for instrumental purposes.

Offenders within the gambling-related sub-sample cited multiple motivations for committing gambling-related crime. Overall, 78 per cent of offenders reported committing a crime to obtain money to gamble (instrumental – direct), 65 per cent had committed a crime to cover living expenses they could not afford because of their gambling (instrumental – indirect) and 44.9 per cent had committed a crime to repay gambling-related debt (instrumental – indirect):

*In the past, I may win $70–$100 but I forget the fact that I've lost $500–$1000 for that lousy $70–$100. The addiction for me is when people are watching me play. I feel good when I get to the max. People think I have a lot of money but in actual fact I will be using my rent money or someone else’s without their knowledge (SR34).*

*What happens is that I’ve never gone out to actually steal to gamble. I have gone to steal to pay back from gambling. I would borrow or I would knock my pay off and I would have to get my rent. So I don’t think I have ever gone out to steal to just go and have a bet, it’s been to pay back bills from gambling (PI11).*

As indicated in **Figure 40**, respondents disclosing a gambling-related crime for living expenses mostly engaged in property offences, while those engaging in gambling-related crime to repay gambling-related debts comprised the majority of illicit drug offences.
4.4.6.3 Gambling-related debts and loan sharks

Of those who reported committing a gambling-related crime to repay gambling-related debts, 65.7 per cent reported an outstanding gambling-related debt at the time of starting their current imprisonment. The total value of outstanding gambling-related debt among survey respondents ranged from $400.00 to $2 million. The sum total of gambling-related debt among survey respondents was $4,453,800.00 ($M = $202,445.45).

Furthermore, of those who reported committing a gambling-related crime to repay gambling-related debts, 60 per cent had borrowed money from a loan shark to gamble (ever). There was also evidence offenders borrowed money from loan sharks to fund their gambling in 14 per cent of cases. Amounts borrowed from loan sharks to gamble ranged from $1,000 to $1.5 million. The sum total of loan sharking debts accrued by respondents across their lifetime was $3,110,500.00, or an average of $163,710.53. The interest rate on these loans was reported to range from five per cent to 250 per cent.

Survey respondents reported the following negative consequences as a result of obtaining money from a loan shark:

- pressure to commit crime (89.5%)
- extreme harassment (57.9%)
- threats of violence to self or family (47.4%)
- actual violence to self or family (31.6%).

Overall, loan sharking debts were most commonly repaid via illegally obtained finances or acts. As demonstrated in Figure 41 below, a variety of methods were used to repay debts to loan sharks, however the vast majority of respondents did so from the proceeds of crime (71.4%).
needs analysis of offenders within the correctional services system

4.4.7 Co-presenting issues

When those who had committed a gambling-related crime (ever) were examined for the presence of co-presenting issues, it became apparent that alcohol, drugs and mental health issues featured prominently. Although this was also true of the broader survey sample, these issues tended to affect a larger proportion of offenders who had committed a gambling-related crime.

4.4.7.1 Alcohol misuse

Figure 42 indicates that greater proportions of gambling-related crime respondents drank excessive or heavy quantities of alcohol (34.4%) in the 12 months before their imprisonment, compared to non-gambling-related crime respondents (21.7%). Significantly, just under three times as many gambling-related crime respondents (20.3%) had consumed alcohol in excessive quantities compared to non-gambling-related crime respondents (7.5%). Gambling-related crime respondents scoring within the problem gambling category comprised the vast majority of those consuming alcohol to excessive and heavy levels (76.9% and 88.8% respectively).

It is important to note that over twice as many gambling-related crime respondents (38.1%) felt there was a link between their alcohol consumption and gambling compared to their non-gambling-related crime counterparts (18.3%).
4.4.7.2 Illicit substance use

Consumption of illicit substances was common among gambling-related crime respondents, with almost two-thirds (63.4%) using at least one illicit drug in the 12 months before their current imprisonment. Substances of choice included amphetamines (75%), opiates (54.2%), ecstasy (50%) and ICE (37.5%). By comparison, just over two-fifths of non-gambling-related crime respondents (42.8%) reported having consumed illicit drugs over the equivalent period.

There was very little difference between the average number of substance types consumed by non-gambling-related crime and gambling-related crime respondents ($M=2.6$ and $M=2.5$ respectively). However, notable differences were observed between them in relation to the severity of illicit drug use. Specifically, over twice as many gambling-related crime respondents (41.2%) had consumed illicit drugs to heavy or excessive quantities in the 12 months before their imprisonment, relative to non-gambling-related respondents (19%). As with alcohol misuse, gambling-related crime respondents scoring within the problem gambling category comprised the vast majority of those consuming illicit drugs to excessive and heavy levels (85.7% and 75% respectively) (see Figure 43).

Differences in the perceived link between illicit substance use and gambling are even more pronounced between gambling-related crime and non-gambling-related crime respondents than observed in relation to alcohol consumption. Specifically, six times as many gambling-related crime respondents expressed a belief their gambling was linked to their illicit substance consumption compared to non-gambling-related crime respondents (46.8% and 7.8% respectively).

Figure 43: Illicit substance use of prisoner survey respondents, by GRC group

![Figure 43: Illicit substance use of prisoner survey respondents, by GRC group](image)

4.4.7.3 Nature of the relationship between gambling and substance use

Face-to-face interviews with consenting prisoners within the gambling-related crime cohort provided some further insights into the relationship between drug and alcohol misuse and gambling. Of those prisoners interviewed ($n=22$), 14 per cent disclosed a drug addiction (ever) and 32 per cent disclosed a history of heavy use of or addiction to alcohol (ever).
Although the causal nature of the relationship between alcohol, drug use and gambling was not elucidated, a number of prisoners suggested an interrelationship between the two:

- *I think that alcohol makes you more reckless. Whereas if you didn’t have the alcohol, you would say spend $100, if you’ve had a few drinks, you’re a bit braver (PI1).*
- *I felt if I hadn’t started gambling, I probably wouldn’t have ended up back on drugs because once things got out of hand with the gambling, I turned back to drugs and it became both (PI7).*

Furthermore, comments by a few prisoners intimated that drugs played an instrumental and pragmatic role during periods of intense or heavy gambling; that is, they were used to prolong the length of gambling sessions:

- *(drug taking)...to keep me awake, to keep me alert, to keep me going (PI12).*
- *I have been awake for days betting on the internet, at the same time using drugs to stay awake (PI20).*

### 4.4.7.4 Mental health

Gambling-related crime respondents demonstrated significant levels of psychological distress, with over a third scoring within the range indicative of serious mental illness on the Kessler 6 (see Figure 44). Overall gambling-related crime respondents were three times more likely than non-gambling-related crime respondents to score within this range (36.5% and 10.8% respectively).

#### Figure 44: Kessler 6 classification of prisoner survey respondents, by GRC group

![Kessler 6 classification graph](image)

No GRC ever
- GRC ever

### 4.4.8 Situational influences

#### 4.4.8.1 Risk-taking behaviours

Gambling-related crime respondents comprised a larger proportion than non-gambling-related crime respondents across all categories of risk-taking behaviour listed in Figure 45. When examining risk-taking propensities relating to particular behaviours, the largest differences were observed in relation to sharing syringes (14% and 9% respectively), unprotected sex without a regular partner (42% and 31% respectively) and driving at excessive speeds (41% and 34% respectively).
Figure 45: Risk-taking behaviours (ever) of prisoner survey respondents, by GRC group

<table>
<thead>
<tr>
<th>Risk-taking behaviour type</th>
<th>No GRC ever</th>
<th>GRC ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving at excessive speeds</td>
<td>40.7%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Unprotected sex without a regular partner</td>
<td>41.8%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Extreme sports / activities (e.g., sky-diving, playing chicken, train surfing)</td>
<td>15.4%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Joy-riding</td>
<td>14.3%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Sharing syringes</td>
<td>13.2%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

The values in this figure exceed 100% because some respondents engaged in multiple risk-taking behaviour types.

4.4.8.2 Peer influences on offending

As the case with risk-taking behaviours, gambling-related crime respondents tended to be influenced by peers in the commission of crime to a greater extent than non-gambling-related crime respondents (65% and 49.1% respectively), although less so in the ‘almost always’ category (see Figure 46).

Figure 46: Peer influence on offending of prisoner survey respondents, by GRC group

<table>
<thead>
<tr>
<th>Extent of peer influence on offending</th>
<th>No GRC ever</th>
<th>GRC ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost always</td>
<td>8.5%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Most of the time</td>
<td>10.4%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>30.2%</td>
<td>46.0%</td>
</tr>
<tr>
<td>Never</td>
<td>34.9%</td>
<td>50.9%</td>
</tr>
</tbody>
</table>

4.5 Problem gambling service access and effectiveness

This section draws upon prisoner survey and interview responses regarding access to and uptake of treatment services (gambling and non-gambling-related) in prisons as well as perceptions of the efficacy of current problem gambling services in prisons, based on their personal experiences.
4.5.1 Problem gambling treatment in the community

When I was committing crime to feed my gambling I tried very hard to get help. No one took me seriously because I seemed so ‘in control’ (PI46).

Thirteen of the prisoners interviewed (59%) had accessed some form of problem gambling treatment in the community. Of this sub-group:

- five had sought help from multiple services
- three accessed services subject to a Community Based Order
- one offender attended a problem gambling service at the insistence of a lawyer before their scheduled court hearing.

Clearly then, while take up of problem gambling treatment services in the community was surprisingly high among prisoners interviewed, only a third of these (n=5) had done so voluntarily at some point prior to the determination of gambling-related crime charges. Table 11 summarises the problem gambling services accessed by these prisoners in the community.

Table 11: Types of problem gambling services accessed by prisoners in the community

<table>
<thead>
<tr>
<th>Type of service accessed</th>
<th>Frequency of access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gambler's Help</td>
<td>6</td>
</tr>
<tr>
<td>Gamblers Anonymous</td>
<td>5</td>
</tr>
<tr>
<td>Generalist or private counselling</td>
<td>4</td>
</tr>
<tr>
<td>Gambler's Help Line</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>17*</td>
</tr>
</tbody>
</table>

* includes multiple responses

A further three prisoners had accessed at least one of Victoria’s self-exclusion programs (Australian Hotels Association and Crown Casino).

Prisoner reflections on the nature of the problem gambling treatment accessed in the community varied. Some prisoners noted positive experiences, including the interviewee who underwent self-exclusion and was so proud of his efforts that he brought the deed along to the interview.

By contrast, other prisoners expressed less satisfactory experiences of problem gambling treatment in the community. Reasons provided for dissatisfaction included:

- not relating to the counsellor
- ineffective strategies to address problems
- the service was unable to assist at crisis points.

4.5.2 Problem gambling help seeking

Results from the prisoner survey revealed that problem gambling help-seeking among prisoners is lower still. Overall, just under a quarter (24.7%) of problem gamblers or those with a potential problem gambling issue had sought help. Offenders who had committed a gambling-related crime (ever) were slightly more likely to have accessed problem gambling services than non-gambling-related crime offenders (see Table 12).

Overall, those utilising services accessed an average of five problem gambling services in prison. Notably, low-risk gamblers accessed more services ($M=7.8$) relative to problem and moderate gamblers ($M=4.4$) and ($M=4.8$).

Problem gambling services most frequently accessed in prison were Gambler’s Help services (n=33 or 31%), comprising Gambler’s Help counselling (18.9%) and Gambler's Help financial counselling (12.3%), with a further 10 per cent accessing the Gambler’s Help Line.
Table 12: Types of problem gambling services access by survey respondents

<table>
<thead>
<tr>
<th>Type of service accessed</th>
<th>Frequency of respondents</th>
<th>All survey respondents (n=21)</th>
<th>Low risk gamblers (n=4)</th>
<th>Moderate and problem gamblers (n=17)</th>
<th>Gambling-related offenders (ever) (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gambler's Help Line</td>
<td></td>
<td>11</td>
<td>4</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Gambler's Help counselling</td>
<td></td>
<td>20</td>
<td>4</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Other personal counselling</td>
<td></td>
<td>16</td>
<td>4</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Gambler's Help financial counselling</td>
<td></td>
<td>13</td>
<td>4</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Other financial counselling</td>
<td></td>
<td>10</td>
<td>4</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Gamblers Anonymous</td>
<td></td>
<td>13</td>
<td>4</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Health professional</td>
<td></td>
<td>15</td>
<td>4</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Other gambling help</td>
<td></td>
<td>8</td>
<td>3</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>106</td>
<td>31</td>
<td>75</td>
<td>91</td>
</tr>
</tbody>
</table>

While a third of all prisoners utilising problem gambling services in prison had accessed a Gambler’s Help service, interviews with prisoners highlighted considerable brand confusion associated with gambling help services. In particular, prisoners were often unclear about the specific name of the problem gambling service they had attended while in prison, despite being clear on the nature of that service. For example, while aware they were receiving counselling of some sort, prisoners tended to refer to Gambler’s Help services and Gamblers Anonymous interchangeably.

Of the 22 prisoners interviewed, 59 per cent had accessed some form of counselling in prison:
- eight accessed individual counselling
- two accessed group counselling
- two accessed both individual and group counselling
- one accessed Gamblers Anonymous.

When questioned on the reasons for not accessing services (either in the community or in prison), a variety of responses were offered by 16 prisoners, including:
- lack of awareness of problem gambling services (18.8%):
  
  *I didn’t know where there was any. I knew there was Narcotics Anonymous and Alcoholics Anonymous, but nothing to do with gambling* (PI4)

- aversion to the concept of ‘counselling’ – often a generational issue (18.8%)

- failure to acknowledge they had a problem / perception that gambling was under control (55.6%):
  
  *I can sort of understand being addicted to drugs because it was a physical thing, but with the gambling, I couldn’t understand why. Sometimes I was trying to prove to myself, “No, I can control this”* (PI7).

### 4.5.3 Perceived effectiveness of problem gambling services for offenders

Only recently have efforts been made to develop, implement and evaluate problem gambling services within the correctional setting (see for example Brown et al. 2002). In the absence of formal evaluations to measure the effectiveness of problem gambling services for offenders in Victoria, prisoners were asked to comment on the usefulness of each problem gambling service they had accessed in prison using a four-point scale ranging from ‘no use’ to ‘very useful’. They were also asked to comment on the core elements necessary to ensure problem gambling service effectiveness.
Table 13 demonstrates that the majority of survey respondents did not consider the gambling treatment they had accessed in prison as useful for addressing their gambling issues. Of the 108 episodes of problem gambling service reported by prisoners, half resulted in an unsatisfactory rating (no use) and only 40 per cent considered the service useful (24%) or very useful (15.7%).

Interestingly, several offenders commented it was difficult to ascertain the effectiveness of problem gambling services, as there is no opportunity to apply learnings while still incarcerated; that is, in the community where there is access to gambling.

I don’t think while I’m in jail – I don’t think about gambling. I mean it’s not as if I can go into there and sit down in front of a poker machine (PI17).

Table 13: Perceived usefulness of problem gambling services access by survey respondents

<table>
<thead>
<tr>
<th>Type of service accessed</th>
<th>Frequency (n=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No use</td>
</tr>
<tr>
<td>Gambler's Help Line</td>
<td>8</td>
</tr>
<tr>
<td>Gambler's Help counselling</td>
<td>6</td>
</tr>
<tr>
<td>Other personal counselling</td>
<td>7</td>
</tr>
<tr>
<td>Gambler's Help financial counselling</td>
<td>8</td>
</tr>
<tr>
<td>Other financial counselling</td>
<td>8</td>
</tr>
<tr>
<td>Gamblers Anonymous</td>
<td>6</td>
</tr>
<tr>
<td>Health professional</td>
<td>5</td>
</tr>
<tr>
<td>Other gambling help</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
</tr>
</tbody>
</table>

Reasons cited for the lack of usefulness of existing problem gambling services included:

- Counselling was too simplistic and pitched at a level more appropriate to individuals at low or moderate risk of developing gambling issues, rather than problem gamblers per se. As such, it focused excessively on increasing awareness of the odds of winning rather than addressing deep-seated psychological issues underlying the urge to gamble:

  Covering off odds of winning in counselling makes no difference…you sort of know it anyway. You know the odds in your head (PI6).

- From the point of view of those with ‘serious addictive personalities’, counselling was overly focused on controlled gambling, when abstinence may be the only possible solution. Prisoners with multiple addiction control issues often cited Gamblers Anonymous as a preferred treatment choice.

- The absence of gambling-specific programs in the prison, despite said programs being advertised, or the difficulties of accessing these services regularly. One prisoner indicated he had sought gambling-specific counselling at Loddon in 2008–2009, but was informed none were available. Similarly, no counselling was available at the Metropolitan Remand Centre until 2008 and none is currently available at Port Phillip:

  I have now been imprisoned for near 2 years. I have tried to seek assistance throughout. Only at the MRC [Metropolitan Remand Centre] did I get any real assistance directly. At Loddon I attempted to get help multiple times but only the chaplain … actually tried to help (PI17).

  It's always to do with drugs and alcohol – that's all they're really interested in really. They're saying, [the prison] "We're doing that" [in relation to problem gambling]. There's things up there [pamphlets on notice board] for programs that haven't been run for 10 years, but it looks good for the visitors. That's what I've been told and it looks like everything's going on for the visitors, so you put all these things up, but most of it's not relevant (PI13).
• The lack of interest expressed by, and rapport created with, problem-gambling counsellors:

*I've got the feeling over the years I have spoken to a few counsellors, even in prison, they really don't give a shit. You're telling them personal things and they really don't care. In other words, prisoners don't want to see counsellors any more, that's why they don't come back, because no-one gets help* (PI8).

• Stigma associated with accessing problem gambling services:

*You will find that they will probably get more animated talking about their drug problems than they will about anything else. They're (drugs, alcohol and gambling) equally bad as each other. There may be more of a stigma attached to being a compulsive gambler because it's not an accepted sort of – as yet it's still trying to get acceptance as a problem, whereas “Okay, I'm an alcoholic, big deal”. “I'm a drug addict”. “Yeah, what about it?” “I'm a compulsive gambler”. “Oh, really?”* (PI5).

These views suggest that post-release and post-treatment follow-up of offenders in the community would be the most appropriate method for measuring the effectiveness of problem gambling services delivered to offenders.

4.5.4 Problem gambling treatment post-release

Most problem and moderate risk gamblers revealed slight levels of gambling ideation in the two weeks before they completed the survey. Over one-third of the problem and moderate risk gamblers did not think about gambling at all (38.7%) compared to 89.1 per cent of non and low risk gamblers. By contrast, 39.3 per cent of problem gamblers thought about gambling ‘a little to some of the time’ compared to 10.8 per cent of non and low risk gamblers. However, one quarter (25.3%) of the problem and moderate risk gamblers thought about gambling ‘some to all of the time’. Furthermore, prisoners who had committed a gambling-related crime (ever) were more likely than all other sub-groups to be thinking about gambling ‘some to all of the time’ in the previous fortnight (28.6%).

In addition to higher levels of gambling ideation, a notable proportion of offenders who had committed a gambling-related crime (ever) did not feel they were in control of their gambling when completing the survey (20.9%) and/or that they would be unable to control their gambling post-release (36%). These findings are particularly concerning in the light of earlier findings, which revealed that two-thirds of prisoners interviewed expressed an intention to gamble upon release.

Given that a significant proportion of survey respondents felt they were still experiencing issues with their gambling, it would be advantageous to link these prisoners into problem gambling services before release, or alternatively upon their transition back into the community. As expected, however, this is a significant challenge, as few non and low risk gamblers indicated they would seek help for their gambling post-release (6.5%), compared to one-third (33.8%) of moderate and problem gamblers. Intention to seek help for gambling post-release was the highest among gambling-related offenders (36.5%).

4.6 Summary

*Tables 14 and 15 summarise the key similarities and differences observed across the following three study samples:*

* all survey respondents
* PGSI scores
* gambling-related offending status.*
Table 14: Key characteristics of prisoners and prisoner sub-samples

<table>
<thead>
<tr>
<th>Variable</th>
<th>All survey respondents (n=173)</th>
<th>Non and low risk gamblers (n=97)</th>
<th>Problem and moderate risk gamblers (n=76)</th>
<th>Yes (n=64)</th>
<th>No (n=109)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male = 87.9%</td>
<td>Male = 89.7%</td>
<td>Male = 85.5%</td>
<td>Male = 87.5%</td>
<td>Male = 88.1%</td>
</tr>
<tr>
<td></td>
<td>Female = 12.1%</td>
<td>Female = 10.3%</td>
<td>Female = 14.5%</td>
<td>Female = 12.5%</td>
<td>Female = 11.9%</td>
</tr>
<tr>
<td>Current age (range)</td>
<td>25–39 years = 46.8%</td>
<td>25–39 years = 41.3%</td>
<td>25–39 years = 53.9%</td>
<td>25–39 years = 57.4%</td>
<td>25–39 years = 42.2%</td>
</tr>
<tr>
<td></td>
<td>40 + years = 46.9%</td>
<td>40 + years = 52.5%</td>
<td>40 + years = 39.5%</td>
<td>40 + years = 35.9%</td>
<td>40 + years = 53.2%</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married or partnered (lifetime) = 56.3%</td>
<td>Married or partnered (lifetime) = 62.5%</td>
<td>Married or partnered (lifetime) = 48.6%</td>
<td>Married or partnered (lifetime) = 48.4%</td>
<td>Married or partnered (lifetime) = 61.1%</td>
</tr>
<tr>
<td></td>
<td>Never married = 43%</td>
<td>Never married = 37.5%</td>
<td>Never married = 51.4%</td>
<td>Never married = 51.6%</td>
<td>Never married = 38.9%</td>
</tr>
<tr>
<td>Highest level of education</td>
<td>Primary school = 4.7%</td>
<td>Primary school = 2.1%</td>
<td>Primary school = 7.9%</td>
<td>Primary school = 9.4%</td>
<td>Primary school = 1.8%</td>
</tr>
<tr>
<td></td>
<td>Some Secondary – up to a Year 10 level = 44.2%</td>
<td>Some Secondary – up to a Year 10 level = 41.7%</td>
<td>Some Secondary – up to a Year 10 level = 47.4%</td>
<td>Some Secondary up to a Year 10 level = 43.8%</td>
<td>Some Secondary up to a Year 10 level = 44.4%</td>
</tr>
<tr>
<td></td>
<td>University = 12.2%</td>
<td>University = 14.6%</td>
<td>University = 9.2%</td>
<td>University = 9.4%</td>
<td>University = 13.9%</td>
</tr>
<tr>
<td>Employment</td>
<td>Employed in paid work = 57%</td>
<td>Employed in paid work = 62.9%</td>
<td>Employed in paid work = 49.3%</td>
<td>Employed in paid work = 47.6%</td>
<td>Employed in paid work = 62.4%</td>
</tr>
<tr>
<td></td>
<td>Unemployed / not in paid work = 43%</td>
<td>Unemployed / not in paid work = 33%</td>
<td>Unemployed / not in paid work = 50.7%</td>
<td>Unemployed / not in paid work = 52.4%</td>
<td>Unemployed / not in paid work = 37.6%</td>
</tr>
<tr>
<td>Employment type</td>
<td>Blue collar = 65.9%</td>
<td>Blue collar = 35.9%</td>
<td>Blue collar = 68.3%</td>
<td>Blue collar = 67.9%</td>
<td>Blue collar = 64.7%</td>
</tr>
<tr>
<td></td>
<td>White collar = 34.1%</td>
<td>White collar = 64.1%</td>
<td>White collar = 31.7%</td>
<td>White collar = 32.1%</td>
<td>White collar = 35.3%</td>
</tr>
<tr>
<td>Income</td>
<td>Nil to $9,999 = 20.1%</td>
<td>Nil to $9,999 = 13.3%</td>
<td>Nil to $9,999 = 28.4%</td>
<td>Nil to $9,999 = 24.6%</td>
<td>Nil to $9,999 = 17.5%</td>
</tr>
<tr>
<td></td>
<td>Nil to $29,999 = 45.1%</td>
<td>Nil to $29,999 = 39.9%</td>
<td>Nil to $29,999 = 51.4%</td>
<td>Nil to $29,999 = 50.8%</td>
<td>Nil to $29,999 = 41.7%</td>
</tr>
<tr>
<td></td>
<td>$80,000 to $100,000 or more = 11.5%</td>
<td>$80,000 to $100,000 or more = 16.6%</td>
<td>$80,000 to $100,000 or more = 5.4%</td>
<td>$80,000 to $100,000 or more = 6.6%</td>
<td>$80,000 to $100,000 or more = 14.6%</td>
</tr>
<tr>
<td>Housing type</td>
<td>House, flat, apartment or unit = 77.5%</td>
<td>House, flat, apartment or unit = 84.5%</td>
<td>House, flat, apartment or unit = 68.4%</td>
<td>House, flat, apartment or unit = 70.3%</td>
<td>House, flat, apartment or unit = 81.7%</td>
</tr>
<tr>
<td></td>
<td>Homeless = 4.6%</td>
<td>Homeless = 1%</td>
<td>Homeless = 9.2%</td>
<td>Homeless = 10.9%</td>
<td>Homeless = 0.9%</td>
</tr>
<tr>
<td>Household type</td>
<td>Family – couple with / without children = 41%</td>
<td>Family – couple with / without children = 37.1%</td>
<td>Family – couple with / without children = 46.1%</td>
<td>Family – couple with / without children = 42.2%</td>
<td>Family – couple with / without children = 40.4%</td>
</tr>
<tr>
<td></td>
<td>Lone person = 24.3%</td>
<td>Lone person = 24.7%</td>
<td>Lone person = 23.7%</td>
<td>Lone person = 25%</td>
<td>Lone person = 23.9%</td>
</tr>
<tr>
<td>Country of birth</td>
<td>Australia = 85%</td>
<td>Australia = 89.7%</td>
<td>Australia = 78.9%</td>
<td>Australia = 76.6%</td>
<td>Australia = 89.9%</td>
</tr>
<tr>
<td></td>
<td>Vietnam = 2.9</td>
<td>Vietnam = 0%</td>
<td>Vietnam = 6.6%</td>
<td>Vietnam = 7.8%</td>
<td>Vietnam = 0%</td>
</tr>
<tr>
<td></td>
<td>United Kingdom = 2.3%</td>
<td>United Kingdom = 4.1%</td>
<td>United Kingdom = 0%</td>
<td>United Kingdom = 0%</td>
<td>United Kingdom = 3.7%</td>
</tr>
<tr>
<td></td>
<td>New Zealand = 2.3%</td>
<td>New Zealand = 2.1%</td>
<td>New Zealand = 2.6%</td>
<td>New Zealand = 3.1%</td>
<td>New Zealand = 1.8%</td>
</tr>
</tbody>
</table>
### Table 15: Key gambling, offence and co-presenting profiles of prisoners and prisoner sub-samples

<table>
<thead>
<tr>
<th>Variable</th>
<th>All survey respondents (n=173)</th>
<th>Non and low risk gamblers (n=97)</th>
<th>Problem and moderate risk gamblers (n=76)</th>
<th>Yes (n=64)</th>
<th>No (n=109)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language</td>
<td>Speaks a language other than English at home = 20.8%</td>
<td>Speaks a language other than English at home = 12.4%</td>
<td>Speaks a language other than English at home = 31.6%</td>
<td>Speaks a language other than English at home = 35.9%</td>
<td>Speaks a language other than English at home = 11.9%</td>
</tr>
<tr>
<td>Languages spoken (except for English)</td>
<td>Vietnamese = 22.2%</td>
<td>Vietnamese = 10%</td>
<td>Vietnamese = 29.2%</td>
<td>Vietnamese = 34.8%</td>
<td>Vietnamese = 0%</td>
</tr>
<tr>
<td>Greek</td>
<td>Greek = 19.4%</td>
<td>Greek = 10%</td>
<td>Greek = 20.8%</td>
<td>Greek = 21.7%</td>
<td>Greek = 15.4%</td>
</tr>
<tr>
<td>Italian</td>
<td>Italian = 13.8%</td>
<td>Italian = 30%</td>
<td>Italian = 12.5%</td>
<td>Italian = 13%</td>
<td>Italian = 15.4%</td>
</tr>
<tr>
<td>Indigenous status</td>
<td>Aboriginal and/or Torres Strait Islander = 8.4%</td>
<td>Aboriginal and/or Torres Strait Islander = 6.2%</td>
<td>Aboriginal and/or Torres Strait Islander = 10.5%</td>
<td>Aboriginal and/or Torres Strait Islander = 11.7%</td>
<td>Aboriginal and/or Torres Strait Islander = 6.6%</td>
</tr>
<tr>
<td>Offence types for current imprisonment</td>
<td>Sexual assault and related offences = 28.4%</td>
<td>Sexual assault and related offences = 39.8%</td>
<td>Sexual assault and related offences = 14.5%</td>
<td>Sexual assault and related offences = 14.1%</td>
<td>Sexual assault and related offences = 37.1%</td>
</tr>
<tr>
<td>Acts intended to cause serious injury = 27.8%</td>
<td>Acts intended to cause serious injury = 21.5%</td>
<td>Acts intended to cause serious injury = 35.6%</td>
<td>Acts intended to cause serious injury = 31.2%</td>
<td>Acts intended to cause serious injury = 25.7%</td>
<td></td>
</tr>
<tr>
<td>Theft and related offences = 27.8%</td>
<td>Theft and related offences = 21.5%</td>
<td>Theft and related offences = 35.5%</td>
<td>Theft and related offences = 37.5%</td>
<td>Theft and related offences = 21.9%</td>
<td></td>
</tr>
<tr>
<td>Fraud, deception and related offences = 20.1%</td>
<td>Fraud, deception and related offences = 12.9%</td>
<td>Fraud, deception and related offences = 28.9%</td>
<td>Fraud, deception and related offences = 32.8%</td>
<td>Fraud, deception and related offences = 12.4%</td>
<td></td>
</tr>
<tr>
<td>Unlawful entry with intent / burglary / break and enter = 18.9%</td>
<td>Unlawful entry with intent / burglary / break and enter = 12.9%</td>
<td>Unlawful entry with intent / burglary / break and enter = 26.3%</td>
<td>Unlawful entry with intent / burglary / break and enter = 29.7%</td>
<td>Unlawful entry with intent / burglary / break and enter = 12.4%</td>
<td></td>
</tr>
<tr>
<td>Repeat offender</td>
<td>Yes = 58.7%</td>
<td>Yes = 48.4%</td>
<td>Yes = 72.2%</td>
<td>Yes = 75%</td>
<td>Yes = 50.5%</td>
</tr>
<tr>
<td>No = 41.3%</td>
<td>No = 51.6%</td>
<td>No = 27.8%</td>
<td>No = 25%</td>
<td>No = 49.5%</td>
<td></td>
</tr>
<tr>
<td>Previous terms of imprisonment</td>
<td>Nil = 43.4%</td>
<td>Nil = 55.1%</td>
<td>Nil = 28.6%</td>
<td>Nil = 25.9%</td>
<td>Nil = 53.5%</td>
</tr>
<tr>
<td>1+ = 56.6%</td>
<td>1+ = 44.9%</td>
<td>1+ = 71.4%</td>
<td>1+ = 71.4%</td>
<td>1+ = 46.5%</td>
<td></td>
</tr>
<tr>
<td>Perceptions on the gambling and alcohol link</td>
<td>Link = 25.7%</td>
<td>Link = 12.9%</td>
<td>Link = 41.9%</td>
<td>Link = 38.1%</td>
<td>Link = 18.3%</td>
</tr>
<tr>
<td>No link = 74.3%</td>
<td>No link = 87.1%</td>
<td>No link = 58.1%</td>
<td>No link = 61.9%</td>
<td>No link = 81.7%</td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>All survey respondents (n=173)</td>
<td>Non and low risk gamblers (n=97)</td>
<td>Problem and moderate risk gamblers (n=76)</td>
<td>Yes (n=64)</td>
<td>No (n=109)</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Alcohol use scale (12 months before imprisonment)</td>
<td>None = 25.3%</td>
<td>None = 23.2%</td>
<td>None = 28%</td>
<td>None = 26.6%</td>
<td>None = 24.5%</td>
</tr>
<tr>
<td></td>
<td>Occasional = 29.4%</td>
<td>Occasional = 37.9%</td>
<td>Occasional = 18.7%</td>
<td>Occasional = 21.9%</td>
<td>Occasional = 34%</td>
</tr>
<tr>
<td></td>
<td>Moderate = 18.8%</td>
<td>Moderate = 18.9%</td>
<td>Moderate = 18.7%</td>
<td>Moderate = 17.2%</td>
<td>Moderate = 19.8%</td>
</tr>
<tr>
<td></td>
<td>Heavy = 14.1%</td>
<td>Heavy = 13.7%</td>
<td>Heavy = 14.7%</td>
<td>Heavy = 14.1%</td>
<td>Heavy = 14.2%</td>
</tr>
<tr>
<td></td>
<td>Excessive = 12.4%</td>
<td>Excessive = 6.3%</td>
<td>Excessive = 20%</td>
<td>Excessive = 20.3%</td>
<td>Excessive = 7.5%</td>
</tr>
<tr>
<td>Perceptions on the gambling and illicit substance use link</td>
<td>Link = 22.6%</td>
<td>Link = 4.4%</td>
<td>Link = 45.2%</td>
<td>Link = 46.8%</td>
<td>Link = 7.8%</td>
</tr>
<tr>
<td></td>
<td>No link = 77.4%</td>
<td>No link = 95.6%</td>
<td>No link = 54.8%</td>
<td>No link = 53.2%</td>
<td>No link = 92.2%</td>
</tr>
<tr>
<td>Illicit substance use scale (12 months before imprisonment)</td>
<td>None = 49.4%</td>
<td>None = 57.4%</td>
<td>None = 39.2%</td>
<td>None = 36.5%</td>
<td>None = 57.1%</td>
</tr>
<tr>
<td></td>
<td>Occasional = 14.3%</td>
<td>Occasional = 19.1%</td>
<td>Occasional = 8.1%</td>
<td>Occasional = 7.9%</td>
<td>Occasional = 18.1%</td>
</tr>
<tr>
<td></td>
<td>Moderate = 8.9%</td>
<td>Moderate = 7.4%</td>
<td>Moderate = 10.8%</td>
<td>Moderate = 14.3%</td>
<td>Moderate = 5.7%</td>
</tr>
<tr>
<td></td>
<td>Heavy = 14.1%</td>
<td>Heavy = 10.6%</td>
<td>Heavy = 18.9%</td>
<td>Heavy = 22.2%</td>
<td>Heavy = 9.5%</td>
</tr>
<tr>
<td></td>
<td>Excessive = 13.1%</td>
<td>Excessive = 5.3%</td>
<td>Excessive = 23%</td>
<td>Excessive = 19%</td>
<td>Excessive = 9.5%</td>
</tr>
<tr>
<td>Kessler 6</td>
<td>Sub-clinical = 79.4%</td>
<td>Sub-clinical = 89.2%</td>
<td>Sub-clinical = 66.7%</td>
<td>Sub-clinical = 63.5%</td>
<td>Sub-clinical = 89.2%</td>
</tr>
<tr>
<td></td>
<td>Range indicative of serious mental illness = 20.6%</td>
<td>Range indicative of serious mental illness = 10.8%</td>
<td>Range indicative of serious mental illness = 33.3%</td>
<td>Range indicative of serious mental illness = 36.5%</td>
<td>Range indicative of serious mental illness = 10.8%</td>
</tr>
<tr>
<td>WSAS</td>
<td>Relationship difficulties (spouse / partner) = 57.4%</td>
<td>Relationship difficulties (spouse / partner) = 57.4%</td>
<td>Relationship difficulties (spouse / partner) = 63%</td>
<td>Relationship difficulties (spouse / partner) = 42.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impairment in social leisure activities = 50%</td>
<td>Impairment in social leisure activities = 50%</td>
<td>Impairment in social leisure activities = 57.4%</td>
<td>Impairment in social leisure activities = 21.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relationship difficulties (family) = 45.6%</td>
<td>Relationship difficulties (family) = 45.6%</td>
<td>Relationship difficulties (family) = 53.7%</td>
<td>Relationship difficulties (family) = 15.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relationship difficulties (friends) = 42.6%</td>
<td>Relationship difficulties (friends) = 42.6%</td>
<td>Relationship difficulties (friends) = 53.7%</td>
<td>Relationship difficulties (friends) = 10.5%</td>
<td></td>
</tr>
<tr>
<td>Risk-taking behaviours</td>
<td>Driving at excessive speeds = 74.7%</td>
<td>Driving at excessive speeds = 68.4%</td>
<td>Driving at excessive speeds = 79.2%</td>
<td>Driving at excessive speeds = 78.7%</td>
<td>Driving at excessive speeds = 70.5%</td>
</tr>
<tr>
<td></td>
<td>Unprotected sex without a regular partner = 72.5%</td>
<td>Unprotected sex without a regular partner = 65.8%</td>
<td>Unprotected sex without a regular partner = 77.4%</td>
<td>Unprotected sex without a regular partner = 80.9%</td>
<td>Unprotected sex without a regular partner = 63.6%</td>
</tr>
<tr>
<td></td>
<td>Joy-riding = 28.6%</td>
<td>Joy-riding = 26.3%</td>
<td>Joy-riding = 30.2%</td>
<td>Joy-riding = 29.8%</td>
<td>Joy-riding = 27.3%</td>
</tr>
<tr>
<td></td>
<td>Extreme sports / activities = 26.4%</td>
<td>Extreme sports / activities = 31.6%</td>
<td>Extreme sports / activities = 22.6%</td>
<td>Extreme sports / activities = 27.7%</td>
<td>Extreme sports / activities = 25%</td>
</tr>
<tr>
<td></td>
<td>Sharing syringes = 23.1%</td>
<td>Sharing syringes = 21.1%</td>
<td>Sharing syringes = 24.5%</td>
<td>Sharing syringes = 27.7%</td>
<td>Sharing syringes = 18.2%</td>
</tr>
<tr>
<td>Variable</td>
<td>All survey respondents (n=173)</td>
<td>Non and low risk gamblers (n=97)</td>
<td>Problem and moderate risk gamblers (n=76)</td>
<td>Yes (n=64)</td>
<td>No (n=109)</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Peer influence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never = 45%</td>
<td>Never = 51.1%</td>
<td>Never = 37.3%</td>
<td>Never = 34.9%</td>
<td>Never = 50.9%</td>
<td></td>
</tr>
<tr>
<td>Sometimes = 36.1%</td>
<td>Sometimes = 34%</td>
<td>Sometimes = 38.7%</td>
<td>Sometimes = 46%</td>
<td>Sometimes = 30.2%</td>
<td></td>
</tr>
<tr>
<td>Most of the time = 11.2%</td>
<td>Most of the time = 6.4%</td>
<td>Most of the time = 17.3%</td>
<td>Most of the time = 12.7%</td>
<td>Most of the time = 10.4%</td>
<td></td>
</tr>
<tr>
<td>Almost always = 7.7%</td>
<td>Almost always = 8.5%</td>
<td>Almost always = 6.7%</td>
<td>Almost always = 6.3%</td>
<td>Almost always = 8.5</td>
<td></td>
</tr>
<tr>
<td>Gambling-crime trajectory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crime first = 56.7%</td>
<td>Crime first = 41.2%</td>
<td>Crime first = 60.3%</td>
<td>Crime first = 32.3%</td>
<td>Crime first = 50%</td>
<td></td>
</tr>
<tr>
<td>Gambling first = 37.8%</td>
<td>Gambling first = 58.8%</td>
<td>Gambling first = 32.9%</td>
<td>Gambling first = 59.7%</td>
<td>Gambling first = 50%</td>
<td></td>
</tr>
<tr>
<td>Simultaneous = 5.6%</td>
<td>Simultaneous = 0%</td>
<td>Simultaneous = 6.8%</td>
<td>Simultaneous = 8.1%</td>
<td>Simultaneous = 0%</td>
<td></td>
</tr>
<tr>
<td>Gambling-related sentences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current imprisonment = 31.5%</td>
<td>Current imprisonment = 3%</td>
<td>Current imprisonment = 44%</td>
<td>Current imprisonment = 54%</td>
<td>Current imprisonment = 0%</td>
<td></td>
</tr>
<tr>
<td>Prior imprisonment = 24.3%</td>
<td>Prior imprisonment = 3%</td>
<td>Prior imprisonment = 33.8%</td>
<td>Prior imprisonment = 41.9%</td>
<td>Prior imprisonment = 0%</td>
<td></td>
</tr>
<tr>
<td>Prior Community Correctional Service (CCS)</td>
<td>Prior CCS = 2.9%</td>
<td>Prior CCS = 26%</td>
<td>Prior CCS = 31.7%</td>
<td>Prior CCS = 0%</td>
<td></td>
</tr>
<tr>
<td>Gambling-related crime motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gambling-related crime money = 28.9%</td>
<td>Gambling-related crime money = 2.1%</td>
<td>Gambling-related crime money = 63.2%</td>
<td>Gambling-related crime money = 78.1%</td>
<td>Gambling-related crime money = 0%</td>
<td></td>
</tr>
<tr>
<td>Gambling-related crime debt = 20.2%</td>
<td>Gambling-related crime debt = 1%</td>
<td>Gambling-related crime debt = 44.7%</td>
<td>Gambling-related crime debt = 54.7%</td>
<td>Gambling-related crime debt = 0%</td>
<td></td>
</tr>
<tr>
<td>Gambling-related crime living expenses = 29.5%</td>
<td>Gambling-related crime living expenses = 5.2%</td>
<td>Gambling-related crime living expenses = 60.5%</td>
<td>Gambling-related crime living expenses = 79.7%</td>
<td>Gambling-related crime living expenses = 0%</td>
<td></td>
</tr>
</tbody>
</table>
5 Gambler’s Help service delivery within the justice system

5.1 Introduction
The Gambler’s Help service system is the cornerstone of the Victorian Government’s response to problem gambling. Improving or enhancing treatment services to problem gamblers, their families and others affected by problem gambling is a priority area for the government. Tailoring mainstream Gambler’s Help services to the specific needs of culturally diverse and socially isolated communities – especially those within the correctional services system – presents specific challenges.

