

GAMBLING HARM PREVENTION INITIATIVE FOR WOMEN FROM VIETNAMESE COMMUNITIES

Co-Designed Strategies for primary and secondary intervention

Diaspora Action Australia

info@diasporaaction.org.au



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Introduction

The Victorian Responsible Gambling Foundation (the Foundation) undertook a RFQ process to engage a suitably qualified and experienced provider to conduct a co-design process with Vietnamese women, with the aim of designing community informed project/program/activities to prevent gambling harm.

The Foundation's strategic partnerships funding (SPF) provides investment in an integrated suite of community-led prevention initiatives, aimed to help prevent and reduce gambling-related harm within communities across Victoria.

The objectives of the strategic partnerships are to:

- Deliver gambling harm prevention and reduction initiatives;
- Extend the Foundation's reach across Victoria, through collaborative and impactful partnerships;
- Focus on sub-populations and settings, particularly at-risk groups;
- Lead and inform the sector on best practice approaches to prevent and reduce gambling harm.

Of the \$5.5 million allocated to SPF, \$3 million relates to government election commitments including \$400,000 to:

“support women in Vietnamese communities, particularly in the east and west of Melbourne, through programs to improve financial literacy and understanding of gambling harm, with the aim of reducing incarceration rates and the incidence of gambling-related crimes.”

The number of incarcerated Vietnamese women in Victoria has increased by 481% since 2000, which represents more than double the increase to that of the general women's prisoner population (176%).

The reasons why more Vietnamese women in Victoria are being incarcerated have gone largely unexamined in literature, however one study pointed to a pathway into the drug trade to resolve debts incurred through casino gambling.

Other literature described gambling as a consequence of other forms of harm, rather than as the driver of offending, or as a behavioural feature of specific communities. Tran & Spivakovsky (2019) explored the idea of 'diasporic trauma', whereby Vietnamese women attend casinos to escape family stress, relationship breakdown, and cultural gaps between them and their children.

This nuanced conceptualisation of gambling-related crime and its intersection with the generational impacts or trauma, had also been observed by Gambler's Help service providers who work directly with the Vietnamese community, and gave rise to the suggestion that addressing it may require a broad consideration of protective factors.

The Foundation operates within a public health framework which emphasises the importance of addressing the gambling environment, as well as individual behaviours, to prevent and reduce harm from gambling.

Therefore, the intended objective in relation to a forthcoming grant program is to fund prevention activities.

To help achieve this, the Foundation engaged Diaspora Action Australia (DAA) to conduct a co-design process with female Vietnamese end-users. Findings from the co-design process, detailed in this report, will be used by the Foundation to develop the grant specifications for activities that best meets the needs of the community.

Collaborating with end-users offers the wisdom of lived experience in order to clarify problems, test assumptions and develop solutions. This is likely to have the greatest community impact and ensure the Foundation funds something that works.

The co-design process was developed to:

- coordinate and facilitate participative and collaborative focus groups, targeted consultations, and other engagement activities deemed suitable with the target group, to ensure their voices are heard and the best co-design outcome is achieved.
- identify and engage with a diverse range of end-users across east and west Melbourne, ensuring the unique needs of Vietnamese women are captured and represented.
- effectively engage with the target group in a way that is culturally appropriate, for example in-language.
- provide guidance to the Foundation on community directions arising from the engagement;
- develop one or more activity specification/s to meet the objectives of the grant program that align with primary and secondary prevention principles. In doing so, ensure the activities specifications are sufficiently flexible to allow further innovation and creative approaches to be proposed by service providers bidding for the grant.
- provide advice on any cultural requirements of the grant program.

The project was conducted by DAA between January and April 2021. Twenty-six (26) Vietnamese women, and eight (8) community observers/influencers, participated in the project. This report presents the key findings of the co-design process introducing first an analysis of the current literature on gambling harm and a description of the methodology adopted to engage with people of interest. Recommendations are made based on the key findings.

Literature review

Gambling Harm: An introduction

Gambling activities have changed in the eye of public opinion over the course of the last century. In the past, gambling in Australia was perceived as unethical and stigma and bias followed people who gambled. This was true until the narrative changed in the 1950s when gambling activities were categorised as “leisure activities”. Still, the impact caused by gambling problems on individuals, their family and communities continued to cause similar types of harm, regardless of their categorisation. It took time before gambling was recognised as a form addiction possibly linked and concurrent with other issues such as drug addiction, mental health problems, family violence, socio-economic disadvantage (Centre for Innovative Justice 2020).

This was partly due to public opinion perception as well as difficulties collecting reliable data set that would allow to unpack issues and establish the link between gambling and other various forms of harm. For example, data regarding women incarceration tend to stress and look at gender and 'gendered pathways' to crime, without desegregating data based on race and backgrounds with the results that minorities are overlooked, and ethno-specific issues cannot be identified (Tran & Spivakovsky 2019). Further challenges to recognise gambling as a form of addiction are represented by offenders' reluctance to disclose gambling issues, which hinders the ability to draw an accurate picture of the volume and nature of problem gambling in Victoria (Dept of Justice 2013).

Another challenge raised by Campbell et al report (2017) is about how gambling harms and addiction is perceived by people. Whilst with substance addictions the impact on individuals and the community are evident, people experiencing gambling problems seem perfectly in control and do not appear unwell, often giving the impression that while a drug addict does not have a choice a gambler does. In this context, gambling harm in the justice system is often overshadowed by other concurrent issues (Centre for Innovative Justice 2020).

More recent studies on gambling harms have been focusing on establishing the link between gambling and different types of harm seeking to understand and explain concurrent socio-economic factors, personal health, environmental elements, and other factors that can induce gambling harm while advocating for a public health approach to gambling harm.

In this complex scenario, this chapter proposes first look at the broad context, by discussing what gambling harm is and type of impacts, reviewing the intersection with the justice system and by acknowledging the argument in favour of a public health approach. Second, the chapter will present the Vietnamese-specific context by drawing the community profile through its historical context of migration, demographic and socio-economic data, family and gender roles in order to comprehend

community dynamics, and to overcome stereotypes. The chapter will conclude with a review of two studies on gambling harm impacts on Vietnamese women in Australia.

What is gambling harm?

Gambling-related harm has been described as ‘[a]ny initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population’ (Campbell et al 2017, p.27).

The broader conceptualisation of gambling harm marks a clear shift from treatment approaches that focused on individuals’ health to the need for systemic intervention that look at gambling as a public health issue. Campbell et al (2017) describes gambling as a “sleeper issue”, often masked and hard to identify when in the presence of other co-occurring problems, such as mental illness, domestic violence drug abuse, socio-economic disadvantage.

Browne et al research (2016) describes five types of gambling harm that impact gamblers and non-gamblers alike, these are:

- Financial harm – the study respondents indicated bankruptcy as the most severe indicator of financial harm for gamblers and non-gamblers. Having said that, multiple factors can concur to cause bankruptcy and the study indicates that diverting financial resources away from necessary spending is a more reliable indicator of financial gambling harm (Browne et al 2016). Other studies also show that higher losses are associated with electronic gambling machines (EGMs) which tend to be concentrated in areas with greater socio-economic disadvantaged population. Financial loss in these areas have a far greater impact on people (Centre for Innovative Justice 2020).
- Work and study harm – the most severe are the loss of employment, job conflict or being excluded from study.
- Health – early indicators of health-related harm are reduced sleep due to worry, stress, and depression which are symptoms also associated with psychological and emotional distress (Browne et al 2016).
- Emotional and psychological – feelings of failure, worthlessness, extreme distress and vulnerability are the most extreme emotional and psychological harms. Browne et al (2016) study shows how regret was gamblers indicators of harm, while anger and hopelessness are the first emotions felt by affected non-gamblers. Both categories share the feeling of worthlessness.
- Relationships – relationship conflict is a reliable indicator of gambling harm. Neglecting responsibilities is also seen by gamblers and affected non-gamblers as an indicator, but while for gamblers this is an early indicator, for affected non-gamblers it represents the most severe indicator (Browne et al 2016).

Further, the more recent Issue Paper by the Centre for Innovative Justice, *Unstacking the odds: Towards positive interventions at the intersection of gambling and crime* (2020) draws the correlation between gambling problem and mental health, whereby problem gambling tends to be higher in people with diagnosed mental health issues, and for those experiencing family violence.

People with mental health issues are vulnerable to gambling harm which the study reveals to be seen, in many cases, as a way to deal with mental health problems, while in fact it compounds the issue leading to other gambling harm related problems such financial loss and strained family relationships (Centre for Innovative Justice 2020).

In the case of family violence, the Centre for Innovative Justice Issue Paper (2020) describes the opposite ways in which gambling problems can manifest and impact victims and perpetrators. Gambling can be used by victims of family violence to escape or temporarily get away from the abuse while perpetrators can use it to enforce their control. Gambling problems can also aggravate family violence driven by other factors such as gender inequality and violence-supportive attitudes (Centre for Innovative Justice 2020).

Gambling problems can co-exist with family violence contributing to its escalation and it can also be an instrumental part of it when it is a feature of the perpetrator's behaviour. Another form of abuse is economic abuse, when the perpetrator uses the partners' income, Centrelink benefit to gamble (Campbell et al 2017).

In the case of CALD communities, gambling problems associated with family violence are seldom reported by women, who face significantly more barriers when experiencing such abuse. Barriers include immigration status, fear of being separated from their children or being deported, and systemic discrimination (Campbell et al 2017).

Campbell et al (2017) argues how co-existing circumstances and issues can either *contribute* to develop problem gambling or *result* from gambling harm, while increasing the likelihood of contact with the criminal justice system as a result. To this end, the report identifies and describes four different pathways that connects gambling harm and crime presented in the following paragraph.

The intersection between gambling harm and the justice system

The Campbell et al report (2017) discusses how gambling and gambling harm play a significant part in the life of offenders, whilst the lack of legal acknowledgement of the connection between gambling and crime led to low referral to service providers, disinclination towards therapeutic approaches by courts and the inability to recognise that contact with the criminal justice system can foster greater risk of gambling after people are released from custody.

The report explores the pathway and point of contacts between people experiencing gambling harm and the justice system. The most obvious is a linear pathway where a person who develops gambling problems commits a crime, such as theft and/or drug trafficking, to repay the accumulated financial debt. (Campbell et al 2017). Other pathways connecting gambling and crime are:

- Dual pathway – gambling can lead to becoming offenders and, by the same token, people who have already been in touch with the justice system can become reoffenders. It is noted that the welcoming and social aspect of gambling venues can be attractive to people who have experienced the justice system isolation, thus becoming more vulnerable to gambling harm (Campbell et al 2017).

- Convergence pathways – where gambling exacerbates existing issues, such as mental illness and family violence.
- Coercive pathway – linked to family violence. This manifest in different ways. For example, victims are either forced to gamble with the perpetrator or must give their salary, Centrelink support etc. to pay for the abuser's gambling problems or victims seek respite at gambling venues thus developing gambling problems. In this case, victims can get in contact with the justice system either because they are left dealing with their abusers' debt or because they have to deal with their own (Campbell at all 2017).

In this complex scenario, existing policies and legislation is lagging. In Australia, gambling is promoted as a leisure activity that has lost, at least from the policy-maker point of view, its ethical and moral connotation. The change in approach and view also meant that the regulating authority has changed. In Victoria, the regulating authorities are the same agencies in charge of liquor, gaming, and racing, not the criminal justice (Campbell at all 2017).

Campbell at all (2017) points to a gap between the presence of gambling harm in the lives of many offenders and the recognition by the legal system. On one side, the offender is reluctant to disclose gambling problems while, on the other, lawyers can be disinclined to ask their clients about it. Previous unfavourable sentences coupled with the unpredictable judicial attitudes, steer lawyers away from raising clients' gambling problems in their legal argument. The report shows how Australian courts have failed to recognised gambling in a constructive way.

Additionally, an unknown but substantial part of the justice clients' gambling problems are unlikely to be identified at an early stage and those who are, may not be referred to treatment services. The absence of a systemic screening system for gambling problems impacts offenders' assessment of needs and potential risk thus hindering referrals to appropriate services (Dept of Justice 2013). Failure to identify gambling harm at an early stage and refer to appropriate treatment service can lead to commit gambling-related crime further down the track that could have been otherwise prevented (Dept of Justice 2013).

As it stands, contact with the criminal justice system can compound pre-existing vulnerabilities. Incarceration exacerbates existing harms experienced by gamblers, and it can also accentuate the likelihood of those gamblers to cause harm to others further down the line (Campbell at all 2017).

To invert this pathway, the Centre for Innovative Justice Issue Paper (2020) argues for the need to see the point of contact with the justice system as a positive "encounter" by using it to address effectively and constructively gambling problems, thus preventing issues to become more acute.

Gambling harm support and treatment within the justice System

International research shows that scarce support of gambling services and treatments inside prisons is a common issue in many countries. While there are cases in which gambling problems are recognised, prison staff is ill equipped to provide adequate support and treatment (Centre for Innovative Justice 2020).

The Department of Justice report, *Problem gambling and the criminal justice system* (2013) attributed incarcerated offenders' low access to treatment and support services to operational issues, such as managing the security and transfers, as well as a lower priority given to gambling treatment services compared to others, such as those for drugs and alcohol treatment.

In addition, there are barriers to help-seeking, such as the stigma and reluctance to talk about gambling, lack of local services, treatment costs and some people believe that they are capable to manage their own challenges (Centre for Innovative Justice 2020).