This chapter profiles Gambler’s Help services (nature, range and extent) currently delivered to Victorian criminal justice clients in the community and in prisons. It also discusses a range of operational and therapeutic issues and challenges specific to delivering these services to criminal justice clients, as identified by Gambler’s Help counsellors.

5.2 Methodology
To gather the necessary information and data to complete the mapping and profiling exercise, Gambler’s Help site visits were undertaken in 2008. All Gambler’s Help agencies working in Victorian prisons and with Community Correctional Service clients on a regular basis were offered the opportunity to provide information and comment on programmatic initiatives delivered by their service within the correctional services context.

Agency-specific profiles of services delivered in the correctional services system were generated by consolidating information collected from counsellors during this consultation process. Before finalising each profile, the researchers verified the accuracy and content with each agency.

5.3 Gambler’s Help services
The Victorian Government provides funding to 17 Gambler’s Help auspice agencies across its eight justice regions to deliver problem gambling treatment services, free of charge, to all members of the Victorian community through an extensive network of 88 community agency outlets.

Gambler’s Help service providers must respond to the specific needs of at-risk and vulnerable populations including, but not limited to, youth, older Victorians, Indigenous Australians, people with disabilities, isolated women and those unlikely to seek help, including those within the correctional services system. In recognition of the diversity of the potential client base and the differences in help-seeking preferences and service needs, Gambler’s Help services employ a wide range of problem gambling strategies, therapeutic interventions and practices.

This chapter profiles Gambler’s Help services currently provided to correctional clients across Victoria as well as demand for problem gambling services across the correctional system (actual and perceived). It assesses the adequacy of current problem gambling services delivered in corrections environments against the ‘practice principles’ specified in the Corrections Victoria Offender Management Framework and the ‘what works’ literature in relation to problem gambling service delivery for correctional clients.

Diagram 1 provides an overview of Gambler’s Help services available in the Victorian community, with Table 16 providing a more detailed description of each service element.

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The information reported herein was supplemented with feedback received from attendees at the March 2008 Council of Gambler’s Help Services (CoGHS) Prisons and Corrections Working Group meeting. Additionally, some of the information has been provided by Gambler’s Help agencies not currently delivering services to correctional clients, but who have previously done so.
Diagram 1: Gambler’s Help service delivery

Table 16: Gambler’s Help services

<table>
<thead>
<tr>
<th>Problem gambling counselling</th>
<th>Financial counselling (problem gambling)</th>
<th>Community education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling services that respond to the range of issues arising from, and relating to problem gambling experienced by problem gamblers and their friends and families, with an overall goal of reducing problem gambling and the harm caused by problem gambling. Services include:</td>
<td>Specialist financial counselling services that respond to financial crisis issues arising from problem gambling. The overall goal is to assist in stabilising and improving the financial situation of problem gamblers and their families by providing information, advice and practical support.</td>
<td>Activities delivered at the local level to raise awareness of problem gambling issues and services including:</td>
</tr>
<tr>
<td>• individual counselling – provided face-to-face at a range of locations, including mobile and outreach services and after-hours services</td>
<td>• telephone counselling – 24-hour, seven days per week information, referrals, counselling and support services provided via the Gambler’s Help Line to problem gamblers, their family members and affected others</td>
<td>• activities targeting the individual, community and population levels</td>
</tr>
<tr>
<td>• group counselling – structured therapeutic programs provided to a number of clients</td>
<td>• online counselling – a web based counselling, information and support service available 24 hours a day, seven days a week via Gambling Help Online.</td>
<td>• activities targeted at education for health and welfare professionals (provider education). Community education does not involve direct services to individuals.</td>
</tr>
</tbody>
</table>

5.4 Gambler’s Help criminal justice clients

Gambler’s Help clients who are also clients of the criminal justice system can be broadly classified as custodial or non-custodial, the latter commonly described as Community Correctional Services clients. Table 17 lists how criminal justice clients can be classified further according to their stage of involvement with the justice system, namely:

• pre-arrest / plea
• court
• post-sentencing.

At each of these stages, clients may be held in custody (within a prison environment) or may be on release in the community. As indicated earlier, Gambler’s Help services are available to criminal justice clients at any of these stages.

Gambler’s Help agencies encounter significant challenges when providing counselling services to criminal justice clients. These challenges are heightened by the environmental and organisational constraints of prisons.
5 Gambler's Help service delivery within the justice system

This report primarily focuses on the issues and challenges identified by Gambler's Help service providers in servicing justice clients at the post-sentencing stage, who are serving a Community Based Order or a term of imprisonment. This report considers services for custodial (largely prisoners) and non-custodial clients separately.

5.4.1 Services for non-custodial clients

5.4.1.1 Community Correctional Services clients within Victoria

As an alternative to imprisonment, the courts may order an offender to serve a community-based sentence. There are three main types of orders available to the courts:
- Community Based Orders (CBO)
- Intensive Correction Orders (ICO)
- Combined Custody and Treatment Orders (CCTO).

Community-based correctional orders seek to promote community safety by rehabilitating and diverting low-risk offenders from jail in an effort to break the cycle of re-offending. Offenders serving a term of imprisonment may also be released into the community conditionally, on parole. The role of Community Correctional Services (CCS) is to manage and facilitate the successful completion of Community Based Orders. This includes developing partnerships with community-based organisations that provide treatment, educational and assessment programs to offenders. Where these programs are considered pertinent to an offender’s rehabilitation, they may be mandated to attend by the courts, the Parole Board or CCS as a condition of their order / parole (for detailed information on community correctional orders, see Appendix P).

5.4.1.2 Current service options

Non-custodial clients can access the full range of services outlined in Diagram 1. Provider education sessions may also be delivered to CCS staff.

While the criminal justice status of a client presenting to Gambler's Help services is obvious for those in prison, identifying non-custodial justice clients relies entirely on client disclosure or notification by correctional authorities (such as a Community Correctional Officer). Conceivably, because of the difficulties in identifying community correctional clients who present voluntarily, Gambler's Help service delivery to non-custodial clients is not generally tailored to the specific needs of this client group. Some Gambler's Help agencies however, report that clients mandated to attend counselling present specific challenges, which affects the delivery and impact of services provided to general community clients.
5.4.1.3 Service objectives

Correctional clients, I think, are like any other clients we treat. The biggest issue is engagement. If you can get someone engaged, then you can do your normal process with them (Counsellor S).

The majority of counsellors do not differentiate between the needs of offenders under CCS orders from those drawn from the general community. Consequently, the objectives of problem gambling counselling are generally considered equally relevant for offenders and counsellors apply the same guiding principles and clinical frameworks when working with them.

Problem gambling counselling broadly seeks to reduce and minimise the harms caused by problem gambling. Specific service objectives can be broadly categorised as:

- **crisis management** – responding to the immediate presenting issues or risks (such as suicidal ideation, domestic violence, critical legal or financial issues) before addressing problem gambling
- **addressing problem gambling** – delivering therapeutic interventions to:
  - explore the nature and extent of the gambling and the factors that trigger or encourage it
  - control gambling (including abstaining from or reducing gambling) and minimise the risk of relapse into gambling
  - inform referrals to other service providers who can address a client's co-morbid and co-presenting needs
    - by enhancing psychological and personal well-being, these services may improve a person's prospects of addressing their gambling
- **self-help** – providing self-help information, strategies and referral contacts to assist clients to self-manage their problem gambling.

5.4.1.4 Therapeutic approaches

Generally, counsellors draw on a wide range of therapeutic approaches to deliver Gambler's Help services, as evidenced by Jackson et al. (2002) in their investigation of the effectiveness of problem gambling services in Victoria. Their study identified a broad range of theoretical perspectives and therapeutic strategies that inform counselling practices, including:

- **Cognitive Behavioural Therapy (CBT)** – one of the most influential therapeutic approaches adopted by the majority of services
- **Client-centred approaches** – based on the humanist psychology developed by Carl Rogers, this is a major focus of counselling practice
- **Motivational approaches** – particularly those informed by Prochaska and DiClemente (1983), and systems theory. These key theoretical frameworks are adopted by some services in assessing client readiness to change
- **Solution-focused therapy** – narrative therapy and psychodynamic therapy utilised by a number of services
- **Chaos, attachment and feminist theories** – among the more uncommon contributions to counselling practice\(^\text{37}\).

Table 18 summarises the therapeutic techniques and strategies most commonly used by Victorian Gambler’s Help counsellors.

Table 18: Most common therapeutic techniques used by Victorian Gambler’s Help counsellors

<table>
<thead>
<tr>
<th>Therapy techniques</th>
<th>No. of counsellors utilising technique (N=43)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive Behavioural Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>Role-playing</td>
<td>11</td>
</tr>
<tr>
<td>In-vivo exposure</td>
<td>11</td>
</tr>
<tr>
<td>Imaginal desensitisation</td>
<td>7</td>
</tr>
<tr>
<td>Challenging irrational beliefs</td>
<td>7</td>
</tr>
<tr>
<td>Reflective listening</td>
<td>32</td>
</tr>
<tr>
<td>Relaxation techniques</td>
<td>16</td>
</tr>
<tr>
<td>Providing information/education</td>
<td>12</td>
</tr>
<tr>
<td>Motivational interviewing</td>
<td>11</td>
</tr>
<tr>
<td><strong>Humanist Psychology</strong></td>
<td></td>
</tr>
<tr>
<td>Solution-focused therapy</td>
<td>9</td>
</tr>
<tr>
<td>Confrontation</td>
<td>8</td>
</tr>
<tr>
<td>Circular questioning</td>
<td>8</td>
</tr>
<tr>
<td>Narrative therapy</td>
<td>7</td>
</tr>
<tr>
<td>Families / couples counselling</td>
<td>6</td>
</tr>
</tbody>
</table>

The diversity of therapeutic approaches to problem gambling service delivery may reflect the limited gambling interventions evidence base on ‘what works’, for whom, under what conditions and for how long. In the absence of strong evidence regarding the effectiveness of selected therapeutic approaches and the cohorts for whom they are effective, counsellors must rely on their professional knowledge and experience to match treatment to client needs.

5.4.1.5 Pathways to service access for non-custodial clients

Non-custodial justice clients present to Gambler’s Help services in a range of ways, including:
- self-referral or voluntary presentation
- referral by or recommendation from CCS (non-mandated)
- mandated presentation ordered by a court as a condition of a correctional order.

(a) Self-referral

Across Gambler’s Help services, there is a notable absence of systematic screening processes to identify non-custodial clients from the broader pool of community clients. Furthermore, across those services that do screen for identification of justice clients, there is little consistency in approach.

For example, one agency includes the question “Do you have any legal issues?” as part of its intake process to elicit information about current or previous justice involvement. However, many agencies do not systematically screen either for gambling-related offending behaviour or criminal justice contact.

Some counsellors noted that non-custodial justice clients (whether voluntary or mandated) may volunteer information about their involvement with CCS, offending history or pending legal matters over a number of sessions. However, in some instances the counsellor may only become aware of a client’s justice involvement when they request a letter of attendance at Gambler’s Help services or a report detailing their problem gambling issues for presentation before the courts or a Community Correctional Officer. Furthermore, where non-custodial clients present voluntarily out of a genuine desire to seek help, their involvement with the criminal justice system may not be identified at all.
(b) Referral by CCS or mandated presentation

Where a non-custodial client is referred or mandated to attend problem gambling counselling, CCS is generally the agency responsible for supervising the client and is therefore the primary agency through which referrals of non-custodial clients are received.

Gambler’s Help counsellors all reported receiving referrals via CCS, predominantly from CCS offices located near the service. However, due to the absence of a uniform referral protocol between CCS and individual Gambler’s Help services, referral processes and practices varied significantly across agencies.

Some regionally-based services relied on establishing positive working relationships with local CCS staff to facilitate referrals, and felt this enhanced information sharing between services. For example, agencies with close working relationships reported receiving prior notification from CCS of a client seeking to engage with their service. Only a few services have developed and documented referral protocols with their local CCS office and in some instances deliver professional development sessions on a needs basis to CCS staff.

However, at least one agency noted that due to the transient nature of offenders under CCS orders, Gambler’s Help agencies may receive referrals from CCS offices located across Victoria. Exclusive reliance on locally established relationships or protocols is therefore problematic.

Counsellors also reported instances of non-custodial clients presenting at the service under mandate to undertake problem gambling counselling by CCS when the Gambler’s Help agency had not received prior notification from CCS. In these instances, counsellors had little information about the client’s background, including any aggressive or violent behaviour. The lack of this information was considered especially problematic by Gambler’s Help agencies with clear occupational health and safety protocols.

Only one agency reported having developed formalised protocols for referral, screening and intake for mandated clients. This included requiring the referring party, generally CCS, to complete documentation outlining:

- **legal / correctional history** – including current offences, the type of order or correctional program, previous histories and any other recent orders
- **risk factors** – history of suicide, suicidal ideation, aggressive, threatening or violent behaviour or drug and alcohol issues
- **perception of the link between problem gambling and the offence**
- **referring party details** – relationship to client, duration of relationship, purpose of referral.

As a substitute for more formalised inter-agency protocols, one Gambler’s Help agency reported using a screening process for non-custodial clients that requires information about the offence type, risk factors and more detailed background information.

5.4.1.6 Service eligibility criteria

All counsellors interviewed acknowledged the universality of service entitlement; that is, no agency had a policy of refusing service to non-custodial correctional clients. Notwithstanding, agencies often emphasised the need to strike a balance between flexibility in service delivery and counsellor safety where non-custodial justice clients are concerned.

Most services indicated that any threat to counsellor safety from the client would provide a basis for potential exclusion from the service, though many agencies indicated that should this occur, they would make every endeavour to refer the client to a suitable, alternative service provider.

One agency has a protocol for mandated clients requiring them to commit to a minimum of three sessions. However, staff will ultimately make a judgement about the client’s ability or desire to engage in further counselling and make a clinical practice decision about continuing or discontinuing with the client accordingly.
5.4.1.7 Gambler's Help staff profile

A recent review of the problem gambling counselling workforce identified the following profile of staff qualifications and experience:\(^{38}\):

- 45 per cent of counsellors have psychology qualifications and/or are registered psychologists
- 17 per cent of counsellors have counselling qualifications
- the average tenure in the position is 8.5 years with a range of 3 months to 15.5 years in the role.

The majority of services did not consider it necessary for counsellors to have specialist skills, knowledge or requirements in delivering Gambler's Help services to non-custodial correctional clients and considered all Gambler's Help counsellors as qualified to work with this client group. However, there are some notable dissenting views on this issue, with some services indicating it would be inappropriate for inexperienced staff to work with non-custodial correctional clients, particularly in light of potential risks to practitioner safety.

5.4.1.8 Service uptake

As most services do not screen clients systematically to identify involvement with the criminal justice system, it is difficult to quantify accurately the number of non-custodial community clients currently serviced by Gambler's Help agencies.

Compounding the difficulties of estimating service uptake for this client cohort, is the absence of a unique justice client identifier within the IRIS database used by Gambler's Help services to report service performance to the Office of Gaming and Racing (OGR)\(^{39}\). For the purposes of this report, non-custodial justice clients were identified through cross tabulation of referral source (CCS and housing status (not housed within prison)). Table 19 summarises non-custodial clients serviced by Gambler's Help services in 2007–08, which is the most complete year for which Gambler's Help data was currently available at the time of this report.

<table>
<thead>
<tr>
<th>Service type</th>
<th>Number of non-custodial justice clients</th>
<th>Percentage of total clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem gambling counselling</td>
<td>149</td>
<td>2.6%</td>
</tr>
<tr>
<td>Problem gambling financial counselling</td>
<td>17</td>
<td>0.6%</td>
</tr>
<tr>
<td>Total</td>
<td>166</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

Table 19: Non-custodial clients serviced by Gambler's Help services in 2007–08

While non-custodial clients appear to comprise less than two per cent of combined problem gambling counselling and problem gambling financial counselling clients, counsellors interviewed expressed the view that this was likely to be an underestimate of the true volume of non-custodial justice clients. Many counsellors commented on servicing clients not referred by CCS, but who nonetheless presented with a history of offending or current involvement with police, courts or corrections. In the absence of a specific field to capture justice status, these clients are recorded on the system as general community clients. On rare occasions where a counsellor uncovers justice issues and seeks to record them, they are generally captured in the hard copy case file notes. One counsellor stated that closer to five per cent of all clients were likely to be on correctional orders or had legal issues.

5.4.1.9 Interface between Gambler's Help services and CCS

The extent to which Gambler's Help services have formalised policies and protocols with regional CCS offices for the delivery of problem gambling services to non-custodial clients, varies significantly. In the absence of a system-wide approach, the majority of services appear to rely on informal, regionally-based working relationships established at the counsellor / officer level to facilitate service delivery. Consequently, counsellors generally indicated that expectations and guidelines for referral from, coordination with and feedback to CCS about a client's service attendance or treatment outcomes are unclear and ad hoc.

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\(^{39}\) In 2008 Gambler's Help agencies transitioned onto Gambler's Help TrakCare.
In relation to feeding back to CCS specifically, counsellors held different views about the appropriateness and extent of reporting that should be required. Some counsellors felt that detailed reporting of client progress and outcomes had the potential to interfere with the therapeutic and engagement processes with the client. This is particularly the case for mandated clients who may be more difficult to engage, but may apply equally to justice clients presenting voluntarily to the service. Counsellor ambivalence on this issue may reflect the variable nature of justice client views on the issue, with some specifically requesting the counsellor abstain from contact with CCS staff, and others reportedly happy for counsellors to discuss their progress with CCS staff.

Reports on service attendance for mandated clients were most commonly sought from CCS. While most Gambler’s Help services provided this information as a matter of course, some counsellors considered it outside their role to disclose client non-attendance or initiate such reporting independently and in the absence of a formal request from CCS. A few agencies have developed comprehensive reporting protocols with CCS, which includes seeking client consent for information exchange about their counselling attendance and progress.

5.4.1.10 Referrals to other services

Based on an assessment of the co-morbid and co-presenting issues disclosed, Gambler’s Help services will refer non-custodial clients to a range of other community services on a needs basis. For Gambler’s Help services co-located within larger community health services, intra organisation referrals are easier to facilitate.

Gambler’s Help services do not currently collect data relating to client referrals to external service providers. However, Gambler’s Help service providers interviewed as part of this research noted that, where appropriate, they refer non-custodial clients to the Australian Hotels Association self-exclusion program as a strategy for addressing problem gambling post-release. Interestingly, one counsellor reported a client request that participation in the self-exclusion program become a condition of their correctional order.

…he wasn’t in for a gambling-related offence either, but I’d been working with him for maybe six months, and he had it made a condition of his parole order that he self-exclude from gaming venues and he’s done that since he’s been released (Counsellor B).

In the absence of statistical information on referrals made on behalf of non-custodial clients, it is insightful to review client data recorded in IRIS in relation to co-presenting issues for prisoners. A review of 2007–08 data revealed all but one of the 122 problem gambling counselling clients in custody reported at least one issue. Unsurprisingly, the most commonly reported issue related to ‘legal issues’ (33.8%) followed by intrapersonal (12.4%) and relationship issues (12.4%). To a lesser extent, issues relating to migration, health and finances also featured among the sample of Gambler’s Help clients.

5.4.2 Services for custodial clients

5.4.2.1 Victoria’s prisons

The adult prison system in Victoria consists of 11 public prisons (including a maximum-security and a minimum-security prison for women), two privately operated prisons and one transitional facility for male prisoners. The Department of Justice, more specifically Corrections Victoria, retains responsibility for managing all Victorian prisons (Department of Justice 2009d).

Each prison is distinctive in terms of its infrastructure, facilities, services, security rating and daily operations. Victoria has five maximum security facilities, four medium security facilities and five minimum security facilities. The security level of the prison pertains to the attributes of the prison and the approved prison management regime, rather than the attributes of the prisoners held at any given prison. However, prisoners can only be held within a prison location with a security level equivalent or lower than their own security rating (Department of Justice 2007c: 3.1). Victorian maximum and medium security prisons are also known as ‘secure’ prisons, because a physical barrier confines all prisoners. In contrast, minimum security prisons are also known as ‘open’ prisons because prisoners are not confined by a physical barrier, even if one exists (Department of Justice 2007c: 7). For further information on security ratings within Victorian prisons see Appendix Q.
Corrections Victoria attempts to ensure that eligible prisoners in Victoria are held at a prison where they have access to appropriate treatment programs, which may include treatment for problem gambling. While remandees can also access treatment while in custody, they are unable to access offence-specific programs.

5.4.2.2 Current service options

At the time of conducting this research, 11 of the 14 prisons across Victoria (79%) were being serviced by seven Gambler’s Help agencies. As outlined in Diagram 2 below, services to custodial clients are more limited compared to non-custodial clients. In particular, online counselling is not accessible to prisoners due to limited internet access. Furthermore, financial counselling is not currently delivered on a systematic basis at any Victorian prison.

Diagram 2: Gambler’s Help service delivery to custodial clients

An important point of divergence among Gambler’s Help personnel is the perception of what constitutes core service delivery, and specifically, whether services delivered to custodial clients or prisoners in the prison environment fall within the scope of core service delivery funded by OGR, or whether they constitute additional services to be provided at the discretion of the agency. While some agencies deliver counselling to custodial clients as part of core service delivery, other agencies expressed the view that this was additional service delivery activity for which they should receive additional funding.

A summary of counselling and community educational services delivered by Gambler’s Help agencies at prisons across Victoria in the 2008–09 period is provided at Table 20 below with more detailed information available at Tables 21 and 22.

Table 20: Summary of Gambler’s Help services in prisons 2008–09

<table>
<thead>
<tr>
<th>Service type</th>
<th>No. of prisons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem gambling counselling</td>
<td></td>
</tr>
<tr>
<td>Individual counselling</td>
<td>9 (64%)</td>
</tr>
<tr>
<td>Group counselling</td>
<td>4 (29%)</td>
</tr>
<tr>
<td>Community education</td>
<td></td>
</tr>
<tr>
<td>Community sessions for prisoners</td>
<td>3 (21%)</td>
</tr>
<tr>
<td>Provider education for prison staff</td>
<td>3 (21%)</td>
</tr>
</tbody>
</table>

Individual problem gambling counselling is the primary service option provided in prisons, with just under two-thirds of prisons receiving this service. Counsellors noted that therapeutic relationships are more likely to evolve in the more personal and private context of individual counselling and that client needs can best met with more targeted interventions that get to the core of a client’s problems in a planned and timely manner.

40 By June 2010, this figure had reduced to nine prisons being serviced by Gambler’s Help agencies, as Goulburn Valley Community Health and Relationships Australia had ceased delivering Gambler’s Help services within prisons.

41 The community education program for Vietnamese Women prisoners, delivered at the Dame Phyllis Frost Centre and HM Prison Tarrengower incorporates elements of problem gambling counselling and financial counselling. Several problem gambling financial counsellors noted the financial counselling work starts when the client leaves prison. Hence, the need for problem gambling financial counselling during a prisoners’ sentence may be relatively low, with the exception of crisis points such as bankruptcy, or during the pre-release preparation phase.
A number of group counselling programs are also available in Victorian prisons. Group therapy involves counselling more than one client in a session on a regular basis. Some counsellors consider group sessions more appropriate for service delivery in prisons because they:

- are a more effective use of resources
- provide an alternative engagement pathway for those reluctant to engage in individual counselling: “I had eight clients out of a population of 118… I thought I’d try something different to see if it would draw any more out of the woodwork that may not have come to counselling, and it did” (Counsellor B)
- draw on the strengths of the participants, as each prisoner brings their own set of skills to the group, which helps other group participants learn how to resolve their own problems using multiple methods.
### Table 21: Gambler’s Help services within Victorian prisons – counselling operational information

<table>
<thead>
<tr>
<th>Agency</th>
<th>Region</th>
<th>Service format – individual counselling</th>
<th>Service format – group counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Frequency</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average clients – 12 month period</td>
<td>20 (est.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Session length</td>
<td>1 hr</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average length of engagement</td>
<td>Eight sessions across several months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Service format</td>
<td>Needs basis – average one per year</td>
</tr>
</tbody>
</table>

**HM Ararat Prison – medium security men’s prison**  
**HM Barwon Prison – maximum security men’s prison**  
**Beechworth Correctional Centre – minimum security men’s prison**  
**Dame Phyllis Frost Centre – maximum security women’s prison**  
**HM Dhurringile Prison – medium / minimum security men’s prison**  
**HM Prison Langi Kal Kal – minimum security men’s prison**  
**Marngoneet Correctional Centre – medium security men’s prison**  
**Metropolitan Remand Centre – maximum security men’s prison**  
**Port Phillip Prison – maximum security men’s prison**  
**HM Prison Tarrengower – minimum security women’s prison**  

**Agency**  
- Grampians  
- Bethany Community Health  
- Upper Hume Community Health  
- ISIS Primary Care  
- Goulburn Valley Community Health  
- Latrobe Community Health  
- Relationships Australia  
- Bethany Community Health  
- ISIS Primary Care  
- ISIS Primary Care  

**Region**  
- Grampians  
- Barwon South West  
- Hume  
- North-West Metropolitan  
- Hume  
- Gippsland  
- Grampians  
- Barwon South West  
- North-West Metropolitan  
- North-West Metropolitan  
- Loddon Mallee
<table>
<thead>
<tr>
<th>Agency</th>
<th>Region</th>
<th>Service format – community education for prisoners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grampians Community Health</td>
<td>Grampians</td>
<td>Needs basis – average 2 per year</td>
</tr>
<tr>
<td>Bethany Community Health</td>
<td>Barwon South West</td>
<td>Needs basis – average once per 18 months</td>
</tr>
<tr>
<td>Upper Hume Community Health</td>
<td>Hume</td>
<td>Needs basis – average 1 per year</td>
</tr>
<tr>
<td>ISIS Primary Care</td>
<td>North-West Metropolitan</td>
<td></td>
</tr>
<tr>
<td>Goulburn Valley Community Health</td>
<td>Hume</td>
<td></td>
</tr>
<tr>
<td>Latrobe Community Health</td>
<td>Gippsland</td>
<td>20–30 (est.)</td>
</tr>
<tr>
<td>Relationships Australia</td>
<td>Grampians</td>
<td>N/A</td>
</tr>
<tr>
<td>Bethany Community Health</td>
<td>Barwon South West</td>
<td>10–15 (est.)</td>
</tr>
<tr>
<td>ISIS Primary Care</td>
<td>North-West Metropolitan</td>
<td></td>
</tr>
<tr>
<td>ISIS Primary Care</td>
<td>North-West Metropolitan</td>
<td></td>
</tr>
<tr>
<td>ISIS Primary Care</td>
<td>Loddon Mallee</td>
<td></td>
</tr>
</tbody>
</table>

Table 22: Gambler’s Help services within Victorian prisons – community education operational information
<table>
<thead>
<tr>
<th>Facility</th>
<th>Average length of engagement</th>
<th>Frequency</th>
<th>Average clients - 12 month period</th>
<th>Session length</th>
<th>Average length of engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>HM Ararat Prison - medium security men's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>1 hr</td>
<td>N/A</td>
</tr>
<tr>
<td>HM Barwon Prison - maximum security men's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Beechworth Correctional Centre - minimum security men's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Dame Phyllis Frost Centre - maximum security women's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>HM Dhurringle Prison - medium/minimum security men's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Fulham Correctional Centre - minimum security men's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>HM Prison Langi Kal Kal - minimum security men's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Marngoneet Correctional Centre - medium security men's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Metropolitan Remand Centre - maximum security men's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Port Phillip Prison - maximum security men's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>HM Prison Tarrengower - minimum security women's prison</td>
<td>N/A</td>
<td>Needs basis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Service format – community education for correctional staff
The vast majority of Gambler's Help services delivered to prisoners are not tailored specifically to culturally and linguistically diverse (CALD) groups. Notable exceptions include Gambler's Help services delivered to prisoners at the Dame Phyllis Frost Centre and Tarrengower. Community education for Vietnamese women prisoners are provided in these prisons on a needs basis, delivered by a bilingual counsellor over a four-week period. The sessions include a mix of information on problem gambling counselling and financial counselling.

Most other services indicated they would seek advice about tailoring services to the needs of CALD clients when they presented to the service. In summary, there were no formal policies or guiding frameworks for the delivery of services to CALD and Indigenous clients in prisons and where provided, services predominantly responded to presenting client needs rather than being planned and proactive.

5.4.2.3 Service objectives

For the most part, counsellors import the problem gambling services delivered to community clients into custodial settings, with little tailoring of the objectives or delivery of the interventions to the specific needs of custodial clients. Hence the service objectives previously discussed in this chapter are considered applicable to working with custodial clients in prisons by most services.

In relation to individual counselling, only a couple of services identified specific service objectives for custodial clients. Only one service was able to provide the following documented aims specifically tailored for these clients:

- to address issues arising for clients (more often first time offenders) in adjusting to custody
- to address the belief systems and schemas underlying the gambling / offending behaviour.

Another service noted that due to the transitional nature of custodial clients within the Melbourne Assessment Prison and the limited opportunity for ongoing interaction, service delivery objectives were altered to focus primarily on providing problem gambling education, self-help strategies and encouraging service uptake when transferred to other prisons.

With respect to group counselling programs for prisoners, there was again little evidence that aims were tailored to the specific needs of this client group. Only one service providing a prison-based group program included an objective tailored to justice clients, namely to: “highlight issues likely to arise in the transition from custody to community”. This appears to be the only aim specifically relevant to prisoners, with other stated aims more generally focused around developing offender insight into their gambling behaviour and supporting change.

5.4.2.4 Therapeutic approaches

Consistent with conventional approaches to problem gambling services, counsellors reported using a diverse range of therapeutic approaches when working with custodial clients either in a group setting or on an individual basis.

The majority of Gambler's Help counsellors reported using cognitive behavioural and/or solution-focused counselling approaches for custodial clients. A review of available documentation relating to working with prisoners identified a broad scope of approaches as outlined in Table 23, though some therapeutic techniques, such as art therapy, role-playing and relaxation were seldom used. However, a number of services do not document the nature of, or circumstances influencing the choice to use one therapeutic approach over another and therefore their relative effectiveness in the correctional context was not able to be assessed.
Counsellors emphasised the need to tailor therapeutic techniques to individual client needs and the operational environment of the prison. In particular, counsellors considered the ability to be flexible and non-prescriptive in the delivery of Gambler’s Help services to be of paramount importance in ensuring that the multiplicities of client needs are met. However, as with non-custodial clients, there was little evidence to suggest that treatment selection and matching of the particular needs of custodial clients occurred on a logical basis. Only two Gambler’s Help agencies reported developing an intake process to assist in treatment matching. The intake processes for one of these agencies includes the completion of a prisoner application form and a 20-minute assessment interview that seeks to identify issues relevant to the selection of an appropriate intervention including:

- suitability for the Gambler’s Help Change Behaviour Group or one-on-one problem gambling counselling
- release date to enable the prioritisation of individuals with pending parole meeting dates or release dates
- written and spoken English language comprehension
- mental health issues
- referral reasons
- status either as a gambler-who-offends or as an offender-who-gambles.

However, the majority of agencies did not provide their counsellors with a systematic approach to, or guidance on matching client needs to treatment. In the abyss, counsellors were left to rely on their professional judgement and individual preferences for determining appropriate treatment approaches.

### 5.4.2.5 Resources

A list of resources and publications used for delivering Gambler’s Help services to prisoners is provided in Appendix R. In reviewing these materials, it is apparent some of the information:

- is outdated
- requires the purchase of a license on each occasion the resource is utilised
- did not consistently provide accurate contact information for Gambler’s Help services or acknowledgement of the funding source.

Some counsellors noted that while Gambler’s Help information and brochures are available in some prisons, prisoners might be reluctant to read the information due to the stigma that attaches to individuals with gambling problems. This stigma may also serve as a deterrent to service take-up, thereby reducing the number of self-referrals to Gambler’s Help services.
5.4.2.6 Pathways to service access
Custodial clients access Gambler's Help services through similar pathways as non-custodial clients, namely:
• self-referral
• referral by prison staff
• mandated engagement as part of a sentence / correctional order.

The effectiveness of referral pathways into Gambler's Help services in prisons equally depends on the degree of presence and zealouness exhibited by each service, as well as the degree to which each prison is provided with ready access to information that facilitates referral or is willing to facilitate referrals.

Most services relied exclusively on prison staff, such as intake workers, program managers and alcohol and other drugs staff, to screen prisoners for problem gambling and initiate appropriate referrals to Gambler's Help services. However, counsellors generally lacked awareness of the screening tools and referral processes used in prisons. Those counsellors who had some awareness of process considered current screening and referral approaches to be generally ad hoc, and expressed the view that systematic screening by prison staff would most likely result in increased referrals to Gambler's Help services.

Some services reported that the majority of clients appeared to self-refer to Gambler's Help once they became aware of its existence. Prisoners become aware of Gambler's Help services through a range of avenues, including:
• word-of-mouth (prisoners and prison staff)
• advertisement on closed circuit television
• information provided at intake
• service staff from other areas such as alcohol and other drug clinicians
• regional programs coordinator / prisons programs manager
• prison advertisement.

Only one Gambler's Help service had a clearly articulated and documented referral process in place for prisoners in the prison it services. This includes displaying service promotion posters in the prison, providing prisoner application forms to the prison and developing processes for liaison between prison staff, prisoners and Gambler's Help counsellors.

5.4.2.7 Service eligibility criteria
As with problem gambling counselling delivered in the community, counsellors indicated that prisoners may be excluded from counselling should they pose a potential threat to the safety of the counsellor or other counselling participants. However, one agency reported that it did not screen for a history of violence due to time constraints:

Our brief is to address problem gambling behaviour within a very restricted format, and the time restraints keep our focus on addressing that need. If issues of violence arise, they are addressed as needed (Counsellor N).

Very few counsellors requested demographic information from prison staff that might enable them to identify potential safety concerns relating to custodial clients referred to their service, such as risk of harm to self or others. Furthermore, counsellors were often unclear as to whether the onus was on the counsellor to request information, or for prison staff to disclose relevant information relating to safety risks.

One service provider identified a further eligibility criterion applicable to group programs, which is designed to ensure a positive group dynamic. Specifically, the agency indicated that clients who expressed, or were otherwise identified as having potential issues with other particular prisoners, whether due to personal issues or racial, cultural or other group biases, may be excluded from group counselling if it is deemed their presence may negatively impact the group dynamic.
Another service noted the importance of separately treating prisoners who are ‘offenders who gamble’ (offending behaviours precede the development of problem gambling) from the ‘problem gamblers who offend’ (problem gambling precedes the start of offending). In the experience of this agency, combining these two client groups into a single group program was counterproductive due to the different characteristics and presenting needs.

A range of other factors were also nominated by counsellors as potentially impacting group cohesion, including whether personal goals related to gambling abstinence or control, and the severity of the client’s gambling problem.

_There was one guy who was such a full-on gambler and he was really talkative and the others were… not believing him almost about what he was saying about how much money he lost…He said to me in the break, he said “I can’t be in a group with these people” (Counsellor Y)._  

Different prisoner security classifications also meant that in some instances prisoners were unable to participate in the same group.

One service also advised that prisoners with serious mental health conditions may not be deemed suitable for group counselling sessions, as counsellors would not be equipped to deal with such issues in a group setting. The agency indicated that such issues should be more properly managed by mental health clinical services rather than the Gambler’s Help service.

### 5.4.2.8 Staff profile

Similar to the provision of services to non-custodial clients, most Gambler’s Help services did not generally require staff working with prisoners to possess any specialist skills, knowledge or training. However, one agency indicated this view may not be shared by the counselling fraternity more broadly, as evidenced by the continual failure to recruit to a vacant counsellor position that required the successful applicant to work in prisons. This sentiment was echoed by another agency, who indicated it had ceased servicing the prison in their region due to the departure of an experienced counsellor who had previously undertaken the role, and the failure to secure a suitably qualified replacement.

The qualifications of staff working in prisons were consistent with Gambler’s Help staff generally, with a diverse range of qualifications noted. These were predominantly social work, welfare and/or counselling qualifications.

Nine agencies reported staff completing a prison induction session before delivering services in a prison. However, not all staff within these services had completed the induction. Moreover, counsellors who had attended a prison induction program had generally done so some years before and had not since attended a refresher induction session.

### 5.4.2.9 Service uptake

Service delivery at individual prison locations varied widely across the state, with agencies reporting a range of factors that influenced volume of service, including service demand, staff availability and willingness. Two agencies accounted for 52 per cent of all prisoners provided with problem gambling counselling in 2007–08. In that financial year, only 1.6 per cent of Gambler’s Help clients were prisoners, with the vast majority accessing problem gambling counselling (87%) (see Table 24).

**Table 24: Prisoners serviced by Gambler’s Help services in 2007–08**

<table>
<thead>
<tr>
<th>Service type</th>
<th>Prisoners (custodial justice clients)</th>
<th>Percentage of total clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem gambling counselling</td>
<td>122</td>
<td>2.1%</td>
</tr>
<tr>
<td>Problem gambling financial counselling</td>
<td>19</td>
<td>0.6%</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>1.6%</td>
</tr>
</tbody>
</table>
The majority of prisoners accessing Gambler's Help services across Victoria received weekly or fortnightly one-on-one problem gambling counselling. For a more detailed comparative summary of the operation of Gambler's Help services delivered in Victorian prisons, including session length, number of clients serviced and length of engagement see Table 21 above.

Overall, agencies stated there was great demand for the service, with some reporting a waiting list in some prisons. Despite at least some agencies reporting an incapacity to service demand, counsellors generally believed that inconsistent screening processes and a lack of awareness of problem gambling service options among prison staff might contribute to the inadvertent exclusion of a significant number of clients from the service.

There is also a perception among counsellors that the various problem gambling initiatives offered in prisons are afforded relatively low priority by corrections staff and management, and that this along with brand confusion may affect service uptake. For example, the Gambler's Help service at one prison was branded ‘Gamblers Assistance’ and other Gambler's Help counsellors reported their agency being referred to as ‘Gamblers Anonymous’.

5.4.2.10 Length and timing of service engagement

Counsellors reported that the length of time a client engages with the service depends on their particular needs and that there is generally no limit on the number of sessions a client may attend. However, there were some interesting examples of service engagement length being determined by circumstances other than client need. For example, one agency cited contact with long-term clients ceasing or transitioning to intermittent arrangements following increased service demand from new clients. Additionally, many counsellors commented that within a prison context engagement may terminate prematurely on account of a prisoner being transferred (planned or unplanned) to another prison.

As with many other aspects of service delivery, timing of service provision to prisoners appeared ad hoc and largely determined by the organisational capacity of Gambler's Help services and Corrections Victoria. Referral to Gambler's Help services by Corrections Victoria occurred at any stage of a prisoner's incarceration. Timing of referral was not consciously planned to capitalise on the best opportunity for maximising success, but rather, was contingent on the identification of problem gambling issues by the correctional service, knowledge of the service by correctional staff and their preparedness to refer accordingly.

Most agencies did not have an established position on best timing for service delivery to prisoners; that is, whether Gambler's Help services should ideally be delivered at the start, mid-point or end of a prisoner's sentence or whether a combination of delivery points was preferable. However, one agency recommended that clients who had already engaged with a problem gambling counsellor at some point in their current term of imprisonment, be offered some ‘top-up’ sessions immediately before their release to ensure they were better prepared to deal with gambling issues in the community.