In the case of financial debt, the accruing of interest while people are in custody, is a cause of great stress. Women are reported to be more likely to relapse once they leave custody. Factors that contribute to increase and exacerbate stress caused by financial debt are:

- Low literacy and numeracy, which makes it difficult for people to respond to creditor or take necessary action.
- Lack of identification documents, generally people in custody do not have such documents with them, and
- Administrative processes, which make it difficult to obtain the support of financial counsellors who could negotiate on behalf of offenders with creditors, are recognised barriers and stress factors (Centre for Innovative Justice 2020).

Having said that, help-seeking among prison populations has increased over the last few years, particularly among women (Centre for Innovative Justice 2020). Providing gambling harm treatment and support while in prison and in custody can help building bridges with a continued support after custody.

Nevertheless, the extent and pervasiveness of gambling harm, requires a broad approach, of which the improvements of the services and support offered within the judicial systems are just one part. The next paragraph will look at the public health approach, championed by many studies and service providers.

Public Health approach

Gambling addiction is currently categorised as a mental health disorder in the category of addiction. In practical terms, the result of this categorisation means that population-base measures related to gambling only focus on the syndrome failing to consider the extended harms caused to those that are not problem gamblers (Rockloff et al 2020). Browne et al (2016) study provides evidence that gamblers and those close to them can experience the same level of harm.

Rockloff et al (2020) establishes the connection between mental health problems and gambling arguing in favour of treatments that approach gambling behaviour from a public health perspective. Such approach considers a range of social, economic, and environmental factors that contribute to people's physical and mental health. A public health approach will enable the design and delivery of multiple strategies that can tackle gambling problems and harms in their various facets. Further, it can help tackle health inequalities.

The Foundation defines the public health approach to gambling as “*a practice which focuses on improving the health of populations – that is, population groups or subgroups – rather than the health of individuals*” (Victorian Responsible Gambling Foundation 2015).

Rockloff et al (2020) survey shows that, while gambling participation tend to increase with the advancing of age and incomes, moderate-risk and gambling problems are higher among people with lower income. An explanation to this result could be that gambling is more affordable for people with higher income.

A public health approach will rest on intervention at individual and community level, in the gambling environment (through collaboration with the industry), in the physical and built environment (through policy changes that revise venue opening hours etc), and on health and welfare treatment, ensuring that appropriate services are available. This sort of holistic approach requires a recognition that all parts of society, individual, communities, businesses, corporations, and government at all levels are supportive and coordinated in their action.

Vietnamese community in Australia

Today's Vietnam is one of the fastest growing economies in Asia with a noticeably young population (approximately 50% of the population is under 30 years of age). Albeit, the American war is a living memory for many Vietnamese and it still plays a key role in many people's identity, there is a large part of the population that have no direct experience of it (Evanson 2016).

The other recurrent influence on Vietnam's traditional culture is China. For over 2000 years Vietnam and China have contended territories, with China been the stronger and larger country. Yet, despite the noticeable Chinese influence, Vietnamese have maintained their distinct identity and actively resisted assimilation (Evanson 2016).

China attempts to “Sinicise” Vietnam date as far back as the 1st century AD. China and Vietnam contended territories for a long time and it was not until 938 that Vietnam could declare its independence. However, Chinese influence was felt and from the 11th century, Vietnam began to import Buddhism and Confucianism, which became the basic of the state administration. At this time, Vietnam also started to expand its territory in the region southward of today's Hanoi. By the 14th century Central Vietnam was secured and the Viet were able to withstand China's invasion in 1428.

Portuguese arrived in Vietnam in 1516 at the time when an internal conflict split the country in two: the North ruled by the Mac, and subsequently Trinh, and the South ruled by the Nguyen Lords. By the 17th century, the French had replaced the Portuguese introducing Catholicism to the country. Today's Vietnam is the second most Christian country in Asia, after the Philippines.

The progressive claim by Vietnamese of the southern territories under Cambodian rule was completed in the 19th century, when the last on the Champa were defeated and Vietnam territory was consolidated to what it is today.

In 1802 the Nguyen dynasty was established ruling the country until the French protectorate was established in 1882. Vietnam regained its independence in 1945 under Ho Chi Minh rule. The country's history, in the second half of the 20th century, is unfortunately marked by conflicts and internal divisions.

Vietnamese have long history of resistance to cultural change resisting external influence which led to develop a strong sense of independence and nationalism. If on one side this is a source of pride, on the other it made it difficult for older generations to get accustomed to Australia (Evanson 2016).

Historical context of migration

Vietnamese were the first Asian population allowed in Australia after the abolition of the White Australia policy in 1973 which, if on one side makes them a well-established community, on the other it is important to note that early Vietnamese migration consisted predominately of refugees. Until the 80s, people coming to Australia were fleeing conflict, violence, and human rights abuses. While resettlement was the only option, being uprooted from the place they belonged and forced to relocate in a foreign country, caused people added stress and anxiety. Early migrants experienced a diasporic trauma which was, and still remains, to a large extent, not well articulated or understood. Additionally, the abolition of the White Australia policy did not necessarily coincide with a cultural shift and overwhelming openness towards refugees and asylum seekers (Smith 2018).

However, as the political situation in Vietnam changed, so did the migration push factor. Over the last few decades, Vietnam have become one of the fastest-growing market-based economies in Asia and the migration from Vietnam to Australia is predominantly characterised by economic migrants, students, and tourists. In 2018/19, of the 90,078 Temporary Visas Granted to Vietnamese citizens, 81% are visitors visas (business and tourism) and 13% are student visas (Department of Home Affairs 2020).

The following table relates immigration data from the 2016 Census to the historical events that occurred in Vietnam from the 1930s until 2016.

Year of arrival	Vietnam-born ¹	Chronology ²
Before 1941	9 (0.0%)	1930 – Ho Chi Minh founds the Indochinese Communist Party (ICP).
1941 - 1950	24	1945 - Ho Chi Minh announces Vietnam's independence.

¹ Australian Bureau of Statistics (2016) 'People in Australia who were born in Vietnam', *2016 Census QuickStats Country of Birth*, accessed 27/01/2021.

https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/5105_036

² Primary source for the chronology is BBC (2018), *Vietnam profile – Timeline*, BBC viewed on 27/01/2021 <https://www.bbc.com/news/world-asia-pacific-16568035>