Counsellors expressed the view that service delivery for prisoners was more intensive, in terms of the length of counselling and the nature of the counselling required, than that delivered to community clients. However, Gambler's Help IRIS data reviewed for 2007–08 does not support this assertion, with the average number of service hours for prisoners slightly lower than those of general community clients (7.2 hours and 7.3 hours respectively). The average service hours spent with non-custodial clients was significantly lower with 5.3 hours spent with each client.

5.4.2.11 Interface between Gambler's Help services and prisons

Similar to the provision of services to non-custodial clients, very few agencies reported the existence of formalised inter-agency policies or protocols between Gambler's Help services and the prison to guide the delivery of problem gambling counselling. The majority of services relied on informal relationships established between counsellors directly involved in the delivery of services to prisoners and prison staff.

Only one service reported a formal Memorandum of Understanding (MOU) with a prison. The MOU outlined the partnership approach between the service and prison, respective roles and responsibilities and the
dispute resolution process should any issue arise. Another agency reported it had developed a formal process for prison staff to refer potential clients. However, for the most part, the nature of Gambler’s Help services provided, processes for referrals to the service, agency access to prison facilities for undertaking counselling and reporting and issues resolution arrangements were managed by flexible and informal agreements that developed on a needs basis.

Some issues pertaining to agency interface raised by counsellors have been noted previously in this chapter. For example, counsellors generally receive no prior notice from prison staff about the number, names and backgrounds of those attending sessions on any given day, making it difficult to mitigate or control likely issues arising from the dynamic mix of prisoners presenting. Other communication issues raised included the general failure of prison authorities to notify Gambler’s Help services in advance, and where time reasonably permits, of a prisoner transfer, whether planned or unplanned. This often meant that counsellors spent time travelling to and from a prison to no avail.

### 5.4.2.12 Referrals

Similar to community correctional clients, most prisoners present to Gambler’s Help with a variety of co-morbid and co-presenting issues. In line with general practice and as demonstrated in Table 25, counsellors regularly refer clients to a range of services, either in prison or within the community post-release. Notably, in-prison referrals predominantly target co-morbid conditions such as alcohol or other drug issues, or mental health needs, while post-release referrals more commonly involved other Gambler’s Help services or offender specific services.

> If we have clients who are post-release and they have other referral needs, we really just respond to that in terms of scoping out what services are available, as you would with any other client, and sometimes that needs to be tailored to the fact that they are a post-release person. VACRO [Victorian Association for the Care and Resettlement of Offenders] is a good organisation to be linked with for that (Counsellor S).

#### Table 25: Services that Gambler’s Help refer prisoners to in custody and post-release

<table>
<thead>
<tr>
<th>In-prison referrals</th>
<th>Number of prison sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem gambling financial counselling</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol and other drugs</td>
<td>6</td>
</tr>
<tr>
<td>Medical services</td>
<td>4</td>
</tr>
<tr>
<td>Psychological support services</td>
<td>4</td>
</tr>
<tr>
<td>Gamblers Anonymous</td>
<td>6</td>
</tr>
<tr>
<td>Victorian Association for the Care and Resettlement of Offenders (VACRO)</td>
<td>2</td>
</tr>
<tr>
<td>Jesuit Social Services</td>
<td>2</td>
</tr>
<tr>
<td>LinkOut</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-release referrals</th>
<th>Number of prison sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-exclusion programs</td>
<td>3</td>
</tr>
<tr>
<td>Vanish</td>
<td>1</td>
</tr>
<tr>
<td>Men’s referral service (DOJ)</td>
<td>1</td>
</tr>
<tr>
<td>Family therapy centres</td>
<td>1</td>
</tr>
<tr>
<td>Drug and alcohol counselling</td>
<td>1</td>
</tr>
<tr>
<td>Men’s behaviour change program</td>
<td>1</td>
</tr>
<tr>
<td>Melbourne City Mission Supporting Women Exiting Prison</td>
<td>2</td>
</tr>
<tr>
<td>Victorian Association for the Care and Resettlement of Offenders (VACRO)</td>
<td>2</td>
</tr>
<tr>
<td>Jesuit Social Services</td>
<td>2</td>
</tr>
<tr>
<td>Mensline Australia</td>
<td>2</td>
</tr>
<tr>
<td>Gambler’s Help services in other regions</td>
<td>6</td>
</tr>
</tbody>
</table>
Although counsellors endeavour to do their best to link clients with services that may help address their non-gambling-related needs, some counsellors stated they experienced difficulties in liaising with prison staff about client referral needs:

*It’s an extraordinarily different culture in the prison setting, so some of the normal rules don’t apply in terms of making referrals and just the degree of how receptive prison staff are to those sort of issues…* (Counsellor T).

Due to the commonality of dual diagnosis and the large number and variety of co-morbid and co-presenting issues prisoners present with to Gambler’s Help services, counsellors commonly noted the need to make regular referrals to other service providers. Referrals may be the same as for community clients, but the prison environment itself creates additional layers of practical complexity in terms of service availability and access.
6 Conceptualising and operationalising gambling services for offenders

6.1 Introduction

As established in previous chapters, one in three Victorian prisoners surveyed as part of this research reported gambling behaviours that could be classified as problematic, and 88 per cent of these reported committing a crime related to their gambling. Moreover, despite the presence of Gambler’s Help services in 79 per cent of prisons, only approximately one in four respondents classified as problem gamblers had accessed these services while incarcerated. Low levels of service access are a matter of concern, given that nearly three quarters of problem gamblers were found to be recidivist offenders (72.4%), over a quarter of problem and moderate risk gamblers experienced serious gambling ideation and almost two-thirds of interviewees indicated an intention to gamble upon release.

Literature on good practice treatment services for correctional populations provides strong evidence of the need for programs to be evidence-based, multi-modal and tailored specifically to the criminogenic needs of offender populations. These principals underpin offender management practices adopted by Corrections Victoria and guide the delivery of established treatment programs to both prisoners and offenders under Community Correctional Services (CCS) orders.

The preceding chapter, which mapped and profiled Gambler’s Help services, concluded that treatment options and service delivery approaches to community and correctional clients were generally the same. Gambler’s Help agencies did not consider it necessary to differentiate community clients and offenders under CCS orders, nor to adjust program content and administration for the prison context. However, they did identify a number of difficulties associated with regularly and consistently delivering programs in prisons.

While the bulk of these difficulties appear attributable to the impact of operational issues associated with managing prisoner security and transfers, there was also a perception among service providers that problem gambling treatment initiatives offered in prisons are afforded relatively low priority by corrections management. Indeed, there is a high degree of consensus among criminal justice system personnel (including correctional services staff) and prisoners alike, regarding the differential treatment of drug and alcohol addictions and problem gambling by justice agencies, especially the courts, and the consequent impact this plays in informing offender case management plans and practices within corrections.

This chapter explores these issues further, examining the doctrine of therapeutic jurisprudence that guides modern approaches to sentencing and rehabilitation, and its application to problem gamblers appearing before Victorian higher courts. In particular, the role that problem gambling plays in mitigating sentences is examined, along with the preparedness of the judiciary to use therapeutic orders (such as problem gambling treatment) in sentencing offenders for whom problem gambling was a factor in their offending history. The second part of this chapter examines problem gambling services offered to correctional clients more thoroughly, with the aim of establishing the degree to which they are currently delivered:

- as an integrated component of, or a stand alone adjunct to Corrections Victoria offender management practices
- in a manner consistent with ‘good practice’ principles of offender management and service delivery for correctional clients.

6.2 Offender management within Corrections Victoria

To understand current approaches to correctional management and offender treatment and determine the extent to which problem gambling treatment services are consistent with and integrated within these approaches, it is necessary to review briefly the practice frameworks that guide Corrections Victoria and understand their theoretical underpinnings.
Corrections Victoria has developed a number of frameworks to guide the management of offenders, including the:

- Reducing Re-offending Framework: Setting the Scene (Revised: January 2004)
- Offender Management Framework – Prisons and Community Correctional Services (October 2006).

The Reducing Re-offending Framework outlines a number of theoretical principles for assessing, treating and managing offenders that maximise opportunities to reduce the risk of re-offending. Key to the framework is the risk-need approach, which emphasises the need to:

- tailor service intensity to offender risk levels (determined through administration of validated assessment tools), with more intensive interventions applied to those at higher risk of re-offending
- target criminogenic needs (dynamic risk factors for offending) through interventions such as drug, alcohol, sexual offender or violence programs. Non-criminogenic needs should also be addressed where appropriate to enhance offender skills and capabilities (such as a cognitive skills program).

The theoretical principles guiding offender management practices of Corrections Victoria are specified in the Offender Management Framework (October 2006).

6.2.1 Corrections Victoria Offender Management Framework

The aim of the Corrections Victoria Offender Management Framework for prisons and Community Correctional Services (CCS) is to:

Motivate offenders to engage in and continue with programs and services, identify offenders’ issues, coordinate and prioritise their access to appropriate programs, services and activities and to promote well being (which includes personal safety and health) with the aim to reduce re-offending (Corrections Victoria Offender Management Framework 2006: 3).

Under the framework, offender management is considered a phased process with sequential and often overlapping functions (Birgden 2006 and Corrections Victoria Offender Management Framework 2006: 3):

- screening
- assessment
- planning
- implementing
- monitoring
- reviewing
- evaluating.

The following key theoretical approaches underpin the Offender Management Framework:

- The risk-need approach – a psychological theory of anti-social behaviour that focuses on preventing re-offending and protecting the community (risk management approach).
- The good lives model – a broader psychological theory of anti-social behaviour. Its additional focus is on enhancing offender skills to prevent re-offending (self management approach). The two approaches (risk-need and good lives) are complementary.
- Therapeutic jurisprudence – a legal theory with concern for the well-being of individuals within the criminal justice system. It highlights the importance of correctional staff in engaging offenders in pro-social ways.

In combination, these approaches seek to ensure a balanced approach to punishment and rehabilitation; that is, a “correctional system that can both protect the community by reducing anti-social behaviour and address individual offender needs by increasing pro-social behaviour and well-being” (Corrections Victoria, Offender Management Framework, 2006: 4).

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42 Refers to custodial and non-custodial offenders under correctional orders.
It is important to note the doctrine of therapeutic jurisprudence has been extremely influential in recent years, signalling a shift in the role of the judiciary from "a restrictive legal role to one which emphasises the social issues of the communities for which they serve" (Birgden 2006). Largely influenced by the recognised failure of punitive sanctions to address recidivism in the case of addictions-based offending, therapeutic jurisprudence approaches are premised on the notion the legal system can be used to help rehabilitate people. According to this approach, by addressing the emotional and psychological issues underlying or motivating offending behaviour, such as drug and alcohol abuse, the chaotic lifestyles of many offenders can be stabilised and they are more likely to be reintegrated successfully into the community (Law 2010).

Within the Victorian judicial system, the philosophy of therapeutic jurisprudence has influenced the adoption of problem-oriented justice, which examines the antecedents of offending pre-sentence. The objective of Victoria's Next Generation Courts, for example, is to improve linkages to treatment programs that promote positive behavioural change in offenders, thereby reducing recidivism. In particular, the Courts Integrated Support Program (CISP), which commenced in 2007 at the Victorian Melbourne, Sunshine and Morwell courts, provides a coordinated approach to assessing and treating defendants at the pre-trial or bail stage. The program links defendants to support services such as drug and alcohol treatment, crisis accommodation, disability services and mental health services (see Appendix S).

### 6.3 Problem gambling as a mitigating factor in sentencing

While the courts and by extension corrections, now recognise the criminogenic role played by addiction-based behaviours such as drug and alcohol abuse, and have re-oriented offender case planning and management efforts accordingly, the extent to which problem gambling is similarly conceptualised and treated by the justice system is less clear.

According to the Victorian Sentencing Act 1991, a judge or magistrate may take into account a series of factors, as specified in section 5(2) of the Act in sentencing an offender, including:

- the maximum penalty for the offence
- current sentencing practices
- the nature and gravity of the offence
- the offender's culpability and degree of responsibility for the offence
- the impact of the offence on any victim of the offence
- the personal circumstances of any victim of the offence
- any injury, loss or damage resulting directly from the offence
- whether the offender pleaded guilty to the offence
- the presence of any aggravating or mitigating factors
- the offender's previous character
- whether the crime was motivated by hatred or prejudice.

There are a number of key considerations in the determination of offender culpability and responsibility, including but not limited to, prior offending, background, mental disorders, drug or alcohol addiction and gambling problems.

Theoretically then, gambling problems are one of a series of factors the magistracy and judiciary may take into account in sentencing an offender. This component of the report examines the specific role, if any, problem gambling has in mitigating sentence and informing treatment for offenders.

### 6.3.1 Presentation of gambling before the courts

A review of transcription material pertaining to the 125 cases comprising the courts sample of this study revealed significant variance in the presentation of gambling issues before the higher courts in Victoria (Victorian Supreme, including the Supreme Court of Appeal, and County courts).
In the vast majority of cases, an offender’s problem gambling was presented or discussed before the court as an addiction or compulsion. The most common presentation, for over one-third of offenders, was the characterisation of problem gambling (or other descriptive phrase) as a condition (35.6%) (see Table 26).

In those instances where gambling behaviour was conceptualised as addictions based, just under two-thirds (59%) were supported by a clinical assessment conducted by a psychologist or other professional.

**Table 26: Conceptualisation of gambling issues**

<table>
<thead>
<tr>
<th>Diagnosis / description of gambling issue</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem gambling / gambling addiction, compulsive gambling etc.</td>
<td>42</td>
<td>35.6%</td>
</tr>
<tr>
<td>Pathological gambling (DSM) – explicit statement</td>
<td>28</td>
<td>23.7%</td>
</tr>
<tr>
<td>Indication may fit the pathological gambling (DSM) – implicit statement</td>
<td>12</td>
<td>10.2%</td>
</tr>
<tr>
<td>No formal diagnosis or description only behavioural indicators</td>
<td>36</td>
<td>30.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>118</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tools used in diagnosis</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient self-report and professional assessment</td>
<td>45</td>
<td>69.2%</td>
</tr>
<tr>
<td>Professional assessment based on the DSM criteria</td>
<td>19</td>
<td>29.2%</td>
</tr>
<tr>
<td>Professional assessment with another non-gambling specific screener</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>65</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

A key finding of the research relates to the conceptual uncertainties surrounding the term ‘problem gambling’ and a lack of information on the diagnostic tools used to arrive at a problem gambling diagnosis. In just over half of cases under review (52%), the transcription material contained no reference to assessment processes, with the problem gambling status claimed by defence counsel, seemingly without verification.

While this information may have been contained within the official case file (such as in psychological or psychiatric reports), failure to explicitly substantiate claims about an offender’s problem gambling and demonstrate a clear connection to the offending behaviour frequently attracts criticism from the judiciary:

…whatever the label for the mental impairment suffered by you at the relevant time, is, I am not persuaded on the balance of probabilities that your psychological / psychiatric condition significantly effected your mental capacity at the time of the offending conduct (Case 8632–2007; sentencing transcript).

…the sentencing court should not have to concern itself with how a particular condition is to be classified…What matters is what the evidence shows about the nature, extent and effect of the mental impairment experienced by the offender at the relevant time (Case 9998–2007; sentencing transcript).

In cases where supporting evidence of a problem gambling condition was tendered to the court (see Table 27), use of psychological or psychiatric reports was common (56%). However, it is important to note that not all reports provided by psychologists or psychiatrists were based on a thorough assessment of the offender involving the administration of a validated diagnostic problem gambling tool. Table 26 shows that only 15.2 per cent of all offenders were assessed in accordance with the DSM criteria.

**Table 27: Nature of psychological reports tendered to the court**

<table>
<thead>
<tr>
<th>Psychological / psychiatric reports tendered</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report referring to problem / pathological gambling</td>
<td>26</td>
<td>20.8%</td>
</tr>
<tr>
<td>Report referring to problem / pathological gambling and mental health and/or substance misuse etc.</td>
<td>44</td>
<td>35.2%</td>
</tr>
<tr>
<td>Report referring to mental health and/or substance misuse etc. but not problem / pathological gambling</td>
<td>15</td>
<td>12.0%</td>
</tr>
<tr>
<td>No evidence of a report being tendered</td>
<td>40</td>
<td>32.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
It is difficult to determine, with any degree of certitude, the impact (if any) that acceptance of a problem gambling condition by the judiciary may have had on mitigation of sentence. However, Table 28 below outlines judicial responses to pleas in mitigation that relied on a problem gambling / pathological gambling argument.

**Table 28: Acceptance / rejection of the existence of gambling issues**

<table>
<thead>
<tr>
<th>Acceptance / rejection of the existence of gambling issues</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judge accepted the existence of problem gambling</td>
<td>78</td>
<td>62.4%</td>
</tr>
<tr>
<td>Judge did not accept the existence of problem gambling</td>
<td>6</td>
<td>4.8%</td>
</tr>
<tr>
<td>Judge accepted the existence of pathological gambling</td>
<td>39</td>
<td>31.2%</td>
</tr>
<tr>
<td>Judge did not accept the existence of pathological gambling</td>
<td>2</td>
<td>1.6%</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Overall, the judiciary accepted the existence of a gambling disorder in 93.6 per cent of cases. Cases that relied on the existence of a pathological gambling condition (n=41) were slightly more likely to be accepted by the judiciary (95.1%) than those drawing upon a problem gambling (n=84) defence (92.8%). Though these results indicate an extraordinarily high degree of awareness / acceptance of problem gambling among the judiciary, a review of problem gambling case law suggests otherwise.

### 6.3.2 Problem gambling case law

Based on a review of sentencing comments relating to the sample of court cases under review, it is apparent that judges rely upon a small number of key legal precedents in determining the relevance of problem gambling as a mitigating factor in sentencing. Many of these precedents were judgements handed down by the Victorian Supreme Court of Appeal in relation to debates concerning the appropriate weight to be attached to problem or pathological gambling in sentencing.

A commonly cited case from the 1990s is that of *R v Martin* (1994) 74 A Crim R 252. This case involves an appeal by the prosecution against the sentence imposed on an offender convicted of a range of theft and fraud offences. Grounds for the appeal included that the judge erred in giving too much weight to the respondent's motivation for committing the offences and his rehabilitation prospects. The prosecution argued that while the offender was assessed as a pathological gambler, the substantial amount of money stolen and the breach of trust involved in the theft were significant aggravating factors in the case.

The appeal was allowed, with Justice Crockett finding the sentencing judge had placed too much weight on rehabilitation prospects at the expense of the elements of deterrence and retribution. Justice Southwell further stated:

> As it seems to me, there is no logical distinction to be drawn, so far as the evidence of addiction is concerned, between the commission of armed robbery to obtain funds to feed on the one hand an addiction to heroin and on the other an addiction to gambling. The same can be said where the offence is not that of armed robbery but a theft in breach of trust. In the latter type of case at least, it would, in my opinion, be an unusual case where evidence of addiction to gambling will significantly reduce the importance of the element of general deterrence.

The case of *R v Dawsan* [1997] VSCA (unreported), concerns an appeal by the offender against a sentence for obtaining property and obtaining financial advantage by deception. The grounds for appeal was that the sentence and non-parole period were excessive because: “…the learned judge failed to pay sufficient weight to a psychologist’s report which had indicated that the applicant was a compulsive gambler who relied upon deception in order to fuel his gambling habit.” The appeal was dismissed; with Justice Winneke echoing the opinion of the court in *R v Martin*:

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43 The sentiments of the Dawsan's ruling were reiterated again in the case of *R v. Gregory Frank Pascoe* (unreported, Court of Appeal, 29 April 1998).
In my view, it will be a rare case where a court will find that a person’s gambling habit will be available to that person for the purposes of mitigating the sentence which would otherwise be appropriate.

In the case of *R v Petrovic* [1998] VSCA 95 (22 October 1998) the offender, a diagnosed pathological gambler also suffering from depression, appealed against their sentence for a range of offences including theft, obtaining property by deception and forgery. The grounds for appeal were numerous, but included the contention that the judge failed to give appropriate weight to the applicant as being diagnosed as a compulsive gambler, and that the judge placed too much weight on the principles of retribution and general deterrence. The defence argued that as the applicant suffered from pathological gambling, the court should have considered issues of retribution and general deterrence in the context of actions motivated by addiction, which lessens moral culpability, as compared with other offenders who commit offences of dishonesty that are motivated by pure greed. In this case the court conceded it was relevant to consider problem gambling in relation to the offending, noting:

…the fact that an offender was motivated to the commission of the crimes in question by an addiction to gambling will, no doubt, usually be a relevant, and may be an important, consideration for a judge in sentencing the offender for these crimes.

Notwithstanding, the court did not accept the arguments put by the defence, thereby dismissing the appeal. The court found the sentencing judge had considered the offender's condition, consistent with established principle. Furthermore, given that such offence types were often committed by persons of good character, such as the offender, general deterrence was an important consideration in sentencing.

The above rulings are indicative of the general reluctance of the courts to give any significant weight to problem gambling as a mitigating factor in sentencing. There are, however, precedents that adopt a less rigid position. For example, in the case of *R v Roddino* (2002) 128 A.Crim.R 437, a more discretionary approach to sentencing is advocated, which suggests the degree of weight to be attributed by a sentencing judge to problem or pathological gambling should be determined by the individual circumstances relating to each case:

In considering the appropriateness of the respective sentences, this court recognised that in appropriate circumstances, a gambling addiction might be treated as a mitigating factor. Each case must be treated on its own facts and often it comes down to what weight should be given to such factor in the overall sentencing considerations.

### 6.3.2.1 Mental Illness as a mitigating factor: The Tsiaris principles and problem gambling

Additionally, applying the principles in the case of *R v Tsiaris* [1996] 1 VR 398 in a number of more recent cases suggest the courts are beginning to soften their sentencing approach in cases involving gambling issues, by adopting a broader consideration of an offender's mental state.

In *R v Tsiaris* [1996] 1 VR 398, the Victorian Court of Appeal outlined five ways in which serious mental illness (not amounting to the legal test for insanity at the time) is relevant to sentencing (see Appendix T). Commonly referred to as the *Tsiaris* principles, these have become fundamental considerations in the sentencing of offenders with mental illness. In particular, they guide consideration of the extent to which mental health issues reduce an offender's moral culpability and the legitimacy of applying general deterrence principle in sentencing offenders with serious mental illness.

Ultimately, the *Tsiaris* principles do not imply that the doctrine of general deterrence is illegitimate in the context of gambling addiction, as indicated by the sentencing judgement in relation to one of the cases in the present study:

Central to this was your pathological gambling. I accept that you offended because you were in the grip of this addiction. It was not suggested that because you suffered from this condition that you were not an appropriate medium for general deterrence or that general deterrence is significantly reduced. I consider that this is clearly correct and the need for general deterrence is central to the outcome of your case concerning whether immediate imprisonment must be imposed…
In the particular circumstances of your case I do consider that your addiction to gambling does mitigate, to some limited extent, your offending. However, standing alone your addiction to gambling would make very little difference to the outcome (Case 7517–2007).

Consideration of an offender’s mental state in exercising sentencing discretion was at the centre of a relatively recent case, R v Verdis; R v Buckley; R v Vo [2007] VSCA 102 (23 May 2007), which broadened the application of the Tsiaris principles beyond cases of “serious psychiatric illness not amounting to insanity”. The court ruled that one or more of the Tsiaris considerations may be applicable in any case where the offender is shown to have been suffering from a mental disorder or abnormality or an impairment of mental function at the time of the offence and/or at the time of sentence. This principle was said to apply regardless of whether the condition in question would properly be described as a (serious) mental illness.

The court reaffirmed the Tsiaris guiding principles and added a sixth principle that addresses mitigation of sentence where it is determined that a term of imprisonment may adversely effect the individual’s mental health condition (see Appendix T for a list of Tsiaris principles).

...so what you’re dealing with is obviously a serious crime, but on the other hand you’re obviously dealing with a mental problem, a psychological problem… (Case 4603–2008).

The case of R v Do [2007] VSCA 308 (18 December 2007), specifically tested the application of the Tsiaris principle in relation to pathological gambling addiction. The case involved an appeal by the defence against sentence for burglary, theft and obtaining property by deception. The primary grounds for the appeal were that the “judge failed to treat the offender’s pathological gambling addiction as a mitigating factor and imposed a total effective sentence and non-parole periods which were manifestly excessive”.

The sentencing judge accepted the appellant had a gambling addiction, which explained his offending conduct, but ruled this did not provided a “just basis” for reducing responsibility for his criminal conduct, nor for diminishing the importance of denunciation and general deterrence in relation to his crimes. Defence counsel submitted on appeal that as the appellant suffered from pathological gambling; he had a form of mental disorder that required his condition be treated as a mitigating factor, in accordance with the principle from Verdis. Nevertheless, Justice Redlich found:

It is not the classification of the condition which matters but ‘what the evidence shows about the nature, extent and effect of the mental impairment’ at the relevant time. The focus must be on how the particular condition affected mental functioning of the offender in the circumstances.

Justice Redlich found the sentencing judge was justified in placing little weight on the appellant’s gambling addiction because there was no submissions to indicate “…how the disorder [pathological gambling], if it should be so described, may have impaired the appellant’s mental functioning or contributed to offending conduct…”. Justice Redlich further emphasised that even if the defence had pursued the aforementioned submission, it would not have automatically obviated the need for denunciation or specific or general deterrence.

The case of Do further emphasises the importance of individual merit, and the need to consider the individual facts of each case in determining appropriate mitigation in sentence to be afforded gambling addiction. In the reasoning of the sentencing judge in the case of Do, the significance of the offender's gambling addiction was reduced because the offences were premeditated, well planned, sophisticated, involved large sums of money and multiple criminal acts against vulnerable victims as well as a high level of criminality.

On appeal this view was upheld on the basis of the appellant's extensive criminal history, the continuing influence of gambling and the circumstances of his present offending. The implication of the Do ruling is that pathological gambling addiction, in most circumstances, will not meet the courts’ criteria of serious mental illness as specified in the Tsiaris principles.

In R v Grossi [2008] VSCA 51 (2 April 2008), one of the most recent cases considering the issue of problem gambling, the court reiterated the exceptional circumstances required for a gambling addiction to be treated as a mitigating factor in sentencing:
When a gambling addiction should be afforded any weight as a mitigating factor and the weight to be attached to it will vary according to the nature of the case. In some cases the addiction has rather been viewed as avoiding what otherwise would have been an aggravating motive such as pure greed or a desire to fund some other criminal activity.

The range of precedents presented above suggests the science in relation to problem gambling assessment and classification remains unconvincing from a sentencing perspective. The difficulties of distinguishing contrived (to conceal greed as the true motivation for offending) from genuine cases of gambling-related crime, and the consequent implications for the courts’ consideration of gambling as a mitigatory factor, was also raised by Crofts (2002). The Crofts (2002) research concludes it is unlikely that offenders will contrive a problem gambling issue in an effort to mitigate sentence because:

- problem gambling rarely mitigates sentence
- many of the files analysed contained evidence to substantiate the existence of a gambling issue.

6.3.2.2 Problem gambling v substance abuse

An interesting observation from the courts’ perspective is the issue of choice in an offender continuing to gamble, compared to substance abuse, which can prevent an individual from making rational choices. For example, in R v Grossi it was noted that gambling addiction is sometimes viewed analogously to drug addiction for sentencing purposes. Where a crime is not committed for gain but to satisfy a drug addiction, moral culpability may be reduced but generally, the addiction is still afforded little weight.

The present investigation did not review sentences for crimes committed by individuals with drug and alcohol issues against a comparable sample of offences perpetrated by problem gamblers. Nonetheless, it is interesting to note that among the sample of court cases under review, where gambling and drug / alcohol addictions were co-presented, the judge would dedicate very little effort to seeking verification of the existence of drug addiction. By contrast, lengthy discussions would ensure over the legitimacy of problem gambling claims. This observation affirms the sentiments expressed by prisoners interviewed as part of the research about the propensity for courts to accept drug or alcohol problems more readily than gambling problems:

Yeah, Magistrates – the courts are notorious for going, “Yeah, gambling; sure you do.” They have a real problem accepting that people are problem gamblers, you know. They understand full well people can have a heroin habit or be an alcoholic, you know, the effects… I mean they can be obvious, but they aren’t always with gamblers. “Sure you gamble. Sure you do. You just don’t want to work, do you?” and you hear that attitude all the time (PI17).

And through the courts, my court hearings, I mentioned my gambling problem, which didn’t help one little bit. I thought they might be a bit more lenient. It didn’t excuse what I done, but it was – maybe it didn’t justify it, but it was a reason that I wanted to seek more money because of my gambling problem and they acknowledged it. But he didn’t – the judge didn’t see it as anything exceptional, why they should lower my sentence or anything. They just give me the maximum sentence for what I did (sic) (PI16).

The apparent difficulty experienced by the judiciary in determining whether to accept gambling as a mitigating factor suggests a lack of understanding and/or acceptance of problem gambling as a criminogenic issue requiring appropriate consideration by the legal fraternity.

6.3.2.3 Current case law

At the time of finalising this report, an additional case involving consideration of the role of pathological gambling in mitigating sentence – R v Wang [2009] VSCA 67 (19 March 2009) – was determined in the Victorian Supreme Court of Appeal. The case involved an appeal against sentence relating to theft and obtaining property by deception charges, on the basis that consideration of pathological gambling was not appropriately reflected in the sentence. It was argued that because there was a link between the offender's crimes and pathological gambling, moral culpability should be lessened. Although the appeal was later withdrawn, the sentencing comments handed down by Justice Redlich in this case, provide a useful summary of the reasons why problem gambling is rarely considered a mitigating factor in sentencing (see Box 2).

Properly analysed, there is in my view no tension between the principle explained in Verdins and those authorities which have dealt with gambling addiction. Evidence may establish that an offender suffers from an impulse control disorder in the form of pathological gambling listed in DSM-IV-TR, the essential feature of which is ‘persistent and recurrent maladaptive gambling behaviour that disrupts personal family or vocational pursuits’. The relevance of the disorder to the sentence to be imposed, is then to be assessed in accordance with the principles restated in Verdins. That assessment will generally lead to the conclusion that the presence of a gambling addiction should not, on that ground alone, result in any appreciable moderation of the sentence. There are a number of reasons why that will be so.

Firstly in most cases, the nature and severity of the symptoms of the disorder, considered in conjunction with the type and circumstances of the offending, will not warrant a reduction in moral culpability or any moderation of general deterrence.

Secondly, it will frequently be the case that crimes associated with gambling addiction will have been repeated and extended over a protracted period. The long term chase to recoup losses is characteristic of those with such a disorder.

Thirdly, in cases involving dishonesty, the crimes will commonly be sophisticated, devious, and the result of careful planning.

Fourthly, the gravity of such offences, if there is a breach of trust or confidence, will commonly attract an increased penalty making such offences more appropriate vehicles for general deterrence.

Fifthly, when offences of this nature are committed over extended periods, the prominent hypothesis will be that the offender has had a degree of choice which they have continued to exercise as to how they finance their addiction. This has often provided a reason for a general reluctance to temper the weight given to general deterrence or to reduce moral culpability because an offender has found it difficult to control their gambling obsession.

Finally, and perhaps most importantly, the nexus of the addiction to the crime will often be unsubstantiated. The disorder will not generally be directly connected to the commission of the crime, the addiction providing only a motive and explanation for its commission. Hence, by contrast to a mental condition that impairs an offender’s judgment at the time of the offence, such addiction will generally be viewed as only indirectly responsible for the offending conduct.

6.3.3 Sentencing problem gamblers

The findings of the current research lend weight to the general principles outlined in relevant case law, and suggest that despite common acceptance among the judiciary of the existence of gambling issues in the lives of some offenders, only rarely do gambling issues play any role in reducing or mitigating sentence. Table 29 indicates that problem and pathological gambling was explicitly referenced as a mitigating factor in sentencing in just over one-fifth of cases (20.8%).

Table 29: The role of gambling in mitigating sentence

<table>
<thead>
<tr>
<th>Role of gambling in sentencing</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem gambling mitigated sentence / reduced moral culpability</td>
<td>10</td>
<td>8.0%</td>
</tr>
<tr>
<td>Problem gambling did not mitigate sentence / reduce moral culpability</td>
<td>75</td>
<td>60.0%</td>
</tr>
<tr>
<td>Pathological gambling mitigated sentence / reduced moral culpability</td>
<td>16</td>
<td>12.8%</td>
</tr>
<tr>
<td>Pathological gambling did not mitigate sentence / reduce moral culpability</td>
<td>24</td>
<td>19.2%</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Given the lack of impact of problem gambling pleas in mitigation, it is unsurprising that the majority of offenders received custodial sentences (imprisonment or partially suspended) for their gambling-related crimes (79%). Less anticipated however, is the fact that the court attached problem gambling treatment conditions to sentences in just a single case. In a further case, the judge ordered their sentencing comments and psychological reports be forwarded to the parole board in an effort to ensure the offender’s problem gambling issues be considered as part of formal pre-release considerations:

*In addition to those core conditions, I understand that you will be, as part of the community based order, assessed or referred for gambling counselling as directed under s.38(1)G (Case 4969–2007).*

Therefore, despite awareness of problem gambling issues, the courts rarely consider problem gambling treatment needs as relevant to sentencing. This approach is inconsistent with the therapeutic jurisprudence principles outlined earlier, which guide the assessment and management of offenders by Corrections Victoria.

### 6.4 Rehabilitating problem gamblers: treatment approaches within Corrections Victoria

A justice system modelled on the principles of therapeutic justice takes into account the need to address risk and need among offenders, by individualising approaches to managing and treating offenders and supporting their reintegration into the community (Birgden 2006). This approach is reflected in the Corrections Victoria Offender Management Framework, which seeks to give practical effect to a number of ‘what works’ theoretical principles, as outlined in *Diagram 3.*

**Diagram 3: Corrections Victoria Offender Management Framework**

<table>
<thead>
<tr>
<th>Internal</th>
<th>Maintain system integrity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain system integrity</td>
<td>• Offender management processes are evidence-based and linked to theory</td>
</tr>
<tr>
<td></td>
<td>• Staff members are properly trained and supported / mentored</td>
</tr>
<tr>
<td></td>
<td>• Quality assurance processes are in place to ensure offender management processes are monitored to identify areas of achievement and opportunities for improvement</td>
</tr>
<tr>
<td></td>
<td>• Offender management practices are evaluated</td>
</tr>
<tr>
<td>Risk</td>
<td>Manage risk &amp; target intervention needs</td>
</tr>
<tr>
<td>Manage risk &amp; target intervention needs</td>
<td>• Offender management processes are based on accurate and up-to-date information</td>
</tr>
<tr>
<td></td>
<td>• Offenders have access to an adequate range of services, programs and activities to accommodate their identified needs</td>
</tr>
<tr>
<td></td>
<td>• Level of services and programs are matched to level of risk (of re-offending, to staff, escape and self-harm)</td>
</tr>
<tr>
<td></td>
<td>• Staff members monitor offender’s progress on goals</td>
</tr>
<tr>
<td>Need</td>
<td>Increase self responsibility</td>
</tr>
<tr>
<td>Increase self responsibility</td>
<td>• Staff services and programs are responsive to offenders’ learning styles and abilities</td>
</tr>
<tr>
<td></td>
<td>• Offenders are assisted to have responsibility for developing and implementing their plans to meet their goals</td>
</tr>
<tr>
<td></td>
<td>• Offender management processes need to be individualised</td>
</tr>
<tr>
<td>Responsivity</td>
<td>Provide a constructive environment</td>
</tr>
<tr>
<td>Provide a constructive environment</td>
<td>• Staff maximise offender opportunity for rehabilitation and reduce risk to the community through the nature of their interactions</td>
</tr>
<tr>
<td></td>
<td>• Staff members ensure expectations of offender management processes are communicated to the offender</td>
</tr>
<tr>
<td></td>
<td>• Staff members deliver a consistent strategy of rewards and sanctions</td>
</tr>
<tr>
<td></td>
<td>• Processes need to be in place to ensure the offender can access and complete programs</td>
</tr>
<tr>
<td></td>
<td>• Staff support processes of progression and enhance continuum of care</td>
</tr>
</tbody>
</table>
Delivering treatment approaches based on these principles is said to provide a “correctional system that can both protect the community by reducing anti-social behaviour and address individual offender needs by increasing pro-social behaviour and well-being” (Corrections Victoria, *Offender Management Framework 2006*: 4).

These principles underpin the suite of rehabilitative and diversion programs broadly referred to as Offending Behaviour Programs delivered by Corrections Victoria comprising:

- **Cognitive Skills Program** – a psycho-educational offending behaviour program that addresses social problem-solving deficits in offenders and prisoners (such as poor problem solving skills, acting without thinking and the inability to anticipate the possible consequences of decisions)
- **Violent Offenders Programs** – psychotherapeutic group programs designed to address violent offending behaviour in moderate and high risk / need offenders
- **Sex Offenders Program** – psychotherapeutic group programs designed to address sexual offending behaviour in moderate and high risk / need offenders
- **Criminogenic Substance Use Programs** – psychotherapeutic group programs designed to address substance use issues (drug and alcohol) functionally related to offending behaviour in moderate and high risk / need offenders.

Notably, the majority of these rehabilitative and diversion programs offered to offenders are targeted at individuals deemed at a moderate to high risk of re-offending. In accordance with the risk principle, offenders assessed as being at high risk of re-offending should receive more intensive interventions, while offenders deemed to be of low risk of re-offending should be provided with low intensity interventions (Corrections Victoria, *Offender Management Framework 2006*: 4).

In an effort to support individualised treatment approaches within the correctional services system, sentencing comments and court transcripts are provided to Corrections Victoria staff post-trial with the intention of informing offender VISAT assessments and offender case planning.

Given that problem gambling is a potential criminogenic factor, providing targeted Gambler’s Help support to offenders during their imprisonment and as part of offender management case plans pre-release has the potential to reduce or prevent relapse into problematic patterns of gambling behaviour post-release, and prevent gambling-related recidivism.

### 6.4.1 Problem gambling treatment services – ‘good practice’?

The final section of this report seeks to examine the degree to which problem gambling services offered to correctional clients are currently delivered in a manner consistent with each of the ‘good practice’ principles of offender management outlined in the *Offender Management Framework*.

#### 6.4.1.1 Integrity

The first theoretical principle of the *Offender Management Framework* relates to the ‘what works’ principle of program integrity. This seeks to ensure all therapeutic and treatment programs formally endorsed by Corrections Victoria are theoretically sound, informed by best practice evidence and delivered as intended (Andrews 2001 as cited in Corrections Victoria, *Offender Management Framework 2006*: 5).

As illustrated in the previous chapter, Gambler’s Help problem gambling services offered within correctional settings in Victoria are essentially mainstream community-based services delivered in a corrections environment. Problem gambling services are largely generic rather than tailored to the particular needs of offenders and are often delivered in a manner that is not cognisant of the operational environment within which correctional programs are delivered.

This finding is not entirely surprising, given there are very few national or international studies that provide guidance on effective treatment approaches for problem gamblers within correctional environments. The scant research and evaluation activity to date has focused largely on problem gambling service models delivered in
mainstream community settings, with little regard to replicating these models with incarcerated offenders. In short, evidence of good practice, underpinned by sound theoretical directions for problem gambling treatment of offenders, is in very short supply. Consequently, the integrity of Gambler's Help services delivered in prisons is difficult to determine.

6.4.1.2 Assessment – managing risk & targeting intervention needs

The second practice principle of the Offender Management Framework relates to managing risk and targeting intervention needs of offenders. As previously outlined, this practice principle is influenced by the theoretical principles of risk and need:

- *theoretical principle of risk* – more intensive interventions are applied to higher risk offenders and minimal services to lower risk offenders
- *theoretical principle of need* – areas directly related to offending should be targeted.

According to the Offender Management Framework, an offender's risk of re-offending is to be addressed through participation in programs that are delivered at an appropriate intensity, based on an assessment of risk and need. In order to do this, an accurate and valid assessment of offender needs must take place ( Corrections Victoria, Offender Management Framework 2006: 7 ). However, as discussed in Chapter 3, although potentially providing an avenue into gambling-specific treatment services, formal Corrections Victoria offender assessment processes (VISAT) do not presently screen systematically for problem gambling per se; rather, informally prompt for such information. It is significant that 45 per cent (n=10) of prisoners interviewed did not recall ever being asked questions about gambling by Corrections Victoria staff during their multiple episodes of incarceration.

As discussed in detail in Chapter 3, the absence of a systematic screener for problem gambling as a risk factor for offending has a considerable impact on offender uptake of treatment services. As offender assessments of risk and need inform case management and pre-release planning throughout an offender's sentence, the implications of criminogenic problem gambling issues not being identified by an assessor are significant.

As noted by one Corrections Victoria interviewee, the absence of any systematic method for identifying and recording problem gambling issues means that some prisoners who have committed gambling-related crimes may appear before the parole board, and even exit the prison system, without ever being referred to, or undertaking gambling-specific treatment services:

> I think it needs to be more than just a cue question. I think it needs to be given the same weight as any other addictive behaviour that is discussed or compulsive behaviour that's discussed (CVS4: 9).

The lack of focus on screening for problem gambling within Corrections Victoria may reflect a lack of awareness among staff of the issue and available treatment services for offenders.

Gambler's Help staff are funded to deliver provider education (training professionals in other service sectors) with the aim of supporting other professionals to recognise signs of problem gambling, make appropriate referrals and coordinate responses to client needs (Department of Justice March 2009: 30). However, as Corrections Victoria interview respondents noted, there is presently a lack of professional development opportunities for correctional staff in relation to problem gambling.

Corrections Victoria staff are certainly receptive to the notion of receiving written materials and ongoing problem gambling educational or ‘train-the-trainer’ sessions from Gambler's Help staff to improve their knowledge of the issue. Accurate information about Gambler's Help service offerings and objectives will enable offender case managers to better determine the appropriateness of referrals to Gambler's Help services in meeting the treatment needs of offenders, as well as encouraging take up of services where appropriate.

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44 Offender risk assessments conducted by Corrections Victoria are actuarially based and take into account static and dynamic risk factors.
6.4.1.3 Tailoring program intensity

As previously noted, within Corrections Victoria the results of offender risk and need assessments inform decisions about the level of service treatment required. This principle has potential implications for the timing and format of Gambler’s Help services delivered in prisons. For example, counselling should be tailored appropriately to the severity of a prisoner’s problem gambling issues and delivered at an appropriate juncture in their sentence, bearing in mind sentence length.

All prisoners interviewed as part of this research, including those who had not previously accessed problem gambling services, were asked whether the timing of problem gambling services might influence their effectiveness. Overwhelmingly, prisoners indicated that services would be most useful towards the end of a sentence, before release; this is especially the case for prisoners serving long sentences.45

Because it’s no use… you do a gambling course 18 months, you’ve got 18 months to go. By the time you get out, “What was that she was saying about gambling?” (PI19).

Two Corrections Victoria interviewees also suggested that providing problem gambling treatment to prisoners at multiple points throughout their sentence would be most effective, with a more intense level of service delivery upon entry into the prison and a refresher program offered pre-release:

…you should be doing the program almost as soon as you come in and you should be doing a refresher program before you go out and possibly something in between as well (PI20).

…maybe courses, like I said, at the start of your sentence or the medium of your sentence, and then a follow-up when you go home. Then follow-up outside to make sure you’re sticking to what you wanted to do inside (PI6).

That’s [at the end of the sentence] when it’s best… At the end of your sentence, it then becomes helpful because you’re preparing to go home… Earlier in the sentence, it makes you aware of your problems, instead of if you wait until the very end, you think there is no problem and by the time you realise there is a problem, it’s time to go home, you can’t fix it (PI6).

However, at present Gambler’s Help programs are not tailored to offender sentence length. Moreover, service delivery is inconsistent, partly because it has not been formalised within Corrections Victoria as a recognised and structured treatment program in the same vein as other long standing programs, such as the Cognitive Skills Program it delivers.

There is opportunity for Gambler’s Help services and Corrections Victoria to work collaboratively to ensure problem gambling services align with the treatment needs of offenders as per other therapeutic programs. For example, developing formal protocols could ensure offenders are referred to Gambler’s Help services at key points in their sentence, to maximise responsiveness and engagement with treatment.

6.4.1.4 Monitoring progress

After referring an offender to relevant treatment services, Corrections Victoria staff must ensure the needs of offenders continue to be met, with ongoing assessment of their progress against goals structured around reducing risk and increasing well-being (Corrections Victoria, Offender Management Framework 2006: 8). To assess an offender’s progress, correctional staff need to monitor a variety of dimensions, including their behaviour and attitude change, level of compliance with goals, skills development and motivation. Staff use one or more of the following methods for these assessments:

• direct observation
• contacting appropriate sources (ie. group facilitators)
• having the offender produce evidence of achievement and progress
• outreach visits to assist in monitoring progress (Community Correctional Services only).

45 It should be noted that there were differing perceptions regarding the time period considered ‘pre-release’, with one prisoner suggesting 12 months and another prisoner suggesting three months.
These exacting standards are not applied to services delivered by Gambler’s Help, with monitoring and feedback processes between Gambler’s Help and Corrections Victoria predominantly informal and ad hoc, and based on the strength of relationships between Gambler’s Help staff and local prisons or Community Correctional Services offices. In particular, the needs analysis undertaken as part of this study identified a distinct lack of formality in relation to referral processes into Gambler’s Help services and the absence of feedback mechanisms on service outcomes for offenders.

Some Gambler’s Help counsellors provided offenders with a certificate of completion for submission to case managers or the parole board, while others informed Corrections Victoria staff directly about client attendance and progress. Corrections Victoria has not provided Gambler’s Help services with specific requirements on, nor guidance in relation to, the frequency and format of client monitoring and reporting. Consequently, on those few occasions when Gambler’s Help provide feedback to Corrections Victoria, counsellors are unclear about the appropriate content and level of detail it should contain, or the feedback process generally.

Corrections Victoria staff interviewees conceded that ascertaining an offender’s progress in relation to problem gambling issues, particularly within the community correctional context, is not managed as well as in other program areas:

> With the sex offender programs and the violence interventions or drug and alcohol [programs], we get a program completion report and some of them are pretty extensive, tell us what areas they seem to have done well in and what areas perhaps they need to do further work on. But we don’t tend to get anything like that in relation to gambling…and I think it would probably be of benefit [for the parole board and the Community Corrections Officer] (CVS2: 14).

As a result of this lack of formal monitoring and reporting, offender case managers have limited capacity to determine the degree to which problem gambling, when identified, has been addressed as a result of attending Gambler’s Help services, or whether problem gambling continues to be a criminogenic risk factor requiring further attention in offender case plans. In short, a lack of coordination and integration between Gambler’s Help and Corrections Victoria has meant that problem gambling counselling has had little impact on, and is considered of little relevance to, offender management practices.

### 6.4.1.5 Internal responsivity

In addition to meeting the needs of offenders by delivering therapeutic interventions at the correct intensity, services also need to cater for the differences in offender internal responsivity. Internal responsivity factors are the internal characteristics of an offender, such as motivation, learning style, age, gender, culture and various barriers to participation, which can affect their engagement with services (Corrections Victoria, *Offender Management Framework 2006*: 9).

To be effective and facilitate behaviour change, problem gambling programs for offenders should be delivered in a style and mode that offenders respond to and engage with. To achieve this, the *Offender Management Framework* suggests that “either the whole service / program is adapted for a particular group of offenders or alternatively within the delivery of a particular service the service provider adapts their delivery for an offender in order to be responsive to the individual’s learning style” (Corrections Victoria, *Offender Management Framework 2006*: 9).

As previously indicated, problem gambling treatment services are not presently tailored to meet the particular needs of their existing and potential client group. Specifically, Gambler’s Help services within correctional settings are currently not well placed to respond and adapt to:

- offender age or gender preferences
- the particular needs of CALD groups
- offender treatment modality preferences.
Age and gender

Although not presently a consideration in terms of Gambler’s Help service planning for offenders, according to the prisoners interviewed, the gender and age of the counsellor delivering the problem gambling treatment influences offender willingness to undertake and engage in treatment. Two prisoners interviewed felt that having a counsellor of the same gender was important in terms of a shared perspective:

But if I want to learn about [example] – you can’t tell me a thing about males because you’re… you’d say, “Yes I can.” I say, “No, you can’t because you’ve never been in that situation.” I mean we’re males (PI10).

Must be a male as females don’t know what a bloke’s going through…they don’t know nothing (sic) about a male personality (PI19).

Four of the prisoners interviewed also considered the age and/or maturity of the counsellor as important:

I probably wouldn’t feel comfortable if I had some 21-year old female uni student who, you know, who’s trying to talk to me about life…and I’m going, “I’m old enough to be your father and you’re talking to me about life experience. You’re kidding”…Okay, you’re probably a good student, but I’m not telling you a damn thing because you’ve got no credibility…If you’ve got someone barely out of high school, and you know, trying to talk about life to a bunch of guys in their 30s and 40s, it just doesn’t work (PI17).

Clearly, these views are not unique to offenders within the correctional services system, and may be more of a reflection of generational issues. While acknowledging the potential impact a counsellor’s age and gender has on an offender’s responsiveness to problem gambling treatment interventions, a fundamental disconnect was observed between prisoner views on the issue and those of some Gambler’s Help counsellors, who felt any counsellor is able to deliver services to offenders as long as they are willing and dedicated to their job. This issue is discussed further below.

Culturally-specific services

Although not identified consistently by Gambler’s Help counsellors interviewed as a service consideration for offenders, the importance of culturally-specific problem gambling treatment services for offenders is supported by anecdotal evidence from counsellors and correctional staff as well as the results of the prisoner survey and VISAT record analysis.

For example, all of the Vietnamese respondents to the prisoner survey were classified as problem gamblers according to the Problem Gambling Severity Index (PGSI), suggesting a potentially high demand for services among this group (see Chapter 4). As outlined in Chapter 5, problem gambling services are currently available to female Vietnamese prisoners at the Dame Phyllis Frost Centre and HM Prison Tarrengower on an ‘as needs’ basis. Although a bi-lingual counsellor currently delivers this service, the extent to which the service is specifically tailored to meet the cultural needs of Vietnamese offenders is unclear. Furthermore, there is no equivalent, targeted service available for male Vietnamese prisoners who experience problem gambling-related issues despite strong evidence of similar need. For example, of the eight per cent of Vietnamese prisoners identified via their VISAT records as having a potential gambling issue, 100 per cent were male.

Indigenous prisoners were similarly over-represented among prisoner survey respondents, with one in 12 identifying as either Aboriginal or Torres Strait Islander or both (8.4%). Over half of this group (57.1%) were classified as problem and moderate risk gamblers according to the PGSI. However, Gambler’s Help counsellors operating in prisons did not identify Aboriginal or Torres Strait Islander groups as among the most common client group. Furthermore, it appears that efforts to tailor services appropriately for Aboriginal and Torres Strait Islander groups are ad hoc, with counsellors seeking advice from their local cultural advisory groups on issues of cultural significance.

Treatment modality

While tailoring treatment modality to the specific needs and learning styles of prisoners is not a feature of Gambler’s Help services in prisons, as previously identified, the available problem gambling literature fails
to provide reliable evidence about the suitability and superiority of the treatments available (O’Connor et al. 2000: 47). Irrespective of the actual effectiveness of relative treatment modalities, participants of the current research suggested that offender preferences for particular treatment modalities are largely determined by the nature of the correctional environment where Gambler’s Help services are delivered.

For example, Corrections Victoria staff interviews suggested differential preferences for treatment modality based on gender, with female prisoners said to favour one-on-one counselling, while males are thought to prefer group counselling. Some prisoner interviewees supported these assertions, but most male prisoners (41% or n=9) also indicated a preference for individual counselling. Only nine per cent of prisoners interviewed (n=2) indicated a preference for group sessions alone. 27 per cent (n=6) did not provide comment.

A strong theme was the opportunity to be more open and honest in individual counselling sessions:

There are some things that you can discuss with a full group, but there are others that, in many cases, you would feel more confident talking about one-on-one (PI2).

…you are just talking about yourself and your own problems and feel more relaxed in talking about your problems to that person because you’re by yourself and you can be a bit more open with them and not be ashamed or hide things which would be important for them to know to help you. If you are in a group, you might hold back on saying things (PI16).

In a group you’re sitting with a bunch of other prisoners who are very “Yes, I’ve got a gambling problem, but I’m not telling you anything else.” You know, the mask goes up, the wall’s up. The jail mask is on (PI7).

I don’t know how they do it in a group session. To me, I would find that awkward…If you’ve got to admit and be really honest, that I would find hard. If it’s just general tip of the surface, no problem but get into a detailed level and … doing the one-on-one I know I can be honest. In a group session I’m not too sure whether I could be completely honest or whether I would mask it so as to get a completion (PI3).

Additionally, 23 per cent (n=5) of prisoners interviewed indicated support for a mix of individual and group counselling, as they felt their specific issues could be addressed through one-on-one counselling, but it was also useful to hear the stories of other people in similar situations to their own in a group counselling context. Two Gambler’s Help counsellors delivering group counselling in prisons interviewed for this research also shared this view. These counsellors suggested that collaborative group work encourages open discussion among participants who are able to share their strategies for controlling their gambling behaviour; these strategies may later be adopted by other group members.

One-on-one is more personal, okay, but group is sometimes good for everyone can share their views. Both is good (PI8).

…good to get the ‘I’m not alone’, sort of thing, there is (sic) other people in my boat and it’s interesting to hear from their experience and that sort of stuff. Then there’s some stuff that it’s easier to talk [about] when you’re in a confident environment or whatever (PI7).

Arguably, these issues are not exclusive to group counselling of offenders; they are conceivably challenges that apply to group counselling more broadly. However, while group counselling is preferred by some Gambler’s Help counsellors, the prison environment presents unique challenges for group counselling. For example, Gambler’s Help clients living in the community do not generally know each other outside the group setting. However, within the confines of the prison environment, close proximity translates into much less anonymity among participants. This may potentially impact on prisoner willingness to discuss personal issues in a group setting for fear that disclosing personal weaknesses may make them vulnerable in the prison. This can lead to a lack of trust among group participants, which is not conducive to collaborative group work.

A further challenge is establishing an appropriate client mix within the group, including balancing the needs of clients aiming for abstinence from gambling versus clients seeking to control gambling, and differences in the
levels of gambling severity among clients, as well as motivation to attend counselling (to secure parole versus a genuine interest in rehabilitation):

For me, we sit there and I've got a good mate who gambles as much as me and we were flat out, like that's all we used to do in jail and that's all he did outside; that's all I did outside. The bloke next to you might be talking about: "I would go to the pub and I lost $10," and [I'm thinking] "I'll give you $10". To him I suppose that was his problem, but we used to get frustrated, if that's all you're worried about (PI6).

It's more about yourself [one-on-one counselling]…People say you can learn from other people's problems, but most of them are probably not even in the same category as mine, so there's not much point listening to them. It's a problem, but I lost more in here on one game than they would lose outside in a year (PI6).

In an effort to address these issues, two Gambler's Help agencies have implemented a pre-group screening process to ensure suitability of offenders for the group counselling program. One agency uses this screening process to match clients to one of two distinct client groups: 'offenders who gamble' and 'problem gamblers who offend'. This agency considered the needs of these two distinct groups as better addressed through the provision of separate programs. Implemented in 2009, the efficacy of this screening process is yet to be determined. However, anecdotal evidence suggests it results in a more cohesive group and maximises group efficacy as participants are willing to actively and collaboratively participate in group activities with others who have experienced similar problem gambling issues.

6.4.1.6 External responsivity

The responsivity principle suggests that the best modes of service delivery are behavioural, with an emphasis on cognitive behavioural and social learning interventions that include reinforcing pro-social and anti-criminal behaviours (Corrections Victoria, Offender Management Framework 2006: 11). Pro-social engagement of offenders is also a key feature of therapeutic jurisprudence.

The principle of external responsivity suggests that to be effective, treatment services need to adequately account for those factors external to the offender, such as the environmental interaction between the offender and staff and treatment setting, to ensure that positive behaviour is reinforced or new positive behaviours are shaped during service delivery.

Client–counsellor relationship

To maximise the opportunity for rehabilitation, staff delivering problem gambling services to offenders must have the ability to engage this particular client group. Prisoner interviewees identified a number of personal qualities and characteristics of counsellors that would influence their decision to attend problem gambling counselling on an ongoing basis. The majority of prisoners interviewed (59%) cited counsellor credibility as the most important factor, with a number indicating they would prefer an older, more experienced counsellor to a young recent university graduate due to the belief that an older counsellor can understand and relate to their issues.

It's unfortunate. You're not going to get experienced people coming into the jail and doing it for nothing, whereas you get these young little psychologists coming out, straight out of university, they're all fired up, deeply committed and it's a good stepping stone for them. But they've got no life experience (PI5).

More specifically, almost half the offenders interviewed (46%) identified a good counsellor as someone who had personal experience of problem gambling, which elevated them to a higher level of credibility.

...you can have all the book learning in the world, but it doesn't help you until you have actually experienced what you are talking about (PI5).

You've got to have someone that's been there, done that, to have actually gone down the path. Almost destroyed their life or destroyed their life and then they've rebuilt it, you know...that's what I say about all the psychologists...here. I go: “Have you ever touched alcohol or drugs?” “No”. And I said: “Well, you don’t sort of know what you’re talking about then” (PI1).
...anyone who's going to give advice on gambling needs to be a gambler (PI13).

It is important to note that interviewees also expressed contrary views. Some prisoners indicated they merely wanted a counsellor to listen to their problems, be non-judgmental and provide them with clarity about what decisions they should make to resolve their issues. One offender stated that “lived experience” was important, but later attributed the best counselling relationship he has experienced to the counsellor's ability to establish rapport. Another offender referred to the capacity of the counsellor to provide an alternative perspective as a more important factor than lived experience:

The counsellor that I have seen here for six months has never had a drinking or drug problem or gambling problem, but just made me feel comfortable about it and because it's actually good to get like a normal person's perspective (PI7).

For me personally, when I know that that counsellor cares, he's got me straightaway, he's got past the first stage; because if they don't care, I'm not sharing (PI11).

Counsellor experience and qualifications

Gambler's Help counsellors seemed generally aware of factors relevant to establishing good client relationships, such as being non-judgemental, open and positive. In addition to the ability to establish rapport, prisoners interviewed suggested that to effectively engage offenders, problem gambling counsellors must have the capacity to empathise with problem gamblers, a solid understanding of gambling behaviours and extensive experience in counselling problem gamblers.

As discussed in Chapter 5, Gambler’s Help services currently engage counsellors with a range of qualifications and experiences in delivering problem gambling services to offenders. The required qualifications, level of experience and characteristics of those delivering problem gambling services to justice clients is one of the most contentious issues among Gambler's Help counsellors. Some emphasised the personal characteristics and willingness of the counsellor to work within the correctional services environment as a key consideration when working with this client group:

…it’s people’s actual commitment to assisting someone…it’s about the preparedness to be interested, to be skilled, professional development…That if someone walks straight out of university and they have that, I think fantastic, let’s help them the best we can. But someone could have their doctorate and be the most appalling person with rapport (Counsellor B).

In contrast, another counsellor suggested that specialist skills may be required to effectively deliver problem gambling counselling to offenders:

I still believe that people need specialist skills to work with forensic clients and that there’s limited training for staff who are even contemplating working within a forensic setting with gambling clients (Counsellor L).

Despite the view of some counsellors that specialist skills are necessary to deliver effective problem gambling services to justice clients, none of the Gambler's Help services consulted stated they currently have a clearly articulated set of competencies, experience and expertise required of counsellors working with this client group. Indeed, there is currently an inconsistent approach to this issue across the Gambler’s Help service sector.

Furthermore, few counsellors indicated they had undertaken prison induction processes or any specific training in preparation for work within custodial settings, including for example, familiarising themselves with prison policies and procedures, rules and regulations, particularly in relation to security. Only two Gambler's Help services have sought to recruit counsellors with specific skills or experience for working with prisoners.

Nevertheless, Corrections Victoria interview respondents, as well as prisoners, supported minimum standards for the appropriate selection and training of problem gambling counsellors who work within the correctional context, particularly in prisons:
I don’t know how it works, but the government funding, it’s like we’re getting the apprentices – do you know what I mean? Because this last one I have had at Port Phillip was of no value at all, but I kept going to see her because it’s all there was (PI11).

Look, for somebody who wants to come and be a counsellor in prison, who don’t know a damn thing about prison, I’m sure they’ve heard about prison, whatever they’ve heard, forget about it, it’s probably crap, you know, and they’ve probably seen too many American movies to have a realistic view of what prison life is like in Victoria (PI17).

I think anyone that works in a prison environment needs to be fairly savvy with the prison environment, and you can’t put that on a position description, but you need to be able to understand the clientele that are in there, understand their restrictions, and obviously someone with really good professional boundaries (S5).

For Gambler’s Help services to operate effectively in the correctional context, staff need a thorough understanding of the theoretical and practice principles underlying offender management and behaviour change. They also need to understand how to apply these practice principles to delivering services to offenders (Corrections Victoria, Offender Management Framework 2006: 6). A lack of appropriately skilled and experienced Gambler’s Help counsellors at present may undermine the capacity of services to engage offenders effectively in treatment or the efficacy of the treatment. If offenders exit treatment prematurely as a result, their criminogenic problem gambling issues will not be addressed fully before program completion, and there will be limited success in reducing the risk of re-offending.

Program access and completion

In addition to establishing high quality relationships with offenders to encourage participation in problem gambling programs, operational processes must facilitate offender access to, and completion of, therapeutic programs. The needs analysis of Victorian prisons clearly demonstrated that Gambler's Help responsiveness to requests from Corrections Victoria and offenders for problem gambling counselling services has been highly variable and inconsistent both across and within locations. In particular, Corrections Victoria staff interviewees revealed that despite the high demand for problem gambling treatment services among offenders, Gambler's Help services are not equally available or accessible across Victorian prisons:

To be honest, in my own personal experience, I can speak highly of Gambler’s Help… at the women's prison, we have gone through significant numbers of managers over the past and it's always been quite a friendly connection and they have always been quite willing to come out, which is, from what I can gather with our regional partners, very unusual, because I think the sense I get from other program managers is that they don’t get a service at all (CVS1).

The lack of Gambler's Help services at some correctional locations persists despite government expectations these agencies will provide services, free of charge, to all members of the Victorian community.

To reiterate earlier findings, of the 22 prisoners interviewed as part of this research, seven had never accessed problem gambling treatment during any period of incarceration, despite having committed gambling-related crimes. Reasons for this low take-up of problem gambling services were varied. Some offenders were not willing to attend, some were not aware that services were available, one stated the administrative process required to access services was far too onerous and lengthy given their short sentence, and another offender said requests for service access were repeatedly denied due to their unavailability.

From the Gambler's Help perspective, not all prisons can be serviced for a variety of reasons, including a lack of counsellors capable of, or willing to, deliver problem gambling counselling to correctional clients.

While most Gambler's Help agencies are willing to deliver counselling in prisons, one agency indicated it would be reluctant to service prisons without additional remuneration. This was based on the view that delivering problem gambling counselling in prisons is more time consuming in terms of travel time and clearing security processes and also more intense in terms of the operational environment and the complexity of a client's presenting issues. In short, the preparedness and ability of Gambler's Help agencies to deliver services to offenders or prisoners was sometimes location and counsellor-specific.
**Untimely service delivery**

Related to the issue of services availability and access is the need for Gambler’s Help services operating in prisons to deliver therapeutic interventions in a timely manner:

> They [Gambler’s Help] came very minimally, so by the time you see her [the counsellor] again in three months or something... you forget it [the information provided] you know, you don’t care (PI6).

Gambler’s Help counsellors surveyed consistently referred to the logistical difficulties in arranging counselling sessions in prisons, which negatively affected their capacity to deliver effective treatment. For example, the management of prison security, particularly at maximum security prisons, often meant the start of scheduled counselling sessions was delayed, resulting in prisoners receiving shorter sessions. Inconsistent and infrequent counselling sessions also meant some prisoners were unable to benefit from the momentum otherwise gained through regular contact with Gambler’s Help services.

Some prisoners interviewed reported feeling de-motivated to continue help-seeking because of the inability to access assistance for gambling issues when required. For example, one prisoner interviewed reported that as a condition of a past Community Based Order, he was required to attend problem gambling counselling. However, due to the over-subscribed nature of the service, the unsuitable counselling times offered and the absence of an open door policy for new clients, it took him three months to arrange an appointment; by that stage, he was no longer motivated to attend and did not do so:

> “Can you come in on Friday?” A lot of times by Friday, I’d get money, I’d have a good win, “I don’t need to see you [counsellor] now.” (PI8).

Not only may this situation contribute to high treatment service attrition rates, but anecdotal evidence from Community Correctional Services (CCS) staff suggested some clients have re-offended while wait-listed to attend Gambler’s Help services.

While some of the above logistical issues are outside the counsellor’s ability to resolve, there are several organisational factors potentially at play here that may also impact an offender’s ability to access timely and reliable treatment services. These include the lack of qualified and appropriately trained staff, inappropriate scheduling of counselling sessions, the lack of awareness and planning for prison administrative and security procedures and a lack of after-hours services.

**Continuity of care**

Continuity of care is another key practice principle of offender management. Gambler’s Help services report their ability to provide effective problem gambling treatment for some offenders is impacted adversely by the shorter sentences served by white collar offenders who commit gambling-related crime and the unscheduled movement of prisoners within and out of the corrections system. For security purposes, these movements generally occur without notice to either the prisoner or Gambler’s Help services:

> I think the other thing with gambling is that sometimes the sentence doesn’t really allow for enough time for someone to sort of get into the system, be assessed, be moved to a particular jail and then to another one, perhaps where the program is being run, and have enough time to really work through the issues (S2).

Given the transient nature of prisoners and CCS populations, Gambler’s Help counsellors and Corrections Victoria respondents frequently referred to the inherent difficulties in trying to establish and maintain therapeutic relationships with these clients. This was particularly the case at the Metropolitan Remand Centre and Melbourne Assessment Prison, which by virtue of their purpose, house extremely transient populations:

> That surprise element that they might very well be moved off and you haven’t done all that you thought you would do… that’s just not something that I’ve ever had to consider [while counselling community clients]… there’s a chance that they may not be there the next time (Counsellor G).

While a variety of intervention techniques may maximise the potential benefit of counselling sessions with transient populations, just one Gambler’s Help agency working in a prison characterised by extremely transient populations, has sought to introduce targeted, brief interventions.
The transient nature of offender populations poses particular challenges for continuity of problem gambling treatment across prisons, given that not all prisons across Victoria are currently serviced and provision within any one prison is generally irregular and inconsistent. Moreover, the absence of formal information sharing processes between Corrections Victoria and Gambler's Help agencies has meant that Gambler's Help services are often unable to schedule follow-up appointments and provide inter and intra-agency referrals for offenders experiencing unscheduled termination of therapeutic programs / interventions pre-completion. Corrections Victoria staff awareness of, and propensity to refer to Gambler's Help services, varies across prisons. A treating counsellor is therefore left unsure as to whether prison clients exiting their care will be encouraged or able to access Gambler's Help services at their new prison location. It should be noted that prisons are not always aware of professional relationships between a service provider and a prisoner, and may not be in a position to advise of a transfer.

Poor communication not only characterises inter-organisational relations between Gambler's Help services and Corrections Victoria, but exists also within the Gambler's Help service sector itself. For example, there are no standard protocols requiring agencies to communicate with one another if a client registered with agency (a) presents to agency (b) and discloses prior Gambler's Help service engagement. There is also little regard to continuity of care for offenders transitioning from prison to the community. The absence of systematic screening for problem gambling within Corrections Victoria, coupled with ad hoc processes for referring identified problem gamblers to relevant treatment services, and the lack of feedback provided by Gambler's Help services to Corrections Victoria on progress of prisoners / Community Correctional Services clients accessing their services, means that pre-release planning is not as comprehensive as it might be.

Upon re-entering the community, offenders with a problem gambling issue at the time of entry into the correctional system may continue to require some level of support to ensure their treatment needs continue to be met and that they are able to reintegrate into ‘mainstream / conventional’ society and desist from further offending. This continuity of care is particularly critical where problem gambling issues are deemed criminogenic. It is therefore important that appropriate pre-release plans with links to community-based problem gambling treatment services are developed for offenders before they leave prison, particularly when they are relocating to a region away from the prison.

At present, however, there are no clear guidelines or processes to assist Corrections Victoria staff to determine the existence and severity of problem gambling issues pre-release and to refer individuals to Gambler's Help services when offenders are preparing for parole or release from custody:

…there are no clear guidelines for TAP [Transitional Assistance Program] co-ordinators about appropriate referral pathways for problem gambling issues (S7).

Corrections Victoria interviewees often commented that the TAP coordinator usually made post-release referrals to problem gambling treatment services on an ad hoc basis.

Failure to link offenders with gambling issues into problem gambling treatment services post-release may increase their risk of gambling-related re-offending. Corrections Victoria interviewees agreed that problem gambling is a significant risk factor for re-offending – a view supported by prisoners who have committed repeated gambling-related offences:

…prison does a funny thing to you, you know. It can lead you to believe that you’ve got a handle on things, like I did, and then you get out into the real world and have a drink and if you’re an alcoholic or a drug addict, you’re just back to where you started and that goes the same with gambling, I think (P18).

Probably after about me (sic) fifth jail sentence, I realised it was a problem, but I just couldn’t stop… Just everything I thought about was for money and gambling (P14).

Gambler's Help counsellors interviewed acknowledged that preventing problem gambling relapse was a key component of their service delivery to offenders. To prevent gambling relapse and gambling-related recidivism, one prisoner also suggested that problem gambling counselling should be compulsory as part of a parole
order. However, prisoners conceded it would be difficult for corrections to monitor an offender's rehabilitation in relation to gambling issues because, unlike drugs and alcohol, there is no way of screening for gambling:

You can stay all night at the casino, just go [to the parole officer] in the morning and sign on, and that's it. But if you start drinking and if you go there, it creates a problem (PI12).

6.4.1.7 Service coordination

It is well recognised that quality service provision requires a coordinated, system-wide approach. However, the lack of formalised service provision agreements between Gambler's Help and Corrections Victoria currently mean offenders received referrals to Gambler's Help services on an ad hoc basis. Furthermore, the absence of a coordinated and integrated approach to treating problem gambling between Gambler's Help and Corrections Victoria has meant that generally, problem gambling counselling has little impact or relevance to offender management practices.

Establishing formal service delivery protocols between Gambler's Help and Corrections Victoria may provide an opportunity to align problem gambling services for offenders with the 'good practice' principles outlined in the Offender Management Framework. Ultimately, a more evidence-based and systematic approach to delivering Gambler's Help services within Corrections Victoria is likely to contribute to preventing gambling-related recidivism in Victoria.

6.4.1.8 Summary

The findings of this research strongly suggest that problem gambling is a significant criminogenic risk factor. Failure to address gambling issues may result in problem gambling relapse and re-offending post-release. However, personnel across the justice system, from police, courts and correctional services, currently lack an understanding of problem gambling and available services to assist offenders with gambling issues.

Problem gambling services presently offered within Victorian prisons have largely developed independently and are not integrated into the formal offender management practices of Corrections Victoria and their delivery is not consistent with its 'good practice' principles. Overall, Gambler's Help services for offenders are delivered:

- on an irregular and sometimes untimely basis
- without having established clear aims and objectives for program delivery tailored to the risks and needs of offenders, particularly those from culturally and linguistically diverse (CALD) backgrounds
- in formats ill-suited to engaging offenders in prison
- by some counsellors with no or little experience or training to work with offenders.

Based on the review of case law pertaining to problem gambling as a mitigating factor, it is clear there is a significant chasm in the way that courts treat problem gambling and other forms of addictive behaviours. This differential treatment of arguably like behaviours undoubtedly contributes to the treatment of problem gamblers in a manner inconsistent with the doctrine of therapeutic justice.

There is certainly the potential to influence the courts’ perspective on this differential approach to offender justice through concerted efforts at improving understanding of problem gambling. However, to align problem gambling treatment approaches within the correctional services system more closely with a therapeutic justice approach to managing and rehabilitating offenders, Corrections Victoria staff and Gambler's Help service providers must work collaboratively to ensure offenders with gambling issues are:

- identified early by correctional staff
- systematically referred to appropriate treatment services
- monitored closely in terms of meeting treatment goals
- assessed thoroughly for problem gambling-related treatment needs in pre-release planning.
7 Conclusions and Recommendations

7.1 Conclusions

This study has sought to gather the necessary data, research and operational intelligence to improve problem gambling treatment services for offenders in Victoria’s correctional services system. The research has examined various dimensions of gambling-related crime in Victoria – the magnitude of the problem; the antecedence to, and relationship between problem gambling and crime; issues associated with identifying and recording problem gambling across the criminal justice system; the range and efficacy of problem gambling treatment services offered to correctional clients; and judicial perceptions of problem gambling as a mitigating factor in sentencing.

Key findings of the research include:

- Almost half of all prisoners surveyed were at some risk of a gambling problem according to the PGSI, with 1 in 3 classified as problem gamblers.
- The rate of problem gamblers identified within Victorian prisons appears to be substantially higher than the rate suggested by criminal justice statistics (2.17%–7.45%). The rate is also higher than prevalence rates observed among the general Victorian population (0.7%), but is broadly consistent with prevalence rates recorded for prisoner populations by researchers in other Australian jurisdictions (19%–56%).
- Over a third of prisoners surveyed (37%) had committed a gambling-related offence at some point in their lifetime. Of these, 54 per cent were under sentence for a gambling-related offence at the time of this research.
- The probability of committing a problem gambling-related crime directly correlated to an offender’s PGSI score, with 88 per cent of problem gamblers having committed a gambling-related offence.
- A majority of offenders sampled had long histories of offending – both problem gambling and non-problem gambling-related. Just under three-quarters of problem and moderate gamblers (combined) were repeat offenders, with 71 per cent having committed a previous gambling-related crime – as well as experiencing significant levels of co-morbid mental health and drug and alcohol issues.
- A significant proportion of offenders whose gambling is directly related to their offending appear to commit a substantial level of preventable gambling-related crime.
- Justice system personnel lack awareness of problem gambling issues and offending populations are inadequately screened for problem gambling. This means offenders who experience gambling issues are unlikely to have their problem gambling identified at an early stage, if at all.
- Correspondingly low levels of referral to problem gambling treatment services by criminal justice personnel.
- Low levels of uptake of problem gambling treatment services among offenders in the community and in prisons (23%). This compares to 90 per cent uptake of other treatment services in prisons. This low uptake of problem gambling treatments exists despite the fact most offenders had extensive prior contact with the criminal justice system, and despite the presence of Gambler’s Help services in 79 per cent of Victorian prisons.
- Face-to-face interviews with 22 of the surveyed prisoners across Victoria identified a high degree of consistency in the profile of offenders who committed gambling-related crime, including:
  - a high degree of involvement in offending before initiation into gambling
  - the frequency of gambling-related crimes of opportunity (access to the means to commit crime)
  - lack of awareness regarding the availability of Gambler’s Help services in prisons
  - stigma surrounding identification of gambling issues in prison
  - perceptions that counsellor credibility and demeanour are key to an individual attending and engaging in counselling after the first session
  - a belief that individual willingness and commitment is the key to treatment success.
• While the judiciary accepts the existence of problem gambling as an issue in the lives of offenders, problem or pathological gambling issues rarely appear to mitigate sentences.
• Problem gambling treatment services delivered to Victorian prisoners are ad hoc and inconsistent, with Gambler’s Help services evolving in parallel with, rather than being integrated formally into, Corrections Victoria offender management practices.

In the light of these findings, this chapter makes a series of recommendations to improve awareness of problem gambling issues in the justice system, in the context of offending behaviour, as well as encouraging improvements to current screening, recording and treatment practices for problem gamblers across the justice system.

7.2 Recommendations

7.2.1 Systematic screening for problem gambling

The findings of this study indicate high numbers of offenders processed by police, courts and corrections who have committed a gambling-related crime. Many are repeat offenders who have committed multiple offences over long periods. Problem gambling is clearly a criminogenic factor for some.

The ability to provide appropriately tailored problem gambling treatment services to individuals within the criminal justice context is critically dependent upon effective processes for identifying and classifying problem gamblers. At present, offenders across the criminal justice system are not systematically screened, assessed or treated for gambling problems. Consequently, many offenders who might benefit from problem gambling-specific treatment programs are not referred to appropriate treatment at any point in their contact with the justice system.

The establishment of a uniform process for problem gambling screening across the Victorian criminal justice system is not easily achieved. There is no evidence to support the preferencing of a particular problem gambling screening tool over any other in terms of administration to criminal justice clients. Furthermore, the relative importance of problem gambling as an issue varies according to the day-to-day operational imperatives of particular criminal justice organisations.

7.2.1.1 Victoria Police

Offender motivation is relevant to Victoria Police to the extent it may assist in detecting and identifying offenders. Considering and recording motivations outside this operational policing framework is not considered particularly relevant. For this reason, problem gambling issues are not systematically enquired about during police investigations, particularly when offences are easily detected and offenders easily identified.

A review of LEAP narratives demonstrated that Victoria Police do encounter and record information relevant to gambling-related offending, but recording processes are inconsistent and it is unlikely that operational police recognise problem gambling as an issue requiring referral to problem gambling or other appropriate support services.

Given the operational priorities of Victoria Police, it is not recommended that police should systematically screen for problem gambling as part of their day-to-day operations. It is interesting to note, however, that in late 2010, Victoria Police intended commencing a trial of the Support Link Referral Management System. This electronic referral system ostensibly allows police to better identify appropriate community and government support agencies who may assist offenders needing specialist support and to initiate referrals.

Recommendation 1: The Office of Gaming and Racing participate in the Support Link trial, so that Victoria Police members can initiate electronic referrals of offenders to Gambler’s Help services where problem gambling is identified during a police investigation.
7.2.1.2 Courts

The courts and the correctional service system in Victoria have embraced the philosophy of therapeutic jurisprudence and accordingly target known factors for re-offending among offender populations (such as violence, mental health, drugs and alcohol) for specific identification and intervention. Consideration of these ‘known’ issues predominates in sentencing and influences the direction of offender case planning, management and treatment within the correctional system.

Recent innovations across the mainstream Victorian court system offer the potential to increase recognition of problem gambling as a criminogenic factor requiring attention. For example, the Courts Integrated Services Program (CISP) aims to enhance the chances of rehabilitation for offenders (medium to high risk) presenting before selected Magistrates' courts (with plans underway to extend this program to the County Court), in an effort to reduce recidivism and further progression into the correctional system. Given the significant extent of problem gambling as an identified issue among offenders, it would be appropriate to make problem gambling treatment services available to individuals engaged in the CISP program where there is an identified treatment need.

Recommendation 2: The courts consider trialling an appropriate problem gambling screener at the Magistrates' and/or County Court levels, with follow-up questions targeted at determining the currency of gambling issues and their link to crime and offending behaviours. Systematic screening may substantiate the need, if any, for similar systematic identification of problem gambling issues in higher courts.

Recommendation 3: Implementation of systematic screening for gambling issues should be accompanied by Gambler's Help education activities targeted at increasing court staff and judicial officer understanding of problem gambling and awareness of Gambler's Help services.

7.2.1.3 Corrections Victoria

Under the Corrections Victoria Offender Management Framework (October 2006), all sentenced offenders entering Victoria’s correctional services system are assessed for risk of re-offending according to offence-specific and offence-related needs at the initial point of entry. The Victorian Intervention Screening Assessment Tool (VISAT) was developed to provide a measure of the current risks and needs of offenders on correctional orders. Given that problem gambling can lead to offending and should be considered a criminogenic need, it is problematic that this issue is overlooked due to a lack of systematic screening as part of the VISAT assessment process.

Although some VISAT modules include gambling-related questions, most questions are designed as cues or prompts to elicit further information on other issues relating to offending behaviour. Issues pertaining to problem gambling may only be identified if the offender volunteers this information to correctional staff, or if the assessor probes for problem gambling-specific information. Additionally, the quality of VISAT assessment information varies in accordance with assessor diligence and the availability of official documentation.
**Recommendation 4:** In collaboration with the Office of Gaming and Racing, Corrections Victoria work towards introducing systematic problem gambling screening in upfront court and pre-sentencing assessments, and in offender management assessments which inform offender case and pre-release plans.

**Recommendation 5:** Corrections Victoria considers requiring gambling-related questions to be asked systematically during administration of the VISAT. In the case of a positive response to gambling issues, that VISAT assessors record the response and a referral recommendation to problem gambling services be made and recorded on the offender's file.

**Recommendation 6:** Consideration be given to developing and implementing a state-wide referral protocol between Corrections Victoria and Gambler's Help to ensure that individuals screening positive for gambling issues can access Gambler's Help services in a timely and consistent manner.

### 7.2.2 Problem gambling data holdings

Problem gambling and related offending behaviour is significant among criminal justice clients in Victoria, particularly prisoners. While there are multiple points across the criminal justice system where data related to problem gambling might potentially be captured, this information is often overlooked. A primary barrier to better understanding the extent of gambling-related offending within the criminal justice system is the lack of empirical knowledge, informed by systematic data collection.