Year of arrival	Vietnam-born ¹	Chronology ²
	(0.0%)	1946 – French forces attack Viet Minh in Haiphong in November, starting the first Indochina war. 1950 – Democratic Republic of Vietnam is recognised by China and USSR.
1951 - 1960	100 (0.0%)	1954 – The French government agrees to peace talks in Geneva. Vietnam is split into North and South at Geneva conference. 1956 – South Vietnamese President Ngo Dinh Diem begins campaign against political dissidents. 1957 – Beginning of Communist insurgency in the South. 1959 – Weapons and men from North Vietnam begin infiltrating the South. 1960 – American aid to Diem increased.
1961 - 1970	407 (0.2%)	1962 - Number of US military advisors in South Vietnam rises. 1963 - Viet Cong, defeat units of the South Vietnamese Army. President Diem is overthrown and then killed in a US-backed military coup. US enters the war. 1964 - Gulf of Tonkin incident: the US says North Vietnamese patrol boats fire on two US Navy destroyers. US Congress approves Gulf of Tonkin Resolution, authorising military action in region. 1968 - More than 500 civilians die in the US massacre at My Lai. Thousands are killed by communist forces during their occupation of the city of Hue. 1969 - Ho Chi Minh dies. President Nixon begins to reduce US ground troops in Vietnam as domestic public opposition to the war grows. 1970 – US and Hanoi government start talks in Paris.
1971 - 1980	29,057 (13.2%)	1973 – Ceasefire agreement in Paris, US troop pull-out completed by March. White Australia Policy is abolished. 1975 – Institution of the Racial Discrimination Act in Australia. North Vietnamese troops invade South Vietnam and take control of the whole country after South Vietnamese President Duong Van Minh surrenders. 1976 - Socialist Republic of Vietnam proclaimed. Saigon is re-named Ho Chi Minh City. Hundreds of thousands flee abroad, including many "boat people". 1979 - Vietnam invades Cambodia and ousts the Khmer Rouge regime of Pol Pot. In response, Chinese troops cross Vietnam's northern border. They are pushed back by Vietnamese forces. The number of "boat people" trying to leave Vietnam causes international concern.
1981 - 1990	68,947 (31.4%)	1986 - Nguyen Van Linh becomes party leader. He introduces a more liberal economic policy. 1989 - Vietnamese troops withdraw from Cambodia.

Year of arrival	Vietnam-born ¹	Chronology ²
1991 - 2000	41,316 (18.8%)	<p>1992 - New constitution adopted allowing certain economic freedoms. The Communist Party remains the leading force in Vietnamese society.</p> <p>1994 - US lifts its 30-year trade embargo.</p> <p>1995 - Vietnam and US restore full diplomatic relations. Vietnam becomes full member of Association of Southeast Asian Nations (Asean).</p> <p>1998 - Economic growth slumps in the wake of the Asian financial crisis.</p> <p>1999 - A former high-ranking party member, Tran Do, is expelled after calling for more democracy and freedom of expression.</p> <p>2000 - US President Bill Clinton pays a three-day official visit. The US pledges more help to clear landmines left over from the Vietnam war. The Vietnamese government estimates nearly 40,000 people have been killed by unexploded munitions.</p>
2001 - 2005	11,901 (5.4%)	<p>2001 - The Communist Party chooses Nong Duc Manh as its new leader. US, Vietnam implement a trade agreement which normalises the trade status between them.</p> <p>2002 - Russia hands back the Cam Ranh Bay naval base, once the largest Soviet base outside the Warsaw Pact. President Tran Duc Luong reappointed for second term by National Assembly, which also reappoints Prime Minister Phan Van Khai for second five-year term.</p> <p>2004 - First US commercial flight since the end of the Vietnam War touches down in Ho Chi Minh City.</p> <p>2005 - Prime Minister Phan Van Khai makes the first visit to the US by a Vietnamese leader since the end of the Vietnam War.</p>
2006 - 2010	24,411 (11.1%)	<p>2006 - Prime minister, president and National Assembly chairman are replaced by younger leaders.</p> <p>2007 January - Vietnam becomes the 150th member of the World Trade Organization.</p> <p>2008 December - China and Vietnam resolve border dispute 30 years after 1979 war which left tens of thousands of dead.</p> <p>Government bans bloggers from raising "inappropriate" subjects.</p>
2011 - 2016	34,705 (15.8%)	<p>2012 - Vietnam surpasses Brazil to become the world's largest coffee exporter.</p> <p>2013 - New decree bans internet users from discussing current affairs online.</p> <p>Economy grows by 5.14% in first three quarters of year, marking return to growth after years of stagnation.</p> <p>2016 - US lifts long-standing ban on selling weapons to Vietnam.</p> <p>India announces half a billion dollars' worth of credit for Vietnam for defence spending.</p>

Year of arrival	Vietnam-born ¹	Chronology ²

Demographic and socio-economic profile³

At the end of June 2018, according to the Department of Home Affairs, 256,310 Vietnamese-born people were living in Australia, thus making the Vietnamese-born population the sixth largest migrant community in Australia, equivalent to 3.5% of Australia's overseas-born population and 1.0% of Australia's total population.

The 2016 Census shows an increase of 18.5% of the Vietnamese-born population from 2011. The states with the largest Vietnamese-born population are New South Wales (38.4%) and Victoria (36.8%).

To get a sense of community composition, the last census also collected information about people's ancestry. Of the total Vietnamese-born population in Australia, 75.8 % reported Vietnamese ancestry (175,446), 19.5 % Chinese (45,117) and 3.9% English (4,796). However, the reported spoken language data shows that 82.7% of the Vietnamese-born population speak Vietnamese at home, while 10.2% speak Cantonese and 3.9% English and only 1% speak Mandarin.

While these two data sets do not match, they can help inform a more accurate picture of the community. Further, it is important to acknowledge that second and third-generation people are not captured by the census.

In terms of **English proficiency**, according to the 2016 census, of the 209,446 Vietnam-born who spoke a language other than English at home, 58.0% spoke English very well or well, and 41.4% spoke English not well or not at all.

Citizenship	Born in Vietnam	%	All overseas born	%
Australian citizen	166,595	75.9	3,652,290	59.3
Not an Australian citizen	48,739	22.2	2,402,591	39.0

Of the Vietnamese-born population, 44.7% were male and 55.3% were female. The media age was 45 years, with 15.3% were aged 25 – 34 years and 22.2% were aged 35 – 44 years.

³ Data primary source is the 2016 census, Australian Bureau of Statistics (2016) 'People in Australia who were born in Vietnam', *2016 Census QuickStats Country of Birth*, accessed 27/01/2021. https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/5105_036 and Department of Home Affairs (2019) *Vietnam -born Community Information Summary*, Department of Home Affairs, viewed 27/01/2021, <https://www.homeaffairs.gov.au/mca/files/2016-cis-vietnam.PDF>

Birthplace of spouse or partner	Born in Vietnam	%	All overseas born	%
Spouse or partner born overseas	115,024	91.1	2,533,692	72.3
Spouse or partner born in Australia	9,088	7.2	874,386	25.0

Education	Born in Vietnam	%	All overseas born	%
Pre-school	377	0.2	21,982	0.4
Primary	3,066	1.4	197,196	3.2
Secondary	5,613	2.6	224,770	3.6
University or tertiary institution	13,876	6.3	440,789	7.2
Technical or further education	7,031	3.2	152,909	2.5
Other	4,699	2.1	97,890	1.6
Institution attended; type not stated	4,735	2.2	117,292	1.9
Not attending an educational institution	179,959	82.0	4,910,840	79.7

Of the Vietnamese-born people who usually live in Australia, 27.3% reported having completed Year 12 as their highest level of educational attainment, 6.6% had completed a Certificate III or IV and 7.0% had completed an Advanced Diploma or Diploma.