While some limited proxy data on potential problem gambling-related crime exists within various justice agencies, there are numerous conceptual (such as defining gambling-related crime) and technological differences (such as different datasets and data recording practices) that inhibit our ability to compare and analyse data on problem gambling across the Victorian justice system, let alone across jurisdictions. As a result, policy makers and problem gambling service providers are left to develop appropriate service responses to justice clients on the basis of sparse and fragmented information.

Even quite basic information is difficult to determine:
- Is the incidence of gambling-related crime in Victoria increasing or decreasing over time?
- Are the trends uniform across all Victorian regions?
- How does the profile of the justice client who is a problem gambler differ from problem gamblers in the general community?

The absence of definitive answers to these questions means the issue of problem gambling continues to be afforded low priority within the criminal justice system compared to better recorded and more easily quantifiable criminogenic factors such as drug and alcohol abuse.

Systematic processes to ensure consistent recording of problem gambling data across criminal justice organisations need to be established in Victoria. Consistent data capture will deliver more reliable and comparable information about the incidence of problem gambling among offenders. This will help inform policy and enable better allocation of problem gambling service resources to groups identified as high-need.
7.2.2.1 Office of Gaming and Racing

**Recommendation 7:** The Office of Gaming and Racing work collaboratively with key justice stakeholders to develop and implement processes to record systematic information on problem gambling among offenders. Consideration should be given to determining how existing criminal justice data collection systems might be modified or enhanced to consistently collect and generate information on problem gambling. The development of any recommendations on this issue should ensure that:

- problem gambling data fields collected across the justice system are designed to be comparable with one another and with Gambler’s Help client data as far as is practicable
- clear data collection and recording guidelines, including a definition of problem gambling-related crime, are developed to ensure consistent data collection practices and accurate problem gambling crime prevalence data
- problem gambling-related data collected by various criminal justice organisations (ideally across similar time periods) should be collated and analysed at regular intervals to profile problem gamblers within the justice system and identify gaps in problem gambling service delivery among high-need groups.

7.2.2.2 Victoria Police

Neither LEAP nor Interpose can currently be relied upon to produce a valid and accurate indicator of the volume and nature of problem-gambling related crime. It is therefore likely that the extent of gambling-related crime identified by Victoria Police in the present research is an underestimation of the problem.

The added value of Victoria Police collecting specific problem gambling-related crime data would need be considered in the context of:

- the expense of training police to probe for and capture this data
- the expense of amending Victoria Police forms or data capture systems to facilitate the recording of the data
- the potential usefulness of this information for Victoria Police operations.

As noted earlier, detecting, collecting and recording data on gambling-related offender motivations is not considered critical to achieving the operational objectives of Victoria Police. Consequently, modifying police databases to facilitate the collection of information on problem gambling-related crime may not be feasible. Nevertheless, the lack of uniform, comparable data from Victoria Police has significant implications for allocating problem gambling service resources. It is only on the basis of consistent and comparable information that targeted preventive policies and strategies can be formulated or applied with any degree of confidence.

**Recommendation 8:** Given the likely cultural resistance to initiating systematic collection of specific problem gambling-related crime data by police members, Victoria Police consider recording problem gambling-related referrals via the Support Link Referral Management System on a trial basis as outlined in Recommendation 1 above.

**Recommendation 9:** In the medium to longer term, further research could be undertaken by Victoria Police, in conjunction with the Office of Gaming and Racing, across a broader range of crime categories than those which formed the basis of the Victoria Police component of this research, to more thoroughly identify and analyse problem gambling-related crime recorded within LEAP. Selection of suitable crime categories should be guided, inter alia, by the findings of the present study – prisoner surveys and interviews.

**Recommendation 10:** In the long-term, Victoria Police could consider adding a new field in LEAP that captures problem gambling as a motivator. Implementing a new data field would need to be considered in terms of ease of use, cost and associated education and training for officers.
7.2.2.3 Courts

As highlighted by this research, there is no uniform process or system for collecting court-generated data within the courts system. In Victoria, while issues of the how and why of offending are inevitably discussed in court upon a plea or finding of guilt, as a part of the plea or sentencing process, there is no facility for collecting and reporting information on motivations for offending. Problem gambling data is not recorded in the existing Integrated Court Management System (ICMS) and there are no plans to include this level of data collection in the ICMS in the foreseeable future.

To uncover the real volume of gambling-related crime, efforts should be made to improve data capture systems at the courts level. This will facilitate the collection of problem gambling-related crime data and also ensure that individuals sentenced to a term of imprisonment receive appropriate treatment and support.

**Recommendation 11:** The courts consider the potential for the Integrated Court Management System (ICMS) to record information on offender motivation, including problem gambling information.

**Recommendation 12:** The Office of Gaming and Racing, in collaboration with the courts, investigate opportunities to record the number of problem gambling-affected individuals, by implementing an appropriate screening process at the Magistrates' and County courts, perhaps as part of a pilot program.

7.2.2.4 Corrections Victoria

Corrections Victoria interviewees considered problem gambling to be a significant risk-factor for re-offending. Despite this perception, problem gambling does not currently feature as an area of identified concern within Corrections Victoria, and there is no requirement to systematically screen for and record information on problem gambling.

The VISAT has been specifically designed to search for information on the four criminogenic issues identified by Corrections Victoria as commonly experienced by offenders, and which are likely to contribute to re-offending if left unaddressed; namely violence, drug, alcohol and sexual issues. There is no specific question within VISAT that seeks to systematically capture problem gambling information.

**Recommendation 13:** Corrections Victoria consider recording problem gambling data as a standard part of offender assessment in an effort to improve the development of offender case management and pre-release plans, as well as encourage referral to, and uptake of, Gambler's Help services by offenders in prison and out in the community post-release.

**Recommendation 14:** Over the long-term, Corrections Victoria consider aligning problem gambling data fields with those collected by Gambler's Help services on Gambler's Help TrakCare, as described in the Problem Gambling Performance Management Framework.

7.2.3 Problem gambling awareness

While justice personnel interviewed as part of this study considered the issue of problem gambling to be of some significance to their organisation, staff reported that they lacked knowledge regarding the issue of problem gambling and its potential impact on offending behaviour. An analysis of court judgements and transcripts also revealed that the Judiciary may have a similar limited awareness of available problem gambling treatments.

Many prisoners at risk of problem gambling commit their first offence before developing a gambling problem. Early identification and referral into treatment of problem gamblers within the criminal justice system provides the opportunity to:
• prevent the development of problem gambling issues in those at risk of problem gambling
• address issues underlying problem gambling and gambling-related offending, such as the presence of significant co-morbidities (such as mental health, drug and alcohol issues)
• prevent the commission of further offending among individuals who commit gambling-related crimes.

Findings of the prisoner survey revealed that despite the availability of Gambler's Help services within 79 per cent of all prison locations across Victoria, only 23 per cent of the gambling risk group had accessed a gambling service while incarcerated. Moreover, some prisoners interviewed as part of the research indicated they were unaware of the availability of Gambler's Help services within the community as well as in prison.

7.2.3.1 Office of Gaming and Racing

**Recommendation 15:** The Office of Gaming and Racing require Gambler's Help services to expand their current provider education activities to include educational and professional development activities to criminal justice system personnel, judicial officers and parole board members. This activity should include raising criminal justice staff awareness and understanding of problem gambling and Gambler's Help services.

**Recommendation 16:** The Office of Gaming and Racing require Gambler's Help services to expand their community education activities to prisoners and offenders to improve offender understanding of problem gambling and awareness of Gambler's Help and other human services.

**Recommendation 17:** Existing problem gambling guidance material and resources produced by the Office of Gaming and Racing, such as the Professionals Resource Kit and the Gambler's Help professional's website, could be disseminated more broadly to justice staff.

**Recommendation 18:** Victoria Police awareness and understanding of problem gambling could be improved by including an educational presentation on problem gambling and listing Gambler's Help services on the Support Link home page.

7.2.4 Gambler's Help services for correctional clients

While our understanding and knowledge of good practice treatments for problem gambling in the mainstream community has grown, the extent this understanding of good practice can be translated successfully into problem gambling service delivery for justice clients is yet to be determined.

Currently, Gambler's Help services are left to devise their own methods of implementing and evaluating the effectiveness and performance of services they deliver within the correctional setting. In the absence of informed guidance, many services have adopted variable and often ad hoc approaches to treating problem gamblers within the correctional setting. In the vacuum, gambling treatment services have extrapolated treatments provided within the community to correctional environments without appropriate tailoring to address the complexity of the needs faced by offenders in general, and the operational environment under which such programs are delivered (see also Walters 1997).
7.2.4.1 Office of Gaming and Racing

Recommendation 19: As a matter of priority, the Office of Gaming and Racing should set aside resources to develop problem gambling operational and practice guidelines for working with correctional clients. These guidelines must be in alignment with and fully reflect Corrections Victoria offender management practices. Guidelines should also set out minimum counsellor requirements for working with correctional populations, such as mandatory completion of the Non-Government Organisation prison induction program.

Recommendation 20: The Office of Gaming and Racing should encourage and support Gambler’s Help services in their efforts to improve offender access to targeted Gambler’s Help interventions according to their level of criminal justice contact and treatment requirements. These efforts should encompass development of specific program aims, objectives and service delivery models tailored to the needs of offenders. These should be based on knowledge of ‘good practice’ problem gambling interventions for offending client groups where available.

Recommendation 21: Following development of specific problem gambling interventions targeted to the needs of criminal justice clients within the Gambler’s Help program, the implementation and effectiveness of these should be evaluated externally. Evaluation results may be used to establish a knowledge base for ‘good practice’ interventions for delivering problem gambling treatments to justice clients.

7.2.5 Continuity of care

Consistently implementing problem gambling counselling in prisons is often problematic due to operational disruptions, including timetabling and room allocation changes without notice, sudden program termination due to unannounced lockdowns and prisoner transfers to other prisons. These operational issues present significant challenges for Gambler’s Help services in establishing ongoing rapport and ensuring continuity of care.

This research has highlighted the negative consequences for the problem gambler and society as a whole – in terms of problem gambling-related recidivism – that may follow unsuccessful engagement of offenders with problem gambling treatment services within the correctional context or unsuccessful maintenance of problem gambling treatment during their transition from prison to the community.

7.2.5.1 Courts and Corrections Victoria

Recommendation 22: The courts and Corrections Victoria should consider implementing a systematic approach to introducing practical measures into problem gambler pre-release plans. These should be designed to improve targeted access to practical assistance, such as Gambler’s Help services and self-exclusion programs, and problem gambling harm reduction measures, such as cutting off loyalty cards and disabling betting accounts before release.

Recommendation 23: Corrections Victoria, in conjunction with the Office of Gaming and Racing should embed operational and practice approaches for problem gambling treatment services within offender management frameworks in an effort to improve service delivery and effectiveness and ensure continuity of care for prisoners and offenders.
7.2.6 Future research

A key impediment to better understanding gambling-related offending and good practice treatment interventions for problem gambling within the criminal justice system is the continuing lack of empirical knowledge. The existing research base on the gambling–crime relationship remains limited and research approaches to date have suffered significant methodological shortfalls.

To the extent that problem gambling appears a significant contributor to higher rates of crime and victimisation, further investment in focused research on this topic would appear warranted.

7.2.6.1 Office of Gaming and Racing and Corrections Victoria

**Recommendation 24:** Future research by the Office of Gaming and Racing and Corrections Victoria could be directed towards:

- evaluating the effectiveness of problem gambling treatment approaches for correctional clients, pre and post-release
- investigating the issue of problem gambling among females in contact with the criminal justice system, with a particular focus on the problem gambling treatment needs of female prisoners
- investigating the characteristics and needs of specific client sub groups where evidence suggests that problem gambling issues exert a disproportionate influence on offending and incarceration rates – Vietnamese women is an example of where this appears to be the case
- determining those factors which encourage help-seeking behaviours and ongoing engagement in problem gambling counselling among criminal justice clients, particularly those in prison.

7.3 Summary of key recommendations

Key recommendations stemming from this research project, which are practical and can be implemented in the short-term, will involve the Office of Gaming and Racing working closely with key criminal justice stakeholders to:

- increase criminal justice staff understanding of problem gambling and awareness of Gambler’s Help and other treatment or support services
- introduce systematic problem gambling screening, assessment and service referral processes across the criminal justice system
- improve offender access to targeted Gambler’s Help interventions according to their level of criminal justice contact and treatment need
- provide targeted Gambler’s Help support to offenders pre-release to improve access to Gambler’s Help services within the community post-release.
<table>
<thead>
<tr>
<th><strong>Term</strong></th>
<th><strong>Definition</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actuarial approach</td>
<td>The ability to predict future criminal behaviour is enhanced when we base our predictions on statistical, research-based estimates of risk. This is called the actuarial approach. Actuarial risk scales consist of items that are quantified and then added together to produce a summary score. Each item may be scored and the total score related to the likelihood of an offender committing a new offence. Actuarial or statistical prediction models can provide accurate assessments of risk of re-offending. The model that is incorporated in VISAT Module 10 was developed from analysis of the re-offending patterns of nearly 4,000 Victorian offenders (Department of Justice May 2007b: 6).</td>
</tr>
<tr>
<td>Crime</td>
<td>Defined as “…any criminal act or omission by a person, persons, organization or organizations for which a penalty could be imposed by the Australian legal system” (ABS, 1234.0 2008 2nd edition: 5). For the purposes of the present study, the definition of crime may include the addition of criminal acts that have not yet been brought to the attention of criminal justice authorities (NCIS analysis only).</td>
</tr>
<tr>
<td>Criminogenic needs</td>
<td>Offence-specific needs, also known as criminogenic needs, are needs that when altered are likely to reduce the likelihood of an individual's risk of re-offending.</td>
</tr>
<tr>
<td>Gambling-related crime</td>
<td>Adjudicated or non-adjudicated “offences committed as a consequence of, committed to support, committed as a significant result of, or significantly related to the defendant's desire, need or compulsion to gamble” (Crofts 2002: 16).</td>
</tr>
<tr>
<td>Imprisonment rates</td>
<td>Imprisonment rates are expressed per 100,000 adult population or, for tables relating to Indigenous prisoners, per 100,000 adult Indigenous population. Adult population figures are for persons aged 18 years and over. Imprisonment rates enable comparisons across jurisdictions within Australia (Corrections Victoria (2009) Statistical profile of the Victorian Prison System 2004–05 to 2008–09).</td>
</tr>
<tr>
<td>Intentional self-harm</td>
<td>Deaths that occurred due to purposely self-inflicted poisoning or injury.</td>
</tr>
<tr>
<td>Interpose</td>
<td>The Victoria Police investigation case management and intelligence management system.</td>
</tr>
</tbody>
</table>
| Law Enforcement Assistance Program (LEAP) | LEAP is a dynamic database designed primarily for operational policing purposes. LEAP was intended to:  
- amalgamate all Victoria Police Intelligence holdings  
- provide a standard investigation management package  
- provide a standard brief of evidence package. |
<p>| Offence-related needs | Offence-related needs, or non-criminogenic needs, are unlikely to change an individual's recidivism risk, however they may be related to an individual's preparedness to alter their offending-related behaviour. |
| Prior offences | Given the often ambiguous data in relation to recidivism, prior offences were determined on the basis of a finding of guilt by a court regardless whether a conviction was recorded. Prior offences volunteered by participants or noted in documentation were not verified and taken on face value. |
| Prisoner population | The number of prisoners physically present in gazetted prisons. It excludes prisoners held in police cells, retained overnight at court, otherwise temporarily absent from the prison or held by the Department of Human Services, as well as adult prisoners held in juvenile detention centres (Corrections Victoria (2009) Statistical profile of the Victorian Prison System 2004–05 to 2008–09). |
| Problem gambling | Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling, which leads to adverse consequences for the gambler, others or for the community (Gambling Research Australia, as cited in Office of Gaming and Racing, Department of Justice 2006: 7). |
| Referral | Referral is the transmission (physically or by other means) of personal information relating to an individual from one service provider to another service provider. It is undertaken with the client’s consent and is solely for the purpose of care or treatment. The process of referral takes many forms and is dependent upon the client needs and the nature of the relationship between the client and the services involved. For example, a ‘facilitated referral’ is where the professional referring a client to another service, assists the client to engage with the new service by supporting them with the intake process (Department of Justice March 2009a: 97). |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Risk principle</td>
<td>More intensive interventions are applied to higher risk offenders and minimal services to lower risk offenders.</td>
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<tr>
<td>Security classification</td>
<td>Security classification is an attribute of the prisoner, not the prison. Therefore, it is possible to have prisoners classified at a different level to that of the institution. The classification categories are maximum, medium and minimum. In Victoria, all prisoners were classified as maximum security at reception into custody until 30 April 2008. The formal classification of prisoners occurred after sentencing and the prisoner was reclassified as appropriate. Since then, security ratings have been assigned to all unsentenced prisoners using processes consistent with those applied to sentenced prisoners. Unsentenced prisoners can now effectively receive a maximum, medium, or minimum classification, although a minimum security rating will only be applied in exceptional circumstances (Corrections Victoria (2009) Statistical profile of the Victorian Prison System 2004–05 to 2008–09).</td>
</tr>
<tr>
<td>Security level</td>
<td>Security level is an attribute of the prison, not the prisoner. The security level of a prison is described as maximum, medium or minimum. The Secure category comprises maximum and medium prisons and the Open category comprises the minimum prisons (Corrections Victoria (2009) Statistical profile of the Victorian Prison System 2004–05 to 2008–09).</td>
</tr>
</tbody>
</table>
| Sentenced prisoners    | Those persons who have received a term of imprisonment from a court. This includes offenders who have been given an indeterminate sentence or custodial order, or those who have received a life sentence. Also included are:  
  • prisoners who are serving a sentence for non-payment of a fine (‘fine default’)  
  • prisoners who are sentenced but awaiting the outcome of an appeal  
  • sentenced prisoners who also have active remand warrants against them (‘dual status’)  
  • prisoners who are unfit to plead or not guilty on the grounds of insanity (Corrections Victoria (2009) Statistical profile of the Victorian Prison System 2004–05 to 2008–09). |
| Suicide                | See ‘intentional self-harm’ above.                                                                                                                                                                          |
| Unintentional (as a cause of death) | Injury sustained was not deliberate or premeditated. Although with hindsight, the outcome of the activity may be anticipated, the deceased did not intend to fatally injure themselves. |
| Unlikely to be known (as a cause of death) | Used only after the coroner has delivered a coronial finding that does not identify intent.                                                                                                                |
| Unsentenced prisoners  | Those persons who have been placed in custody while awaiting the outcome of their court hearing. They may be unconvicted (remanded), or convicted but awaiting sentenced (remanded for sentencing). Persons who are held in an adult prison awaiting deportation are also included in this category (Corrections Victoria (2009) Statistical profile of the Victorian Prison System 2004–05 to 2008–09). |
References


References


Department of Justice. (September 2009c) *A study of gambling in Victoria – problem gambling from a public health perspective*. Department of Justice: Victoria.


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# Appendix A

## A summary of national and international problem gambling crime and corrections studies

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<thead>
<tr>
<th>Author(s), study year published &amp; research year of study</th>
<th>Sample size &amp; sample population</th>
<th>Gambling screening instrument</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>International</strong></td>
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<td></td>
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<tr>
<td><strong>Canada</strong></td>
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</table>
| Turner et al. (2009)                                      | 254 incarcerated males (completion rate 39%) | • DSM-IV-TR  
• SOGS (past year)  
• SOGS (lifetime)  
• PGSI | • According to SOGS (past year), 13 per cent of the sample were probable pathological gamblers, SOGS (lifetime) indicated a prevalence rate of 15 per cent, the DSM-IV-TR had a prevalence rate of 6.3 per cent and the PGSI indicated that 9.4 per cent of the sample were severe problem gamblers. Although percentages differed according to gambling screening instrument, percentages were all significantly higher than what would be expected in the general population.  
• The majority of severe problem gamblers (65.2%) and 20 per cent of moderate problem gamblers reported committing a gambling-related crime. |
| Turner et al. (2007)                                      | 257 adult male inmates (federal offenders sentenced to two years or more) at Millhaven Assessment Unit were assessed with self-report tests  
• 106 inmates underwent in-depth interviews (17 pathological gamblers):  
  – 43 sub-clinical problem gamblers  
  – 46 non-problem gamblers  
• DSM-IV  
• SOGS  
• CPGI | Classified as pathological gambler if scored above clinical criterion on all three measures (SOGS ≥ 5, DSM-IV ≥ 5, and CPGI ≥ 8) | • A total of 26.9 per cent (n=29) of participants had some form of gambling problem based on scores of the DSM-IV, SOGS or CPGI.  
• Prevalence rate estimates were recorded as 11.7, 9.7 and 6.2 per cent respectively. Combining these measures yielded a prevalence estimate of pathological gamblers of between 6.7 per cent and 14.1 per cent.  
• Severity of problem gambling was associated with the number of federal convictions and sentences an individual had received. Pathological and sub-clinical problem gamblers were 3.3 times more likely to be recidivist offenders than non-problem gamblers.  
• Of 17 pathological gamblers interviewed in-depth, 58.8 per cent (n=10) stated gambling led directly to criminal offending.  
• 42 per cent of the sample had participated in gambling while in prison.  
• Pathological gamblers were more likely to report gambling while under the influence of alcohol.  
• Anxiety, depression, and stressful life experiences were significantly associated with severity of problem gambling. |
<table>
<thead>
<tr>
<th>Author(s), study year published &amp; research year of study</th>
<th>Sample size &amp; sample population</th>
<th>Gambling screening instrument</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith et al. (2003)</td>
<td>Sample included data from:</td>
<td>Not applicable</td>
<td>EPS data</td>
</tr>
<tr>
<td></td>
<td>• Gambling Occurrence Reports (GOR) 1 February – 31 July 2002</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‡ Of the 11,198 EPS files reviewed in 2001–02, 2.7 per cent (n=338 including 234 observed and 104 projected) were found to be gambling-related.</td>
<td></td>
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<td>‡ The most frequently occurring incidents investigated by the AGLC include cheating at play (33), over / underpayment of winnings (33), background checks on registered gaming workers (33), thefts (33) and illegal gaming (9):</td>
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<td>– charges were laid in 53 (23%) of the incidents, usually in connection with serious crimes such as fraud, theft, assault, obstructing a police officer and forgery.</td>
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<td>‡ Of 119 known gambling-related crimes recorded in EPS data from January to July 2002, only 22 per cent (n=26) were identified through the use of GOR in 2002. Consequently, there may be under-reporting of gambling-related crimes.</td>
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<td>Smith &amp; Wynne (1999: 1)</td>
<td>Series of interviews conducted with members of the law enforcement and judicial community in western Canada</td>
<td>Not applicable</td>
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<td></td>
<td>‡ The types of crimes committed by problem gamblers include theft, forgery, embezzlement, fraud, credit card scams, domestic violence, break and enters and suicide. The consensus of police officials and gaming regulators is that legal gambling formats are well regulated, but that illegal gambling enforcement is severely deficient.</td>
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<td>‡ Gambling-related cases that appear before the courts in western Canada are few in number but usually involve cases:</td>
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<td>– where obtaining money to gamble or pay gambling debts leads to criminal charges (theft, fraud, break and enter, drug dealing etc.)</td>
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<td>– of illegal gambling based on violations of the Criminal Code of Canada (cheating at play, illegal lottery sales, unlicensed gambling on Native lands, keeping a common gaming house etc.).</td>
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<td>Germany</td>
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<td>Meyer &amp; Stadler (1999)</td>
<td>Pathological Gamblers from in and out patient treatment centers, (PGT) self-help groups (n=300) • High and Low frequency Gamblers (HLG) from the general population and army (n=274) Average Age: • PGT Group = 32.6 years • HLG Group = 25.5 years</td>
<td>Questionnaire that assessed social attachment, personality, pathological gambling and criminal behaviours. Gambling was measured via the following: • Short Questionnaire of Gambling Behaviour • KFS, Lubeck Questionnaire of Craving Risk-relapse • LCRR and general questions regarding frequency, type etc. of gambling behaviour</td>
<td>• 89.3 per cent (n=268) of the PGT group and 51.8 per cent (n=142) of the HLG group had committed at least one criminal offence during their lifetime. • 59.3 per cent (n=178) of PGT group and 22.3 per cent (n=61) of the HLG group had committed at least one offence in the last 12 months of regular gambling. • 35 per cent (n=105) of the PGT group and 6.2 per cent (n=17) of the HLG group had been in contact with the police at least once. • 28.3 per cent (n=85) of the PGT group and 3.3 per cent of the HLG group (n=9) had been convicted of an offence at least once. • 37.7 per cent (n=113) of the PGT group had committed fraud in the last 12 months of regular gambling (most common offence). • 24.6 per cent (n=67) of the HLG group had been driving under the influence of alcohol (most common offence).</td>
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<tr>
<td>Meyer (1997) as cited in Magoon et al. (2005: 96)</td>
<td>No sample information available No screening information available</td>
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<td>Meyer, Fabian &amp; Peter (1995) as cited in Smith et al. (2003: 29) Interviews with 132 German problem gamblers in therapy</td>
<td>Not stated</td>
<td>• 45.5 per cent of the pathological gamblers had committed an offence to obtain money for gambling. • 35 per cent had altercations resulting in police intervention (unknown if gambling-related). • 28.3 per cent had been convicted of a crime at some stage during their lifetime (unknown if gambling related). • 97 per cent of adult prisoners had offended to obtain money to finance their gambling or pay gambling-related debts.</td>
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</table>
| Meyer & Fabian (1992)                                    | 437 clients of Gamblers Anonymous in western Germany:  
  - 95 per cent (n=415) males  
  - 5 per cent (n=22) females  
  - mean age was 31 years | DSM-III-R |  
  - 91.6 per cent (n=400) of interviewees were classified as ‘pathological gamblers’ (having met 4 or more of the DSM criteria).  
  - 54.5 per cent (n=238) had offended to obtain finances for gambling. Of these individuals, 10.3 per cent (n=45) had previously been sentenced for a crime committed to finance gambling. The most common offence types were property offences including:  
    - theft (42.2%)  
    - embezzlement (31.1%)  
    - fraud (26.7%)  
    - forgery, tax evasion or manipulation of gambling machines (13.3%)  
    - robbery or blackmail (15.6%).  
  - Gamblers who had committed illegal acts presented with higher ratings on the DSM-III-R criteria for pathological gambling. |
  - 56 per cent (n=36) registered criminal offences to obtain money for gambling.  
  - 30 per cent (n=19) had been convicted of offences. |
  - 72 per cent (n=33) had committed a criminal offence.  
  - 46 per cent (n=21) had offended to obtain money for gambling.  
  - 26 per cent (n=12) had offended before they started gambling. |
| Rasch (1962) as cited in Meyer & Fabian (1992: 62) | 10 gamblers being treated in a psychiatric clinic in Homburg / Saar | Unknown |  
  - 100 per cent (n=10) had committed gross breaches of confidence or embezzlements related to gambling, however only four (40%) were prosecuted. |
| Hong Kong Correctional Services (2007) | Prisoners in Stanley Prison | Not applicable |  
  - A search of the prison located 30 suspected soccer betting notes estimated to be valued at 8,889 packets of cigarettes. |
| Hong Kong Correctional Services (2006) | Prisoners in Stanley Prison's shoe making workshop | Not applicable |  
  - In 2006, 76 suspected soccer betting notes were located in the shoe making factory. These were estimated to be valued at $600,000 on the black market (the equivalent of 6,634 packets of cigarettes).  
  - In 2005, 169 prisoners were disciplined for their involvement in gambling in the prison. Penalties for gambling included:  
    - 2,203 days solitary confinement  
    - 2,779 days forfeiture of remission  
    - 2,436 deprivation of earnings days. |
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| Bellringer et al. (2009) Research year: 2007             | 33 gamblers                    | PGSI                         | - PGSI classification of gamblers:  
  - (n=1) non-problem gambler  
  - (n=1) low risk problem gambler  
  - (n=4) moderate risk gambler  
  - (n=27) problem gambler  
  - 55 per cent (n=18) of problem gamblers reported thinking about doing something illegal to obtain money for gambling. |
|                                                         | 7 significant others (of gamblers who had committed a crime) | PGSI                         | - PGSI classification of significant others:  
  - (n=3) non-problem gambler  
  - (n=2) low risk problem gambler  
  - (n=0) moderate risk gambler  
  - (n=2) problem gambler  
  - all significant others (n=7) indicated a relationship between their significant other's crime(s) and gambling. |
  - 4,650 general population  
  - 533 Maori oversample  
  - 858 Pacific oversample  
  - 969 Chinese / Korean oversample | No problem gambling screen used. Developed own survey investigating levels of gambling participation and the social impacts of gambling | - 1.3 per cent (n=91) of the sample had offended in the past 12 months (including non-gambling-related offences).  
  - Majority were stealing or fraud offences.  
  - 25 per cent (n=23) of those who admitted to committing a crime, said they would not have committed an offence if they did not have a problem with their gambling.  
  - The researchers estimated that approximately 10,000 Individuals in New Zealand committed a gambling-related crime in 2008. |
| Sullivan et al. (2007)                                   | 100 adult prisoners in a medium security prison due for release within six months | Eight Screen & SOGS          | - 29 per cent (n=29) scored either 4+ on Eight screen or 5+ on the SOGS. Inmates who only exhibited a positive result on one of the screens were excluded.  
  - 23 per cent (n=23) scored 4+ on the Eight screen and 5+ on the SOGS (probable pathological gambler classification).  
  - 11 per cent (n=11) of inmates met the criteria for pathological gambling according to the DSM-IV.  
  - 18 per cent (n=18) of inmates could be classified as sub-clinical problem gamblers.  
  - Based on study findings, it was estimated that 15 per cent of inmates could be classified as pathological gamblers. |
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| Abbott et al. (2005) Research year: 2000               | 357 adult, male inmates undertaking the first 12 months of their sentence. Participants were sampled from one of four prisons, two of which were located in the North Island of New Zealand and two in Christchurch | SOGS-R – six months prior to incarceration and lifetime prevalence | - 7 per cent (n=25) problem gamblers (six months).  
- 10 per cent (n=36) problem gamblers (lifetime).  
- 16 per cent (n=57) probable pathological gamblers (six months).  
- 21 per cent (n=75) probable pathological gamblers (lifetime).  
- 33 per cent (n=37) of problem and probable pathological gamblers (lifetime) had experienced problems with police as a result of gambling at some point.  
- 43 per cent (n=48) of problem and probable pathological gamblers (lifetime) had at some point committed a crime to obtain money for gambling or gambling related debts.  
- 26 per cent (n=29) of problem and probable pathological gamblers (lifetime) had appeared in court at some point as a result of gambling-related charges. |
| Abbott & McKenna (2005) Research year: Interviews conducted March–November 1999 | 94 adult, recently sentenced female prisoners. Participants were sampled from across New Zealand women's prisons | SOGS-R – six months before incarceration and lifetime prevalence | - 22 per cent (n=21) probable pathological gamblers (six months).  
- 33 per cent (n=31) probable pathological gamblers (lifetime).  
- 12 per cent (n=11) problem gamblers (lifetime).  
- 12 per cent (n=11) problem gamblers (six months).  
- 18 per cent (n=17) of problem and probable pathological gamblers (lifetime) had experienced problems with police as a result of gambling at some point.  
- 22 per cent (n=21) of problem and probable pathological gamblers (lifetime) had at some stage committed a crime to obtain money for gambling or gambling-related debts.  
- 12 per cent (n=11) of problem and probable pathological gamblers (lifetime) had appeared in court at some point as a result of gambling-related charges. |
| United Kingdom Ricketts et al. (2000) Also cited in Lahn & Grabosky (2003) | 11 adults on probation in Yorkshire from an original sample of 46 who answered ‘yes’ to a gambling question agreed to participate in the study. The 46 individuals were identified from a survey sample of 444 | SOGS, DSM-IV | In terms of the total probation population the researchers concluded:  
- 4.5 per cent (n=20) were problem gamblers:  
  - 4.8 per cent (n=21) according to a SOGS score of 5+  
  - 4.2 according (n=19) to a DSM-IV score of 3+.  
Of the 11 individuals who participated in a follow-up interview:  
- 82 per cent (n=9) were problem gamblers (SOGS 5+)  
- 73 per cent (n=8) of the sub sample scored 3+ on DSM-IV. |
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<td>Yeoman &amp; Griffiths (1996) as cited in Magoon et al. (2005)</td>
<td>Survey administered by police officers in Plymouth to juveniles when they first came to notice</td>
<td>Unknown</td>
<td>Of the 72 gambling-related cases, 86 per cent (n=62) involved theft or burglary, 7 per cent (n=5) involved missing persons, 5.5 per cent (n=4) involved criminal damage and one case involved a domestic dispute.</td>
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<td>1,851 Juvenile forms were collected with 3.9 per cent (n=72) of cases demonstrating an association between gambling machine playing and offending. The profile of these juveniles was as follows:</td>
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<td>37.5 per cent (n=27) involved first-time offenders.</td>
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<td>– 93 per cent (n=67) male (aged between 8 and 12 years)</td>
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<td>– 7 per cent (n=5) female (aged between 13 and 16 years)</td>
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<td>Maden et al. (1992) as cited in Lahn &amp; Grabosky (2003: 15)</td>
<td>404 incarcerated male offenders in youth custody centres:</td>
<td>DSM-III-R</td>
<td>11.9 per cent (n=48) were identified as ‘heavy gamblers’ but based on the administration of the DSM III-R only 2.2 per cent (n=9) were found to be classified as ‘pathological gamblers’.</td>
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<td>• Mean age 19.4 years</td>
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<tr>
<td>Kennedy &amp; Grubin (1990)</td>
<td>51 adult, male prisoners who were identified as sex-offenders</td>
<td>DSM-III-R – lifetime prevalence</td>
<td>18 per cent (n=9) pathological gamblers.</td>
</tr>
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  - Scottish sample of 30 gambling addicts  
  - English sample of 77 gambling addicts | Unknown                       | • In the Scottish sample, 77 per cent (n=23) reported committing an offence in the categories investigated in the study and 40 per cent (n=12) reported a conviction:  
  > the rates of offending were estimated to be:  
  >  theft 26.25 per cent  
  >  embezzlement 30 per cent  
  >  fraud 23.75 per cent  
  >  bankruptcy etc. 20 per cent.  
  • Within the English sample, 82 per cent (n=63) reported having committed crime and 51 per cent (n=39) as having been convicted of such offences:  
  > the rates of offending among problem gamblers in England was estimated to be:  
  >  violence to the person 0.97 per cent  
  >  obtaining property with violence 3.65 per cent  
  >  theft 64.80 per cent  
  >  fraud 29.49 per cent  
  >  criminal damages 0.56 per cent  
  >  others 0.53 per cent. |
| Royal College of Psychiatrists (1977) as cited in Lesieur (1993) | 1,058 adult, male prisoners | Clinical assessment – current gambling problems prevalence | • 5 per cent (n=53) were classified as compulsive gamblers. |
| United States of America                                 | 6,145 young adults             | DSM-IV, SOGS                  | • Survey respondents who reported being down US$501–$5,000 have a statistically higher propensity to commit crimes.  
  • Individuals indicating gambling losses of US$501–$1,000 were about 15 per cent more likely than the average respondent to commit a serious crime.  
  • The effect is even larger for individuals who admitted being behind between US$1,001–$5,000 due to gambling during a particular year. These people were 27.5 per cent more likely than the average respondent to commit a serious crime. |
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| Ledgerwood et al. (2007) | 231 pathological gamblers enrolled in a randomised treatment study that included cognitive behavior therapy and referral to Gamblers Anonymous | SOGS | • Of the participants who reported illegal behaviours:  
  - 19 per cent (n=44) reported fraudulent activities  
  - 5.2 per cent (n=12) reported stealing  
  - 4.8 per cent (n=11) reported unauthorized use of a credit card  
  - 2.6 per cent (n=6) reported forgery  
  - 2.2 per cent (n=5) reported embezzlement  
  - 2.2 per cent (n=5) reported gambling-related traffic violations  
  - 0.4 per cent (n=1) reported parole or probation violations.  
  - Participants reporting recent illegal behaviour (n=63) recorded more severe lifetime and recent (past-year) gambling disorder symptoms and higher gambling-related debt than did gamblers who denied illegal behaviour (n=168).  
  - Demographic profile of those who had committed illegal activities (n=63):  
    - average age 41.9 years  
    - 61.9 per cent (n=39) male  
    - 38.1 per cent (n=24) female (there were no significant differences between gender and criminal activity)  
    - 84.1 per cent (n=53) were Caucasian, 7.9 per cent (n=5) African American, 1.6 per cent (n=1), Hispanic 1.6 (n=1) Asian and 4.8 per cent (n=3) other. |
| Westphal & Johnson (2006) | • 343 (jail) and 1,293 (prison) offenders and a random sample of 12,036 students in grades 6 to 12. All participants were aged 10–19 years  
  - Community sample:  
    - 53 per cent (n=6,171) female  
    - 47 per cent (n=5,466) male.  
  - Juvenile offenders:  
    - 10.5 per cent (n=169) female  
    - 89.5 per cent (n=1,444) male.  
  * some individuals did not provide information | SOGS – revised for Adolescents | • Juvenile offenders were more likely to be classified as pathological gamblers (20.5%) than students (3.9%).  
  - 13 per cent of juvenile offenders had been arrested for gambling related offending.  
  - Juveniles identified as pathological gamblers were twice as likely to have been arrested for gambling-related activities. |
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<td>McCorkle (2002) Research year: 1999–2001</td>
<td>2307 arrestees in Las Vegas and Des Moines: • 75 per cent (n=1,730) male • 25 per cent (n=577) female</td>
<td>144-item survey including the NODS (National Opinion Research Centre DSM Screen for Gambling Problems) survey based on DSM-IV criteria (3–4; 5+) – past year prevalence</td>
<td>• 14.5 per cent (n=335) met criteria for problem or pathological gambling in Las Vegas and 9.2 per cent (n=212) in Des Moines. • Pathological gamblers were no more likely to have been arrested for a white collar offence than low-risk or non gamblers. • 30 per cent of the pathological gamblers had been arrested for robbery and of these one-third had committed the offence for gambling-related reasons. • 13 per cent had assaulted someone to obtain money and of these one in four assaults reported by pathological gamblers was gambling related. • One in five pathological gamblers arrested had sold drugs to finance their gambling or pay for gambling-related debts. • On average, pathological gamblers reported committing their first offence at age 21 with gambling developing after offending. • Men who were pathological gamblers were more likely to commit a more serious crime at an earlier age compared to females. • 13 per cent of pathological gamblers who self-identified as having a gambling problem had sought problem gambling treatment.</td>
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<tr>
<td>Maden, Swinton &amp; Gunn (1992) also cited in Lahn &amp; Grabosky (2003)</td>
<td>404 male youths in custodial facilities: • average age 19 years</td>
<td>Gambling had caused problems and DSM-III-R – lifetime prevalence</td>
<td>• 11.9 per cent (n=48) heavy gamblers. • 2.2 per cent (n=9) pathological gamblers.</td>
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<tr>
<td>Kerber &amp; Harris (2001)</td>
<td>658 recently sentenced adult, female prisoners in Texas</td>
<td>Yes on at least one of the six SOGS questions – past 12 months prevalence</td>
<td>• 11 per cent (n=72) problem gamblers.</td>
</tr>
<tr>
<td>Kerber (2001a)</td>
<td>542 recently sentenced adult female jail inmates in Texas</td>
<td>Yes on at least one of the six SOGS questions – 12 month prevalence</td>
<td>• 13 per cent (n=70) problem gamblers.</td>
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<td>Kerber (2001b)</td>
<td>498 recently sentenced adult jail inmates in Texas</td>
<td>Yes on at least one of the six SOGS questions – 12 month prevalence</td>
<td>• 16 per cent (n=80) problem gamblers.</td>
</tr>
<tr>
<td>Kerber et al. (2001)</td>
<td>859 adults recently sentenced to a substance abuse felony facility: • 51 per cent (n=438) male • 49 per cent (n=421) female</td>
<td>Yes on at least one of the six SOGS questions – 12 month prevalence</td>
<td>• 10 per cent (n=42) of females problem gamblers. • 26 per cent (n=109) of males problem gamblers.</td>
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<td>Wallisch &amp; Kerber (2001)</td>
<td>1,026 recently sentenced adolescent prisoners:  • 87 per cent (n=893) male  • 13 per cent (n=133) female  • Average age 15.5 years</td>
<td>Yes on at least one of the six SOGS questions over the past 12 months prevalence (except for one question)</td>
<td>• 8 per cent (n=11) of females problem gamblers.  • 12 per cent (n=107) of males problem gamblers.</td>
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<tr>
<td>Anderson (1999)</td>
<td>233 adult, male prisoners in pre-release programming in Mid-West America</td>
<td>SOGS – lifetime prevalence</td>
<td>• 35 per cent (n=82) problem gamblers.  • 38 per cent (n=89) probable pathological gamblers.  • 20 per cent (n=47) of the total sample had committed gambling-related crimes (no differentiation between crimes committed by problem and pathological gamblers and non-problem gamblers).</td>
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<tr>
<td>Kerber (1998)</td>
<td>Face-to-face interviews were undertaken with a random sample of male inmates during admission to one of four ID intake facilities:  • 214 = 17–24 years old (27.4%)  • 265 = 25–34 years old (33.9%)  • 303 = 35+ years old (38.8%)</td>
<td>Unknown</td>
<td>• 23 per cent of all inmates report some form of gambling issue.  • Those within the sample who did not have a substance use problem (16%) were also the least likely to have a gambling problem.</td>
</tr>
<tr>
<td>Kerber &amp; Harris (1998)</td>
<td>Face-to-face interviews with a random sample of female inmates during admission to one of the two TDCJ-ID intake facilities (n=658)</td>
<td>Subset of six of the twenty questions of the SOGS</td>
<td>• 11 per cent of all inmates (n=72) had some form of gambling issue.  • Individuals within the sample who were substance dependent (15%) were more likely to have a gambling problem:  – inmates who were substance dependent reported the highest prevalence of weekly gambling.  • 47 per cent (n=309) of all inmates engaged in at least one form of gambling during the year before entering prison.  • 26 per cent (n=171) of inmates reported gambling weekly in the year before entering prison, with substance dependent inmate more likely to be in this group.</td>
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<tr>
<td>Maxwell &amp; Wallisch (1998)</td>
<td>1,004 adults on probation:  • 75 per cent (n=753) male  • 25 per cent (n=251) female</td>
<td>Yes on at least one of the six SOGS questions over – past 12 month prevalence</td>
<td>• 18 per cent (n=181) problem gamblers.</td>
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| Westphal et al. (1998a)                                  | 310 juvenile prisoners in Indiana:  
  • 72 per cent (n=223) male  
  • 28 per cent (n=87) female  
  • Median age 16 years | SOGS – lifetime prevalence – revised for adolescents |  
  • 29 per cent (n=90) problem gamblers.  
  • 39 per cent (n=121) pathological gamblers.  
  • 9 per cent (n=28) indicated they had committed a gambling-related crime (including non-problem / pathological gamblers). |
  • 33 per cent (n=104) problem gamblers.  
  • 18 per cent (n=57) probable pathological gamblers. |
| Westphal Rush & Stevens (1998)                           | 1,673 adult prisoners in correctional facilities in Indiana:  
  • 61 per cent (n=1,021) male  
  • 39 per cent (n=652) female | SOGS – lifetime prevalence |  
  • 40 per cent (n=669) problem gamblers.  
  • 19 per cent (n=318) pathological gamblers.  
  • 4 per cent of the total sample (n=67) indicated their incarceration was related to their gambling (including non-problem / pathological gamblers). |
| Walters (1997)                                            | 363 adult, male prisoners in a federal prison in Pennsylvania | SOGS 5+ – lifetime prevalence |  
  • 7.4 per cent (n=25) identified as problem gamblers.  
  • 5.2 per cent (n=19) identified as probable pathological gamblers. |
| Farabbee (1995)                                            | 500 recently sentenced adult, female prisoners in Texas | Yes on at least one of three SOGS questions – past year prevalence |  
  • 11–25 per cent (n=55–125) identified as problem gamblers depending on the question. |
| Farabbee (1994)                                            | 1,030 recently sentenced adult, male prisoners in Texas | Yes on at least one of three SOGS questions – past year prevalence |  
  • 17–42 per cent (n=175–433) problem gamblers depending on the question. |
  Unknown | Pathological gamblers  
  Unknown |  
  • 60 per cent had offended to support their gambling-related activities. |
  • 23 per cent (n=31) problem gamblers.  
  • 24.26 per cent (n=33) probable pathological gamblers. |
  Unknown | Clients of Gamblers Anonymous  
  Unknown |  
  • 90 per cent had offended (unknown if gambling related). |
<table>
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<tr>
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<td><strong>National</strong></td>
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<td><strong>Australia</strong></td>
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</table>
| KPMG (2009)                                            | 420 responses received from organisations across Australia and New Zealand in the public and private sectors | Not applicable | • Gambling was the most common motivator for fraud (44% of cases). This is a two-fold increase in cases when compared to the 2006 survey (see below).  
• Average value lost by each organisation per incident was $1,101,808.  
• The profile of a typical individual committing fraud was similar to that profiled in the 2006 study – male, aged 38 years, a non-management employee and motivated by greed. |
| Best et al. (2008)                                     | 384 responses were received from organisations across Australia and New Zealand in the not-for-profit sector regarding fraudulent activity | Not applicable | • 11 per cent (n=42) of respondents indicated that gambling was the third most common motivator for fraud (most common financial problems).  
• Gambling-related fraud accounted for 53 per cent of all losses attributed to fraudulent acts.  
• The average value of frauds motivated by gambling was $180,643, the highest average of all motivators.  
• The most common type of fraud reported by respondents was cash theft (33%).  
• The typical individual committing fraud is aged 40 years and is a paid non-accounting employee.  
• The average value of the largest fraud in not-for-profit organisations was $45,527. |
| Warfield (2008)                                         | • 528 criminal cases in courts across Australia in the period 1 January 1998 to 31 December 2007:  
  - 42 per cent (n=221) were female  
  - 58 per cent (n=307) were male  
  • To be included in the sample the cases must have involved offences committed to obtain funds for gambling or to pay gambling-related debts | Not applicable | • Examples of the types of criminal offences covered in the research included but were not limited to:  
  - defrauding the Commonwealth  
  - embezzlement  
  - false accounting  
  - forgery  
  - larceny by a clerk  
  - obtain property / financial advantage by deception  
  - theft  
  - use false document  
  - uttering.  
  • The cases amounted to $269,239,278 stolen over the 10-year period.  
  • Victoria had the greatest number of gambling-motivated frauds (n=156) as well as the greatest dollar losses to fraud ($102,701,516).  
  • The minimum amount stolen was $127 and the maximum was $22,447,500.  
  • Males stole an average $671,000 to gamble compared to $286,000 by females.  
  • The youngest convicted individual was 15 and the oldest was 84 years.  
  • Offenders usually cited electronic gaming machines as their predominant gambling activity.  
  • Five murders were committed by individuals attempting to cover up gambling-motivated frauds.  
  • Many offenders in the sample suffered from depression. |
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<tr>
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</tr>
</thead>
</table>
| BDO (2006)                                             | 547 responses were received from organisations across Australia and New Zealand in the not-for-profit sector | Not applicable              | • 10 per cent (n=55) of respondents indicated that gambling was the fourth most common motivator for fraud.  
• Only 36 per cent of fraud cases were reported to the police (of the total sample).  
• Cash theft and expense account fraud were reported as the most common types of fraud perpetrated.  
• 89 per cent of reported frauds in the not-for-profit sector were under $50,000.  
• The profile of a typical individual committing fraud was female, aged 40–49 years and a non-accounting employee. |
| KPMG (2006)                                            | 465 organisations across Australia and New Zealand | Not applicable              | • Frauds were motivated by gambling in 22 per cent of cases.  
– Fraud motivated by gambling resulted in the highest value of money lost per incident ($299,729).  
• The profile of a typical individual committing fraud was male, aged 38 years and a non-management employee. |
• 79 per cent of the sample were male:  
  – Average age – 37 years  
• 29 per cent of the sample were female:  
  – Average age – 46 years | Not applicable | • 14.7 per cent of cases cited gambling as a motivator for the commission of fraud (n=21).  
– Of these individuals, 86 per cent spent the proceeds of the crime on gambling and 24 per cent spent the proceeds of crime on living expenses. Common offence types included:  
> Obtaining finance or credit by deception (43%)  
> Cheque fraud (43%)  
> Misappropriation of funds in the private sector (19%)  
> Obtaining goods by deception (19%).  
– The average amount lost was $218,746.  
– Maximum amount lost was $805,312. |
| Productivity Commission Survey of Clients of Counselling Agencies (1999) | Sample of 404 gambling counselling clients | Unknown | • 44.1 per cent (n=178) reported involvement in some gambling-related criminal activity (except fraudulent cheques).  
• 18.3 per cent (n=74) stated gambling had led to police contact.  
• 15.8 per cent (n=64) stated gambling had led to a court appearance.  
• 6.4 per cent (n=26) stated gambling had led to a prison sentence.  
• 50.2 per cent (n=203) had committed a gambling-related offence during their lifetime.  
• 21.2 per cent (n=86) had written fraudulent cheques.  
• 42.3 per cent (n=171) had obtained money or property improperly. |
<table>
<thead>
<tr>
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</thead>
</table>
| Dickerson et al. (1996) | 2,744 individuals recruited through a door-knock of Sydney, Melbourne, Adelaide and Brisbane | SOGS | - Based on the 22 individuals identified as problem gamblers (SOGS score of 10+):  
  - 18.2 per cent (n=4) had borrowed money without permission or authority for gambling  
  - 31.8 per cent (n=7) reported their gambling led to problems with police  
  - 18.2 (n=4) had appeared in court on charges related to gambling  
  - 27.3 per cent (n=6) had been in prison as a result of gambling-related crimes. |

**Australian Capital Territory (ACT)**

| Lahn & Grabosky (2003) | 102 adult prisoners across five ACT correctional centres: Belconnen Remand Centre, the Symonston Temporary Remand Centre, the Community Service Orders Unit, Periodic Detention, and the Probation and Parole Unit (including prisoners on remand, serving weekend sentences, on bail, on parole or serving community orders):  
  - 95 per cent (n=97) male  
  - 5 per cent (n=5) female  
  - the majority of the sample were aged 18–29 years (54%), unemployed at reception, had not completed Year 12 and from non-Indigenous communities  
  - 54.9 per cent (n=56) had never married, 32.4 per cent (n=33) were married or defacto and 12.7 per cent (n=13) were separated or divorced | SOGS – lifetime and 12 month prevalence – questions on gambling in prison, and alcohol use and help-seeking behaviour | - 34.3 per cent (n=35) of participants had a gambling problem (SOGS score of 5+):  
  - 45.7 per cent (n=8) of problem gamblers had engaged in criminal activities to finance gambling or repay gambling-related debts.  
  - 25.7 per cent (n=4) of problem gamblers indicated their offending behaviour was influenced by their problem gambling.  
  - 25.7 per cent (n=9) had sought help for gambling problems (not all voluntarily).  
  - Of the prisoners at the two remand centres and the periodic detention centre, 60 per cent (n=15) had gambled while incarcerated. Of these individuals, five scored 5–9 on the SOGS and three scored 10+ on the SOGS:  
  - the majority of these individuals gambled on card games and televised sporting matches  
  - items used to gamble within prison included buy-ups such as cigarettes. |
### Problem Gambling and the Criminal Justice System

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Australian Institute of Gambling Research (2001), as cited in Independent Gambling Authority (2003)</td>
<td>ACT general population survey with a sample size of 5,445</td>
<td>SOGS</td>
<td>• 15.1 per cent of respondents who scored 5+ on the SOGS and 16.4 per cent of individuals who scored 10+ on the SOGS had committed a gambling-related offence.</td>
</tr>
</tbody>
</table>

#### New South Wales (NSW)

<table>
<thead>
<tr>
<th>NSW Department of Juvenile Justice (2003) Research Year: January and March 2003</th>
<th>319 young people remanded or sentenced to any of the nine juvenile detention centres in NSW:</th>
<th>Criteria developed by Fisher (based on DSM-IV criteria)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• 92 per cent (n=223) males</td>
<td>• 8 per cent (n=18) of males and 16 per cent (n=3) of females were classified as “problem gamblers”.</td>
<td>• 8 per cent (n=16) of males had taken money from outside of the family for gambling.</td>
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<td>• 8 per cent (n=19) females</td>
<td>• 4 per cent (n=8) of males and 6 per cent (n=1) of females had taken money from family for gambling.</td>
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<td>• The majority were Australian born</td>
<td>• The majority of gambling-related offences committed involved fraud (n=4) or larceny by a servant (n=5).</td>
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</tr>
<tr>
<td>• Robbery and break and enters were the most common serious offences among the sample</td>
<td>• The total amount stolen by the 63 individuals was more than $4,206,572.30.</td>
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#### Crofts (2002)

<table>
<thead>
<tr>
<th>Crofts (2002) Research years: 1995–1999</th>
<th>2,776 NSW District and Local Court case files during 1995–1999 were reviewed</th>
<th>Not applicable</th>
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<tbody>
<tr>
<td>Final sample included 63 District and Local Court files (from a sample of 105 gambling-related case files, the remaining cases did not contain enough information for analysis)</td>
<td>• Of the 63 gambling related files examined, 74.6 per cent (n=47) of crimes directly related to gambling.</td>
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<td>• 14.3 per cent (n=9) female</td>
<td>• The majority of gambling-related offences committed involved fraud (n=4) or larceny by a servant (n=5).</td>
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<tr>
<td>• 85.7 per cent (n=54) male</td>
<td>• The total amount stolen by the 63 individuals was more than $4,206,572.30.</td>
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<td>• The minimum amount stolen was $40 while the maximum was $425,000 and the average amount stolen was $73,800.</td>
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<td>• 28 (44%) of the individuals were 30 years of age or under and 27 (43%) of the individuals were aged 30–49 years.</td>
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<td>• The level of education ranged from grade six to university degrees.</td>
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<td>• 36 (57%) in the sample had a prior criminal record.</td>
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<tr>
<td>Butler &amp; Milner (2001) Research year: July and November 2001</td>
<td>914 adult inmates in 29 correctional centres across New South Wales: • 81.7 per cent (n=747) male • 18.3 per cent (n=167) female • Majority Australian born • Had committed property offences</td>
<td>SOGS – 12 month prevalence administered as part of the NSW inmate health survey</td>
<td>• 11 per cent (n=17) of females and 20 per cent of males (n=133) were identified as ‘probable pathological gamblers’. • 24 per cent (n=36) of females and 29 per cent (n=197) of males were identified as having ‘some problem’ in relation to gambling. • 20 per cent (n=4) of females and 34 per cent (n=59) of males felt gambling issues contributed to their present incarceration. • 25 per cent (n=5) of female and 32 per cent (n=54) of male regular gamblers indicated they would like assistance to address their gambling behaviours. • 15 per cent (n=3) of female and 17 per cent (n=28) of male regular gamblers had sought help for their gambling in the past. • 14 per cent (n=21) of females and 30 per cent (n=207) of males had participated in gambling while in prison. • 55.6 per cent (n=10) of females and 52.4 per cent (n=86) of males reported committing a crime to finance their gambling.</td>
</tr>
<tr>
<td>Dickerson et al. (1998; 1996a) as cited in Productivity Commission (1999: H9)</td>
<td>A sample of 14 individuals who, across two surveys, scored 10+ on the SOGS</td>
<td>SOGS score of 10+</td>
<td>• 43 per cent (n=6) had been in trouble with police because of gambling. • 71 per cent (n=10) had appeared in court because of gambling. • 29 per cent (n=4) had been in prison because of gambling-related crime.</td>
</tr>
<tr>
<td>Brown &amp; Butler (1997) Research year: May–August 1996</td>
<td>789 adult inmates across NSW correctional facilities: • 83.3 per cent (n=657) male • 16.7 per cent (n=132) female • the majority were Australian-born and had committed property offences</td>
<td>Unknown</td>
<td>• 16 per cent (n=21) of female prisoners gambled more than three times per week. • 17 per cent (n=109) of male prisoners gambled more than three times per week. • 39.8 per cent (n=49) of males and 25 per cent (n=6) of females reported committing a crime to finance their gambling. • 20 per cent (n=22) of males and 9 per cent (n=4) of female regular gamblers indicated they would like to receive help for their gambling problem. • 9 per cent (n=10) of males and 5 per cent (n=1) of females had previously sought help for their gambling.</td>
</tr>
<tr>
<td>Blaszczynski &amp; McConaghy (1994b) as cited in Productivity Commission (1999 H16–17)</td>
<td>306 problem gambling service clients, of which 152 were in-patients at a hospital and 154 were clients of Gamblers Anonymous</td>
<td>Unknown</td>
<td>• 58.8 per cent (n=180) admitted to committing problem gambling related offences and 48 per cent (n=147) had only committed gambling-related offences. • 18 per cent (n=55) had committed a non-gambling-related offence. • 6 per cent (n=18) had only committed offences unrelated to gambling. • 11 per cent (n=34) had committed both gambling-related and non-gambling-related offences.</td>
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<td><strong>Queensland</strong></td>
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<td>Queensland Department of Corrective Services (2005)</td>
<td>570 individuals from Community Correctional Centres across Queensland (580 responded, however 10 surveys had to be discarded): 78.9 per cent (n=450) male 21.1 per cent (n=120) female</td>
<td>CPGI</td>
<td>9.4 per cent (n=54) of the sample (representing 1123 correctional clients) were estimated to score in the problematic gambling range.</td>
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<td>Problem gamblers were more likely to have committed a gambling-related offence (40.7% compared to the sample average of 10.6%), while recreational gamblers were less likely to have committed a gambling-related offence (4%).</td>
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<td>Problem gambling prevalence among Indigenous respondents was 13.7 per cent compared to 8.4 per cent for non-Indigenous respondents and 0.5 per cent for the general Queensland population.</td>
</tr>
<tr>
<td>Hockings et al. (2002) Research year: 2002</td>
<td>212 female prisoners across all three women’s correctional facilities</td>
<td>Unknown</td>
<td>22.2 per cent (n=47) reported gambling more than three times per week in the twelve months prior to their incarceration.</td>
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<td>5.7 per cent (n=12) of women believed that gambling contributed to their present imprisonment.</td>
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<td>Recidivist offenders were less likely to report gambling problems.</td>
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<tr>
<td>Powis (2002) Research Year: 2002</td>
<td>178 adult prisoners in secure and open custodial facilities across Queensland: 41 per cent (n=73) female 59 per cent (n=105) male</td>
<td>CPGI – nine item instrument as component of a 48 item questionnaire – 12 months prior to incarceration</td>
<td>Population estimates suggested that about 20 per cent of prisoners in Queensland may be problem gamblers. Of those prisoners interviewed for the research: 17.4 per cent problem gamblers 12.4 per cent classified as moderate risk 19.4 per cent (n=34) indicated they had committed a gambling-related crime 12.4 per cent (n=22) indicated that self-reported offences remained undetected by authorities.</td>
</tr>
<tr>
<td>Boreham et al. (1996) as cited in Delfabbro &amp; LeCouteur (2003); Lahn &amp; Grabosky (2003)</td>
<td>74 adult prisoners in the Arthur Gorrie Remand Centre: 98 per cent (n=72) male 1 per cent (n=1) female 1 per cent (n=1) undisclosed</td>
<td>Self-assessment of gambling problems – lifetime prevalence</td>
<td>31 per cent (n=23) were problem gamblers. 7 per cent (n=5) had been incarcerated for offences committed in order to finance their electronic gaming machine habit. 11 per cent (n=8) indicated gambling on these machines had led to police contact at some point in their life.</td>
</tr>
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<tr>
<td>South Australia Report to Corrective Services Administrator's Conference 3 (May 2006: 2) as cited in Kellam (2006: 6)</td>
<td>Health review of prisoners in South Australia</td>
<td>Unknown</td>
<td>30 per cent of prisoners were pathological gamblers.</td>
</tr>
<tr>
<td>South Australian Department for Families and Communities (2005) Research year: 17 October – 23 December 2005</td>
<td>• Over 17,000 adults and 605 young people in South Australia who participated in a telephone interview as part of the problem gambling general population survey  • Final sample size was 173 (the data was weighted by age, sex, area of residence and probability of selection in the household)</td>
<td>• CPGI (score of 8+)  • Adolescent gambling measure  • DSM-IV, DSM-IV J (juvenile criteria)</td>
<td>Moderate risk frequent gambler  • 1.2 per cent (n=2) had obtained money illegally to finance their gambling.  • No individuals reported being in trouble with police as a result of their gambling.  • No individuals appeared in court on gambling-related charges. High risk frequent gambler  • 26 per cent (n=18) had obtained money illegally to finance their gambling.  • 10.2 per cent (n=7) reported being in trouble with police because of their gambling.  • 4.2 per cent (n=3) appeared in court on gambling-related charges.</td>
</tr>
<tr>
<td>Independent Gambling Authority (2003); Marshall &amp; Marshall (2003) Research year: 2000–2003 (varies within the sample)</td>
<td>• 800 randomly selected police apprehension reports in 2001  • 500 Adelaide Magistrates’ Court files finalised in 2002 relating specifically to the two offences of larceny and fraud (250 files for each offence were randomly selected)  • 1800 sentencing remarks from District and Supreme Court cases heard between January 2000 and June 2003</td>
<td>Not applicable</td>
<td>Of the 800 randomly selected police apprehension reports from 2001, 0.75 per cent (n=6) were gambling related. Of these cases offences reported were: fraud, larceny, armed robbery and serious criminal trespass.  • Results from the Adelaide Magistrates’ Court files containing sentencing remarks, indicated that 4 per cent of the fraud offences and 1.2 per cent of the larceny offences, were gambling related.  • Of the 1,800 District and Supreme Court cases, 1.3 per cent (n=23) were gambling related, with 15 of these cases citing gambling as the only motivating factor and the other 8 involving multiple motivating factors (such as drug use, robbery and fraud), offenders in these latter cases were more likely to have been recidivist offenders.  • Problem gambling was not seen to be a mitigating factor in sentencing.</td>
</tr>
<tr>
<td>Meredith (2001) as cited in Delfabbro &amp; LeCouteur (2003: 71)</td>
<td>50 adult males on Community Based Orders, including first time and repeat offenders</td>
<td>SOGS and other instruments related to psychological assessments</td>
<td>20 per cent (n=10) problem gamblers.</td>
</tr>
<tr>
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</table>
| Marshall et al. (1998) as cited in Delfabbro & LeCouteur (2003: 70) | 103 recently sentenced adult males at Yatalla Labour Prison recruited from a low security section | SOGS – past six months prevalence | • 8 per cent (n=8) were classified as problem gamblers.  
• 33 per cent (n=35) were classified as pathological gamblers (SOGS score of 5+):  
  – 26 per cent (n=9) of pathological gamblers had committed a gambling related offence (all scores 5+ on SOGS).  
• Of those who had gambling problems, 62 per cent were classified as probable substance abusers, 38 per cent had symptoms of alcoholism, and 47 per cent had symptoms of anti-social personality disorder based upon their profiles on the Psychiatric Diagnostic Interview (PDI) (Delfabbro & LeCouteur 2003: 70).  
• 100 per cent (n=43) of problem and pathological gamblers had committed a gambling-related offence. |
| Tasmania | 41 individuals who presented at the Tasmanian Supreme Court from January 2004 to December 2009 | Tasmanian Supreme Court cases where the Judge has made reference to gambling being the cause of crime committal during sentencing | • 33 per cent (n=13) of defendants had a drug and alcohol problem.  
• 15 per cent (n=6) of defendants were described as having a mental illness.  
• 50 per cent (n=20) of defendants had no prior convictions, but the judge determined that gambling was the reason for committing the first offence. |
| Victoria | 500 prisoners across all Victorian prisons were surveyed with 450 participating in the physical and mental stages of the survey | Unknown | • Evidence of high levels of gambling addiction, with approximately half of the prisoners surveyed indicating a desire or need to address their smoking, drug, alcohol or gambling problems.  
• Many were introduced to gambling at an early age.  
Note: detailed statistics unavailable at this stage. |
| Monash University Centre for Criminology & Criminal Justice (2002) | Analysis of Break Even minimum data set for the 1,817 clients who contacted the service in the 1996-97 financial year | DSM-IV | • 30.2 per cent (equates to 1 in 4 clients) had committed illegal acts to finance their gambling, including fraud, forgery, theft and embezzlement. |
| Jackson et al. (1999b) as cited in Productivity Commission (1999) | 2,209 new clients to Break Even | Unknown | • 20 per cent (n=442) admitted to committing an offence to finance their gambling.  
• 10.5 per cent (n=232) revealed client's finances were sourced via illegal activities for their current gambling. |
<table>
<thead>
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</table>
| Blaszczynski & Farrell (1998) Research year: 1990–1997 | 44 case records of suicide where the majority of suicidal gamblers were unemployed or from lower socioeconomic backgrounds:  
• mean age 40.8 years  
• 88.6 per cent (n=39) male  
• 11.4 per cent (n=5) female | The State Coroner identified the presence of a putative gambling problem | • 18 per cent (n=8) of the deceased had committed an illegal act to obtain money to gamble.  
• Putative risk factors included co-morbid depression, large financial debts and relationship difficulties. |
• 18 males (60%)  
• 12 females (40%) | Unknown | • 50 per cent (n=15) had been before the courts.  
• 43 per cent (n=13) had financial difficulties or debts.  
• 37 per cent (n=11) had underlying relationship difficulties.  
• 27 per cent (n=8) were involved in stealing chips, cheating at casino games, stealing or shoplifting.  
• 17 per cent (n=5) were involved with inappropriate money-lending schemes.  
• 13 per cent (n=4) had thought about committing suicide at some stage. |
| Western Australia | 60 adult prisoners | Unknown | • 21.7 per cent (n=13) were problem gamblers.  
• 50 per cent of problem gamblers had committed crimes related to gambling. |
| Blaszczynski (1994) as cited in Delfabbro & LeCouteur (2003) | 60 adult prisoners at Canning Vale Remand Centre | SOGS – lifetime prevalence | • 22 per cent (n=13) were probable pathological gamblers (SOGS score of 5+).  
• 62 per cent of pathological gamblers (n=8) committed a gambling-related crime. |

Note: Table adapted from Williams, Royston & Hagen (2005) pp. 669–674, original sources and other sources where stated.
Appendix B
Gambling screens explained


The DSM-IV-TR (APA 2000) is the main diagnostic reference of mental health professionals in the United States of America. The DSM-IV-TR criteria are generally recognised as the standard by which pathological gambling is diagnosed. The DSM-IV-TR places the diagnostic criteria for pathological gambling under “Impulse Control Disorders Not Elsewhere Classified”. To be diagnosed as a pathological gambler an individual must meet five of the 10 diagnostic criteria outlined, with symptoms of pathological gambling required to have been experienced in the past year (Whelan et al. 2007).

The DSM-IV-TR is a clinical measure of pathological gambling, although it has been used in problem gambling population surveys (McMillen 2007). In the United States, pathological gambling (the term given to what is seen as a psychiatric condition) is routinely tested using a series of questions. However, this ‘medicalised’ perspective of gambling has been questioned, particularly by Australian researchers and also by others who prefer a broader epidemiological model that includes the impact of the environment in which gambling takes place.

In a variation of the DSM-IV, Fischer (2000 as cited in Stinchfield et al. 2007) developed the DSM-IV-MR (Multiple Response) screener for problem gambling. Fischer’s 10-item questionnaire is designed to measure gambling problems using the four responses: never, once or twice, sometimes and often. Each item is scored, with individuals who have scores ranging from 3 to 4 on criteria 8, 9 or 10 classified as problem gamblers. A score of 5 or more on these criteria leads to a classification of severe problem gambler (ibid: 193–4). The validity of this instrument, has however, not been tested.

South Oaks Gambling Screen (SOGS)

The SOGS – which has produced many minor variants – was developed by Lesieur and Blume (1987). The test poses questions about a gambler’s behaviour, such as whether they ‘chase’ losses, have problems controlling their gambling, gamble more than intended, feel guilty about gambling and believe that they have a problem. Its prime focus is on the financial aspects of gambling. SOGS was developed for a clinical population in treatment.

The SOGS is a 20-item questionnaire, which in its original format used a yes/no response for most questions, and even those items (1 and 2) that used a different format were dichotomised. The SOGS score is obtained by summing up the yes responses and can thus range from 0 to 20. A cut-off score of 5+ has been identified as indicating ‘probable pathological gambling’ and in Australia this score has become convention to define problem gamblers. Scores from 3 to 5 are supposed to indicate ‘possible pathological gambling’ and respondents with scores of 10+ are sometimes referred to as ‘severe problem gamblers’.

Until recent times, the SOGS was the most widely used problem gambling screen; it has been extensively used, reviewed and criticised. Built on a clinical model, it has been designed to identify ‘pathological’ gamblers in clinical populations and has usually been validated with reference to interviews based on clinical DSM criteria (Abbott & Volberg 1996). Much of the criticism of the SOGS centres on this clinical basis, arguing that it is questionable whether it is an appropriate tool to measure the prevalence of gambling problems in population studies.

In comparing the SOGS and the DSM-IV, Thomas et al. (2003: 37) note:

- The SOGS contains both subjective and behavioural items, in distinction to DSM-IV which is behavioural only, introducing the potential for the relativity involved to inflate numbers of those defined as pathological gamblers, as a score of 5 on SOGS, the cut-off score for defining probable pathological gamblers, if made up of mainly behavioural items, may not reflect ‘objectively’ pathological gambling.
The Canadian Problem Gambling Index (CPGI)

The CPGI was developed partly as a response to the potential shortcomings of the SOGS. The CPGI creators' intention was to develop a definition that would allow for use in prevalence studies but also broaden the scope of problem gambling beyond depiction as a psychiatric phenomenon. They accepted, based on the work of other researchers, that problem gambling is the result of a predisposition toward behaviours that develop into gambling problems in response to specific environmental conditions or stimuli. However, they were also of the view that the focus on the individual was misplaced. They saw the advantages of their new screen as having a greater focus on environmental and social factors, believing they were potentially more important than behavioural indicators. However, these factors are harder to assess and are not as concrete as behavioural indicators.

This new definition led to the development of an instrument, the CPGI, which drew from frameworks outside the psychiatric and psychological research domains, an approach the Productivity Commission (1999: 6.43) found promising at the time of its report because the then new index placed far greater emphasis on the harms arising from gambling and environmental factors that might contribute to gamblers becoming 'problem gamblers', as opposed to focusing exclusively on behavioural indicators (compared with SOGS and DSM-IV).

The developers intended to design an instrument that is more appropriate for prevalence surveys of the general population, including groups that are typically under-represented in clinical samples and that are less typical problem gamblers. It aimed to address to a greater degree the social and environmental contexts of problem gambling and to include the measurement of correlates of problem gambling that permit a better understanding of the profiles of groups of problem gamblers (Ferris & Wynne 2001a; Ferris & Wynne 2001b).

In fact, the CPGI in its complete form is a rather long instrument that includes four different sections, namely:
- a detailed measurement of respondents' involvement in various forms of gambling
- the assessment of problem gambling
- an evaluation of correlates of problem gambling (such as family history, alcohol or drug use)
- demographic variables.

The CPGI, because of its breadth (beyond the clinical) and application focus (general population compared with clinical environments), is the preferred, population-based screen and has been used across Australia in prevalence studies such as those conducted recently in Queensland and South Australia. It also is the screen adopted by Gambling Research Australia.

The Victorian Gambling Screen (VGS)

Another gambling screen, yet to be used in studies of correctional populations, is the Victorian Gambling Screen (VGS). The Victorian Casino and Gambling Authority commissioned the development of a new problem gambling screen that would:
- depart from models of pathological gambling and rather be based on a definition of problem gambling in terms of harmful consequences (similar to the CPGI above)
- be more appropriate for the Australian context where, for instance, gambling is relatively widespread and accepted.

To inform such a specific understanding and attitude to gambling in Australia, the development of the VGS was, as a first step, based on a number of focus groups held in Victoria, including focus groups with self-declared regular and heavy gamblers. These focus groups, together with a review of the literature, yielded a large number of items relevant to problem gambling that were reduced through item analysis. Factor analysis of the remaining items yielded three factors:
- harm to self
- harm to partner
- enjoyment of gambling.
To further refine the instrument and conduct a preliminary validation, a pilot study was conducted with 239 gambling respondents. First, confirmatory factor analysis was applied to test and cross-validate with a different sample the three-factor structure. The analysis replicated the three-factor solution, and after excluding some further questions, the model showed a good fit to the data. The instrument included 21 items, with 15 items indicating harm to self, three items measuring harm to partner and three indicators of enjoyment of gambling.

The Early Intervention Gambling Health Test (The EIGHT Screen)

The Screen Development Study (Sullivan 1999) developed the EIGHT Screen. Initially developed as a gambling screen for use by General Practitioners or family doctors (GPs), the EIGHT Screen formed part of a thesis for a Doctor of Philosophy qualification from the Department of General Practice at the University of Auckland.

The EIGHT Screen comprises eight questions to assess problem gambling, with four or more yes answers identifying a gambling problem that may be moderate or sub-clinical (Level 2), or serious (Level 3, including probable pathological gambling). It was designed to be brief (self-completed in approximately one minute) and simple to score to provide prompt assessment and feedback.

Because Problem Gambling Disorder (PGD) is a persistent and recurrent problematic behaviour (DSM-IV), the EIGHT Screen questions asked whether problem gambling issues had ever occurred, rather than within a set recent period (commonly called ‘current’ screens). This approach was intended to combat false negatives, that is, finding that, incorrectly, the person was not a problem gambler because the behaviour was temporarily in abeyance at the time of screening (i.e. false negatives). Participants in the study comprised GP patients, problem gambling treatment provider clients, and problem gambling therapists in New Zealand and overseas.

The Screen Development Study identified that the EIGHT Screen was a useful screen for males and females.

Gambling Screen Comparison – SOGS & the EIGHT Screen

The Screen Development Study identified that the EIGHT Screen correlated positively with the SOGS (74%) and would identify correctly a 3 cut-off (93% identified) of the SOGS Screen (sub-clinical, Level 2 problems) and at a 5 cut-off (92.7% identified) that identified probable pathological gambling (Level 3). In a GP patient population, the EIGHT Screen identified 75% of patients who met SOGS probable pathological gambling categorisation.

Gambling screen comparison – SOGS, CPGI & VGS

In April 2004, the Gambling Research Panel published a study comparing the SOGS, CPGI and VGS problem gambling screens. The main features and findings of this report are (pg. 3):

This research set out to validate the Victorian Gambling Screen (VGS) on a larger population sample and to evaluate it against the South Oaks Gambling Screen 5+ (SOGS5+) and the CPGI.

This validation study is based on data from a state-wide survey of 8,479 Victorian residents conducted in April–May 2003. After screening for involvement in gambling, the population was divided into three groups, regular gamblers, non-regular gamblers and non-gamblers. Only the regular gamblers were administered one of the three problem gambling screens. The VGS was applied to one group (n=149), the CPGI to another group (n=143) and the SOGS was applied to the remaining group (n=143).

On this research, the CPGI out-performed other screens. It is shorter and more economical to administer, more robust and has been used interstate and internationally as an alternative to SOGS. Use of an international measure such as the CPGI would enhance comparability across jurisdictions.
General conclusions from the report (pg. 12)

The results of our validation tests for SOGS indicate it is an unsatisfactory instrument to measure the prevalence of problem gambling in the general population. We recommend that the SOGS be replaced as the screen of choice in future Victorian and Australian population surveys.

Overall, the VGS performed fairly well and seems to be an improvement over the SOGS – specifically in terms of one-dimensionality, internal consistency, item distributions and, to some degree, construct validity. At the same time, it should be noted that the content of the VGS and its implicit meaning of problem gambling do not seem to differ very much from the SOGS, contrary to claims of a departure from that theoretical model.

Moreover, the CPGI demonstrated at least equally good qualities on all these dimensions, plus better classification validity. Overall the CPGI demonstrated the best measurement properties of all three gambling instruments investigated in this study.

Summary developed by: The Office of Gaming and Racing – Research and Data and Evaluation Teams

The above summary was adapted from the original sources referenced in the text above.
Appendix C
Police email invitation and interview schedule

PARTICIPANT EMAIL INVITATION

Dear Victoria Police member

The Office of Gaming and Racing (OGR) is currently progressing a research project titled ‘Problem Gambling and the Correctional Services System’. Victoria Police, on behalf of the researchers, has sent you this email to invite you to participate in a face-to-face semi structured interview as part of this project. Your identity will only be disclosed to the researchers should you choose to participate by emailing the researchers directly. Victoria Police will not know whether you chose to participate or not.

The aim of the interview is to gather information about the nature and extent of problem gambling amongst individuals in contact with Victoria Police. In addition, the study aims to gather information about data collection processes and holdings within Victoria Police with a view to determining the extent to which information on problem gambling-related crime is collected systematically and to generate a proxy measure of problem gambling-related prevalence amongst offender populations.

This information will help to improve problem gambling treatment services for people in contact with the Victorian correctional system and for those re-entering the wider community.

Participation in this research is voluntary. Please find attached additional information about the research and what you should expect should you volunteer to participate. Should you wish to take part in the project please follow the instructions contained within the attached project documentation.

For more information about the issue of problem gambling please visit the following website:


Thank you for taking the time to read about this research.
Victoria Police

Semi-structured interview questions

Gambling–crime relationship

- What is your perception and knowledge of the extent of problem gambling-related offending within the Victorian community?
  - Views on key trends (ie. particular groups, co-morbid issues)
  - Categories of offences committed
  - Issues of note (eg. drug trafficking, loan sharking).
- In your view why do people commit gambling-related offences?
  - Profile of offender types
  - Are offences which fall into the categories of for example, fraud, committed in different ways by problem gamblers in comparison to individuals who commit offences within these categories more generally?
- Is information regarding the relationship between gambling and crime of relevance or interest to Victoria Police?
  - Why / why not?

Data capture

- What sort of data does Victoria Police currently collect in relation to problem gambling-related crime?
  - Where is this data recorded / held?
- When police interview individuals as a matter of course do they seek information about the motivations for their offending?
  - If sought, is it recorded systematically?
  - If volunteered, is it recorded systematically?
  - If gambling issues became evident would operational police officers refer individuals into gambling treatment services?
  - If not sought, would it be feasible / practicable to collect such information systematically?
- In your view how useful would information on gambling-related offending be for Victoria Police in terms of their operational and policy activities?
- In your view how might current Victoria Police data capture recording processes be improved so that problem gambling-related crime data could be systematically captured?
Appendix D
Victoria Police LEAP data gambling-related search terms

Text mining on the deception offences was conducted and cases extracted for the ones for which the narrative contains one or more gambling-related key words (or words which sound like them, using the SOUNDEX() function to account for spelling variations):

- ‘Gamb’
- ‘Gambling’
- ‘Gambler’
- ‘Pokies’
- ‘TAB’
- ‘Keno’
- ‘_horse racing_’
- ‘_bet_’
- ‘Tattsotto’
- ‘Gambled’

- ‘Grambl*’
- ‘Gma*’
- Tabaret
- Casino
- Trotting
- Trott
- Trot
- Races
- Racing

- EGM
- Electronic Gaming Machine
- Roulette
- Poker
- Track
- Lottery
- Wager
- Wagering
## Appendix E
### Summary of Victoria Police LEAP data

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
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<tr>
<td>Female</td>
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<tr>
<td>Male</td>
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<td>18–24</td>
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<td>25–29</td>
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<td>30–34</td>
<td>20</td>
<td>15.38%</td>
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<tr>
<td>35–39</td>
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</tr>
<tr>
<td>40–44</td>
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<td>45–49</td>
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<td>55–59</td>
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</tr>
<tr>
<td>60 +</td>
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</tr>
<tr>
<td><strong>Marital status</strong></td>
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<td></td>
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<tr>
<td>Defacto</td>
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<tr>
<td>Divorced</td>
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<tr>
<td>Married</td>
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<tr>
<td>Single</td>
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<tr>
<td>Non-Indigenous</td>
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<td>59.23%</td>
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<tr>
<td>Unknown / unspecified</td>
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<tr>
<td><strong>Racial appearance</strong></td>
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<tr>
<td>Aboriginal</td>
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<tr>
<td>Asian</td>
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<tr>
<td>Caucasian</td>
<td>88</td>
<td>77.19%</td>
</tr>
<tr>
<td>Other</td>
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<td>9.65%</td>
</tr>
<tr>
<td><strong>Country of birth</strong></td>
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<td>Australia</td>
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<tr>
<td>Egypt</td>
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<tr>
<td>England</td>
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</tr>
<tr>
<td>India</td>
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</tr>
<tr>
<td>Indonesia</td>
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<td>0.78%</td>
</tr>
<tr>
<td>Iraq</td>
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</tr>
<tr>
<td>Korea</td>
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<td>0.78%</td>
</tr>
<tr>
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<tr>
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<td>New Zealand</td>
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<tr>
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<td>Scotland</td>
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<tr>
<td>Somalia</td>
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### Demographic variable

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<tr>
<td>Vietnam</td>
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#### Employment status

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<th>Status</th>
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</thead>
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<tr>
<td>Employed in paid work</td>
<td>23</td>
<td>24.2%</td>
</tr>
<tr>
<td>Unemployed not in paid work</td>
<td>72</td>
<td>75.8%</td>
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#### Occupation type

<table>
<thead>
<tr>
<th>Type</th>
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</thead>
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<td>Blue collar</td>
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<tr>
<td>White collar</td>
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<td>21%</td>
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#### Occupation category

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<td>7.9%</td>
</tr>
<tr>
<td>Professional</td>
<td>5</td>
<td>13.2%</td>
</tr>
<tr>
<td>Technician or trades worker</td>
<td>8</td>
<td>21.1%</td>
</tr>
<tr>
<td>Machinery operator or driver</td>
<td>4</td>
<td>10.5%</td>
</tr>
<tr>
<td>Sales worker</td>
<td>6</td>
<td>15.8%</td>
</tr>
<tr>
<td>Labourer</td>
<td>12</td>
<td>31.6%</td>
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The number of deception offences committed from 1 April–20 Sep 2009 is 5,986. This data was extracted from LEAP on 9 June 2010 and is subject to variation.