Occupation ⁴	Born in Vietnam	%	All overseas born	%
Labourers	20,718	18.0	354,542	11.0
Professionals	18,628	16.2	815,695	25.2
Technicians and Trades Workers	15,385	13.4	405,055	12.5
Community and Personal Service Workers	13,328	11.6	351,854	10.9
Machinery Operators and Drivers	12,351	10.8	210,138	6.5

The median Individual Weekly Income for the Vietnam-born in Australia aged 15 years and over was \$456, compared with \$615 for all overseas-born and \$688 for all Australian-born.

⁴ Employed people aged 15 years or older.

Family and Gender roles

Family is the focal point of life in Vietnam. Family-units include the extended family, i.e., aunts, uncles and grandparents who share close relationship and support one another. It is common for three generations to live together, thus making living alone an intimidating experience for most Vietnamese people (Evason 2016).

Family's interests are put before individual's interest who are expected to be loyal to the family and protect its reputation. People who dishonour the family can be ostracised by fellow family members (Evason 2016). Further, problems within the family tend to be kept private from the public. Thus, is not surprising that the majority of the Vietnamese women participating in the co-design process spoke about their reluctance to openly discuss gambling problems (either their own or their partners) with other family members. This holds true particularly for domestic abuse, which is viewed as an intensely private family issue. The LaBorde et al (2010) profile reported that Vietnamese women in the US are less likely to report abuses to authorities or to discuss it with friends compared to women from other communities.

Traditionally, household providers are either the patriarch or the eldest son, who is the ultimate decision-maker whereas in modern families the mother and elders can also be included. Still, women are expected to fulfil domestic duties and look after the children while men are working to support the family. While this holds true mostly for the old generation, Vietnamese migrant women are more likely to be involved in the workforce (Evason 2016). However, the vast majority of the people interviewed during the co-design process confirmed the domestic role of women.

Evanson (2016) notes how women have a dual identity as respected mothers and as subservient and doting partner to their husband. One of the project participants, who was severely impacted by her husband gambling addiction reported that when she sought her in-laws help and, contrary to her expectation, they showed support to the husband and encouraged her to do the same, by being a "good wife". Traditionally women were expected to maintain household harmony, thus if a conflict surfaced it was generally considered the woman's fault (LaBorde et al 2010). While some changes are occurring among the younger generation, particularly second generation, the interviews depicted a community that still has a strong patriarchal structure, with women reliant on their husband, partner or parents for support. Further, the large family structure that supports women in Vietnamese society, is absent or minimal in Australia, where people are more disperse and disconnected thus impacting women's support network.

Gambling harm in the Vietnamese community in Australia

Campbell at all (2017) indicates how, due to the convergence of multiple factors, culturally and linguistically diverse communities can be especially vulnerable to gambling harm, thus requiring additional support. In its analysis of Court Cases since 2013, the report found a disproportioned appearing of the Indo-Chinese community before the Victorian courts. Campbell at all (2017) analysis also concluded that charges were related to drug offending, allegedly committed to pay off gambling debts or to resource gambling addiction.

Le and Gilding (2014) study articulates the relationship between gambling and drugs pathways for Vietnamese women. Studies participants enters the drug pathways to repay their gambling debts, however the modalities and outcomes varies. The study shows that while it is true that some of the participants' access to the drug pathway was facilitated or forced by their money lenders, others sought, through their connection and network at the casino, a way to repay their gambling debt. Further, "participants' entry into drug trafficking was deeply embedded in social relationships, reputation and trust" (Le and Gilding 2014). Women who took greater risk in their drug trafficking were better rewarded and were able to clear their debt. Having said that, women that were coerced into the drug pathways, although caught before finishing to repay their debts, received smaller sentences (smaller offense) than those who took greater risks.

However, what moves Vietnamese women to gamble in the first place are diverse and, at times, overlapping circumstances. Studies show that women feel welcomed at the casino, where they are treated with respect. Casinos are a safe place for women, and they offer the opportunity to socialise with other Vietnamese women (Tran & Spivakovsky 2019) (Le and Gilding 2014). Moreover, casinos are places that allow women to escape social isolation and discrimination also not requesting people to speak English (Le and Gilding 2014). These same points emerged with the majority of the co-design project participants.

The networks and social connections established at the casino are also the people women with a gambling financial debt seek out for help. Le and Gilding (2014) indicates how informal loans accessed by women at the casino can be similar to *Cho'i hui*⁵ and lenders are described as friends who are helping out. However, these informal loans can come at an interest rate of 10% week (520% a year). To give a sense of the volume of interest paid, pawn brokers charge 4% a month (48% a year) (Le and Gilding 2014). Agreements occur verbally and loans are given on the premise of observing borrowers' behaviour, reputation, and debt history.

In this context, the challenges, trauma, and problems associated to the migration journey can enhance problem gambling and amplify harms, particularly for community members that relocate to Australia as refugee carrying a diasporic trauma compounding and heightening the fragility and vulnerability caused by lived experience of conflict and violence (Tran & Spivakovsky 2019). Economic and other migrants can also experience isolation and are likely to seek opportunities for social interactions to establish new networks. Many gambling venues are designed to cater for such needs (Campbell et al 2017).

Women that are impacted by gambling harm, seldom seek help within the community and are unlikely to reach out to outsiders. Outside help introduces barriers such as English proficiency, cultural understanding, and it can attract attention from other community members, likely fuelling stigma and shame (Tran & Spivakovsky 2019).

⁵ **Cho'i hui:** informal lending (literally the game of borrowing). People play *hui* by regularly contributing to a common fund. Each month a player can borrow money but will have to repay back with interest. Monthly contribution varies, pending on who is playing and how big is the *hui*. Players try to hold off as much as possible before they borrow, so they can accrue the interest paid by earlier borrowers (Tran & Spivakovsky 2019). Participants involved in the co-design project explained that the system is particularly used by women who have no income to access credit that they would not be able to obtain from regulated lending institutions.

More broadly, Campbell et al (2017) found that the stigma generated by gambling has a dual effect on the family and community. On one hand, the harm caused by gambling can extend to family members who will have to limit, repay and hide, from the broader community their family debt. On the other hand, the person suffering from gambling harm can become isolated from the community once the gambling is revealed.

In the case of the Vietnamese community, support should come from the elders, however the social structure and mechanisms that regulated life in Vietnam have crumbled in Australia, with the result that the guiding and supportive figures within the community and families are either not there or may not be as authoritative (Tran & Spivakovsky 2019).

Like what is occurring within the broad Australian community with regards to gambling harm, the Vietnamese community also suffers from the compounded impacts of multiple harms associated with gambling activities. However, as a large community with a long migration history and lived experience of war and persecution, it is paramount to the success of any prevention strategy to look at problem gambling and gambling harm through ethno-specific lenses. With this in mind, the methodology developed to co-design gambling harm prevention strategies, places a great emphasis on Vietnamese women participation as illustrated in the following chapter.