### Crime-related variable

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
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<tr>
<td>Method of processing</td>
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</tr>
<tr>
<td>Arrest</td>
<td>74</td>
<td>56.92%</td>
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<tr>
<td>Arrest, summons</td>
<td>2</td>
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<tr>
<td>Caution</td>
<td>5</td>
<td>3.85%</td>
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<tr>
<td>Other</td>
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<td>3.08%</td>
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<tr>
<td>Summons</td>
<td>45</td>
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#### Criminal history

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<tr>
<th>History</th>
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<td>Yes</td>
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<tr>
<td>No</td>
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<td>43.85%</td>
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#### Offences processed for

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<thead>
<tr>
<th>Offence</th>
<th>Frequency</th>
<th>Per cent</th>
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</thead>
<tbody>
<tr>
<td>Obtain property by deception</td>
<td>107</td>
<td>71.33%</td>
</tr>
<tr>
<td>Obtain financial advantage by deception</td>
<td>15</td>
<td>10%</td>
</tr>
<tr>
<td>Make false document (Crimes Act)</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Use false document (Crimes Act)</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Procure hire of a motor vehicle by fraud</td>
<td>4</td>
<td>2.66%</td>
</tr>
<tr>
<td>Poss good for sale with false trademark</td>
<td>4</td>
<td>2.66%</td>
</tr>
<tr>
<td>Fraudulently use reg label auth/req-rsa</td>
<td>1</td>
<td>0.66%</td>
</tr>
<tr>
<td>Use identification info-commit/facilitate indictable offence</td>
<td>1</td>
<td>0.66%</td>
</tr>
<tr>
<td>Fraudulently use identifying no auth/req-rsa</td>
<td>1</td>
<td>0.66%</td>
</tr>
<tr>
<td>False representation – existence of guarantee</td>
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<td>0.66%</td>
</tr>
<tr>
<td>Make / possess article to make a false document</td>
<td>1</td>
<td>0.66%</td>
</tr>
<tr>
<td>Possess counterfeit money</td>
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<td>0.66%</td>
</tr>
<tr>
<td>Perjury / false declaration / false oath</td>
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<td>0.66%</td>
</tr>
<tr>
<td>Pervert course justice (common law)</td>
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<td>0.66%</td>
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<tr>
<td>Forge prescription drug of dependence</td>
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<tr>
<td>Obtain drug of dependence – false representation</td>
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</tr>
<tr>
<td>False name / address transport act</td>
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<td>0.66%</td>
</tr>
</tbody>
</table>

The number of deception offences committed 1 April 2009–20 Sep 2009 is 5,986. This data was extracted from LEAP on 9 June 2010 and is subject to variation.
### Crime-related variable

<table>
<thead>
<tr>
<th>Number of offences processed for</th>
<th>Frequency</th>
<th>Per cent</th>
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<tr>
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</tr>
<tr>
<td>2</td>
<td>26</td>
<td>20.00%</td>
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<tr>
<td>3</td>
<td>5</td>
<td>3.85%</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>8.46%</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>0.77%</td>
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<tr>
<td>6</td>
<td>2</td>
<td>1.54%</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>1.54%</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>0.77%</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>0.77%</td>
</tr>
<tr>
<td>12</td>
<td>2</td>
<td>1.54%</td>
</tr>
<tr>
<td>15</td>
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<td>1.54%</td>
</tr>
<tr>
<td>16</td>
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<td>0.77%</td>
</tr>
<tr>
<td>17</td>
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</tr>
<tr>
<td>83</td>
<td>1</td>
<td>0.77%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>130</strong></td>
<td><strong>100.02%</strong></td>
</tr>
</tbody>
</table>
Appendix F
Interview invitation and semi-structured interview schedule – members of the Parole Board

PARTICIPANT EMAIL INVITATION

Dear Employee of Corrections Victoria / Member of the Parole Board

The Office of Gaming and Racing (OGR) is currently progressing a research project titled ‘Problem Gambling and the Correctional Services System’. Corrections Victoria, on behalf of the researchers, have sent you this email to invite you to participate in a face-to-face semi structured interview as part of this project. Your identity will only be disclosed to the researchers should you choose to participate by emailing the researchers directly. Corrections Victoria will not know whether you chose to participate or not.

The aim of the interview is to gather information about the nature and extent of problem gambling amongst clients in contact with the Victorian correctional services system. In addition, the research seeks to understand how Corrections Victoria captures data pertaining to problem gambling and what processes are in place for referring offenders into problem gambling treatment. This information will help to improve problem gambling treatment services for people in contact with the Victorian correctional system and for those re-entering the wider community.

Participation in this research is voluntary. Please find attached additional information about the research and what you should expect should you volunteer to participate. Should you wish to take part in the project please follow the instructions contained within the attached project documentation.

For more information about the issue of problem gambling please visit the following website:

Thank you for taking the time to read about this research.

Kind regards
Semi-structured interview questions

Demographic

• Age
• Gender
• Years employed as a member of the Parole Board
• Other relevant experience

Questions

Gambling–crime relationship

1. What is your perception of the nature and extent of the gambling–crime relationship as reflected in the lives of correctional clients you have come into contact with?
2. What is your perception of gambling as a risk factor for re-offending?
3. Do you perceive problem gambling to be a clinical (ie. addiction-based) or non-clinical issue (ie. regarded as a recreational outlet that compensates for a lack of friendship and family networks)?

Gambling-related data collection

4. What sort of data does the Parole Board currently collect in relation to problem gambling and / or problem gambling-related crime?
   a. What is the relevance of information regarding issues of problem gambling for members of the Parole Board?
5. Is the Parole Board provided with information regarding an applicant's history of gambling?
   a. If so, what sort of information does the Parole Board receive from Corrections Victoria to assist in the assessment of a prisoner's suitability for parole?
   b. How useful is this information for the Parole Board?
      i. How could the information be improved? (format, nature, timeliness etc.)
   c. If gambling issues became evident during a parole hearing, would the Parole Board refer individuals into gambling treatment services as a condition of parole?
   d. To what extent do issues of problem gambling impact on the Parole Board's decision to approve parole?
6. In your view how useful would information on gambling-related offending be for the Parole Board in terms of their program and policy activities?
7. What practical improvements could be made to the Parole Board's data collection methods to facilitate the ongoing systematic collection and analysis of data and trends regarding gambling-related crime?
8. Any further comments? Questions?
Appendix G
Semi-structured interview schedule – Corrections Victoria staff

Demographic
• Age
• Gender
• Currently working within Prison / Community Correctional Services?
  – Current position?
• Years employed by Corrections Victoria – in total and current role
• Other relevant experience

Questions

Gambling–crime relationship
1. What is your perception of the nature and extent of the gambling–crime relationship as reflected in the lives of offenders you have come into contact with?
2. What is your perception of gambling as a risk factor for re-offending?
3. Do you perceive problem gambling to be a clinical (ie. addiction-based) or non-clinical issue (ie. regarded as a recreational outlet that compensates for a lack of friendship and family networks)?

Gambling-related data collection
4. What sort of data does Corrections Victoria currently collect in relation to problem gambling and / or problem gambling-related crime?
  a. What is the relevance of information regarding issues of problem gambling for Corrections Victoria?
5. When Corrections Victoria staff assess remandees / prisoners for their risk of re-offending and offence-specific and offence-related needs, do they seek information about the motivations for their offending?
  a. If sought, is it recorded systematically?
  b. If volunteered, is it recorded systematically?
  c. If gambling issues became evident would they refer individuals into gambling treatment services?
  d. How often would a prisoner be assessed?
    i. Is a prisoner re-assessed upon transfer to another prison?
6. Are problem gambling services currently available within your prison?
  a. If so, how adequate are these services?
  b. What improvements could be made to exiting problem gambling assessment, referral processes and service provision?
7. In your view how useful would information on gambling-related offending be for Corrections Victoria in terms of their program and policy activities?
8. What practical improvements could be made to Corrections Victoria data collection methods to facilitate the ongoing systematic collection and analysis of data and trends regarding gambling-related crime?
9. Any further comments? Questions?
## Appendix H
### VISAT administration points

<table>
<thead>
<tr>
<th>Point of criminal justice contact</th>
<th>Corrections Victoria Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre conviction (finding of guilt)</strong></td>
<td>No current screening from Corrections Victoria</td>
</tr>
<tr>
<td>When people are arrested for offences, the nature of their alleged acts or their history may raise questions regarding their suitability for pre-trial release should they be deemed to pose an imminent risk of harm to identifiable persons or to the public at large.</td>
<td></td>
</tr>
<tr>
<td><strong>Pre-sentence</strong></td>
<td>VISAT</td>
</tr>
<tr>
<td>Risk and need assessments are sometimes requested when a defendant’s case has proceeded to trial. The results may assist magistrates and judges who are considering diversion or the conditional or unconditional discharge of the defendant. They may also assist judges to decide between alternative sentences (eg. a community-based disposition versus incarceration) and to set or recommend conditions for community supervision (eg. court-mandated treatment).</td>
<td></td>
</tr>
<tr>
<td><strong>Correctional intake / induction</strong></td>
<td>VISAT</td>
</tr>
<tr>
<td>‘Front-end’ assessments in institutional or community settings can be used in the development of treatment plans / Offender Management Plans, as well as to determine suitability or set conditions for family visits, temporary absences, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>Correctional discharge</strong></td>
<td>VISAT</td>
</tr>
<tr>
<td>Assessments prior to discharge can help corrections staff to provide advice and recommendations to parole boards regarding suitability or to set conditions for conditional release, as well as assisting in the development of post-release treatment or management plans. For an offender on a community order nearing the end of their supervisory period, a final risk assessment may flag concerns that require at-risk individuals to be contacted and warned by Corrections Victoria staff; the duty to warn is an ethical and legal obligation required before the case file can be officially closed.</td>
<td></td>
</tr>
<tr>
<td><strong>Indeterminate commitment</strong></td>
<td>VISAT</td>
</tr>
<tr>
<td>In Victoria, legislation has been enacted that provides for the indeterminate detention of ‘dangerous’ or ‘high risk’ offenders. Risk assessment plays a central role in such proceedings. It can be used to determine whether an individual meets statutory criteria for commitment and their eligibility for supervised release with or without conditions.</td>
<td></td>
</tr>
<tr>
<td><strong>Duty to warn</strong></td>
<td>VISAT</td>
</tr>
<tr>
<td>In some situations, Corrections Victoria staff may have a duty of care to warn or advise when they have ‘reasonable and probable’ grounds to believe an individual has the intent and the means to engage in behaviour harmful to self or others. It may also arise as a result of regulations concerning community notification. The VISAT can be used as an ‘independent check’ of the professional judgement of service providers and may help them to explain to others the basis for their judgements.</td>
<td></td>
</tr>
</tbody>
</table>

Source: Department of Justice (May 2007b) VISAT Administration Manual, Corrections Victoria pp. 11–12.
Appendix I
VISAT free text keyword search

- ‘Gambling’
- ‘Gambler’
- ‘Pokies’
- ‘TAB’
- ‘Keno’
- ‘_horse racing_’
- ‘_bet_’
- ‘Tatts.lotto’
- ‘Gambled’
- ‘Grambl*’
- ‘Gma*’
- Tabaret
- Casino
- Trotting
- trotting
- Trott
- Trot
- Races
- Racing
- EGM
- Electronic Gaming Machine
- Roulette
- Poker
- Track
- Lottery
- Wager
- Wagering
- Punting
- Punt
- Flutter
- Poke
- The dogs
- Races
- Gaming
- Trots
- Cards
- Bookie
## Appendix J

### Prisoner and CCS VISAT profile data

<table>
<thead>
<tr>
<th>MSO_ASOC_DESC</th>
<th>Aggregate total</th>
<th>% Total</th>
<th>Gambling total</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abduction and kidnapping</td>
<td>2</td>
<td>0.16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>106</td>
<td>8.36%</td>
<td>4</td>
<td>5.56%</td>
</tr>
<tr>
<td>Aggravated robbery</td>
<td>14</td>
<td>1.10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggravated sexual assault</td>
<td>49</td>
<td>3.86%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Blackmail and extortion</td>
<td>1</td>
<td>0.08%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breach of bail</td>
<td>6</td>
<td>0.47%</td>
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<td></td>
</tr>
<tr>
<td>Breach of Justice Order nec.</td>
<td>236</td>
<td>18.61%</td>
<td>9</td>
<td>12.5%</td>
</tr>
<tr>
<td>Breach of other Restraining Order</td>
<td>13</td>
<td>1.03%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breach of Parole</td>
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<td>11.51%</td>
<td>7</td>
<td>9.72%</td>
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<tr>
<td>Criminal intent</td>
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<td>0.08%</td>
<td></td>
<td></td>
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<tr>
<td>Dangerous or negligent operation (Driving) of a vehicle</td>
<td>12</td>
<td>0.95%</td>
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<td>1.39%</td>
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<tr>
<td>Dealing / trafficking in drugs</td>
<td>83</td>
<td>6.55%</td>
<td>12</td>
<td>16.67%</td>
</tr>
<tr>
<td>Deprivation of liberty / false imprisonment</td>
<td>1</td>
<td>0.08%</td>
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<td></td>
</tr>
<tr>
<td>Disorderly conduct, nec.</td>
<td>3</td>
<td>0.24%</td>
<td></td>
<td></td>
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<tr>
<td>Driving causing death</td>
<td>11</td>
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<td></td>
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<tr>
<td>Driving under the influence of alcohol or drugs</td>
<td>4</td>
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<tr>
<td>Driving while licence cancelled or suspended</td>
<td>95</td>
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<tr>
<td>Driving without a licence</td>
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<td></td>
</tr>
<tr>
<td>Exceeding the prescribed content of alcohol limit</td>
<td>37</td>
<td>2.92%</td>
<td>3</td>
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<td>Fraud, Forgery or False Financial Instruments</td>
<td>3</td>
<td>0.24%</td>
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<td>1.39%</td>
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<tr>
<td>Harassment and private nuisance</td>
<td>5</td>
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<td></td>
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<tr>
<td>Illicit drug offences, nec.</td>
<td>2</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Import illicit drugs</td>
<td>2</td>
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<td></td>
<td></td>
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<tr>
<td>Manufacture or cultivate illicit drugs</td>
<td>18</td>
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<td>Miscellaneous offences, nec.</td>
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<tr>
<td>Murder</td>
<td>1</td>
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<tr>
<td>Non-aggravated assault</td>
<td>40</td>
<td>3.15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-aggravated robbery</td>
<td>4</td>
<td>0.32%</td>
<td></td>
<td></td>
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<tr>
<td>Non-aggravated sexual assault</td>
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<td>Non-assaultive sexual offences, nec.</td>
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<td>Offences against justice procedures, nec.</td>
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<td>Offensive behaviour</td>
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<td>Other dangerous or negligent acts, endangering persons, nec</td>
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<td>0.63%</td>
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<tr>
<td>Other deception offences</td>
<td>29</td>
<td>2.29%</td>
<td>9</td>
<td>12.5%</td>
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<tr>
<td>Possess illicit drug</td>
<td>5</td>
<td>0.39%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property damage by fire or explosion</td>
<td>9</td>
<td>0.71%</td>
<td></td>
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<tr>
<td>Receiving or handling proceeds of crime</td>
<td>7</td>
<td>0.55%</td>
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<td>Registration offences</td>
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<td>0.08%</td>
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<td></td>
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<tr>
<td>Regulatory driving offences, nec.</td>
<td>8</td>
<td>0.63%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Resist or hinder police officers or justice officials</td>
<td>2</td>
<td>0.16%</td>
<td></td>
<td></td>
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<tr>
<td>Sell, possess and/or use prohibited weapons / explosives</td>
<td>15</td>
<td>1.18%</td>
<td>1</td>
<td>1.39%</td>
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<td>Subvert the course of justice</td>
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<tr>
<td>MSO ASOC_DESC</td>
<td>Aggregate total</td>
<td>% Total</td>
<td>Gambling total</td>
<td>% Total</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-----------------</td>
<td>---------</td>
<td>---------------</td>
<td>---------</td>
</tr>
<tr>
<td>Theft (except motor vehicles), nec</td>
<td>40</td>
<td>3.15%</td>
<td>4</td>
<td>5.56%</td>
</tr>
<tr>
<td>Theft from retail premises</td>
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<td>–</td>
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<td>Theft of a motor vehicle</td>
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<td>Trespass</td>
<td>1</td>
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<td>–</td>
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<td>Unlawful entry with intent / burglary, break and enter</td>
<td>138</td>
<td>10.88%</td>
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<td>16.67%</td>
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<tr>
<td>Use illicit drug</td>
<td>1</td>
<td>0.08%</td>
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<td>–</td>
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<tr>
<td>Grand total</td>
<td>1268</td>
<td>100%</td>
<td>72</td>
<td>100%</td>
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</table>

<table>
<thead>
<tr>
<th>Demographic variable – prisoners</th>
<th>Aggregate total</th>
<th>% Total</th>
<th>Gambling total</th>
<th>% Total</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
<td>1229</td>
<td>96.92%</td>
<td>72</td>
<td>100%</td>
</tr>
<tr>
<td>Female</td>
<td>39</td>
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<td>–</td>
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<tr>
<td>Age range (at reception)</td>
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<tr>
<td>18–19</td>
<td>13</td>
<td>1.03%</td>
<td>4</td>
<td>5.56%</td>
</tr>
<tr>
<td>20–24</td>
<td>192</td>
<td>15.4%</td>
<td>11</td>
<td>15.28%</td>
</tr>
<tr>
<td>25–29</td>
<td>294</td>
<td>23.19%</td>
<td>14</td>
<td>19.44%</td>
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<tr>
<td>30–34</td>
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<td>11.11%</td>
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<td>35–39</td>
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<td>14</td>
<td>19.44%</td>
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<td>40–44</td>
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<td>8</td>
<td>11.11%</td>
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<td>45–49</td>
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<td>6.55%</td>
<td>9</td>
<td>12.50%</td>
</tr>
<tr>
<td>50–54</td>
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<td>55–59</td>
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<td>60–64</td>
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<td>1</td>
<td>1.39%</td>
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<td>70–74</td>
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<td>–</td>
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<td>75–79</td>
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<td>0.16%</td>
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<td>–</td>
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<td>Indigenous status</td>
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<td>Indigenous</td>
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<td>Non-Indigenous</td>
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<td>Unknown</td>
<td>9</td>
<td>0.71%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Country of birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>1019</td>
<td>80.36%</td>
<td>46</td>
<td>63.89%</td>
</tr>
<tr>
<td>China</td>
<td>3</td>
<td>0.24%</td>
<td>2</td>
<td>2.78%</td>
</tr>
<tr>
<td>Croatia</td>
<td>4</td>
<td>0.32%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>2</td>
<td>0.16%</td>
<td>2</td>
<td>2.78%</td>
</tr>
<tr>
<td>Greece</td>
<td>8</td>
<td>0.63%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1</td>
<td>0.08%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Lebanon</td>
<td>5</td>
<td>0.39%</td>
<td>2</td>
<td>2.78%</td>
</tr>
<tr>
<td>Macedonia</td>
<td>4</td>
<td>0.32%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2</td>
<td>0.16%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Peru</td>
<td>2</td>
<td>0.16%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Philippines</td>
<td>7</td>
<td>0.55%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Romania</td>
<td>4</td>
<td>0.32%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Sri Lanka</td>
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<td>0.39%</td>
<td>1</td>
<td>1.39%</td>
</tr>
<tr>
<td>Turkey</td>
<td>17</td>
<td>1.34%</td>
<td>4</td>
<td>5.56%</td>
</tr>
<tr>
<td>Vietnam</td>
<td>44</td>
<td>3.47%</td>
<td>6</td>
<td>8.33%</td>
</tr>
</tbody>
</table>
## Offence-related variables – Prisoners

<table>
<thead>
<tr>
<th>Offence-related variables – Prisoners</th>
<th>Aggregate sample</th>
<th>PG sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average TES</td>
<td>256.6 days</td>
<td>299.4 days</td>
</tr>
<tr>
<td>Median TES</td>
<td>152 days</td>
<td>184.5 days</td>
</tr>
<tr>
<td>Most common TES</td>
<td>91 days</td>
<td>122 days</td>
</tr>
<tr>
<td>VISAT administration type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long VISAT</td>
<td>656 (51.74%)</td>
<td>45 (62.5%)</td>
</tr>
<tr>
<td>Short VISAT</td>
<td>612 (48.26%)</td>
<td>27 (37.5%)</td>
</tr>
</tbody>
</table>

## CCS – VISAT data

<table>
<thead>
<tr>
<th>MSO_ASOC_DESC</th>
<th>Aggregate total</th>
<th>% Total</th>
<th>Gambling total</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abduction and kidnapping</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>250</td>
<td>16.06%</td>
<td>4</td>
<td>6.35%</td>
</tr>
<tr>
<td>Aggravated robbery</td>
<td>85</td>
<td>5.46%</td>
<td>5</td>
<td>7.94%</td>
</tr>
<tr>
<td>Aggravated sexual assault</td>
<td>42</td>
<td>2.70%</td>
<td>2</td>
<td>1.59%</td>
</tr>
<tr>
<td>Assault, not further defined</td>
<td>15</td>
<td>0.96%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Blackmail and extortion</td>
<td>4</td>
<td>0.26%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Breach of bail</td>
<td>10</td>
<td>0.64%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Breach of domestic violence order</td>
<td>13</td>
<td>0.83%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Breach of Justice Order nec.</td>
<td>3</td>
<td>0.19%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Breach of Parole</td>
<td>10</td>
<td>0.64%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Censorship offences</td>
<td>8</td>
<td>0.51%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Counterfeiting currency and related offences</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Criminal intent</td>
<td>3</td>
<td>0.19%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Dangerous or negligent operation (driving) of a vehicle</td>
<td>41</td>
<td>2.63%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Deal or traffic in illicit drugs – commercial quantity</td>
<td>5</td>
<td>0.32%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Deal or traffic in illicit drugs – non-commercial quantity</td>
<td>98</td>
<td>6.29%</td>
<td>5</td>
<td>7.94%</td>
</tr>
<tr>
<td>Dealing / trafficking in drugs</td>
<td>46</td>
<td>2.95%</td>
<td>3</td>
<td>4.76%</td>
</tr>
<tr>
<td>Deception offences, nec.</td>
<td>14</td>
<td>0.90%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Deprivation of liberty / false imprisonment</td>
<td>5</td>
<td>0.32%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Dishonest conversion</td>
<td>9</td>
<td>0.58%</td>
<td>2</td>
<td>3.17%</td>
</tr>
<tr>
<td>Disorderly conduct, nec.</td>
<td>9</td>
<td>0.58%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Disorderly conduct, not further defined</td>
<td>2</td>
<td>0.13%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Driving causing death</td>
<td>5</td>
<td>0.32%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Driving under the influence of alcohol or drugs</td>
<td>19</td>
<td>1.22%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Driving while licence cancelled or suspended</td>
<td>66</td>
<td>4.24%</td>
<td>–</td>
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<tr>
<td>Driving without a licence</td>
<td>15</td>
<td>0.96%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Exceeding legal speed limit</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
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<tr>
<td>Exceeding the prescribed content of alcohol limit</td>
<td>95</td>
<td>6.10%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Forgery of documents</td>
<td>3</td>
<td>0.19%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Fraud nec.</td>
<td>61</td>
<td>3.92%</td>
<td>9</td>
<td>14.29%</td>
</tr>
<tr>
<td>Graffiti</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Harassment and private nuisance</td>
<td>23</td>
<td>1.48%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Import / export regulations</td>
<td>1</td>
<td>0.06%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Make, use or possess equipment to make false / illegal financial instruments</td>
<td>6</td>
<td>0.39%</td>
<td>2</td>
<td>3.17%</td>
</tr>
<tr>
<td>Manslaughter</td>
<td>5</td>
<td>0.32%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Manufacture or cultivate illicit drugs</td>
<td>34</td>
<td>2.18%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Misuse of regulated weapons / explosives</td>
<td>4</td>
<td>0.26%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>MSO_ASOC_DESC</td>
<td>Aggregate total</td>
<td>% Total</td>
<td>Gambling total</td>
<td>% Total</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------</td>
<td>---------</td>
<td>----------------</td>
<td>---------</td>
</tr>
<tr>
<td>Murder</td>
<td>3</td>
<td>0.19%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Neglect of person under care</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Non-aggravated assault</td>
<td>64</td>
<td>4.11%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Non-aggravated robbery</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Non-aggravated sexual assault</td>
<td>27</td>
<td>1.73%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Non-assaultive sexual offences against children</td>
<td>4</td>
<td>0.26%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Non-assaultive sexual offences, nec.</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Non-fraudulent trade practices</td>
<td>2</td>
<td>0.13%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Offences against justice procedures, nec.</td>
<td>3</td>
<td>0.19%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Offensive behaviour</td>
<td>16</td>
<td>1.03%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Offensive language</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Other acts intended to cause injury</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Other dangerous or negligent acts, endangering Persons, nec</td>
<td>30</td>
<td>1.93%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Parking offences</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Possess illicit drug</td>
<td>14</td>
<td>0.90%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Prison regulation offences</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Property damage by fire or explosion</td>
<td>11</td>
<td>0.71%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Property damage, nec.</td>
<td>12</td>
<td>0.77%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Receiving or handling proceeds of crime</td>
<td>21</td>
<td>1.35%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Regulatory driving offences, nec.</td>
<td>2</td>
<td>0.13%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Resist or hinder government official (excluding Police Officer etc.)</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Resist or hinder police officers or justice officials</td>
<td>8</td>
<td>0.51%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Robbery not further defined</td>
<td>2</td>
<td>0.13%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Sell, possess and/or use prohibited weapons / explosives</td>
<td>10</td>
<td>0.64%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Subvert the course of justice</td>
<td>2</td>
<td>0.13%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Theft (except motor vehicles), nec</td>
<td>50</td>
<td>3.21%</td>
<td>8</td>
<td>12.70%</td>
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<tr>
<td>Theft from a person (excluding by force)</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Theft from retail premises</td>
<td>11</td>
<td>0.71%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Theft of a motor vehicle</td>
<td>15</td>
<td>0.96%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Theft of motor vehicle parts or contents</td>
<td>13</td>
<td>0.83%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Threatening behaviour</td>
<td>35</td>
<td>2.25%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Unlawful entry with intent / burglary, break and enter</td>
<td>152</td>
<td>9.76%</td>
<td>10</td>
<td>15.87%</td>
</tr>
<tr>
<td>Unlawfully obtain or possess regulated weapons / explosives</td>
<td>27</td>
<td>1.73%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Use illicit drug</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Grand total</td>
<td>1557</td>
<td>100%</td>
<td>63</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographic variable – CCS</th>
<th>Aggregate total</th>
<th>% Total</th>
<th>Gambling total</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1353</td>
<td>85.47%</td>
<td>52</td>
<td>82.54%</td>
</tr>
<tr>
<td>Female</td>
<td>230</td>
<td>14.53%</td>
<td>11</td>
<td>17.46%</td>
</tr>
<tr>
<td>Age range (at reception)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–19</td>
<td>80</td>
<td>5.06%</td>
<td>3</td>
<td>4.84%</td>
</tr>
<tr>
<td>20–24</td>
<td>347</td>
<td>21.93%</td>
<td>7</td>
<td>11.29%</td>
</tr>
<tr>
<td>25–29</td>
<td>299</td>
<td>18.90%</td>
<td>6</td>
<td>9.68%</td>
</tr>
<tr>
<td>30–34</td>
<td>270</td>
<td>17.07%</td>
<td>12</td>
<td>19.35%</td>
</tr>
<tr>
<td>35–39</td>
<td>223</td>
<td>14.10%</td>
<td>8</td>
<td>12.90%</td>
</tr>
<tr>
<td>40–44</td>
<td>164</td>
<td>10.37%</td>
<td>9</td>
<td>14.52%</td>
</tr>
<tr>
<td>45–49</td>
<td>99</td>
<td>6.26%</td>
<td>10</td>
<td>16.13%</td>
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</tbody>
</table>
### Demographic variable – CCS

<table>
<thead>
<tr>
<th>Demographic variable – CCS</th>
<th>Aggregate total</th>
<th>% Total</th>
<th>Gambling total</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>50–54</td>
<td>53</td>
<td>3.35%</td>
<td>3</td>
<td>4.84%</td>
</tr>
<tr>
<td>55–59</td>
<td>15</td>
<td>0.95%</td>
<td>1</td>
<td>1.61%</td>
</tr>
<tr>
<td>60–64</td>
<td>18</td>
<td>1.14%</td>
<td>2</td>
<td>3.23%</td>
</tr>
<tr>
<td>65–69</td>
<td>10</td>
<td>0.50%</td>
<td>1</td>
<td>1.61%</td>
</tr>
<tr>
<td>70–74</td>
<td>3</td>
<td>0.19%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>75–79</td>
<td>1</td>
<td>0.06%</td>
<td>–</td>
<td>–</td>
</tr>
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</table>

### Indigenous status

<table>
<thead>
<tr>
<th>Indigenous status</th>
<th>Aggregate total</th>
<th>% Total</th>
<th>Gambling total</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous</td>
<td>72</td>
<td>4.56%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Non-Indigenous</td>
<td>1394</td>
<td>88.34%</td>
<td>62</td>
<td>98.41%</td>
</tr>
<tr>
<td>Unknown</td>
<td>112</td>
<td>7.10%</td>
<td>1</td>
<td>1.59%</td>
</tr>
</tbody>
</table>

### Country of birth

<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Aggregate total</th>
<th>% Total</th>
<th>Gambling total</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>1325</td>
<td>84.18%</td>
<td>44</td>
<td>69.84%</td>
</tr>
<tr>
<td>Australian Antarctic Territory</td>
<td>2</td>
<td>0.13%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Cambodia</td>
<td>3</td>
<td>0.19%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>China</td>
<td>7</td>
<td>0.44%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>England</td>
<td>17</td>
<td>1.08%</td>
<td>2</td>
<td>3.17%</td>
</tr>
<tr>
<td>Greece</td>
<td>4</td>
<td>0.25%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Lebanon</td>
<td>6</td>
<td>0.38%</td>
<td>2</td>
<td>3.17%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>24</td>
<td>1.52%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>4</td>
<td>0.25%</td>
<td>1</td>
<td>1.59%</td>
</tr>
<tr>
<td>Vietnam</td>
<td>36</td>
<td>2.29%</td>
<td>9</td>
<td>14.29%</td>
</tr>
</tbody>
</table>

### VISAT administration type

<table>
<thead>
<tr>
<th>VISAT administration type</th>
<th>Aggregate total</th>
<th>% Total</th>
<th>Gambling total</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long VISAT</td>
<td>1584</td>
<td>100%</td>
<td>63</td>
<td>100%</td>
</tr>
</tbody>
</table>
### Module 1: Current offence and criminal history

<table>
<thead>
<tr>
<th>Prisoner VISAT</th>
<th>Offender VISAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of problem gambling</td>
<td></td>
</tr>
<tr>
<td>&quot;Has a gambling problem.&quot;</td>
<td>&quot;The defendant was gambling and considers himself as a gambler. He commenced this habit since aged 30. Claims he was a heavy drinker two times per week...&quot;</td>
</tr>
<tr>
<td>&quot;Mr xxxx has stable accommodation in his parents... home. Prior to being convicted &amp; sentenced he was employed &amp; was self sufficient. His only vice being his addiction to gambling.&quot;</td>
<td>&quot;...he attributed his offending to supporting a gambling addiction – it was a means to increase his financial situation,&quot;</td>
</tr>
<tr>
<td>&quot;Prisoner stated that he committed the offences in order to support his heroin habit. He spoke about being involved in the rave scene and also admitted to problem gambling.&quot;</td>
<td>&quot;Was gambling on a daily basis. She had no money, all her money went on gambling. She said this is her only interest. Gambles anywhere she can. Financially unstable. Says all she thinks about is gambling.&quot;</td>
</tr>
</tbody>
</table>

| Identification of a gambling–crime relationship               |                |
| "x states he had a large gambling debt that led him to commit the offence." | "Mr xxxx has no previous criminal history. He has shown good insight into his offending behaviour which is directly related to his drug use and gambling addiction." |
| "Mr x only motivation was to find money to gamble. It was all he thought about was to find enough money for his next bet. He made a clear statement he had no thoughts whatsoever about the consequences of his actions. Mr x prior offences were for Indecent Assaults." | "...Instead of hand the monies into the treasurer I kept the money and gambled it on poker machines. Total money approximately $10k." |
| "Prisoner reports that he [is] trafficking heroin in order to support his own addiction as well as his problem gambling... In relation to his gambling, he stated that he would regularly attend poker machine venues and the casino and lose all his money." | "Mr xxxx advised that he started shop lifting to pay for drugs, gambling and debts. The offences occurred over a period of 2 months..." |
| "Theft charges occurred over false documents because he was gambling and was in a lot of debt at the time. Prisoner xxxx stated the offences occurred just after his marriage break-up. The prisoner stated that previous offences was also for financial gain because of gambling addiction causing him to have debts to banks and finance companies." | "Ms xxxx stated that her gambling was out of control and she took money available to her through her employment." |

### Module 12: Treatment referral recommendations

<table>
<thead>
<tr>
<th>Prisoner VISAT</th>
<th>Offender VISAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of problem gambling treatment referrals</td>
<td></td>
</tr>
<tr>
<td>&quot;Address gambling addiction&quot;</td>
<td>&quot; Recommend Indo Chinese counselling program, Gamblers program&quot;</td>
</tr>
<tr>
<td>&quot;Gambling counselling&quot;</td>
<td>&quot;Job network / Gambling Counselling&quot;</td>
</tr>
</tbody>
</table>

| Treatment willingness                                       |                |
| "Prisoner stated that he ceased using heroin since his arrest and actively participated in the credit bail program. He is also willing to continue drug treatment whilst in prison as well as participate in counselling for his gambling issues." | "xxxx is willing to engage in counselling for gambling addiction and has strong family support." |
| "Prisoner acknowledges that he has issues with both heroin and gambling and reports that he is willing to make changes in his life." | "He is willing to participate in counselling for his substance use, gambling issues and suspected ABI." |
### Further problem gambling assessment

<table>
<thead>
<tr>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>“…Prisoner reports that he has been on the Centrelink Personal Support Program for the last two years that that he spends his money on either drugs or on poker machines. Prisoner requires assessment in relation to his gambling.”</td>
<td>Nil</td>
</tr>
<tr>
<td>Self-Exclusion</td>
<td>&quot;xxxx is ashamed of her offending behaviour and has again placed a ban on herself from attending venues with poker machines to eliminate any temptation of gambling. She is determined to complete this order and not offend again.&quot;</td>
</tr>
</tbody>
</table>
Appendix L

Findings in relation to the lifetime gambling behaviours of the deceased subsample

Due to the lack of information on the types of gambling activities the deceased in the current sample participated in during their lifetime, a detailed analysis of study results according to gambling type is unable to be conducted. Nonetheless, the present study found that of the 11 cases where there was mention of the deceased's gambling activity, 82 per cent played electronic gaming machines – EGMs (n=9), 18 per cent gambled on horses (n=2) and 10 per cent played tattslotto (n=1).

These findings are consistent with the Victorian Epidemiological study (Department of Justice September 2009c), which identified that problem gamblers were more likely than non-problem gamblers to play EGMs (OR=30.98, p<.001).

In 24 per cent of cases (n=11), information was available in relation to the type of venues the deceased attended while gaming. Of these cases, the majority of the deceased attended hotels (n=6) or the casino (n=5), and two referred to gambling at the TAB.

A number of individuals within the deceased's family or social circle were aware of the deceased's problem gambling issues, and in one instance one of the deceased's children attempted to help their parent overcome their problem without success.

Key individuals aware of deceased's gambling issues

<table>
<thead>
<tr>
<th>Relationship to deceased</th>
<th>Frequency distribution</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents(s)</td>
<td>4</td>
<td>9.8%</td>
</tr>
<tr>
<td>Sibling(s)</td>
<td>5</td>
<td>12.2%</td>
</tr>
<tr>
<td>Other family member(s)</td>
<td>5</td>
<td>12.2%</td>
</tr>
<tr>
<td>Spouse / partner (inc. ex)</td>
<td>20</td>
<td>48.8%</td>
</tr>
<tr>
<td>Friend(s) / room mate</td>
<td>4</td>
<td>9.8%</td>
</tr>
<tr>
<td>Business associates / colleagues / employer</td>
<td>3</td>
<td>7.3%</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

If you include spouse or partners under a broad category of ‘family’, in 78 per cent (n=36) of cases one or more members of the deceased's family were aware they had a gambling problem.

---

47 In some cases it was unclear if the mode of gambling mentioned was the same mode of gambling causing problems for the deceased.