Methodology

The development of co-designed process is articulated in two stages: Discovery Phase and Co-Design Phase.

The Discovery Phase objective was to engage with Vietnamese women who have experienced gambling related harms directly or indirectly seeking to understand, through semi-structured interviews, the key drivers of problem gambling for Vietnamese women and any associated triggers.

The information, experiences and reflections drawn out during the Discovery Phase, coupled with information gathered from the literature review, helped inform the Co-Design Phase. Inspired by a *Human-Centred Design* approach, the Co-Design Phase aimed to test assumptions and to develop potential prevention strategies.

The following paragraphs will describe the approach and methodology used in each phase, also highlighting challenges and barriers to engagement.

Discovery Phase Methodology

Individual consultations were conducted with community observers and influencers prior to engagement with Vietnamese Women. This provided a valuable opportunity to test the proposed methodology, refine engagement strategies, seek support for the project, and build on operational understanding of the community context.

Vietnamese women were approached via existing relationships and networks – workers within ethno-specific agencies such as the Australian Vietnamese Women Association, trusted community volunteers, and established informal support groups. Information about the project was provided in writing in Vietnamese and English to assist participants to decide whether they wanted to be involved. A gratuity of \$100 was offered to each interview participant to acknowledge their time.

A total of twenty-six (26) Vietnamese women were interviewed during the discovery phase. Fourteen (14) participants are employed (full-time, part-time or casual work), seven (7) are studying – mostly studying English (2 are studying and working, 2 are studying while caring for children), one (1) is a full-time home carer, two (2) are unemployed.

Most participants (22 out of 26) were born in Vietnam. Of this group, fifteen (15) are permanent residents, five (5) are Australian citizens and two (2) hold a temporary visa. Their time in Australia varied, nine (9) participants have been in Australia for less than 10 years, seven (7) for a period between

10-20 years and six (6) for more than 20 years. The Australian born participants hold a permanent resident visa. They are not citizens.

Out of twenty-five (25) respondents, eleven (11) are single mothers living with their children and other five (5) have children and are either living with their husband or partner. Six (6) respondents confirmed that they are living in rented accommodation, half of whom are single mothers.

Out of twenty-six (26) participants, eleven (11) have been linked to gambling harm services but only six (6) have successfully engaged in these services. Four (4) participants have been referred to relevant service providers in the course of this project. Importantly, none of the participants were connected with any broader community support services. This is notable for a range of reasons, but particularly concerning because of the high level of need and vulnerability across the group. It is also important to note that seventeen (17) of the participants had no knowledge of gambling harm services, nor the ethno-specific agencies who deliver them for Vietnamese speakers.

All participants were offered interviews by phone, video call, or in person. They all chose to be interviewed by phone and except for four (4) people, all other participants requested an interpreter.

Interviews took an average of 1 hour and 15 minutes each to complete. At the commencement of each interview, participants were given additional information about the project, assured of anonymity and data security, informed of the next stages of the project, and given an opportunity to ask any questions they had. This information was relayed through the interpreter, and consent was sought from each participant before the interview commenced.

The interview questions were:

1. How has gambling impacted on your life? (Frequency, behaviour of family members, personal experiences, sense of safety, family relationships, financially, legally, mental health, social isolation, etc)
2. How does your community feel about gambling? (Different perceptions of social vs compulsive gambling, association with status, stigmas, reluctance to seek help, etc)
3. How would you describe gambling related harm? (Financial, family relationships, mental health, physical health, personal safety, legal, etc)
4. What do you see as the causes of gambling for the people around you? (Social isolation, mental health, family breakdown, boredom, social interaction, stress, financial stress, etc)
5. Do you feel there are any different perspectives, impacts or causes of gambling for women in your community?
6. Do you have any ideas or thoughts about how we could work with the community to prevent gambling harm for Vietnamese women?
7. Where do you go to find information about community services? (Internet, word of mouth, ethnic media, preference for ethno-specific organisations/services, preference for non-ethno-specific organisations/services etc)

Where a trusted Case Worker was already engaged, they attended the interview to support the women.

Fourteen (14) of the interviewed participants indicated their willingness to provide further support to the project. These participants were contacted in the Co-Design phase to seek their feedback on the proposed personas, identify priority prevention strategies from the interview feedback, and provide their advice on how the priority prevention strategies could best be implemented.

Co-Design Phase Methodology

A Human-centred Design approach was deemed to be the most suitable and effective to co-design gambling harm prevention strategies based on the literature review, DAA operational experience and the information provided by community observers and influencers.

A human-centred approach entails the creation of personas, in this case, based on the discovery phase key findings. The personas were used to focus participants on the particular issues, needs, experiences and barriers of the target group. This provides enhanced opportunities to clearly identify the group for whom the designed strategy seeks to deliver impacts. The persona approach also supported participants to focus on the issues for specific cohorts, ensuring clarity in articulating the problems that need to be solved.

Three personas were developed through the Discovery Phase. These were:

1. Younger Vietnamese women with pre-school aged children, little to no English language capability, not yet engaged in gambling, experiencing isolation, and extremely limited opportunities for decision making about their lives.
2. Vietnamese women with school aged children, little to no English language capability, may be beginning to engage with gambling socially, experiencing isolation and boredom, and very limited opportunities for decision making in their lives.
3. Vietnamese women living with a male partner who are engaged in gambling, with little to no English language capability, not personally engaged in gambling, likely to be experiencing family violence as a result of gambling stress, experiencing isolation, and very limited opportunities for decision making about their lives.

Due to privacy concerns, it was not possible to engage end users in a group-based Co-Design workshop. These concerns were raised with the Foundation, and it was agreed that the Co-Design could be undertaken flexibly to enable participation without compromising the outcomes of the project.

The three personas were presented to fourteen (14) end users who had also participated in the Discovery Phase. This group provided feedback, refinements and improvements to priority groups, and potential gambling harm prevention strategies.

The collective suggestions were then summarised and presented to a group of eight (8) community observers/influencers to seek their feedback and contributions as the second stage of the Co-Design Phase. This group included well placed Vietnamese community members, academics who had undertaken overlapping research with the Vietnamese community, professionals with expertise in gambling/mental health/family violence harm prevention (not currently associated with any existing

service providers), and individuals who have extensive experience working with culturally diverse communities to develop prevention initiatives.

Due to the time limitations of the project, and the limited availability of the individuals engaged, a split approach was taken to the second stage of Co-Design. One workshop was delivered with four (4) participants, and individual consultations were then conducted after the workshop to build on the collaborative work.

Insights and Key findings

The Insights and Key findings section summarise key outcomes of the Discovery and Co-Design Phases, respectively.

Discovery Phase – Key findings

Articulating the issues

There are clearly many contributing factors to gambling harm as it pertains to Vietnamese women, and several channels for gambling harm.