48 This included one case where it was noted that the deceased was known to have a TAB phone account.
### Appendix M

**Case study timeline examples of life events among the deceased subsample**

<table>
<thead>
<tr>
<th>Case 3</th>
<th>Seven years</th>
<th>Five years</th>
<th>Three years</th>
<th>Two years</th>
<th>One year</th>
<th>Day of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>The deceased's wife became aware that the deceased was using amphetamines while driving.</td>
<td>The deceased started gambling. His wife noticed that his temper seemed to be getting shorter.</td>
<td>The deceased agreed to commence seeing a counsellor after confessing to losing $8,000.00 on electronic gaming machines. A few months later he made a suicide attempt.</td>
<td>The deceased participated in a rehabilitation program (unclear if problem gambling-related). The doctor initially assessed the deceased as depressed, which was probably superimposed against a life-long history of personality disorder and substance dependence.</td>
<td>The deceased's wife noticed that a significant amount of money was missing from their savings account. She confronted her husband and he confessed to gambling again. He telephoned later, leaving a message on the answering machine that he was out helping a friend. He also apologised about the money lost on gambling.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case 49</th>
<th>Nine years</th>
<th>Five-years</th>
<th>Five-a-half years</th>
<th>Two years</th>
<th>&lt; One year</th>
<th>Day of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>The deceased and his family migrated to Australia. After arriving in Australia the deceased developed an addiction to electronic gaming machines (EGMs).</td>
<td>The deceased's EGM addiction placed strain on the marriage resulting in a family separation for six months.</td>
<td>The family reunited, but the gambling recommenced and continued for several years.</td>
<td>The deceased returned to his homeland for approximately two years and was treated for depression while overseas.</td>
<td>The deceased returned to live with his family in Australia. However, he began gambling again and was asked to leave the family home. The deceased became depressed and contacted Gambler's Help. Referrals were then made to doctors, health professionals and psychiatric services as the deceased exhibited serious intent to suicide with worsening depression.</td>
<td>The deceased argued with his family and then took $300 from his wife's purse. It appears the deceased lost this money at an EGM venue over approximately 1.5 hours.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case 42</th>
<th>27 years</th>
<th>Six years</th>
<th>Five years</th>
<th>&lt; One year</th>
<th>&lt; One week</th>
</tr>
</thead>
<tbody>
<tr>
<td>The deceased's mother committed suicide.</td>
<td>The deceased attempted suicide after a relationship break-up.</td>
<td>The deceased commenced treatment for gambling, asthma and alcoholism.</td>
<td>The deceased and his wife separated. His wife and sister both noted the deceased had a history of drinking, gambling and depression.</td>
<td>Property was stolen from the deceased's sister's home. She suspected the deceased had stolen the property to fund his gambling.</td>
<td>Post-mortem the police discovered the deceased had sold his sister's property to Cash Converters.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case 5</th>
<th>Four years</th>
<th>&lt; Four years</th>
<th>14 months</th>
<th>Eight months</th>
<th>Four months</th>
<th>&lt; Three days</th>
</tr>
</thead>
<tbody>
<tr>
<td>The deceased had a history of alcohol and drug abuse and was diagnosed with bipolar affective disorder and severe depression.</td>
<td>The deceased was admitted to psychiatric units and clinics on a number of occasions.</td>
<td>The deceased was discharged from a psychiatric unit on a Community Treatment Order (CTO), with a diagnosis of schizoaffective disorder with comorbid polysubstance and alcohol abuse.</td>
<td>The deceased's mother called his carer regarding concerns over his excessive gambling and drinking. But the deceased presented well upon review.</td>
<td>The deceased again presented well at his CTO review and indicated he had reduced his alcohol intake and ceased illicit drug use. There was no evidence of suicidal ideation and he was taken off his CTO.</td>
<td>The deceased was drinking heavily and his room mate located him twice undertaking what appeared to be suicide attempts. The deceased then went missing and the police were phoned to investigate.</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix N
### Aggregation of offence type classifications

<table>
<thead>
<tr>
<th>NCIS report categories</th>
<th>ASOC categories</th>
<th>Offence description in coronial file</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crimes against person</td>
<td>Homicide and related offences</td>
<td>Murder – suicide</td>
</tr>
<tr>
<td></td>
<td>Acts intended to cause serious injury</td>
<td>Physical assault</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extensive violent criminal history</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domestic violence</td>
</tr>
<tr>
<td></td>
<td>Sexual assault and related offences</td>
<td>Accessing child pornography</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual abuse</td>
</tr>
<tr>
<td>Crimes against property</td>
<td>Unlawful entry with intent / burglary, break and enter</td>
<td>Burglary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Property offences</td>
</tr>
<tr>
<td></td>
<td>Theft and related offences</td>
<td>Took money from friends or family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Took money from a bank account with partner without their knowledge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Took property from friends or family and sold it without consent</td>
</tr>
<tr>
<td></td>
<td>Fraud, deception and related offences</td>
<td>Took money from place of employment / own business</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Took money from business partner</td>
</tr>
<tr>
<td>Illicit drug offences</td>
<td>Illicit drug offences</td>
<td>Use of illicit drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Possession of illicit drugs</td>
</tr>
<tr>
<td>Traffic and vehicle regulatory offences</td>
<td>Traffic and vehicle regulatory offences</td>
<td>Drink driving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disqualification from driving</td>
</tr>
<tr>
<td>Other offences</td>
<td>Offences against justice procedures, government security and government operations</td>
<td>False police report</td>
</tr>
<tr>
<td></td>
<td>Public order offences</td>
<td>Engaged the services of a prostitute</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>Undisclosed offences</td>
</tr>
</tbody>
</table>
Appendix O
Prisoner survey

PROBLEM GAMBLING AND THE CORRECTIONAL SERVICES SYSTEM
PARTICIPANT SURVEY

Please note:
• Completion of this survey is completely voluntary.
• Any information you provide will remain confidential.
• Any data from this project will be held securely within the Department of Justice for a period of 5 years after any publications from the project have been released.
• Should study results be publicly released, a copy of the results may be obtained through relevant library resources or upon written request to the researchers.
• Your responses to this survey will not impact on your sentence or ability to access treatment services in any way.
• Please note that you should not disclose information about any illegal activity which has not previously been dealt with before a court.

Instructions
Please fill out this survey by putting a cross ✑ or a tick ✑ in the box next to the answer which is closest to your view. Please choose one answer only for each question (unless otherwise indicated). An example has been provided below. Please note that there are no right or wrong answers.

EXAMPLE QUESTION ONLY

What is your marital status?
☐ Married or living with partner    ☑ Single
☐ Divorced or separated            ☐ Widowed

Other questions will ask you to write an answer – in that case, simply write your answer in the space provided.

Please answer every question, however if you feel uncomfortable answering any question please leave it blank and move on to the next question. Please read each question carefully.

Remember, there are no right or wrong answers – we just want to learn about your experiences.

Once you have finished the survey please place it in the postage-paid envelope provided and return via the Mail Office.

No stamp is required.

Your return of the survey indicates that you consent to your responses being used for the purposes of this research.
START OF SURVEY

PART ONE

In part one of the survey we would like to collect some information about you and your background.

1. What is your sex?
   - Male
   - Female

2. Please check the box to indicate that age group you are in:
   - 18–19 years
   - 20–24 years
   - 25–29 years
   - 30–34 years
   - 35–39 years
   - 40–44 years
   - 45–49 years
   - 50–54 years
   - 55–59 years
   - 60–64 years
   - 65–69 years
   - 70–74 years
   - 75–79 years
   - 80–84 years
   - 85+ years

3. What is your current marital status?
   - Married (registered or defacto)
   - Never married
   - Separated
   - Divorced
   - Widowed
   - Other (please specify)

4. Which of the following best describes your housing type prior to your present imprisonment?
   - Boarding or rooming house
   - Refuge or emergency accommodation
   - House, flat, apartment or unit
   - Special residential (e.g. hostel)
   - Bungalow
   - Caravan
   - Homeless
   - Other (please specify)

5. Which of the following best describes your household type prior to your present imprisonment?
   - Lone person
   - Family – couple with children
   - Family – couple without children
   - Family – lone parent
   - Family – other
   - Group Household
   - Other (please describe)

6. What country were you born in?
   - Australia
   - Germany
   - India
   - New Zealand
   - United Kingdom
   - Yugoslavia (former)
   - China
   - Greece
   - Italy
   - Sri Lanka
   - Vietnam
   - Other (please specify)

6(a) If you were born overseas, in what year did you arrive in Australia?
   - Year
7. Which of the following groups do you identify with?
- Aboriginal
- Aboriginal and Torres Strait Islander
- Torres Strait Islander
- I am not Aboriginal or Torres Strait Islander

8. Do you speak a language other than English at home?
- Yes
- No
If YES please give details:

9. What is the highest level of education you have completed?
- Primary school
- Some secondary school (up to year 9)
- Year 10 or equivalent
- Year 11 or equivalent
- Year 12 or equivalent
- Other (please specify)
- Trade or apprenticeship
- Certificate or diploma
- Postgraduate degree or diploma
- Bachelor degree (including honours)

10. Prior to your present prison sentence what was your employment status?
- Employed full-time in paid work
- Employed part-time in paid work
- Unemployed (looking for work)
- Not in paid work: Volunteer
- Not in paid work: Student
- Never been employed
- Other (please specify)
- Employed (casual) in paid work
- Unemployed (not looking for work)
- Not in paid work: Home Duties
- Not in paid work: Retired

11. Prior to your present prison sentence which of the following best describes your occupation?
- Manager
- Technician or Trades Worker
- Community or Personal Service Worker
- Machinery Operator or Driver
- Not applicable
- Other (please specify)
- Professional
- Clerical or Administrative Worker
- Sales Worker
- Labourer

12. Prior to your present prison sentence which of the following best describes your average annual income:
- Nil to $9,999
- $10,000 to $19,999
- $20,000 to $29,999
- $30,000 to $39,999
- $40,000 to $49,999
- $50,000 to $59,999
- $60,000 to $69,999
- $70,000 to $79,999
- $80,000 to $89,999
- $90,000 to $99,999
- $100,000 and over
- Not applicable
PART TWO

In part two of the survey we would like to collect some information about your offending history.

13. Please check the boxes to indicate all the offences you were convicted of which led to your present imprisonment:

- Manslaughter
- Obtaining property by deception
- Obtaining financial advantage by deception
- Falsification of documents
- Money laundering
- Knowingly dealing with the proceeds of crime
- Theft
- Robbery
- Armed robbery
- Aggravated Burglary
- Trafficking or cultivating a large commercial quantity of illegal substances
- Trafficking or cultivating less than a commercial quantity of illegal substances
- Other(s) (please specify)

14. How long are you serving this current prison sentence for?

Minimum term: [ ]

Maximum term: [ ]

14(a) How long have you currently been in custody for?

[ ] Years [ ] Months

15. How many terms of imprisonment have you served prior to the current sentence?

[ ] Number

15(a) How long have you served in prison (in total) prior to your current sentence?

[ ] Years [ ] Months

16. How old were you when you committed your first offence?

[ ] years old (your best estimate is fine)

17. How old were you when you were convicted of your first offence?

[ ] years old (your best estimate is fine)

18. To what extent do you believe that peers (friends) have influenced your offending behaviour?

- Never
- Sometimes
- Most of the time
- Almost always
PART THREE

In part three we would like to find out some information about your participation in gambling in the community (prior to your imprisonment).

19. Have you ever gambled on a regular basis?
   ☐ Yes ☐ No (go to question 46)

20. At what age did you first take part in any regular gambling activities?
   ___________________________ years old (your best estimate is fine)

The following questions will ask you about your gambling behaviours in the 12 months prior to your present imprisonment. Please select only one answer for questions 21 to 29.

21. In the 12 months prior to my present imprisonment I have bet more than I could afford to lose
   ☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost always

22. In the 12 months prior to my present imprisonment I have needed to gamble with larger amounts of money to get the same feeling of excitement
   ☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost always

23. In the 12 months prior to my present imprisonment when I gambled, I have gone back another day to try to win back the money I had lost
   ☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost always

24. In the 12 months prior to my present imprisonment I have borrowed money or sold something to get money to gamble
   ☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost always

25. In the 12 months prior to my present imprisonment I have felt that I might have a problem with gambling
   ☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost always

26. In the 12 months prior to my present imprisonment gambling has caused me health problems, including stress or anxiety
   ☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost always

27. In the 12 months prior to my present imprisonment people have criticised my betting or told me that I had a gambling problem (regardless of whether or not I thought it was true)
   ☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost always

28. In the 12 months prior to my present imprisonment gambling caused financial problems for me or my household
   ☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost always

29. In the 12 months prior to my present imprisonment I have felt guilty about the way I gambled or what happened when I gambled
   ☐ Never ☐ Sometimes ☐ Most of the time ☐ Almost always
30. In the 12 months prior to your present imprisonment do you believe you experienced any of the following as a result of your participation in gambling? (you may select more than one)

- Difficulties at work
- Relationship difficulties (with spouse / partner)
- Relationship difficulties (with family)
- Relationship difficulties (with friends)
- Impairment in social / leisure activities (e.g. parties, outings)
- Difficulty in forming and maintaining close relationships
- Difficulties in home management (e.g. cleaning, shopping)

31. Do you believe your current prison sentence was related to gambling?

- Yes
- No

32. Aside from your current sentence have you ever been sentenced to prison for an offence you committed because of your gambling?

- Yes
- No

33. Have you even been sentenced to a Community Correctional Order for an offence you committed because of gambling?

- Yes
- No

34. Have you ever committed a crime to obtain money to spend on gambling?

- Yes
- No (go to question 35)

34(a) How old were you when you first committed this type of offence?

\[ \text{years old (your best estimate is fine)} \]

34(b) What types of offences did you commit to obtain money to spend on gambling?

35. Have you ever committed a crime to pay for gambling debts?

- Yes
- No (go to question 36)

35(a) How old were you when you first committed this type of offence?

\[ \text{years old (your best estimate is fine)} \]

35(b) What types of offences did you commit to pay for gambling debts?

36. Have you ever committed a crime in order to get money to spend on things you could not afford because you had spent too much money on gambling?

- Yes
- No (go to question 37)

36(a) How old were you when you first committed this type of offence?

\[ \text{years old (your best estimate is fine)} \]
36(b) What types of offences did you commit to obtain money to spend on things you could not afford because of your gambling?

__________________________________________________________________________
__________________________________________________________________________

37. Do you feel you are currently in control of your gambling?
   Yes  No

38. Do you think you will have trouble controlling your gambling after being released from prison?
   Yes  No

39. What types of gambling do you think you will take part in when you exit prison?
__________________________________________________________________________
__________________________________________________________________________

40. When you entered prison for your current sentence did you have any gambling-related debts?
   Yes  No
If YES please indicate amount: $ (total amount estimated in Australian Dollars ($))

41. Have you ever obtained money from a loan shark (illegal money lender) to gamble?
   Yes  No (go to question 46)

42. How much money did you obtain from the loan shark?
   $ (total amount loaned in Australian Dollars ($))

43. What was the interest rate?
   per cent (%)

44. Did you experience any of the following as a result of obtaining money from the loan shark? (you may select more than one)
   Pressure to commit crime  Violence to self or family
   Threat of violence to self or family  Extreme harassment
   Other (please describe)

45. How did you pay the money back? (you may select more than one)
   Proceeds of crime  Money from family / friends without their permission
   Obtained another loan  Money from family / friends with their permission
   Trafficking illicit substances  Prostitution / sexual favours
   I have not been able to pay some or all of the money back
   Other (please specify)
PART FOUR

In part four we would like to find out some information about your experiences with gambling treatment and other services.

46. Over the last fortnight, about how much of the time would you say that you spent thinking about gambling?
   - None of the time
   - A little of the time
   - Some of the time
   - Most of the time
   - All of the time

47. Have you had help with problem gambling from any services during your incarceration?
   - Yes
   - No (go to question 49)

48. If YES, please tick those that apply (you can select more than one). For each service please rate how useful each service was to you in helping you to control your gambling.

<table>
<thead>
<tr>
<th>Service</th>
<th>No use</th>
<th>Some use</th>
<th>Useful</th>
<th>Very useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gambler's Help Line</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gambler's Help counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other personal counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gambler's Help financial counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other financial counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gamblers Anonymous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health professional (e.g. doctor, psychologist, psychiatrist), please give details:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please give details:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

49. Will you seek help for gambling once you have been released from prison?
   - Yes
   - No

50. Have you accessed any of the following services during your present incarceration? (you can select more than one)
   - Legal services
   - one-on-one counselling service (for non-gambling-related issues)
   - Drug and alcohol service
   - cognitive skills services
   - Mental Health services
   - Other (please specify)
PART FIVE

In part five we would like to ask you some information about how you feel and your alcohol and drug taking behaviours. Please select only one answer for questions 51 to 56.

51. In the last four weeks, about how much of the time did you feel so sad that nothing could cheer you up?
   - none of the time
   - a little of the time
   - some of the time
   - most of the time
   - all of the time

52. In the last four weeks, about how much of the time did you feel nervous?
   - none of the time
   - a little of the time
   - some of the time
   - most of the time
   - all of the time

53. In the last four weeks, about how much of the time did you feel restless or fidgety?
   - none of the time
   - a little of the time
   - some of the time
   - most of the time
   - all of the time

54. In the last four weeks, about how much of the time did you feel hopeless?
   - none of the time
   - a little of the time
   - some of the time
   - most of the time
   - all of the time

55. In the last four weeks, about how much of the time did you feel that everything was an effort?
   - none of the time
   - a little of the time
   - some of the time
   - most of the time
   - all of the time

56. In the last four weeks, about how much of the time did you feel worthless?
   - none of the time
   - a little of the time
   - some of the time
   - most of the time
   - all of the time

57. Some people believe that there is a link between gambling and alcohol consumption – Do you feel that this is the case for you?
   - Yes
   - No

58. How would you describe your alcohol consumption in the twelve months prior to your imprisonment?
   - none
   - occasional
   - moderate
   - heavy
   - excessive

59. Some people believe that there is a link between gambling and illicit drug taking – Do you feel that this is the case for you?
   - Yes
   - No

60. How would you describe your use of illicit drugs in the twelve months prior to your incarceration?
   - none
   - occasional
   - moderate
   - heavy
   - excessive

61. What type(s) of illicit substances did you use in the twelve months prior to your imprisonment?
   - Not applicable
62. Have you ever regularly participated in any of the following activities? (you may select more than one)

- Sharing syringes
- Unprotected sex without a regular partner
- Joy-riding
- Driving at excessive speeds
- Extreme Sports (e.g. sky-diving, playing chicken, train surfing)
- None of the above

Please turn over to the next page
CONSENT TO PARTICIPATE IN AN INTERVIEW AND / OR RELEASE YOUR VICTORIAN INTERVENTION SCREENING ASSESSMENT AND / OR LEVEL OF SERVICE INVENTORY: REVISED SCREENING VERSION RECORD

If you would like to participate in any other stages of the research please complete the attached consent form and return to the researchers in the postage-paid envelope via the Mail Office.

63. Please feel free to add any additional information or comments below.

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This is the end of the survey. Thank you for taking the time to complete it. Please put the survey in the self-addressed postage-paid envelope provided and post it back to us.

If you would like to contact the Justice Human Research Ethics Committee about any matter relating to this project, please contact:

Secretary, Human Research Ethics Committee
Department of Justice
21/121 Exhibition Street
Melbourne VIC 3000
Tel: 03 8684 151
Appendix P
Overview of Community Correctional Services within Victoria

Corrections Victoria

Corrections Victoria’s purpose is to enhance public safety and crime reduction through the effective administration of prison sentences and the enforcement of community supervision orders. (Department of Justice – Corrective Services Strategic Priorities 2011–12).

Community Correctional Services

Victoria’s Community Correctional Services (CCS) was established in 1984 and is a Branch of Corrections Victoria (CV), which is a Business Unit of the Victorian Department of Justice. CCS supervises adult offenders (aged 18 years or over) who are sentenced by the courts to serve community-based orders or who are conditionally released from prison on parole by the Adult Parole Board.

The Victorian Department of Human Services manages Victoria’s juvenile corrections management system (Department of Justice 2008a).

Role of CCS

The role of CCS is to manage and facilitate the successful completion of community-based orders, including parole. CCS plays a vital role in community safety by rehabilitating offenders and diverting low-risk offenders from jail, which helps to break the cycle of re-offending. This role includes developing partnerships with community-based organisations where, for example, offenders will undertake treatment programs pertinent to their rehabilitation or unpaid community work that benefits the community.

Community Corrections Officers (CCOs) manage offenders and are responsible for ensuring they comply with the conditions of their community-based or parole orders. Conditions may include participating in:
- Appropriate educational programs
- Community work
- Assessment and treatment programs.

All programs focus on rehabilitation while ensuring offenders make suitable reparation to the community (Department of Justice 2008a).

Court Imposed Orders

Under the Sentencing (Community Correction) Reform Bill 2011, the current sentencing dispositions that a court may impose with community supervision requirements will be replaced by a single, flexible Community Correction Order with a broad range of conditions. Subject to the passage of this legislation, it is anticipated that it will commence in part in January 2012. A second phase is expected to take effect later in 2012.

Under the present legislation, there are three main types of orders available to the courts:
- Community Based Orders (CBO)
- Intensive Correction Orders (ICO)
- Combined Custody and Treatment Orders (CCTO).
Community Based Orders

There are three types of Community Based Orders:

- CBO with program condition(s)
- CBOs for Community Work only (CBO/CW)
- CBOs in Default of Payment of a Fine (CBO/FD) (Department of Justice 2008b).

In addition to the above, the Sheriff's Office may issue Community Work Permits (CWP).

Different program conditions may be attached to a standard CBO, based on an assessment of the offender's risk and needs, and the direction of the court. Legislation requires that offenders on a CBO must be subject to at least one program condition. The core conditions of a CBO are outlined below, however, as a condition of a CBO the offender may be required to:

- Perform unpaid community work
- Be under the supervision of a CCO
- Attend educational and other programs
- Undergo assessment and treatment for alcohol or drug addiction, or submit to medical, psychological or psychiatric assessment and treatment
- Submit to testing for alcohol or drug use
- Participate in the requirements of a justice plan
- Comply with any other condition considered necessary or desirable by the court, other than restitution or payment of compensation, costs or damages (Fisher 2007).

The CBO/CW, CBO/FD and the CWP have only one program condition – to perform unpaid community work. The offender is required to undertake the specified hours of unpaid community work imposed by the court and report to a CCO when issues arise regarding attendance (Department of Justice 2008b).

Failure to comply with a Community Based Order

In the event an offender breaches their CBO, the court may elect to vary, confirm or cancel their CBO. If the CBO is cancelled, then the offender is re-sentenced for the original offence(s). The court is then able to re-impose any order as per the original sentence. However, the court is required when re-sentencing, to take into account the offender's compliance with the original conditions of the CBO (Fisher 2007: 3).

Intensive Correction Orders

An Intensive Correction Order (ICO) is a sentence of imprisonment served in the community. In the hierarchy of sentencing, it sits directly under imprisonment.

Under the core conditions of an ICO, offenders must:

- Report to or receive visits from a CCO twice weekly
- Perform unpaid community work and / or participate in treatment as directed by a CCO for 12 hours each week
- Participate in any special condition imposed by the court to attend one or more prescribed programs.

Eight of the 12 hours must be spent performing unpaid community work. Part or all of the remaining four hours can involve attending programs relevant to the offender’s offending behaviour, such as assessment and treatment for drug / alcohol issues. If such treatment programs are not relevant, the offender must complete 12 hours of unpaid community work each week (Department of Justice 2008b).

Failure to comply with an Intensive Correction Order

Breach of an ICO can result in the court varying the order, confirming the order or cancelling the order. In the event that an order is cancelled, the offender will be returned to prison to serve the remaining proportion of their unexpired sentence. If the offender commits further offences, their order will be cancelled by the
court and the offender will be returned to prison unless it would be ‘unjust to do so in light of any exceptional circumstances which have arisen’ since the order was made (Fisher 2007: 3).

“Core” Community Based Order and Intensive Correction Order conditions
The CBO and ICO share a number of ‘core’ conditions including that the offender:

- Not commit any further offences during the period of the order
- Report to their CCO within two working days of the order coming into operation
- Report to and receive visits from a CCO
- Notify authorities of any changes of address or employment (Department of Justice 2008b; Fisher 2007).

Combined Custody and Treatment Orders
The Combined Custody and Treatment Order (CCTO) targets offenders who have committed drug and alcohol-related offences. These orders can only be imposed where the court is satisfied that drunkenness or drug addiction contributed to the offence(s) (Department of Justice 2008b).

A CCTO can be imposed for up to 12 months. At least six months of the order must be served in custody and the offender must participate in mandatory drug and alcohol treatment and testing. The remaining portion of the order (up to six months) is served conditionally in the community (Department of Justice 2008b). According to the Sentencing Act 1991, core conditions of a CCTO include that the offender:

- Must not during the period of the order commit, whether in or outside Victoria, another offence punishable on conviction by imprisonment
- While serving the sentence in custody must undergo treatment for alcohol or drug addiction as directed by a prescribed person or a member of a prescribed class of persons
- While serving the sentence in the community must:
  - Report to a specified community corrections centre within two clear working days after being released from custody under the order
  - Undergo treatment for alcohol or drug addiction as specified in a drug and alcohol pre-release report
  - Report to and receive visits from a CCO
  - Notify an officer at the specified community corrections centre of any change of address or employment within two clear working days after the change
  - Not leave Victoria except with the permission of an officer at the specified community corrections centre granted either generally or in relation to the particular case
  - Obey all lawful instructions and directions of CCOs (Sentencing Act 1991 (Vic), s18).

A CCTO must have all the core conditions attached to it (Sentencing Act 1991 (Vic), s18).

Parole Orders
The role of the Adult Parole Board
The role of the Adult Parole Board (APB) is to make independent and appropriate decisions in relation to the:

- release of prisoners on supervised conditional release (parole)
- cancellation of orders and return of offenders to prison custody
- submission of reports to the Minister for Corrections, as required by legislation.

The Youth Parole Board is a separate body and operates under the auspices of the Department of Human Services (Department of Justice 2008c).

The purpose of parole is to supervise the reintegration of offenders into the community. While on parole, the offender is still considered to be under sentence. The Sentencing Act 1991 requires a judge or magistrate to set a parole period for any sentence longer than 24 months, unless it is not appropriate. For sentences
between 12 and 24 months, it is the court's decision as to whether to fix a parole period. Parole is not possible for sentences less than 12 months (Department of Justice 2008c).

Parole benefits the wider community by ensuring offenders are supervised and supported during reintegration, thereby potentially reducing recidivism. It is not simply a reward for a prisoner's good behaviour. Prisoners must make progress during their non-parole period in order to be considered for conditional release (Department of Justice 2008c).

Aside from general obligations that must be met by all offenders on parole, further conditions may be imposed which are tailored to each case. Conditions of parole may include:

- Attendance for assessment for alcohol or drug addiction, or submitting medical, psychological or psychiatric assessment and treatment reports
- No contact, directly or indirectly, with the victim(s) or certain potential victims
- No unsupervised contact with children
- A curfew
- Strict conditions about place of residence and avoidance of certain geographical locations
- Abstinence from alcohol
- Requirements to attend personal development programs
- Random substance testing (Department of Justice 2008c).

Factors taken into consideration by the Adult Parole Board

In making its decisions, the board considers the interests of both the community and the prisoner, the position of the victim, and the intentions of the sentencing authority. Factors taken into consideration by the APB include:

- The nature and circumstances of the offence(s)
- Comments made by the judge when imposing sentence
- The offender's criminal history
- Previous history of supervision in the community
- Potential risk to the community and/or the individual offender
- Release plans
- Reports, assessments and recommendations made by a variety of professionals, including medical practitioners, psychiatrists, psychologists, custodial staff and/or CCOs
- Submissions made by the offender, the offender's family, friends and potential employers or any other relevant individuals
- Representations made by the victim or by persons related to the victim
- Representations made by the offender or others with an interest in the case (Department of Justice 2008c).

Decisions of the Adult Parole Board

The APB may:

- Grant a prisoner release onto parole
- Deny a prisoner release onto parole
- Defer consideration until a later date
- Cancel an offender's parole.

There is no formal avenue of appeal against a decision of the board, but a prisoner may request a review of any decision of the board.

Prisoners eligible for release on parole or pre-release are automatically brought to the board's attention (Department of Justice 2008c).
Membership
The APB consists of:
A) One or more Judges of the Supreme Court appointed by the Governor in Council on the recommendation of the Chief Justice of the Supreme Court, one of whom is appointed chairperson
B) One or more Judges of the County Court appointed by the Governor in Council on the recommendation of the Chief Judge of the County Court
C) One or more Magistrates appointed by the Governor in Council on the recommendation of the Chief Magistrate
D) One or more retired Judges of the Supreme or County Court, or retired Magistrates appointed by the Governor in Council as part-time members
E) A person appointed by the Governor in Council as a full-time member
F) Such number of persons as are appointed by the Governor in Council as part-time members
G) The Secretary of the Department of Justice (Adult Parole Board 2008:27).

Serious Sex Offender (Detention and Supervision) Act 2009
The Serious Sex Offender (Detention and Supervision) Act 2009, which came into effect on 1 January 2010, repealed the previous Serious Sex Offenders Monitoring Act 2005.

The main purpose of the Act is… “to enhance the protection of the community by requiring offenders who have served custodial sentences for certain sexual offences and who present an unacceptable risk of harm to the community to be subject to ongoing detention or supervision” (Section 1 of Act).

The new legislation continues the application of stringent supervision and monitoring measures of those serious sex offenders who pose the greatest threat to community safety. The Act:
• empowers the Supreme Court to make a detention order of up to three years, or an interim detention order, in respect of an eligible offender on the application of the Director of Public Prosecutions; and
• empowers the Supreme Court or the County Court to make a supervision order of up to 15 years, or an interim supervision order, in respect of an eligible offender on the application of the Secretary to the Department of Justice.

A supervision order includes a number of strict core conditions, including requirements to attend for supervision, monitoring or assessment as directed, a prohibition on changing address without approval, and a requirement to notify the authorities of any change in employment.

A court may impose a number of additional rigorous conditions on offenders under a supervision order, including:
• Electronic monitoring to ensure that the offender observes curfew
• Control over where the offender resides
• Refusal of access to the internet
• Being accompanied by Corrections Victoria staff when leaving the offender’s residence
• Prohibitions on contact with children
• ‘No go’ zones that the offender is not permitted to enter (Department of Justice 2008d).

Home Detention
Home detention has been available since 2004, both as a sentencing option (front-end) and pre-release option (back-end) for low risk, low security offenders and prisoners, but the Sentencing Legislation Amendment (Abolition of Home Detention) Bill 2011 introduced into Parliament on 16 June 2011 will repeal the power of courts and the Adult Parole Board to make home detention orders.
### Appendix Q
#### Victorian prison and prisoner security levels

<table>
<thead>
<tr>
<th>Security level</th>
<th>Prison locations</th>
</tr>
</thead>
</table>
| **Maximum A1** | - HM Prison Barwon (specified unit(s))  
|                 | - Melbourne Assessment Prison (specified unit(s))  
|                 | - Metropolitan Remand Centre (specified unit(s))  
|                 | - Port Phillip prison (specified unit(s))  
|                 | - Dame Phyllis Frost Centre (specified unit(s))  |

An ‘A1’ security rating is applied to a prisoner in the following circumstances:

- following a recent escape, or serious attempt to escape, from a maximum security location
- where the escape or placement of the prisoner at a less secure location would engender a high level of public anxiety
- where the prisoner is assessed as being likely to constitute a significant danger to the community if at large and possesses the motive, capacity and/or resources to effect an escape
- where the prisoner poses a major threat to the physical safety of other prisoners or staff or the good order and discipline of the prison
- where the prisoner requires the highest level of protection from other prisoners.

<table>
<thead>
<tr>
<th>Security level</th>
<th>Prison locations</th>
</tr>
</thead>
</table>
| **Maximum A2** | - HM Prison Barwon  
|                 | - Melbourne Assessment Prison  
|                 | - Metropolitan Remand Centre  
|                 | - Port Phillip Prison  
|                 | - Dame Phyllis Frost Centre  |

An ‘A2’ security rating is applied to prisoners in the following circumstances:

- those who have or may have significant portions of lengthy sentences still to serve
- those who have outstanding serious charges, or a series of charges, which may attract a substantial sentence
- those whose escape might seriously endanger the community
- those who have recently escaped or seriously attempted to escape from a level A2 or B location, or those with a history of such escapes or attempted escapes
- prisoners who are convicted of the most serious offences (eg. murder, manslaughter, rape, child abuse, drug trafficking, armed robbery)
- those who are assessed as being likely to present significant management problems if placed in a less restrictive environment.

<table>
<thead>
<tr>
<th>Security level</th>
<th>Prison locations</th>
</tr>
</thead>
</table>
| **Medium B**   | - HM Prison Ararat  
|                 | - HM Prison Loddon  
|                 | - Fulham Correctional Centre  
|                 | - Marrgoneet Correctional Centre  |

A ‘B’ security rating is automatically applied to prisoners in the following circumstances:

- prisoners who do not represent a serious escape risk, but who may lack the stability to be contained or trusted without the existence of physical barriers
- prisoners who do not represent a serious escape risk but about whom the community is concerned, on the basis of the prisoner’s:
  - length of sentence to serve
  - notoriety
  - criminal history
  - offence
  - any other consideration.
- prisoners about whom there would be serious concerns were they to be placed in an environment without physical barriers to breaches of security
- prisoners who are ascribed an Identified Drug User (IDU) status.
Problem gambling and the criminal justice system

<table>
<thead>
<tr>
<th>Security level</th>
<th>Prison locations</th>
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</thead>
<tbody>
<tr>
<td>Minimum C</td>
<td></td>
</tr>
<tr>
<td>• A C1 rating will be applied when the prisoner is assessed as being a minimal escape risk but requires limited supervision.</td>
<td></td>
</tr>
<tr>
<td>• A C2 rating will be applied to those prisoners who represent a very low escape risk and who can be trusted in open conditions without constant supervision.</td>
<td></td>
</tr>
<tr>
<td>• Prisoners with an IDU status are unable to be held in minimum security facilities (excluding by exception, HM Prison Tarrengower).</td>
<td></td>
</tr>
</tbody>
</table>

• HM Prison Ararat (specified unit(s))
• Beechworth Correctional Centre
• HM Prison Dhurringile
• Fulham Correctional Centre (specified unit(s))
• HM Prison Langi Kal Kal
• HM Prison Tarrengower
• Judy Lazarus Transition Centre

The above table has been adapted from the following resource:
Appendix R

Resources used by Gambler’s Help services

Information on problem gambling is provided to Gambler's Help clients across correctional contexts on an as needs basis and often includes:

<table>
<thead>
<tr>
<th>Publication</th>
<th>Audience</th>
<th>Objective</th>
</tr>
</thead>
</table>
| Strategies for change | Primary: People with gambling issues  
Secondary: Family and friends | • Broad self-help booklet that may be used as an alternative or compliment to counselling services. Evidence suggests consumers prefer self-assessment and help to assist and understand change process (family / friends). |
| Does someone you care about have a gambling problem? | Significant others, family / friends | • To provide tips and assistance on how to talk to someone with a gambling issue; provide information on gambling issues; provide advice on financial protection; and service promotion of help services. |
| Pokies – know the facts | Regular gamblers who use electronic gaming machines (EGMs) | • Consumer protection brochure developed as part of the Player Information Standards. The VCGR distribute these brochures, which venues are required by law to display within venues, along with posters and talkers (small posters on EGMs).  
• To encourage responsible gambling behaviour through the provision of gambling facts, including the odds of winning.  
• To provide consumers with sufficient information to enable them to make informed decisions when gambling. |
| You / I can control your gambling | Problem gamblers and those at risk of developing a problem | • A detailed self-help manual that incorporates self-assessment tools, activities, service information and advice geared towards encouraging change. |
| 'Inside pokies’ | Primary: gamblers at risk of developing a problem  
Secondary: broad community | • Consumer protection material originally developed by Gambler's Help Southern.  
• Provides detailed summary of industry profits and odds used in gambling. It seeks to dispel the myths often associated with gambling. |

Clients are also provided with a variety of non-specific Gambler's Help collateral and additional information pertaining to non-gambling related needs, including:

• community education, psycho-educational and self-help materials
• Gambler's Help Information Cards (containing information about how to contact the Gambler's Help Line)
• showbag of items such as lollies, a Gambler's Help pen
• action plans developed during counselling
• additional information on gambling and other related needs provided to clients on a case-by-case basis.
In addition to the above materials some Gambler's Help agencies have developed their own workbooks and worksheets and may provide clients with information on problem gambling developed by other jurisdictions both nationally and internationally. Some of these items need to be purchased. Some of the non-Gambler's Help collateral provided to clients includes:

<table>
<thead>
<tr>
<th>Publication</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Becoming a Winner: Defeating Problem Gambling manual</em></td>
<td>The ‘Becoming a Winner’ self-help manual is a Canadian resource that utilises cognitive behavioural strategies to assist individuals to reduce problematic gambling behaviour. The manual was designed for use in a minimal treatment context and is purchased through the University of Calgary in Alberta, Canada, via the following website <a href="http://www.addiction.ucalgary.ca/order_manual">http://www.addiction.ucalgary.ca/order_manual</a> <a href="http://www.ucalgary.ca/mp2003/news/sept03/problem-gamblers.html">http://www.ucalgary.ca/mp2003/news/sept03/problem-gamblers.html</a></td>
</tr>
<tr>
<td><em>Free Yourself Program: a self-help guide to controlled responsible gambling</em></td>
<td>The program consists of a self-help book titled ‘Free Yourself Program: A self-help guide to controlled, responsible gambling’ authored by Gabriella Byrne. The book is described on the website as: “…a systematic and holistic approach to dealing with problem gambling. It provides simple and easy-to-follow strategies that can be applied ‘in the moment’ when the gambling urge strikes. The guide contains many simple exercises which strengthen the ‘will-power’ muscle to help in the fight against the gambling beast. A step-by-step guide to eliminating gambling from your life!” The Free Yourself Program claims to have developed a ‘new model’ of gambling addiction, where the problem gambler retains responsibility for addressing their addiction. The program seeks to help gambling addicts alter their gambling attitudes and behaviours via behaviour management, the utilisation of self-talk and other strategies based on Neuro Linguistic Programming taught within an Integrated Learning framework. The program aims to shift a gambler's focus “… from 'not to gamble' to 'what I can do' that will change me so that ‘I don’t need and want to gamble.’ One of the key goals of the Free Yourself Program is to provide the non-gambling part of individuals with strategies to conquer the gambling part of themselves. <a href="http://www.freeyourself.com.au/">http://www.freeyourself.com.au/</a></td>
</tr>
<tr>
<td><em>Australian Gaming Machines: Player Information Booklet</em></td>
<td>This booklet was produced by the Australian Gaming Machine Manufacturers Association (AGMMA) to help electronic gaming machine players increase their understanding of the machines. The booklet does not offer advice as whether to, or how to, play the machines nor which machines are better than others. Its aim is to increase player understanding of the operation of gaming machines and their enjoyment in playing them. This resource was first produced by the Australian Gaming Machine Manufacturers Association in 2000. An up-to-date version of the booklet is available at: <a href="http://www.agmma.com/pdf/playerinfo.pdf">http://www.agmma.com/pdf/playerinfo.pdf</a></td>
</tr>
</tbody>
</table>
Appendix S

CISP evaluation of the Court Integrated Services Program: final report

The Court Integrated Services Program (CISP) offers a coordinated, team-based approach to the assessment and treatment to defendants at the pre-trial or bail stage.

CISP commenced at the beginning of 2007 after an establishment period in late 2006. The program represents a development of existing pre-trial and bail support program models, and in particular the CREDIT (Court Referral and Evaluation for Drug intervention and Treatment) and Bail Support programs, established in Victoria in 1998 and 2001 respectively.

The CISP model diverges from traditional pre-trial programs in placing more emphasis on addressing the underlying causes of offending through:

- Greater emphasis on individualised case management. Case management in CISP involves more therapeutic interactions between clients and workers, in comparison with the predominantly referral and advocacy approach of many pre-trial programs.
- The CISP program teams are multi-disciplinary, and the referral and assessment process is intended to match clients' needs with workers' skills and expertise. CISP brings together a range of services that were previously available to defendants as separate services.
- The case management model provides for three levels of service response (Intensive, Intermediate and Community Referral) and clients are intended to be directed to these levels of service response in a manner consistent with their assessed level of risk and need.
- Establishing service agreements with housing agencies as part of the Justice Housing Support Program, with a bias for the provision of Acquired Brain Injury assessment and support services, and with the Community Offenders Advice and Treatment Service (COATS) for drug and alcohol assessment and referral services.

According to Bartels (2009: 3) CISP requires much less judicial monitoring than specialty courts, although the judicial officer may decide to monitor the defendant's progress (Magistrates Court of Victoria 2007 as cited in Bartels 2009). In practice, most participants appear in court about once a month and may appear before a different magistrate. Significantly, CISP has access to brokerage funding to provide individualised supports in a timely manner and address immediate needs to stabilise defendants.

References

Bartels, L. (October 2009) 'Challenges in mainstreaming specialty courts', Trends & Issues in Crime and Justice, No. 383, Australian Institute of Criminology, Canberra

Appendix T

Original Tsiaris and additional principles

The key factors taken into account by Judicial Officers when considering the application of the Tsiaris principle include:

1. It [mental illness] may reduce the moral culpability of the offence, as distinct from the prisoner's legal responsibility. Where that is so, it affects the punishment that is just in all the circumstances and denunciation of the type of conduct in which the offender is engaged is less likely to be a relevant sentencing objective.

2. The prisoner's illness may have a bearing on the kind of sentence that is imposed and the conditions in which it should be served.

3. A prisoner suffering from serious psychiatric illness is not an appropriate vehicle for general deterrence, whether or not illness played a part in the commission of the offences. The illness may have supervened since that time.

4. Specific deterrence may be more difficult to achieve and is often not worth pursuing as such.

5. Psychiatric illness may mean that a given sentence will weigh more heavily on the prisoner than it would in a person in normal health.


1. The condition may reduce the moral capability of the offending conduct, as distinct from the offender's legal responsibility. Where that is so the condition affects the punishment that is just in all the circumstances; and denunciation is less likely to be a relevant sentencing objective. The condition may have a bearing on the kind of sentence that is imposed and the conditions in which it should be served.

2. Whether general deterrence should be moderated or eliminated as a sentencing consideration depends upon the nature and severity of the symptoms exhibited by the offender, and the effect of the condition on the mental capacity of the offender, whether at the time of the offending or at the date of sentence or both.

3. Whether specific deterrence should be moderated or eliminated as a sentencing consideration likewise depends upon the nature and severity of the symptoms exhibited by the offender, and the effect of the condition on the mental capacity of the offender, whether at the time of the offending or at the date of sentence or both.

4. The existence of the condition at the date of sentencing (or its foreseeable recurrence) may mean that a given sentence will weigh more heavily on the offender than it would on a person in normal health.

5. Where there is a serious risk of imprisonment having a significant adverse effect on the offenders' mental health, this will be a factor tending to mitigate punishment.