The Discovery Phase findings challenged the established perception that Vietnamese women are over-represented in the justice system as a result of their own gambling behaviours. The Vietnamese women interviewed in this project were more likely to have experienced gambling harm as a result of the behaviours of their male partners, and cultural expectations to take responsibility for family issues. Power imbalances within families, associated with gender and gender roles, emerged as a clear contributor to the harm experienced by women.

Where women were engaged in gambling, and experienced direct harm as a result, social isolation and mental health issues were most commonly identified as causal factors. Family relationship issues and limited to no English language capability were also common themes through the interview process.

End user participants identified a critical need for education for Vietnamese women, as well as social connection, to reduce their vulnerability to gambling harm. This applied equally to those who may engage in gambling behaviour, and those whose partners may engage in gambling behaviour.

In either case, perceptions within the Vietnamese community regarding help seeking are a significant barrier to secondary prevention. Limitations placed on Vietnamese women's engagement in activities outside the home are also problematic for primary prevention.

These insights raise significant questions about the opportunities for gambling harm prevention for Vietnamese women, and the limitations of the proposed opportunity to fund gambling harm prevention activities.

The key findings from the discovery phase can be summarised under four main areas of interest:

1. Gambling Harm – participants understanding of gambling harm, its impact and how it affected participants.
2. Causes of gambling harm and gender differences – identifies commonly perceived causes of gambling harm and reflects on the gender differences.

3. Community perception – explores participants' knowledge and views on how the broader Vietnamese community perceive gambling.
4. Suggested prevention strategies – lists out participants suggestions for potential prevention strategies.

Gambling harm

Overall, there was a strong acknowledgement by all participants that they had not understood the dangers, or impacts, of gambling prior to being personally affected. Out of the twenty-six (26) women interviewed, a third self-identified as having been harmed by their own gambling. Two (2) young women self-identified as being impacted by a parent who gambled and one (1) by a sister who gambled. The remaining participants self-identified as being impacted by a partner who gambled.

Interview insights included:

- Most frequent types of gambling harm described by participants were financial, family relationships, family violence, loss of personal safety, loss of security, employment impacts, and loss of social/family networks. We frequently heard from women that *“gambling destroys everything in your life that you value”*.
- Gambling is regarded as being more harmful for women regardless of whether the gambling was their own, or their partners. These comments were linked to personal safety and security.
- Women affected by their partners' gambling were considered to be at high risk of family violence, pressure to engage in illegal activities to pay off a partners' loan shark debts, and long-term financial ruin.
- Women affected by their own gambling were considered to be more likely to be harmed by the people they owed money to, more likely to be forced into physically dangerous illegal activities by loan sharks (such as sex work), and more likely to be caught/imprisoned for these activities.
- Eight (8) participants who had been imprisoned for “gambling related crimes” reported that the gambling debt belonged to their male partner. Seven (7) were coerced into participation in illegal activities, while one (1) took responsibility when her husband was caught producing drugs in their home. In all instances, women reported being told that they would be treated more generously by the Australian legal system because of their gender.
- Participants also reported the cultural pressure for women to take on the burden of any issue within the family for the greater family good. Women reported being pressured to protect the male head of household to preserve the family income, reputation, and safety.

Causes of gambling and gender differences

Over 90% of participants highlighted social isolation, boredom, and lack of purposeful activity (such as a job) as the critical causes of gambling for Vietnamese women. A common trend was the absence of social activities and connection to community for many Vietnamese women born overseas. This was also linked consistently with limited English language proficiency increasing vulnerability. Most participants considered their early gambling a harmless and rare opportunity for entertainment. Women self-

identified as much more likely to gamble with others, while reporting that men were much more likely to gamble alone.

All of the women harmed by their own gambling had become engaged in it when their children were primary school aged and more than 90% of the interviewees who had been engaged in frequent gambling, were introduced to it by a family member or friend.

Interviews revealed a common theme around women having to hide their gambling behaviour, and how this makes it exceedingly difficult for anyone to recognise the problem developing before it reached crisis point. While, by contrast, men are reported to gamble openly even when the behaviour becomes chronic.

There was a strong sense that women's gambling creates more significant harm within families. If the mother stops playing her role (looking after the family, house, etc), the family "*falls apart*" somewhat validating the role of women illustrated by Evanson (2016). While there is a general stigmatisation around gambling, women face harsher criticisms and judgment compared to men because of the perceived desertion of family responsibilities.

Further, participants often referred to the fact that gambling is illegal in Vietnam. The limited access/exposure to gambling prior to arrival in Australia was linked with an inability to control the behaviour once gambling became so accessible, and to recognise the initial stages of different types of gambling harms.

Community perceptions

Many participants talked about a common phrase in their community – "*gambling is in our blood*" – which is considered the reason for banning gambling in Vietnam. Nevertheless, frequent gambling is stigmatised and judged. Interviewees distinguished between playing for fun (like people typically do at Lunar New Year) and addiction. People who are perceived as regular gamblers are kept at a distance for fear that "*they will come looking for money*". From the interviews it emerged that the frequent escalation of gambling has soured many in the Vietnamese community against gambling generally. The exception to this was related to status. Wealthy people who can afford to gamble are admired, with gambling indicating financial success.

Furthermore, participants routinely reported that seeking help derived more shame than the gambling behaviour itself, making it exceedingly difficult to find out about services – particularly for non-English speaking Vietnamese women who rely on their friends and family for information. Help-seeking for any issue is reportedly considered "weak" by most of the Vietnamese community.

Additionally, many participants talked about the growing number of gambling related suicides within their community, referencing the stigma and shame associated with gambling as a key contributor.

Suggested prevention strategies

During the Discovery Phase, there were many helpful suggestions for prevention approaches to prevent gambling harm for Vietnamese women. These suggestions were very consistent, with a strong focus on:

- Vietnamese playgroups to engage, connect and support women with small children who are typically isolated, lonely, and bored.
- Social support activities for Vietnamese women to connect with others, enjoy themselves, develop new skills and knowledge (particularly in employability and understanding their rights), and develop their English language capabilities.
- Community education campaign to raise awareness of the dangers and risks associated with gambling, particularly through storytelling.

Interestingly, each of these suggested prevention approaches have been linked to key impacted groups, i.e. younger women who are not yet engaged in gambling, older women who are beginning to engage in gambling for entertainment, and women who are living with a partner who gambles.

Co-Design Phase – Key findings

The Co-Design phase was articulated in two stages. Stage 1 was informed by the Discovery Phase key findings and sought to engage end users, while stage 2 engaged with community influencers and observers.

During Stage 1 end users were presented with the three personas developed based on the Discovery Phase outcomes and recommended a focus on two of the three proposed personas. Moreover, while end users felt that a broader community awareness campaign was critical to reducing gambling harm across the Vietnamese community, the two female groups identified were considered of primary concern where primary and secondary prevention initiatives would be most effective.

The priority personas were:

- A. Younger Vietnamese women with pre-school aged children, little to no English language capability, not yet engaged in gambling, experiencing isolation, and extremely limited opportunities for decision making about their lives.
- B. Vietnamese women with school aged children, little to no English language capability, may be beginning to engage with gambling socially, experiencing isolation and boredom, and very limited opportunities for decision making in their lives.

With these two personas in mind, end users identified the following priorities for harm prevention:

1. Structured in language programs for women with pre-school aged children.
2. Social support programs in language for women with school aged children.

Critical success factors

When asked about barriers to participation, end users were confident that programs offering engagement and development opportunities for women, and children, would be welcomed by Vietnamese women. They all stated that they would attend such programs, and that their privacy concerns for this project were specifically linked to being identified as being affected by gambling within the broader Vietnamese community.

All participants of the end user group highlighted the need to develop activities that would address barriers to participation. These barriers included:

1. Ensuring activities would be 'approved' by male partners to ensure women were allowed to attend.
2. Activities must be delivered in language to enable the participation of vulnerable Vietnamese women.
3. Activities should be located in 'neutral spaces' that are not associated with support services. This suggestion was proposed by end users to increase participation by addressing concerns relating to the stigma of help seeking. Place based activities were recommended, acknowledging the practical barriers to participation such as transport and highlighting the need to develop women to women relationships within local communities to reduce isolation sustainably.
4. Concerns about ensuring vulnerable Vietnamese women would hear about the activities. End user participants reflected on their own experiences of having little to no knowledge of the services and supports available to them. Their recommendation was to promote new activities through social media platforms, in language promotion in places where the priority groups have to attend (such as maternal and child health clinics and local markets), and by engaging with individual women within the community – such as the project participant group – to personally inform other women in their networks.

Regardless of the specific initiative or activity, there was a strong view that activities needed to create opportunities to build the knowledge and confidence of Vietnamese women. Suggested content areas included: legal, financial, migration, and personal safety rights, Australian systems (legal, child protection, immigration, education, etc); parenting in a new culture; employment pathways; etc.

Stage 2 of the Co-Design Phase provided opportunities to seek contributions from community observer/influencers. Both end user suggested strategies – in language structured programs and social support programs - were seen by the observer/influencers group as effective opportunities to reduce isolation and boredom, while creating safe spaces to educate women about gambling, family violence, mental health, financial rights, parenting and family relationships. Community observer/influencers also highlighted the opportunity to develop conversational English language capabilities for women, which was viewed as critical to women having access to services and employment in the longer term and to build their confidence.

There was strong support for the two priority initiatives created by end users, and all community observer/influencer participants agreed with the gambling harm specific and peripheral benefits of the proposed prevention strategies. They were united in their view that the suggestions of the end user participants should be maintained in the project recommendations.

Stage 2 participants also echoed the need to ensure the funded activities were pitched in such a way that the ability to participate was prioritised. For example, there were many concerns raised about male partners preventing participation, and subsequent recommendations were made regarding the timing of programs. Programs offered during school hours were deemed to have the highest likelihood of successful engagement based on their individual experiences of working with the Vietnamese community. A focus on the benefits for children was also consistently recommended. For example, several members of the community observer/influencer group suggested that the conversational English element of social support activities could be seen as helpful to women supporting children with their education and to boost their confidence in engaging with schools.

Community observers/influencers commented on the peripheral opportunities to address gambling harm prevention within overlapping State Government priorities, such as mental health, family violence, play group/kindergarten participation, employability, etc. For example, a supported, in language homework program was suggested as one way to engage women with school aged children. While this does not align with the intentions of the end user participants for a socially oriented program for Vietnamese women with school aged children, it is a good example of where existing State Government funding could be utilised to strengthen prevention opportunities within this cohort.

The high level of vulnerability and need within this cohort prompted participants to recommend placing any new prevention initiatives targeting Vietnamese women within broader community support organisations, or through strong partnerships. This was seen as an important strategy to connecting Vietnamese women with a wider range of support services for long term benefit. Equally, participants suggested the development of a comprehensive community engagement plan be an essential component of any grant process.

Further recommendations were made in regard to the structure of future funding. Smaller, place-based initiatives that run for 12 months was seen as a valuable first step in building gambling harm prevention approaches for Vietnamese women. Equally important to the community observer/influencer group was the inclusion of an evaluation/impact measurement component in all funded initiatives.

Proposed Prevention Strategies

Throughout the Discovery and Co-Design phases, participants developed suggested gambling harm prevention strategies to meet the unique needs of socially excluded Vietnamese women. These strategies were developed with a focus on the two (2) priority personas and responded to the opportunities for both primary and secondary prevention within the cohort. The proposed gambling harm prevention strategies are:

1. Structured in language programs for women with pre-school aged children.
2. Social support programs in language for women with school aged children.

Through the Co-Design process, both end user and community observer/influencer groups prioritised providing clear guidance on the structure, principles, and objectives of the funding program rather than prescribing specific activities for funding. The rationale for this decision was two-fold.

Both end users and community observer/influencers felt that allowing for innovation in responses was critical for the development of community driven, localised initiatives. They also shared a view that the limitations of the imminent funding round (timing, amount of funding available, limited nature of the funding, etc) must be acknowledged in the design of the funding round. More specifically, they viewed the forthcoming funding round as a critical first step to preventing gambling harm for Vietnamese women.

Recommendations

In consideration of the findings of the Discovery and Co-Design phases, the following recommendations are made to support enhanced gambling harm prevention for Vietnamese women:

1) Guiding the procurement process for imminent funding round

- a) Program structure:
 - i) Project length of minimum 12-months
 - ii) Localised/place based to ensure accessibility,
 - iii) Two (2) funding streams to encourage tailored initiatives for the two target groups,
 - iv) Small group based (15 participants max)
 - v) Delivered in language and in culturally appropriate form,
 - vi) Delivered in a neutral location where participant concerns about being identified as seeking help will be eased,
 - vii) Frequent and ongoing contact with participants (e.g. weekly program)
 - viii) Projects that leverage existing partnerships and funded programs

b) Program objectives:

Prevent gambling harm for Vietnamese women through:

- i) Reducing isolation and exclusion for women with limited to no English language proficiency
- ii) Building knowledge of Australian systems, supports and laws,
- iii) Creating connections with broader community service system, and increasing confidence to engage with them,
- iv) Increasing community participation and social connection,
- v) Developing rights-based knowledge,
- vi) Increasing awareness and understanding of gambling harm.

c) Program principles/requirements:

Enhance gambling harm prevention for Vietnamese women through:

- i) Demonstrated connections with local community members and capacity to successfully engage excluded Vietnamese women through a range of platforms,
- ii) Demonstrated understanding of the barriers to participation for Vietnamese women,
- iii) Leveraging existing funded programs to increase the support available to Vietnamese women,
- iv) Commitment to community informed evaluation/impact measurement approach,
- v) Commitment to regular project progress meetings with the Foundation, enabling real time monitoring and improvements to ensure success.

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